NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26-7.1 and 12:120-7)

Name of Building Owner/Operator: Princeton University

Name of Facility Where Abatement is Taking Place: Princeton University -- Lewis Center for the Arts

Street Address: Princeton University LAB Names Street

City: Princeton

County: Gloucester

County Code: (STATE ULE GDAH)

Name of Monitoring Firm: ASCM No.

Name of Abatement Contractor: KLA Associates, Inc.

Street Address: 17 Taft Lane

City: Burlington

State: NJ

Zip Code: 08016

Pre-Abatement Reference Date: 01/20/16

Scope of Work: (Check all that apply)

- Demolition
- Renovation
- Maintenance
- Electrical
- Mechanical System
- Other - Miscellaneous

Location of Asbestos-Containing Material (A.C.M.)

- Location Normally Used: N/A

- Description of Asbestos-Containing Material (A.C.M.)

- Amount: 0.125 CY

- Asbestos Waste Hauler ID No.

- Name of Asbestos Waste Hauler: N/A

- Name of Registered Landfill: GOWNS

- Disposal Date: As needed

- City: Trenton

- State: NJ

- Date: 05/03/16

- Name of Project Manager: Mark Goehl

- Date: JUN 25

Signature: [Signature]

[Stamp: State of NJ, DOL - 10 DAY]

[Signature: Waiver Approved]
**NOTIFICATION OF ASBESTOS ABATEMENT**

**State of New Jersey**

**Not to NIAC 610-7 and 19-120.7**

**CL# 32198**

**Date of Notification:** 01/28/14

**Agency Notified:**
- EDA: Notification
- DEP: Notification
- DCA: Notification
- DOH: Notification

**Name of Building Owner/Operator:** Princeton University

**Address:**
- P.O. Box 2569, City, State, Zip Code, Name of Contact:
- Princeton NJ 08542, Robert Otten, Phone Number:

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3):**
- Princeton University -- Lewis Center for Arts

**Address:**
- Princeton University 125 Nassau Street, City (5):
- Princeton, County (6):
- County Code (7): [STATE USE ONLY]

**Name of Monitoring Firm Hired by Building Owner (8):**
- ATC Associates, Inc

**Telephone Number:** 609-392-8000

**Scheduled Start Date:** 01/30/14

**Occupancy Status During Abatement (Check only one):**
- 1. Abatement performed outside of normal facility

**Flows - Date:** 7:00 AM - 5:00 PM

**Other - Description:** various shifts

**Location of Asbestos-Carrying Material (ACM) TO BE ABATED:**
- Classroom

**Location Normality:** Used

**Briefly by Maintenance/Custodial Staff:** Yes

**Name of Registered Waste Hauler:**
- NDEP Waste Hauler ID No.:
- Cubic Yards of Waste:
- Name of Registered Landfill:
- GroWx

**Hazardous Disposal:**
- City, State:
- Trenton NJ

**Complated By:** (Full Name and Title)
- Mark Gordon

**AB9-41**

**JUN 95**

**WAIVER APPROVED**

**DOL - 10 DAY**
# State of New Jersey
## NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

### Date of Notification
1/27/14

### Name of Building Owner/Operator
New Jersey Department of Transportation

### Agencies Notified
- EPA
- DOLWD
- DHSS
- DCA

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

### Street Address
P.O. Box 600
City, State, Zip Code
Trenton, NJ 08625-0600

### Name of Contact
Andrew Yorke

### Telephone Number

### FACILITY INFORMATION

#### Name of Facility Where Abatement is Taking Place
Parcel M-56 - Former Dynamic Trucking

#### Street Address
125 Pennsylvania Avenue

#### City
Kearny

#### County
Hudson

#### Name of Monitoring Firm Hired by Building Owner
Shaw Environmental, Inc.

#### ASCM No.

#### Name of Abatement Contractor
Prism Response, Inc.

#### Street Address
102 Technology Lane

#### City, State, Zip Code
Export, PA 15632

#### Telephone No.
732-939-3707

#### License No.
01121

#### Name of OSHA Monitor

#### Street Address
128 South Tryon Street, Interstate Tower

#### City, State, Zip Code
Charlotte, NC 28202

### Scope of Work

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Throughout</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exterior of Structure</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Along Elevated Loading Docks</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

- Floor Tile & Mastic 3800 SF
- Exterior Caulking & Roof Tar Flashing 27 SF
- Exterior Expansion Joint Material 254 LF

### Location of Asbestos-Containing Material (ACM) Normally Used Solely by Maintenance Custodial Staff

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

### Abatement Type

- Full Containment with Negative Pressure
- Demolition
- Non-Exempted (*) and Non-Friable Procedure

### Name of Registered Waste Hauler
Grows North Landfill

### Waste Management

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
<th>Disposal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grows North Landfill</td>
<td>2/14/14</td>
</tr>
</tbody>
</table>

### Completed By (Print or Type)
Jessica Busch

### Title
Administrative Support

### Signature

### Date
1/27/2014

*Do not use this form for asbestos licensure exempted activities.*
**Notification of Asbestos Abatement**

**State of New Jersey**

**Notification of Asbestos Abatement**

(Pursuant to N.J.A.C. 8:60 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>1/19/2014</th>
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</thead>
<tbody>
<tr>
<td>Name of Building Owner / Operator (2)</td>
<td>Raghava Vellanki</td>
</tr>
</tbody>
</table>

**Agencies Notified**

- EPA
- DEP
- DOL
- DOH
- DCA

**Type Notification**

- Initial
- Amended
- Emergency
- Cancellation

**Street Address**

PO Box 322

**City, State & Zip Code**

Princeton Junction

**Name of Contact**

Raghava Vellanki

**Telephone Number**

**Facility Information**

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

**Residence**

2606 Columbia Ave

**City** (5)  | **County** (6)  | **County Code** (7)  | **Square Feet**  | **# of Floors**  | **Bldg. Age**
---|---|---|---|---|---
Ewing  | Mercer  |  | 2000  | 2  | 100

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

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

**ASCM No.**

**Type of Facility (4)**

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

**Name of Abatement Contractor (9)**

**ALPHA ENVIRONMENTAL**

**Street Address**

2129 Rt 33

**City, State & Zip Code**

Hamilton, NJ

**Name of OSHA Monitor**

**EMSL Analytical**

**Street Address**

107 Haddon Avenue

**City, State & Zip Code**

Westmont, NJ 08108

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

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Hours - 7am to 3pm
- Facility Occupied During Abatement

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

- ≥ 3 sq ft or ≥ 3 if
- ≥ 160 sf or ≥ 260 sf
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glove Bag Procedures
- Non-Exempted and Non-Friable Procedure

**Location of Asbestos-Containing Material (ACM) to Be Abated**

in Facility

Yes  | No  | N/A
---|---|---

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

(12)

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

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

**Amount (Specify SF or LF)**

**Abatement Type**

**Location of Asbestos-Containing Material (ACM) to Be Abated**

in Facility (13)

**Cubic Yards of Waste**

**Name of Registered Landfill**

**Grows Landfill**

**Disposal Date**

**City, State**

**Various**

**Morrisville, PA**

**Name of Registered Waste Hauler**

**NJDEP Waste Hauler ID No.**

0033330

**Completed By (Print or Type)**

**Title**

PM

**Signature**

Rod Richardson

**Date**

1/19/2014
<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>1/19/2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner / Operator (2)</td>
<td>Raghava Vellanki</td>
</tr>
</tbody>
</table>

### Agencies Notified
- [x] EPA
- [ ] DEP
- [ ] DOL
- [ ] DOH
- [ ] DCA

### Type Notification
- [x] Initial
- [ ] Amended
- [x] Emergency
- [ ] Cancellation

### Street Address
PO Box 322

### City, State & Zip Code
Princeton Junction, New Jersey 08540

### Name of Contact
Raghava Vellanki

### Telephone Number

### Facility Information

#### Name of Facility Where Abatement Is Taking Place (3)
**Residence**

#### Street Address
1027 N Olden

#### City (5)
Trenten

#### County (6)
Mercer

#### County Code (7)

#### Square Feet
2000

#### # of Floors
2

#### Bldg. Age
100

### Current Use (Prior to Abatement)
**Residence**

### Name of Monitoring Firm Hired by Building Owner (8)

### ASCM No.

### Name of Abatement Contractor (9)
**ALPHA ENVIRONMENTAL**

### Street Address
2129 Rt 33

### City, State & Zip Code
Hamilton, NJ

### Project Manager for Monitoring Firm

### Telephone Number
215-295-1004

### License Number
01091

### Scheduled Start Date (10)
1/29/2014

### Scheduled Completion Date (11)
2/1/2014

### Occupancy Status During Abatement (Check only one)
- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Hours – 7am to 3pm
- [x] Facility Occupied During Abatement

### Scope of Work (Check all that apply)
- [ ] ≥3 sf or ≥3 if
- [ ] ≥160 sf ≥260 if
- [x] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glove Bag Procedures
- [ ] 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 or Custodial Staff? (12)
- [x] 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
- [ ] Broken
- [ ] Encapsulate
- [ ] Enclosure
- [ ] Repair
- [ ] Reuse

### Name of Registered Waste Hauler
**ALPHA ENVIRONMENTAL**

### NJDEP Waste Hauler ID No.
00333330

### Cubic Yards of Waste
1 cubic

### Name of Registered Landfill
Grow Landfill

### City, State
Various, Morrisville, PA

### Disposal Date

### Title
PM

### Signature
Rod Richardson

### Name of Registered Landfill
Grow Landfill

### City, State
Various, Morrisville, PA

### Date
1/19/2014
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
1/26/14

Name of Building Owner/Operator (2)
Dennis Beloff, Private Home

Agencies Notified

- EPA
- DEP
- DOL
- DOH
- DCA

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

Street Address
130 Bonita

City, State, Zip Code
Waretown NJ 08758

Name of Contact
Dennis

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)
Dennis Beloff, Private Home

Street Address
130 Bonita

City (5)
Warrentown, NJ 08758

County (6)
Ocean

County Code (7) (STATE USE ONLY)

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

ASCM No.

Name of Abatement Contractor (9)
Pernaco Inc.

Street Address
PO Box 329

City, State, Zip Code
West Berlin NJ 08091

Project Manager for Monitoring Firm

Phone No.

Telephone No.

License No.
856-753-9800
00727

Name of OSHA Monitor
Same

Start Date (10)
1/27/14

Scheduled Completion Date (11)
1/31/14

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 ≤260 if
- Renovation
- Demolition

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

In Facility

(13)

Location Normally Used Solely by Maintenance/Custodial Staff?
Yes
No
N/A

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

Floor Tile

Amount (Specify SF or LF)
400 Sf

Abatement Type

Full Containment with Negative Pressure

Mini-Enclosure

Glovebag Procedure

Non-Exposed (*) and Non-Friable Procedure

Location of Registered Waste Hauler

United Containers

NJDEP Waste Hauler ID No.
22459

Cubic Yards of Waste
3

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

City, State
Morrisville, PA 19067

Disposal Date
1/31/14

Completed by
Anthony T. Perna

Title
President

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 8:68 and 12:120)

Date of Notification (1)
1/23/14

Name of Building Owner/Operator (2)
Kevin Jacquel Private Home

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

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

Street Address
22 W Potomac

City, State, Zip Code
Little Egg Harbor NJ 08070

Name of Contact
Kevin

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Kevin Jacquel Private Home

Street Address
22 W Potomac

City (5)
Little Egg Harbor NJ 08070

County (6)
Ocean

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
1,000

# of Floors
1

Bldg. Age
35

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)
Pernaco Inc.

Street Address
PO Box 329

City, State, Zip Code
West Berlin NJ 08091

Project Manager for Monitoring Firm

Telephone No.
856-753-9800

License No.
00727

Start Date (10)
1/24/14

Scheduled Completion Date (11)
1/29/14

Name of OSHA Monitor
Same

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
- ≤160 sf or ≥260 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 (13)

Bedroom

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

Floor Tile

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

Amount (Specify SF or LF)
400 SF

Abatement Type

Name of Registered Waste Hauler
United Containers

NJDEP Waste Hauler ID No.
22459

Cubic Yards of Waste
2

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

City, State
Elm NJ

Disposal Date
1/29/14

City, State
Morrisville PA 19067

Completed by
Anthony T Perna

Title
President

Signature

Date
1/23/14

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:50 and 12:120)  

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>1/26/14</th>
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<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>James Lape Private Home</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>EPA, DEP, DOL, DOH, DCA</td>
</tr>
<tr>
<td>Type Notification</td>
<td>Initial, Amended, Amendment #, Emergency (including justification)</td>
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<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>James Lape Private Home</td>
</tr>
<tr>
<td>Street Address</td>
<td>111 First Ave</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Seaside Park NJ 08752</td>
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<tr>
<td>Name of Contact</td>
<td>James</td>
</tr>
<tr>
<td>Telephone Number</td>
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<td>FACILITY INFORMATION</td>
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<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>James Lape Private Home</td>
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<tr>
<td>Street Address</td>
<td>111 First Ave</td>
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<tr>
<td>City, State, Zip Code</td>
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<td>Square Feet</td>
<td>1000</td>
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<td># of Floors</td>
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<td>Bldg. Age</td>
<td>35+</td>
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<td>County Name</td>
<td>Ocean</td>
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<td>Current Use (Prior to being demolished)</td>
<td>Home</td>
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<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
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<td>ASCM No.</td>
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<tr>
<td>Name of Abatement Contractor (9)</td>
<td>Pernaco Inc.</td>
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<tr>
<td>Street Address</td>
<td>PO Box 329</td>
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<tr>
<td>City, State, Zip Code</td>
<td>West Berlin NJ 08091</td>
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<tr>
<td>Project Manager for Monitoring Firm</td>
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<td>Telephone No.</td>
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<td>License No.</td>
<td>00727</td>
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<td>Start Date (10)</td>
<td>1/27/14</td>
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<td>Scheduled Completion Date (11)</td>
<td>1/31/14</td>
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<tr>
<td>Name of OSHA Monitor</td>
<td>Same</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check Only One)</td>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
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<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
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<tr>
<td>Other – Describe:</td>
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</tr>
<tr>
<td>Scope of Work (Check All That Apply)</td>
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</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED</td>
<td>through-out</td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</td>
<td>No</td>
</tr>
<tr>
<td>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td>Floor Tile</td>
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<tr>
<td>Amount (Specify SF or LF)</td>
<td>400 Sf</td>
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<td>Abatement Type</td>
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<tr>
<td>End Stage</td>
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<tr>
<td>Full Containment with Negative Pressure</td>
<td></td>
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<tr>
<td>Mini-Enclosure</td>
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<tr>
<td>Glovebag Procedure</td>
<td></td>
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<tr>
<td>Non-Exempted (1) and Non-Friable Procedure (5)</td>
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<tr>
<td>Name of Registered Waste Hauler</td>
<td>United Containers</td>
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<tr>
<td>NJ/DEP Waste Hauler ID No.</td>
<td>22458</td>
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<tr>
<td>Cubic Yards of Waste</td>
<td>3</td>
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<tr>
<td>Name of Registered Landfill</td>
<td>G.R.O.W.S</td>
</tr>
<tr>
<td>City, State</td>
<td>Morrisville PA 19067</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>1/31/14</td>
</tr>
<tr>
<td>Completed by</td>
<td>Anthony T Perna</td>
</tr>
<tr>
<td>Title</td>
<td>President</td>
</tr>
<tr>
<td>Signature</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>1/26/14</td>
</tr>
</tbody>
</table>

* Do not use this form for asbestos licensure exempted activities.
## NOTIFICATION OF ASBESTOS ABATEMENT

**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 5:88 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
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<tbody>
<tr>
<td>11/23/14</td>
<td>C. I. + Dan Taylor</td>
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### FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Agency Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
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</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>1981 Schrader Drive</td>
<td>Somerset, CA 95124</td>
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<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Type of Facility (4)</th>
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<tbody>
<tr>
<td>Taylor Duplex</td>
<td>10 Other (i.e. private &amp; commercial buildings, homes, etc.)</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>County Code (7)</th>
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</thead>
<tbody>
<tr>
<td>162-164 Fair Haven Rd</td>
<td>Monterey</td>
</tr>
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<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ace Insulations Co., Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>95 Montrose Road</td>
<td>Colts Neck, N.J. 07722</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>732-294-1757</td>
<td>00029</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/23/14</td>
<td>11/21/14</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check Only One)</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Closed/Abandoned During Entire Period of Abatement</td>
<td>Colts Neck, N.J. 07722</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>±3 sf or ±5 sf</td>
</tr>
<tr>
<td>±180 sf or ±280 sf</td>
</tr>
<tr>
<td>Renovation Demolition</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description of Asbestos Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes No N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>30 CF</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJDEP Waste Disposal Date &amp; Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ace Insulations Co., Inc.</td>
<td>Cubic Yards of Waste 2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
<th>Disposal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chirns</td>
<td>2/11/14</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by</th>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>George Wuest</td>
<td>President</td>
<td>George Wuest</td>
</tr>
</tbody>
</table>

*Do not use this form for asbestos licensure exempted activities.*
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:50 and 12:120)

**Date of Notification (1)**
1/27/14

**Name of Building Owner/Operator (2)**
Frank Candio (Private Home)

**Agencies Notified**
- [X] EPA
- [X] DEP
- [X] DOL
- [X] DOH
- [ ] DCA

**Type Notification**
- [X] Initial
- [ ] Amended
- [X] Amendment #
- [X] Emergency (Including justification)
- [ ] Cancellation

**Street Address**
411 Drexel Av

**City, State, Zip Code**
Ship Bottom NJ 08008

**JAN 29 2014**

**Name of Contact**
Frank

**Telephone Number**

**FACILITY INFORMATION**

**Name of Facility Where Abatement Is Taking Place (3)**
Frank Candio (Private Home)

**Street Address**
411 Drexel Av

**City (5)**
Ship Bottom NJ 08008

**County Code (7)**
Ocean

**Square Feet**
1000+

**# of Floors**
1.5

**Bldg. Age**
35+

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

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

**ASCM No.**

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

**Street Address**
PO Box 329

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

**Project Manager for Monitoring Firm**

**Telephone No.**
856-753-9800

**License No.**
00727

**Start Date (10)**
1/28/14

**Scheduled Completion Date (11)**
1/31/14

**Name of OSHA Monitor**
Same

**Street Address**

**City, State, Zip Code**

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

**Scope of Work (Check All That Apply)**
- [X] 23 sf or 23 if
- [X] ≥ 160 sf or ≥ 260 if
- [ ] Renovation
- [X] Demolition

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

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

**Exterior Siding**

**Exterior Siding**
1400 SF

**Amount (Specify SF or LF)**

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

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

**Abatement Type**

**Name of Registered Waste Hauler**
United Containers

**NJDEP Waste Hauler ID No.**
22459

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

**City, State**
Morrisville PA 19067

**Disposal Date**
1/31/14

**Completed by**
Anthony T Perna

**Title**
President

**Signature**

**Date**
1/27/14

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

Date of Notification (1) 01-26-14

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

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

Name of Building Owner/Operator (2) Jose M. Peruyero

Street Address 318 Windsor Tr. 318 WINDSOR TR.

City, State, Zip Code Ridgewood, NJ, 07450

Name of Contact Jose M. Peruyero

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Peruyero Residence

Street Address 318 Windsor Tr. 318 WINDSOR TR.

City (5) Ridgewood

County (6) Bergen

City, State, Zip Code

County Code (7)

Current Use (Prior if being demolished)

Name of Abatement Contractor (9) Indian Arrow Industries

Starting Address 144 Mill St

City, State, Zip Code Paterson, NJ, 07501

Project Manager for Monitoring Firm

Telephone No. Telephone No.

License No.

973-653-9652 1183

Name of OSHA Monitor

Indian Arrow Industries

Street Address 144 Mill St

City, State, Zip Code Paterson, NJ, 07501

Start Date (10) 01-30-14

Scheduled Completion Date (11) 02-14-14

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)

- 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)

| Basement | Yes | No | N/A | TSI Pipe Insulation | 25 ft | x |

Name of Registered Waste Hauler

Atlantic Carting

City, State Wayne, NJ

Completed by Goran Igev

Title Secretary

Signature

Date 01-28-14
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:50 and 12:120) 

Date of Notification (1)  
01-29-14  

Name of Building Owner/Operator (2)  
Moinian Group  
West Gramercy Associates LLC  

Agencies Notified  
- EPA  
- DEP  
- DOL  
- DOH  
- DCA  
Type Notification  
- Initial  
- Amended  
- Amendment 1  
- Emergency (including justification)  
- Cancellation  

Street Address  
3 Columbus Circle  
33 East 20th St.  

City, State, Zip Code  
New York, NY, 10019  
New York, NY, 10003  

Name of Contact  
Gabriel Dagan/Susan Sakim  

FACILITY INFORMATION  

Name of Facility Where Abatement is Taking Place (3)  
Crawl Space/Basement  

Street Address  
756 Broad St.  
Newark  
Hudson  

County Code (7)  

County (6)  

Current Use (Prior to being demolished)  
Commercial  

Name of Monitoring Firm Hired by Building Owner (8)  
HSS Enviro  

Name of Abatement Contractor (9)  
Indian Arrow Industries Inc.  

Street Address  
730 Broadway  
Hammonton, NJ, 08037  

City, State, Zip Code  
Paterson, NJ, 07514  

Telephone No.  
609-704-8850  

License No.  
973-653-9652  
1183  

Start Date (10)  
02-02-14  
Scheduled Completion Date (11)  
03-03-14  
Name of OSHA Monitor  
Jim Proktor  

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  
- ≥160 sf or ≥260 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)  
TSI  
N/A  

Amount (Specify SF or LF)  

Abatement Type  

Name of Registered Waste Hauler  
Atlantic Carting  

NJDEP Waste Hauler ID No.  
26086  

Cubic Yards of Waste  
TBD  

Name of Registered Landfill  
Waste Management Inc.  

City, State  
Wayne, NJ  

Disposal Date  
TBD  

City, State  
Tullytown, PA  

Completed by  
Goran Igov  
Title  
Secretary  

Signature  

Date  
01-29-14  

Other Details:  

* Non-Exempted materials are those that are used in structures or systems that are not excluded from the definition of asbestos in Section 8:50-2.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 1-19-14

Name of Building Owner/Operator (2)
KEITH SCHEWEHR

Agency Notified
☐ EPA
☐ DEP
☐ DOL
☐ DOH
☐ DCA

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

Street Address 689 HARBOR RD
City, State, Zip Code BRICK N.J.

Name of Contact ERIC PLACKIS

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Street Address 689 HARBOR RD
City (5) BRICK N.J.
County (6) OCEAN

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

Square Footage 1900
# of Floors 5
Bed Age 0

Current Use (Prior to being demolished)
EMPTY ONE FAM. HOME

Name of Abatement Contractor (9)
BRICK INDUSTRIES-ERIC PLACKIS

ASCM No.

Name of Abatement Contractor (9)
BRICK INDUSTRIES-ERIC PLACKIS

Street Address 145 NATICK TRAIL
City, State, Zip Code BRICK, NJ 08724

Telephone No. 732-899-7292
License No. 01196

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

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

Location Normally Used Solely by Maintenance/Custodial Staff?
Yes ☐ No ☐ N/A ☐

Description of Asbestos Containing Material (ACM)
(I.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
FLOOR TILE/MASTIC

Amount (Specify SF or LF) 400 SF

Name of Registered Waste Handler
BRICK, IND. INC.

Cubic Yards of Waste 0

Disposal Date 1-9-14

City, State BRICK, NJ. PA.

Completed By ERIC PLACKIS
Title PRES.

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