### State of New Jersey
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>10 / 29 / 13</th>
<th>Name of Building Owner/Operator (2)</th>
<th>Cumberland County College</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agencies Notified</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☑ EPA</td>
<td></td>
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<tr>
<td>☑ DOLWD</td>
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<tr>
<td>☑ DHSS</td>
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<tr>
<td>☑ DCA (NJAC 5:23-8)</td>
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<tr>
<td>Type Notification</td>
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</tr>
<tr>
<td>☑ Initial</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>☑ Amended Amendment #2-1/16/14</td>
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<tr>
<td>☑ Emergency (including justification)</td>
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<td></td>
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</tr>
<tr>
<td>☑ Cancellation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3322 College Dr.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vineland, NJ 08360</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of Contact</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phyllis Siedner</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FACILITY INFORMATION</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>Cumberland Co. College-Administration Bldg.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3322 College Dr.</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>City (5)</td>
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<td></td>
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</tr>
<tr>
<td>Vineland</td>
<td></td>
<td></td>
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<tr>
<td>County (6)</td>
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<td></td>
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<tr>
<td>Cumberland</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>County Code (7) (STATE USE ONLY)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current Use (Prior if being demolished)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Office</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>Cardno ATC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ASCM No.</td>
<td>00098</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td></td>
<td>BRISTOL ENVIRONMENTAL, INC.</td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1123 BEAVER STREET</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BRISTOL, PA 19007</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>John Lutz</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Telephone No.</td>
<td>609-386-8800</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Telephone No.</td>
<td>215-788-6040</td>
<td></td>
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</tr>
<tr>
<td>License No.</td>
<td>00509</td>
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<tr>
<td>Start Date (10)</td>
<td>1 / 20 / 14</td>
<td></td>
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<tr>
<td>Scheduled Completion Date (11)</td>
<td>1 / 24 / 14</td>
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<tr>
<td>Occupancy Status During Abatement (Check only one)</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>☑ Facility Closed/Vacated During Entire Period of Abatement</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☑ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM __________ PM- ______AM</td>
<td></td>
<td></td>
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<tr>
<td>Scope of Work (Check all that apply)</td>
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</tr>
<tr>
<td>☑ 3 or 3 sf or 3 if</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>☑ 160 sf or 260 if</td>
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<tr>
<td>☑ Renovation</td>
<td></td>
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<tr>
<td>☑ Demolition</td>
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<tr>
<td>☑ Full Containment with Negative Pressure</td>
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<td></td>
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<tr>
<td>☑ Mini-Enclosure</td>
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<tr>
<td>☑ Glovebag Procedure</td>
<td></td>
<td></td>
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<tr>
<td>☑ Non-Exempted (*) and Non-Friable Procedure</td>
<td></td>
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<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes No N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Throughout</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☑ ☑ ☑ Floor tile</td>
<td></td>
<td></td>
<td>3,150 SF</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>SERVICE TRANSPORT GROUP, INC.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
<td>20990</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MINERVA LANDFILL</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>City, State</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NEW CASTLE, DE 19720</td>
<td></td>
<td></td>
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<tr>
<td>Completed By (Print or Type)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Brian Scafuro</td>
<td>Estimator</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Signature</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>1/16/14</td>
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</tr>
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</table>

ASB-41  
MAY 11 6S13045-2  
*Do not use this form for asbestos licensure exempted activities.*
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 5:16)

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<tbody>
<tr>
<td>10 / 29 / 13</td>
<td>Cumberland County College</td>
</tr>
</tbody>
</table>

**Agencies Notified**
- [x] EPA
- [x] DOLWD
- [x] DHSS
- [x] DCA (NJAC 5:23-8)

**Type Notification**
- [x] Initial
- [ ] Amended
- [ ] Emergency (including justification)
- [ ] Cancellation

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>3322 College Dr.</td>
<td>Vineland, NJ 08360</td>
</tr>
</tbody>
</table>

**Name of Contact**
- Phyllis Siedner

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cumberland Co. College-Administration Bldg.</td>
<td>□ School (K-12)</td>
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</table>

**Square Feet**
- 20000

<table>
<thead>
<tr>
<th># of Floors</th>
<th>Bldg. Age</th>
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<tbody>
<tr>
<td>1</td>
<td>50+</td>
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</table>

**Current Use (Prior if being demolished)**
- Office

<table>
<thead>
<tr>
<th>County Code (7)</th>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cumberland</td>
<td>Cardno ATC</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone No.</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>609-386-8600</td>
<td>BRISTOL ENVIRONMENTAL, INC.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 Terri Lane</td>
<td>Burlington, NJ 08016</td>
</tr>
</tbody>
</table>

**Project Manager for Monitoring Firm**
- John Lutz

<table>
<thead>
<tr>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>215-788-8040</td>
<td>00509</td>
</tr>
</tbody>
</table>

**Start Date (10)**
- 11 / 8 / 13

**Scheduled Completion Date (11)**
- HOLD

**Occupancy Status During Abatement (Check only one)**
- [x] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours - Describe

**Time of Abatement:**
- 7:00AM-3:30PM, PM-AM

**Scope of Work (Check all that apply)**
- [ ] ≥ 3 sf or ≥ 3 If
- [ ] ≥ 160 sf or ≥ 260 If
- [x] Renovation
- [ ] Demolition

**Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)**
- Throughout

**Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)**
- [ ] Yes
- [x] No
- [ ] N/A

**Description of Asbestos Containing Material (ACM)**
- [ ] (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
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<tbody>
<tr>
<td></td>
<td>3,150 SF</td>
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</table>

**Name of Registered Waste Hauler**
- SERVICE TRANSPORT GROUP, INC.

<table>
<thead>
<tr>
<th>NJDEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
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</thead>
<tbody>
<tr>
<td>20990</td>
<td></td>
<td>MINERVA LANDFILL</td>
</tr>
</tbody>
</table>

**Disposal Date**
- WAYNESBURG, OH 44688

**Completed By (Print or Type)**

<table>
<thead>
<tr>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Estimator</td>
<td>Brian Scafiro</td>
</tr>
</tbody>
</table>

**Date**
- 11/12/13

---

*Do not use this form for asbestos licensure exempted activities.*
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 6:16)

### Date of Notification
- 10 / 29 / 13

### Name of Building Owner/Operator
- Cumberland County College

### Agency: DOLWD 94/287
- Type Notification: Initial
- Amendment #: 3
- Name: Phyllis Siedner

### Address Information
- Street Address: 3322 College Dr.
- City: Vineland  
- State: NJ  
- Zip Code: 08360  
- Square Feet: 20000
- # of Floors: 1
- Bidg Age: 50+

### Facility Information
- Name of Facility Where Abatement is Taking Place:
- Cumberland Co. College-Administration Bldg.
- Current Use (Prior to being demolished):
- Office

### Monitoring Firm
- Name of Monitoring Firm Hired by Building Owner:
- Cardno ATC
- ASCM No.: 00098

### Abatement Contractor
- Name of Abatement Contractor:
- BRISTOL ENVIRONMENTAL, INC.
- License No.: 215-788-6040
- Telephone No.: 609-388-8900

### Project Manager
- Project Manager for Monitoring Firm:
- John Lutz

### Start Date
- Start Date: 11 / 8 / 13

### Scheduled Completion Date
- Scheduled Completion Date: 11 / 13 / 13

### Occupancy Status During Abatement
- No

### Scope of Work
- >2 sf or >2 if
- 2-200 sf or >20 sf
- Demolition
- Renovation

### Location of Asbestos-Containing Material (ACM)
- TO BE ABATED IN Facility:
  - Throughout
  - Floor Tile

### Abatement Type
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

### Disposal Date
- City, State: WAYNESBURG, OH 44688
- Name of Registered Landfill:
  - MINERVA LANDFILL

### Certified By
- Brian Scafiro
- Title: Estimator
- Signature: [Signature]

### Completion Date
- 10/29/13
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 8:18)

Date of Notification (1)
01 / 16 / 14
Name of Building Owner/Operator (2)
John Payne

Aagents Notified
☐ EPA
☐ DOLPD
☐ DHSS
☐ DCA
(NJAC 5:23-6)
Type Notification
☒ Initial
☐ Amended
☐ Amendment #
☒ Emergency (including justification)
☐ Cancellation

Name of Facility Where Abatement is Taking Place (3)
Private home

Street Address
373 Ridge Road

City, State, Zip Code
Newton, NJ 07860

County (6)
Sussex

Name of Monitoring Firm Hired by Building Owner (8)
ASCN No.

Name of Abatement Contractor (9)
Gr Tech LLC

Street Address
576 Valley Rd #283

City, State, Zip Code
Wayne, NJ 07470

License No.
973-638-1777

Telephone No.
973-638-1777

License No.

County Code (7) (STATE USE ONLY)

Current Use (Price if being demolished)

Type of Facility (4)
☐ School (K-12)
☐ Subchapter 8 Other than K-12
☐ Other (i.e., private and commercial buildings, homes, etc.)

Square Feet # of Rooms Bldg. Age

Project Manager of Monitoring Firm
Telephone No.

Start Date (10)
01 / 17 / 14
Scheduled Completion Date (11)
01 / 18 / 14

Occupancy Status During Abatement (Check only one)
☒ Facility Closed/Unoccupied During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours - Describe

Time of Abatement: AM PM AM

Scope of Work (Check all that apply)
☐ ≥ 3 ft or ≥ 3 if
☐ ≥ 100 ft or ≥ 250 sf
☒ Renovation
☐ Demolition

Location of Asbestos-Containing Material (ACM) TO BE ABATED
IN Facility

Is Location Normally Used Solely By Maintenance/Custodial Staff? (12)
Yes No N/A

Description of Asbestos Containing Material (ACM)
(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)

Amount (Specify SIF or LF)

Abatement Type

☐ Removal
☐ Repair
☐ Encapsulate
☐ Enclose

Name of Registered Waste Hauler

Name of Registered Landfill

MAY 11

N. Jovic

Emergency Notification

Jan 16 2014 12:18pm
P001/001

NJ Dept, of Health & Senior Services

Cubic Yards of Waste

Disposal Date

City, State

Name of Contact
John Payne

Telephone Number

☐ Do not use this form for asbestos removal exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

**Date of Notification (1):**
January 16, 2014

**Name of Building Owner/Operator (2):**

**Check #:** 7082

**Agencies Notified (3):**
- [ ] EPA
- [x] DEP
- [x] DOL
- [x] DOH
- [x] DOA

**Type Notification:**
- [ ] Initial
- [ ] Amended
- [ ] Amendment #1
- [ ] Emergency (including justification)
- [x] Cancellation

**Street Address:**
PO Box 034
City, State, Zip Code
Tranton, NJ 08625

**Name of Contact:**

**Telephone Number:**

---

**FACILITY INFORMATION**

**Name of Facility Where Abatement Is Taking Place (3):**
CRRNJC Terminal Building, Liberty State Park

**Street Address:**
200 Morris Pesin Drive

**City (5):**
Jersey City

**County (6):**
Hudson

**County Code (7):**

**Current Use (Prior if Being Demolished):**
Terminal Building

**Square Feet:**
10,000

**# of Floors:**
2

**Bldg. Age:**
100

**Name of Monitoring Firm Hired by Building Owner (8):**
Matrix New World Engineering

**ASCM No.:**

**Name of Abatement Contractor (9):**
Shade Environmental, LLC

**Street Address:**
623 Cutler Ave.

**City, State, Zip Code:**
Maple Shade, NJ 08052

**Project Manager for Monitoring Firm:**

**Telephone No.:**
(856)755-0099

**License No.:**
00642

**Start Date (10):**
January 20, 2014

**Scheduled Completion Date (11):**
January 31, 2014

**Occupancy Status During Abatement (Check Only One):**
- [x] Facility Closed/Vacated During Entire Period of Abatement
- [x] Abatement Performed Outside of Normal Facility Hours

**Other – Describe:**

---

**Scope of Work (Check All That Apply):**
- [x] ≥3 sf or ≥3 if
- [x] ≥160 sf or ≥260 if
- [x] Renovation
- [ ] Demolition
- [x] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [x] Non-Exempted (*) and Non-Friable Procedure

---

**Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous):**

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exterior</td>
<td>Yes</td>
<td>Window Sill Caulk</td>
<td>158 LF</td>
<td>[x]</td>
</tr>
<tr>
<td>Exterior</td>
<td>No</td>
<td>Expansion Joint Caulk</td>
<td>72 LF</td>
<td>[x]</td>
</tr>
</tbody>
</table>

---

**Name of Registered Waste Hauler:**
Freehold

**NJDEP Waste Hauler ID No.:** 15933

**Cubic Yards of Waste:** 10

**Name of Registered Landfill:**
Grows Landfill

**City, State:**
Mount Holly, New Jersey 08060

**Disposal Date:** 1/31/14

**Name of Office Manager:**
Christina Lynch

**Title:** Office Manager

**Completed by:**

**Signature:**

**Date:** 1/16/2014

---

*Do not use this form for asbestos licensure exempted activities.*
**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:60 and 12:120)

**Date of Notification (1)**
1/16/14

**Name of Building Owner/Operator (2)**
Camden City School District

**Street Address**
201 N Front Street

**City, State, Zip Code**
Camden NJ 08102

**Name of Contact**
Steve Nicoletta

---

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**
Camden City School District

**Street Address**
201 N Front Street

**City (5)**
Camden NJ 08102

**County (6)**
Camden

**County Code (7)**
(State Use Only)

**Name of Monitoring Firm Hired by Building Owner (8)**
Smithco Engineering Group Inc

**ASCM No.**

**Name of Abatement Contractor (9)**
Pernaco Inc.

**Street Address**
PO Box 329

**City, State, Zip Code**
West Berlin NJ 08091

**Telephone No.**
856-365-9111

**Phone Extension**

**License No.**
00727

**Name of OSHA Monitor**
Same

---

**Start Date (10)**
1/17/14

**Scheduled Completion Date (11)**
1/20/14

**Occupancy Status During Abatement (Check Only One)**
Facility Closed/Vacated During Entire Period of Abatement

**Facility Performed Outside Of Normal Hours**
Night and Weekend

**Scope of Work (Check All That Apply)**
Renovation
Demolition

---

**Location of Asbestos-Containing Material (ACM) TO BE ABATED**

**in Facility (13)**
3rd Floor office area

**Is Location Normally Used Solely by Maintenance/ Custodial Staff?**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

**Description of Asbestos-Containing Material (ACM)**

(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)

**Amount (Specify SF or LF)**
1680 SF

**Abatement Type**

Endorsement

---

**Name of Registered Waste Hauler**
United Containers

**NJDEP Waste Hauler ID No.**
22459

**Cubic Yards of Waste**
4

**Name of Registered Landfill**
G.R.O.W.S.

**Disposal Date**
1/21/14

**City, State**
Morrисville PA 19067

**Completed by**
Anthony T Perna

**Title**
President

**Signature**

**Date**
1/16/14

---

*Do not use this form for asbestos licensure exempted activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:68 and 12:120)

Date of Notification (1) 01/13/14

Name of Building Owner/Operator (2) Formation-Shelbourne Partners

Agencies Notified
- EPA
- DEP
- DOL
- DOH
- DCA

Type Notification
- Initial
- Amended
- Amendment #
- Emergency (including justification)
- Cancellation

Street Address
505 East Lancaster Ave.

City, State, Zip Code
Randor, PA 19087

Name of Contact
Mike Ohlsen

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Residential Property

Street Address
52 Route 520

City (5)
Marlboro Township

County (6)
Monmouth

Square Feet
1800sf.

# of Floors
1

Bldg. Age
50+

Current Use (Prior to being demolished)
Residential

Name of Monitoring Firm Hired by Building Owner (8)
N/A

ASCM No.

Name of Abatement Contractor (9)
Lesso Services Inc.

Street Address
156 Maple Ave.

City, State, Zip Code
Wallington, NJ 07057

Project Manager for Monitoring Firm

Telephone No.

973-406-7341

License No.
01107

Start Date (10)
01/25/14

Scheduled Completion Date (11)
01/28/14

Occupancy Status During Abatement (Check Only One)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other – Describe:

Scope of Work (Check All That Apply)
- ≥3 sf or ≥3 If
- ≥100 sf or ≥2260 If
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM)
TO BE ABATED

In Facility (13)

Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)
Yes No N/A

Description of Asbestos Containing Material (ACM)
(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)

Amount (Specify SF or LF)

Abatement Type

Removal
Repair
Encapsulate
Endource

Name of Registered Waste Hauler
Atlantic Carting LLC

NJDEP Waste Hauler ID No. 28085

Cubic Yards of Waste
5

Name of Registered Landfill
IESI

Disposal Date
01/28/14

City, State
Bethlehem, PA

Completed by
Leslaw Nalodoka

Title
President

Signature

Date
01/13/14

* Do not use this form for asbestos licensure exempted activities.
**Emergency**

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

**Date of Notification (1):** 1-14-14
**Name of Building Owner/Operator (2):** Tony Geraci
**Street Address:** 11 Club Circle
**City, State, Zip Code:** Monmouth Beach, NJ 07750

**Name of Facility Where Abatement is Taking Place (3):** Single Family Dwelling
**Street Address:** 11 Club Circle
**City:** Monmouth Beach
**County:** Monmouth

**Name of Managing Firm hired by Building Owner (6):** EPC Technologies
**ASC# No.:** N/A
**Name of Abatement Contractor (8):** EPC Technologies Inc.
**Street Address:** P.O. Box 337
**City, State, Zip Code:** New Egypt, NJ 08533

**Project Manager for Managing Firm:** Steve Schenker
**Telephone No.:** 609-758-3365

**Start Date (10):** 1-14-14
**Scheduled Completion Date (11):** 1-24-14
**License No.:** 00-394

**Scope of Work (Check All That Apply):**
- [x] 23 sf or 23 ft
- [x] 160 sf or more
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Milli-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

**Location of Asbestos-Containing Material (ACM) TO BE ABATED:**
- [x] Extension of House
- [x] Siding Shingles
- [x] Transite exhaust pipe

**Name of Registered Waste Hauler:** EPC Technologies
**City, State:** New Egypt, NJ

**Cubic Yards of Waste:** 20
**Name of Registered Landfill:** Waste Management of PA
**City, State:** Various, Delaware/Morrisville, PA

**Completed by:**
- **Name:** Steve Schenker
- **Title:** President
- **Signature:**

**Year:** 2014
**Date:** 1-14-14

*Do not use this form for asbestos licensure exempted activities.*
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:69 and 12:120)

**Date of Notification (1):** 1-14-14  
**Name of Building Owner/Operator (2):** THOMAS VASSELLI  
**Name of Contact:** ERIC PLACKIS  
**Street Address:** 20 BENTON AVE  
**City, State, Zip Code:** LEONARDO, NJ  
**County:** MONMOUTH

**Name of Facility Where Abatement is Taking Place (3):**
**Street Address:** 20 BENTON AVE  
**City:** LEONARDO  
**County:** MONMOUTH  
**Type of Facility (4):** HOME  
**Current Use (Prior to being demolished):** VACANT (SANDY)

**Name of Abatement Contractor (9):** ERIC PLACKIS  
**ABCM No.:**  
**Street Address:** 145 NATICK TR.  
**City, State, Zip Code:** BRICK, NJ. 08724  
**Telephone No.:** 932-899-7199  
**License No.:** 01196

**Project Manager for Monitoring Firm:**  
**Telephone No.:**  
**License No.:**  
**Name of OSHA Monitor:**

**Start Date (16):** 1-18-14  
**Scheduled Completion Date (11):** 1-25-14

**Occupancy Status During Abatement (Check only one):**  
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other - Describe: VACANT

**Scope of Work (Check all that apply):**
- ≥3 sf or ≥3 ft
- ≥160 sf or ≥260 ft
- ≥240 sf or ≥400 ft
- ≥700 sf or ≥1100 ft
- ≥1000 sf or ≥1500 ft

**Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13):** SIDING

**Is Location Normally Used Solely by Maintenance/Custodial Staff? (12):** Yes

**Description of Asbestos Containing Material (ACM) (I.e., thermal insulation, surfacing, VAT, or other miscellaneous):** TRANSITE  
**Amount (Specify SF or LF):** 1300 SF

**Name of Registered Waste Hauler:** BRICK INDUSTRIES INC  
**Waste Hauler ID No.:** 21602

**Name of Registered Landfill:** G.R.O.W.S  
**Disposal Date:** 1-25-14  
**City, State:** BRICK, NJ.  
**Completed By:** ERIC PLACKIS

*Do not use this form for asbestos licensure exempted activities.*
**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 12:120)

**Date of Notification (1)**
01-14-2014  (OPEN FILING FOR 2014)

**Name of Building Owner/Operator (2)**
ALCATEL- LUCENT TECHNOLOGIES

**Street Address**
600 MOUNTAIN AVENUE

**City, State, Zip Code**
MURRAY HILL, NJ 07974

**Name of Contact**
LARRY FEDERICO

**Telephone Number**

---

**FACILITY INFORMATION**

**Type of Facility (4)**
[] School (K-12)
[] Subchapter 8 (Other than K-12)
[] Other (i.e. private & commercial buildings, homes, etc.)

**Square Feet**

**# of Floors**

**Bldg. Age**

**Current Use (Prior if being demolished)**

---

**Name of Facility Where Abatement is Taking Place (3)**
ALCATEL- LUCENT TECHNOLOGIES

**Street Address**
600 MOUNTAIN AVENUE

**City, State, Zip Code**
MURRAY HILL, NJ 07974

**County**
UNION

**County Code**
(State USE ONLY)

**Name of Monitoring Firm Hired by Building Owner (8)**
HILLMAN ENVIRONMENTAL

**ASCM No.**

**Name of Abatement Contractor (9)**
UNIPRO, INC.

**Street Address**
173 KARKUS AVENUE

**City, State, Zip Code**
WOODBRIDGE, NJ 07095

**Telephone No.**
908-688-7800

**License No.**
0016

**Telephone No.**
732-726-3111

**Name of OSHA Monitor**
HILLMAN ENVIRONMENTAL

**Street Address**
1600 ROUTE 22 EAST

**City, State, Zip Code**
UNION, NJ 07801

**Start Date (10)**
OPEN

**Scheduled Completion Date (11)**
OPEN

**Occupancy Status During Abatement (Check Only One)**
[] Facility Closed/Vacated During Entire Period of Abatement
[] Abatement Performed Outside of Normal Facility Hours
[] Other – Describe: 

**Scope of Work (Check All That Apply)**
[] ≥3 sf or ≥3 lf
[] ≥160 sf or ≥260 lf
[] Renovation
[] Demolition
[] Full Containment with Negative Pressure
[] Mini-Enclosure
[] Glovebag Procedure
[] Non-Exempted (*) and Non-Friable Procedure

---

**Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)**

**Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)**
Yes  No  N/A

**Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)**

**Amount (Specify SF or LF)**

**Abatement Type**

---

**Name of Registered Waste Hauler**
NEWARK CARTING, INC.

**NJD EP Waste Hauler ID No.**
4509

**Cubic Yards of Waste**

**Name of Registered Landfill**
G.R.O.W.S., INC.

**Disposal Date**

**City, State**
MORRISVILLE, PA.

---

**Completed by**
DAVID T. TOLCHIN

**Title**
PRESIDENT

**Signature**

**Date**
01-14-2014

---

*Do not use this form for asbestos licensure exempted activities.*
Date of Notification (1) 01/13/14

Agencies Notified
- EPA
- DEP
- DOL
- DOH
- DCA

Notification Type
- Initial Notification
- Amended
- Amendment # 1
- Emergency (including justification)
- Cancellation

Street Address 165 Bridgeton Pike
City, State, Zip Code Mullica Hill, NJ 08062

Name of Building Owner/Operator (2) Inspira Healthcare Network

Name of Contact Samuel Verzella

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Inspira Healthcare Bridgeton - 2nd Floor Class Rooms Hallway
Street Address 333 Irving Avenue
City (5) Bridgeton
County (6) Cumberland

County Code (7) (STATE USE ONLY) 40,000

Type of Facility (4)
- School (K-12)
- Subchapter 8 (Other than K-12)
- Other (i.e. private & (commercial buildings, homes, etc.)

Square Feet 40,000
# of Floors 3
Bldg. Age 30+

Current Use (prior if being demolished)
Health Center

Name of Monitoring Firm Hired by Building Owner (8)

Criterio

ASCM No.

Name of Contractor (9)
The Prime Group Remediation, Inc.

Street Address 3370 Progress Way
City, State, Zip Code Philadelphia, PA 19124

Bensalem, PA 19020

Project Manager for Monitoring Firm Jim Waltz

Telephone Number 215-244-1300
License Number 00858

Scheduled Start Date (10) 01/08/14
Scheduled Completion (11) 02/28/14

Occupancy Status During Abatement (Check only one)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours -

Other – Describe: __________

Source of Work (Check all that apply)
- 3+ sf or >3 if
- 160+ sf or >260 sf
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (7) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>TO BE ABATED IN Facility (13)</td>
</tr>
<tr>
<td>2nd Fl - Class Rooms Hallway</td>
</tr>
<tr>
<td>2nd Fl - Class Rooms Hallway</td>
</tr>
<tr>
<td>2nd Fl - Class Rooms Hallway</td>
</tr>
</tbody>
</table>

Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)
- Yes
- No
- N/A

Description of Asbestos-Containing Material (ACM)
(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)

<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pipe Insulation</td>
</tr>
<tr>
<td>Asbestos Covered Fiberglass</td>
</tr>
<tr>
<td>Plaster Ceiling</td>
</tr>
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</table>

Amount (Specify SF or LF)

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
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<tbody>
<tr>
<td>840 LF</td>
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<tr>
<td>585 LF</td>
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<tr>
<td>650 SF</td>
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Abatement Type

<table>
<thead>
<tr>
<th>Abatement Type</th>
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<tbody>
<tr>
<td>Removal</td>
</tr>
<tr>
<td>Repair</td>
</tr>
<tr>
<td>Encapsulate</td>
</tr>
</tbody>
</table>

Name of Reg. Waste Hauler NJDEP Waste Hauler ID # 19272
The Prime Group Remediation, Inc.

Cubic Yards of Waste 12

Disposal Date 03/31/14
Name of Reg. Landfill Minerva Landfill (OH EPA 15-1292)
Waynesburg, OH

City, State Philadelphia, PA

Completed by Vincent J. Primavera, III Project Manager

Signature Date 01/13/14

*Do not use this form for asbestos licensure exempted activities*
# State of New Jersey

## NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:29 and 12:120)

### Date of Notification

1/14/14

### Name of Building Owner/Operator

Ms. Susan Frankel

### Agency Notified

- NJDEP
- DEP
- DOI
- NJDOH
- DCA

### Street Address

438 S 59th St

### City, State, Zip Code

West New York, NJ, 07093

### Name of Facility Where Abatement Is Taking Place

Ms. Frankel

### Current Use (if being decommenced)

K-254 Office CE

### Square Feet

2000

### Building Age

1940

### Name of Monitoring Firm (if hired by building owner)

Hudson

### Name of Abatement Contractor

Best Removal Inc

### Name of Asbestos Contractor (if different)

Omega Environmental Inc

### Start Date

1/14/14

### Scheduled Completion Date

1/17/2014

### Occupancy Status During Abatement (Check only one)

- Vacant

### Facility Opened/Operated During Entire Period of Abatement

- Yes

### Abatement Performed Outside Normal Facility Hours

- No

### Scope of Work (Check all that apply)

- Demolition

### Location of Asbestos-Containing Material (ACM)

- Crawl Space

### Description of Asbestos-Containing Material (ACM)

- Exposure

### Amount (Specify SP or LP)

- 95 LP

### Name of Registered Waste Handler

Best Removal Inc

### NJDEP Waste Handler ID No.

17109

### Date of Completion

1/17/2014

### Responsible Person

J. Maiorano

---

*Do not use this form for asbestos removal, remediation, or associated activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-12:1210)

Date of Notification (1) 1-26-14

Agencies Notified
[ ] EPA
[ ] DEP
[ ] DOL
[ ] DOH
[ ] DCA

Type Notification
[ ] Initial
[ ] Amended
[ ] Amendment F
[ ] Emergency (including jurisdiction)
[ ] Cancellation

Name of Building Owner/Operator (2)
Ocean City Development Group

Name of Building Owner/Operator (2) 2014

Street Address
838 Park Place

City, State, Zip Code
Ocean City NJ

Name of Contact
Bernard S

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Resident

Street Address
838 Park Place

Type of Facility (4)
[ ] School (K-12)
[ ] School Chapter 8 Other Than K-12
[ ] Other (i.e., private & commercial buildings, homes, etc.)

City (5)
Ocean City

Square Feet

If of Floors

Bldg. Age

County (6)
Ocean

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)
Ari Joes LLC

Street Address
1212 Burlington Ave

City, State, Zip Code
Delanco NJ

License No.
896-02-5070

Name of OSHA Monitor
Self

Project Manager for Monitoring Firm

TelephoneNumber

Start Date (10)
1-26-14

Scheduled Completion Date (11)
1-25-14

Occupancy Status During Abatement (Check only one)
[ ] Facility Closed/Vacated During Entire Period of Abatement
[ ] Abatement Performed Outside of Normal Facility Hours
[ ] Other - Describe

Scope of Work (Check all that apply)

[ ] 3,000 sf or > 3,000 sf
[ ] 2,000 sf or > 2,000 sf
[ ] Renovation
[ ] Demolition
[ ] Other - Describe

Location of Asbestos-Containing Material (ACM) TO BE ABATED

In Facility

(13)

Yes

No

N/A

In Location Normally Used Solely by Maintenance/ Custodial Staff

(12)

Descriptions of Asbestos-Containing Material (ACM)

(i.e., thermal system insulation, surfacing, VAT, or other miscellaneous)

Amount

(Specify SF or LF)

Abatement Type

Removal

Ripper

Encapsulation

End Cap

End Cap

End Cap

Name of Registered Waste Hauler
Ari Joes LLC

NDEP Waste Hauler ID No.

Cubic Yards of Waste

Name of Registered Landfill

WJV of PA

Completed By
J Hill

Title
VP

Signature

Date 1-26-14

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 1-16-14

Name of Building Owner/Operator (2) Anthony Lopez

Address: 11 Lexington Ave
City, State, Zip Code: Beechhurst, NY 11352

Name of Facility Where Abatement is Taking Place (3)
Decided

Type of Facility (4)

Street Address: 1102 Beechhurst Ave
City, State, Zip Code: Beechhurst, NY 11352

County Code (7) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)

Street Address: 122 Beechhurst Ave
City, State, Zip Code: Beechhurst, NY 11352

Project Manager for Monitoring Firm

Telephone No.

Start Date (10)
1-26-14

Scheduled Completion Date (11) 1-30-14

Occupancy Status During Abatement (Check only one)

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other - Describe:

Scope of Work (Check all that apply)

- >3 sf or >3 if
- >180 sf or >280 sf

Removal
Demolition

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)

In Location Normally Used Solely by Maintenance/Custodial Staff (12)

Yes
No
N/A

Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)

Amount (Specify SF or LF)

Abatement Type

Name of Registered Waste Hauler

Name of Registered Landfill

Complied By

Signature

Title

Date 1-16-14

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notice 1/11/14
Type Notification Emergency Notification
 Agencies Notified
- EPA
- DEP
- DOL
- DOH
- DCA

Name of Building Owner / Operator (2)
Luis and Irma Morales

Street Address
863 Wolff Street
City, State & Zip Code
Perth Amboy, NJ 08861

Name of Contact
Adalberto Morales
Telephone Number
JAN 21 2014

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Residence
106 Buckingham Avenue

City (5)
Perth Amboy
County (6)
Middlesex
County Code (7)

Type of Facility (4)
School (K-12)
Subchapter 8 (Other than K-12)
Other (i.e., private & commercial buildings, homes, etc.)

Square Feet
2,400
# of Floors
2
Bidg. Age
60

Current Use (Prior to being demolished)
Home

Name of Monitoring Firm Hired by Building Owner (8)
ASCM No.

Name of Abatement Contractor (9)
Global Abatement Services, LLC

Street Address
443 Schoolhouse Road
City, State & Zip Code
Monroe Township, NJ 08831

Name of OSHA Monitor
Global Abatement Services, LLC

Street Address
443 Schoolhouse Road
City, State & Zip Code
Monroe Township, NJ 08831

Name of Registered Waste Hauler
Freehold Cartage

Cu. Yds. of Waste
5

Name of Registered Landfill
TRRF

City, State
Tullytown, Pa

Completed By (Print or Type)
Dominick Tringali

Title
Project Manager

Signature
Dominick Tringali

Date 1/11/14

Scheduled Start Date (10)
1/14/14
Scheduled Completion Date (11)
1/14/14

Occupancy Status During Abatement (Check only one)
- Facility Closed/Vacated During Entire Period of Abatement
Abatement Performed Outside of Normal Facility Hours -
Describe: Area isolated During Abatement

Other - Describe:

Scope of Work (Check all that apply)
- Demolition
- Renovation
- Large Project

Location of Asbestos-Containing Material (ACM) TO BE ABATED
in Facility

Is Location Normally Used Solely by Maintenance or Custodial Staff?

Description of Asbestos-Containing Material (ACM)
(i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)

Amount (Specify Square Feet or Linear Feet)

Abatement Type
(Specify: Removal, Repair, Encapsulation or Enclosure)

Location
Basement

Type
TSI Pipe

Quantity
80 LF

Removal
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

<table>
<thead>
<tr>
<th>Date of Notice</th>
<th>1/13/14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner / Operator</td>
<td>Winnie Trang/Minh Thai</td>
</tr>
<tr>
<td>Street Address</td>
<td>739 Ridgedale Ave</td>
</tr>
<tr>
<td>City, State &amp; Zip Code</td>
<td>Woodbridge, NJ 07095</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Tracy Thai</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>JAN 21 2014</td>
</tr>
</tbody>
</table>

FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place</th>
<th>Residence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>739 Ridgedale Ave</td>
</tr>
<tr>
<td>City, County, Code</td>
<td>(5) Woodbridge, Middlesex</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner</td>
<td>ASCM No.</td>
</tr>
<tr>
<td>Street Address</td>
<td>443 Schoolhouse Road</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Monroe Township, NJ 08831</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Telephone Number</td>
</tr>
<tr>
<td>Scheduled Start Date</td>
<td>1/13/14</td>
</tr>
<tr>
<td>Scheduled Completion Date</td>
<td>1/14/14</td>
</tr>
<tr>
<td>Occupancy Status During Abatement</td>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
<td>Area Isolated During Abatement</td>
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<tr>
<td>Scope of Work</td>
<td>X Renovation</td>
</tr>
<tr>
<td>Demolition</td>
<td>X</td>
</tr>
<tr>
<td>Large Project</td>
<td></td>
</tr>
<tr>
<td>Quantity</td>
<td>≥ 3 SF or ≥ 3 LF ACM</td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED</td>
<td>Basement</td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance or Custodial Staff?</td>
<td>N/A</td>
</tr>
<tr>
<td>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)</td>
<td>TSI Pipe</td>
</tr>
<tr>
<td>Amount (Specify Square Feet or Linear Feet)</td>
<td>25 LF</td>
</tr>
<tr>
<td>Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)</td>
<td>Removal</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler | NJDEP Waste Hauler ID # 18893 |
| City, State | Freehold, NJ |
| Freehold Cartage | 1/14/14 |
| Disposal Date | Tullytown, Pa |
| Name of Registered Landfill | TRRF |
| Completed By (Print or Type) | Dominick Tringali |
| Title | Project Manager |
| Signature | Dominick Tringali |
| Date | 1/13/14 |

ASB-41 JUN 95 G4667
Date of Notification (1) 1-2-2014
Name of Building Owner/Operator (2) PSEG Salem / Hope Creek

Agencies Notified Type Notification
☐ EPA
☒ DEP
☐ DOL
☐ DOH
☐ DCA

Initial
Amended
Amendment #
Emergency (including justification)
Cancellation

Street Address
Ollaway Creek Neck Rd
City, State, Zip Code
Hancocks Bridge NJ 08038 JAN 21, 2014
Name of Contact
Mark Farmer

Name of Facility Where Abatement is Taking Place (3)
PSEG Salem / Hope Creek

Type of Facility (4)
☐ School (K-12)
☐ Subchapter 8 (Other than K-12)
☒ Other (i.e., private & commercial buildings, homes, etc.)

Square Feet # of Floors Bldg. Age

County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8) EAGLE ENVIRONMENTAL INC

ASCM No. Name of Abatement Contractor (9) DZNPS

Street Address
28 N Demul Rd
City, State, Zip Code
Lima, PA 19028

Project Manager for Monitoring Firm

Telephone No.

610-791-0711

Start Date (10) Scheduled Completion Date (11)
ANNUAL 2014 DEC 2014

Name of OSHA Monitor

A.F.T

Occupancy Status During Abatement (Check Only One)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other – Describe: ACTIVE NUCLEAR PLANT

Scope of Work (Check All That Apply)
☐ 23 sf or 23 ft
☐ 160 sf or 2,250 ft
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)

Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A

Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)

Amount (Specify SF or LF)

Abatement Type
☐ Removal
☐ Repair
☐ Encapsulate
☐ Endorse

Name of Registered Waste Hauler PSEG to dispose of all waste

NJDEP Waste Hauler ID No.

Cubic Yards of Waste

Name of Registered Landfill

City, State

Disposal Date

City, State

Date
1-2-2014

Completed by
Mark A. Farmer Title: Site PV

Signature

Do not use this form for asbestos licensure exempted activities.
Date of Notification (1)  
12-27-13

Name of Building Owner/Operator (2)  
Beth Sears

Street Address  
308 Valley Road

City, State, Zip Code  
Montclair, NJ, 07042

Name of Contact  
Beth Sears

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
Same as above

City (5)  

County (6) Essex

County Code (7)  

(State USE ONLY)

1700  

Square Feet

2  

# of Floors

85  

Bldg. Age

Current Use (Prior if being demolished)

Type of Facility (4)  
[X] School (K-12)  
[ ] Subchapter 8 (Other than K-12)  
[ ] Other (i.e., private & commercial buildings, homes, etc.)

Name of Monitoring Firm hired by Building Owner (8)  
N/A

Name of Abatement Contractor (9)  
AZTECH MANAGEMENT, Inc.

Street Address  
86 Christopher St.

City, State, Zip Code  
Montclair, NJ 07042

Telephone Number  
(973) 744-8800

License Number  
00371

Name of OSHA Monitor  
N/A

Project Manager for Monitoring Firm  
N/A

Telephone Number

Scheduled Start Date (10)  
1-9-14

Scheduled Completion Date (11)  
1-10-14

Occupancy Status During Abatement (Check only one)  
[X] Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours - Describe: "Off Hours Description"

Other - Describe: "Other Occupancy Descrip"

Scope of Work (Check all that apply)  
[X] Renovation

[X] Demolition

[X] Full Containment with Negative Pressure

[X] Mini-Enclosure

[X] Glovebag Procedure

[X] Non-Freezeable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (12)

Yes  

No  

N/A

Pipe Insulation  
60 lf

Pipe Insulation

Amount  

Location Normally Used Solely By Maintenance/Custodial Staff (12)

Name of Registered Waste Hauler  
AZTECH MANAGEMENT, INC.

NUDEP Waste Hauler ID No.  
17040

Cubic Yards of Waste  
1.5

Disposal Date  
1-14-14

Name of Registered Landfill  
G.R.O.W.S.

City, State  
Morrisville, PA 19067

Completed By (Print or Type)  
Constantine Vivian

Title  
President

Signature  

Date  
12-27-13
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:50 and 12:120)

**Date of Notification (1)**  
1/13/14

**Name of Building Owner/Operator (2)**  
Arc of Bergen & Passaic

**Agencies Notified (3)**  
EPA  
DEP  
DOH  
DCA

**Type Notification (4)**  
Initial

**Street Address (5)**  
223 Moore Street

**City, State, Zip Code (6)**  
Hackensack, NJ 07601

**Name of Contact (7)**  
Mark English

**FACILITY INFORMATION (8)**  

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement Is Taking Place (9)</th>
<th>Type of Facility (10)</th>
</tr>
</thead>
<tbody>
<tr>
<td>House</td>
<td>School (K-12)</td>
</tr>
<tr>
<td></td>
<td>Subchapter 8 (Other than K-12)</td>
</tr>
<tr>
<td></td>
<td>Other (i.e. private &amp; commercial buildings, homes, etc.)</td>
</tr>
</tbody>
</table>

**Square Feet (11)**  
N/A

**# of Floors (12)**  
N/A

**Bldg. Age (13)**  
N/A

**Current Use (Prior to renovation) (14)**  
House

**Name of Monitoring Firm Hired by Building Owner (15)**  
ASCM No.

**Street Address (16)**  
11 Rosengren Avenue

**City, State, Zip Code (17)**  
Totowa, NJ 07512

**Project Manager for Monitoring Firm (18)**  

**Telephone No. (19)**  
973-345-6685

**License No. (20)**  
#00675

**Start Date (21)**  
1/24/14

**Scheduled Completion Date (22)**  
1/25/14

**Occupancy Status During Abatement (Check Only One)**  
Facility Closed/Vacated During Entire Period of Abatement

**Abatement Performed Outside of Normal Facility Hours**  
Other - Describe: Occupied

**Scope of Work (Check All That Apply)**  
- ≥3 sf or ≥3 if
- ≥190 sf or ≥260 if

**Renovation**

**Demolition**

**Location of Asbestos-Containing Material (ACM) TO BE ABATED (23)**  
In Facility

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED (24)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (25)</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) (26)</th>
<th>Amount (Specify SF or LF) (27)</th>
<th>Abatement Type (28)</th>
</tr>
</thead>
<tbody>
<tr>
<td>basement</td>
<td>X</td>
<td>pipe insulation</td>
<td>200 LF</td>
<td><strong>X</strong></td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler (29)**  
D&S Abatement, Inc.

**Waste Management of PA**  

**Cubic Yards of Waste (30)**  
TBD

**Disposal Date (31)**  
TBD

**Name of Registered Landfill (32)**  
TDB

**City, State (33)**  
Totowa, NJ

**Completed by (34)**  
Deanna Brkusnakin

**Title (35)**  
Project Manager

**Signature (36)**

**Date (37)**  
1/13/14

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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 12:120)

Date of Notification (1)
1/13/14

Name of Building Owner/Operator (2)
Karla Puneeta & Mahesh Krishna

Agencies Notified

<table>
<thead>
<tr>
<th>Agency</th>
<th>Type Notice</th>
<th>Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td></td>
</tr>
<tr>
<td>DEP</td>
<td>Amended</td>
<td></td>
</tr>
<tr>
<td>DOL</td>
<td></td>
<td>Amendment #</td>
</tr>
<tr>
<td>DOH</td>
<td>Emergency (including justication)</td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

Street Address
2 Roswell Terrace
City, State, Zip Code
Glen Ridge, NJ 07028

Name of Contact
Mahesh Krishna

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
House

Street Address
2 Roswell Terrace

City (5)
Glen Ridge

County (6)
Essex

County Code (7)
N/A

Current Use (Prior if being demolished)
House

Name of Monitoring Firm Hired by Building Owner (8)
N/A

ASCM No.

Name of Abatement Contractor (9)
D&S Abatement, Inc.

Street Address
11 Rosengren Avenue

City, State, Zip Code
Totowa, NJ 07512

Project Manager for Monitoring Firm

Telephone No.

Street Address
11 Rosengren Avenue

City, State, Zip Code
Totowa, NJ 07512

Project Manager Telephone

License No.
#00675

Start Date (10)
1/27/14

Scheduled Completion Date (11)
1/28/14

Name of OSHA Monitor
D&S Abatement, Inc.

Occancy Status During Abatement (Check Only One)
Facility Closed/Vacated During Entire Period of Abatement
Abatement Performed Outside of Normal Facility Hours
Other - Describe: Occupied

Scope of Work (Check All That Apply)
≥3 sf or ≥3 lf
≥180 sf or ≥260 lf
Renovation
Demolition
Full Containment with Negative Pressure
Mini-Enclosure
Glovebag Procedure
Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM)
TO BE ABATED
In Facility

Is Location Normally Used Solely by Staff?

<table>
<thead>
<tr>
<th>Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>X</td>
</tr>
</tbody>
</table>

Description of Asbestos Containing Material (ACM)
(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)
pipe insulation

Amount (Specify SF or LF)
182 LF

Abatement Type

<table>
<thead>
<tr>
<th>Abatement Type</th>
<th>Removal</th>
<th>Repair</th>
<th>Encapsulate</th>
<th>Endorse</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
D&S Abatement, Inc.

NUDEP Waste Hauler ID No.
#20996

Cubic Yards of Waste
TBD

Name of Registered Landfill
Waste Management of PA

Disposal Date
TBD

City, State
Totowa, NJ

Disposal City, State
Tullytown, PA

Completed by
Deanna Brkusalin

Title
Project Manager

Signature

Date
1/13/14

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State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)  

Date of Notification (1)  
1/13/14  

Agencies Notified  
☑ EPA  
☑ DEP  
☑ DOL  
☑ DOH  
☐ DCA  

Type Notification  
☐ Initial  
☐ Amended  
☐ Amendment #  
☐ Emergency (including justification)  
☐ Cancellation  

Name of Building Owner/Operator (2)  
Castle Contracting  

Street Address  
205 Ridgewood Avenue  

City, State, Zip Code  
Glen Ridge, NJ 07028  

Telephone Number  
JAN 2 1 2014  

Name of Contact  
Dan McMahon  

FACILITY INFORMATION  

Name of Facility Where Abatement is Taking Place (3)  
House  

Street Address  
2 Roswell 284 Forest Avenue  

City (5)  
Glen Ridge  

County (6)  
Essex  

County Code (7)  
STATE USE ONLY  

Type of Facility (4)  
☐ School (K-12)  
☐ Subchapter 8 (Other than K-12)  
☑ Other (i.e. private & commercial buildings, homes, etc.)  

Square Feet  
N/A  

# of Floors  
N/A  

Bldg. Age  
N/A  

Current Use (Prior if being demolished)  
House  

Name of Monitoring Firm Hired by Building Owner (8)  
N/A  

ASCM No.  
Name of Abatement Contractor (9)  
D&S Abatement, Inc.  

Street Address  
11 Rosengren Avenue  

City, State, Zip Code  
Totowa, NJ 07512  

Project Manager for Monitoring Firm  
Telephone No.  
973-345-8685  

License No.  
#00675  

Start Date (10)  
1/29/14  

Scheduled Completion Date (11)  
1/29/14  

Name of OSHA Monitor  
D&S Abatement, Inc.  

Street Address  
11 Rosengren Avenue  

City, State, Zip Code  
Totowa, NJ 07512  

Occupancy Status During Abatement (Check Only One)  
☑ Facility Closed/Vacated During Entire Period of Abatement  
☐ Abatement Performed Outside of Normal Facility Hours  
☐ Other - Describe: Occupied  

Scope of Work (Check All That Apply)  
☐ ≥3 sf or ≥6 sf  
☐ ≥160 sf or ≥280 sf  
☐ Renovation  
☐ Demolition  
☐ Full Containment with Negative Pressure  
☐ Mini-Enclosure  
☐ Glovebag Procedure  
☐ Non-Exempted (*) and Non-Friable Procedure  

Location of Asbestos-Containing Material (ACM) TO BE ABATED  
In Facility  

Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)  
Yes  
No  
N/A  

Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  
pipe insulation  

Amount (Specify SF or LF)  
115 LF  

Abatement Type  

Name of Registered Waste Hauler  
D&S Abatement, Inc.  

NJDEP Waste Hauler ID No.  
#20996  

Cubic Yards of Waste  
TBD  

Name of Registered Landfill  
Waste Management of PA  

City, State  
Totowa, NJ  

Disposal Date  
TBD  

City, State  
Tullytown, PA  

Completed by  
Deanna Briskin  

Title  
Project Manager  

Signature  

Date  
1/13/14  

* Do not use this form for asbestos licensure exempted activities.