State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:58 and 12:120)

Date of Notification: 01/12/2019
Name of Building Owner/Operator: Jacqueline Santos
Street Address: [redacted]
City, State, Zip Code: Kearny, NJ 07032
Name of Contact: Jacqueline Santos
Telephone Number: [redacted]

Name of Facility Where Abatement is Taking Place: [redacted]
Type of Facility: [redacted]
Square Feet: [redacted]

Name of Monitoring Firm Hired by Building Owner: Omega Environmental Services
ASCM No.: 00120
Name of Abatement Contractor: All Clean Environmental, Inc.

Street Address: 280 Huayer Street
City, State, Zip Code: South Hackensack, NJ 07606
Project Manager for Monitoring Firm: Mr. Gesse Fasado
Telephone No.: [redacted]
License No.: [redacted]

Start Date: 01/12/19
Scheduled Completion Date: 06/09/19

Scope of Work: Restatement of Commercial Building

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

<table>
<thead>
<tr>
<th>Area</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kitchen</td>
<td>Pipe insulation</td>
<td>10 LF</td>
<td>Removal</td>
</tr>
<tr>
<td>Basement</td>
<td>Pipe insulation</td>
<td>70 LF</td>
<td>Encapsulate</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler: Newark Carting
NJDEP Waste Hauler ID No.: N5545CA
Cubic Yards of Waste: 1
Name of Registered Landfill: TESI

City, State: Newark, NJ
Disposal Date: [redacted]
City, State: Bethlehem pa 18015

Completed by: [redacted]
Title: Office Manager
Signature: [redacted]
Date: 01/17/19

* Do not use this form for asbestos licensure exempted activities.
Date of Notification (1) 01 / 28 / 17

Name of Building Owner/Operator (2) Trustees of Princeton University

Name of Facility Where Abatement is Taking Place (3) Princeton University (Robertson Hall)

Street Address Prospect Ave., Princeton University - Main Campus

City (5) Princeton

County (6) Mercer

Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Inc.

Name of Abatement Contractor (9) East Coast Haz Mat Removal, Inc.

Type of Facility (4) Subchapter 8 (Other than K-12)

Square Feet 86,000

# of Floors 5

Bldg. Age 54 yrs.

Name of Respect Committee

Telephone Number (609) 258-1841

Manager for Monitoring Firm Michael R. Keenhn

Street Address 1253 North Church Street

City, State, Zip Code Moorestown, NJ 08057

Telephone No. (856) 840-8800

License No. 00003

License No. 00507

Start Date (10) 02 / 11 / 19

Scheduled Completion Date (11) 09 / 30 / 19

Name of OSHA Monitor Same as above

Occupancy Status During Abatement

Scope of Work (Check all that apply)

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

First Fl.: Work Area’s 1A - 1F
Second Fl.: Work Area’s 2A - 2C
Third Fl.: Work Area’s 3A - 3E
Fourth Fl.: Work Area’s 4A - 4Q

Name of Registered Waste Hauler Freehold Cartage

Freehold Cartage

NJDEP Waste Hauler ID No. 2265

Cubic Yards of Waste 50

Name of Registered Landfill Waste Mgmt. - Fairless Hills

City, State Freehold, NJ

Disposal Date April 2019

City, State Morrisville, PA

Completed By (Print or Type) James Unger

Title Sr. Estimator/Project Mgr.

Signature

Date 1-28-19

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1): 1/25/19

Agencies Notified:
- EPA
- DOLWD
- DHSS
- DCA (NJAC 5:23-8)

Type Notification:
- Initial
- Amended
- Amendment #1-1/28/19
- Emergency (including justification)
- Cancellation

Name of Building Owner/Operator (2):
Princeton University-Office of Design and Construction

Street Address:
200 Elm Dr.

City, State, Zip Code:
Princeton, NJ 08544

Name of Contact:
Robert Ortega

Telephone Number:
609-258-1841

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):
Princeton University-New Graduate College Room 2412

Street Address:
College Rd W & Springdale Rd

City (5):
Princeton

County (6):
MERCER

County Code (7)(STATE USE ONLY):

Current Use (Prior if being demolished):
Office-Classrooms

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 Floors:

Bldg. Age:
70

Name of Monitoring Firm Hired by Building Owner (8):
TTI Environmental Inc

ASCM No.:
00003

Name of Abatement Contractor (9):
BRISTOL ENVIRONMENTAL, INC.

Street Address:
1123 BEAVER STREET

City, State, Zip Code:
BRISTOL, PA 19007

License No.:
00509

Name of OSHA Monitor:
BRISTOL ENVIRONMENTAL, INC.

Street Address:
1123 BEAVER STREET

City, State, Zip Code:
BRISTOL, PA 19007

Start Date (10):
1/28/19

Scheduled Completion Date (11):
04/06/19

Occupancy Status During Abatement (Check only one):
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-6:30PM-

Scope of Work (Check all that apply):
- ≥ 3 sf or ≥ 3 if
- ≥ 160 sf or ≥ 280 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):

<table>
<thead>
<tr>
<th>Location</th>
<th>Description</th>
<th>Amount</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Room 2412</td>
<td>Pipe insulation</td>
<td>35 LF</td>
<td>X</td>
</tr>
<tr>
<td>Room 2412</td>
<td>Floor tile</td>
<td>96 SF</td>
<td></td>
</tr>
</tbody>
</table>
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 6:16)

Date of Notification (1)
1 / 25 / 19

Name of Building Owner/Operator (2)
Princeton University-Office of Design and Construction

Street Address
200 Elm Dr.

City, State, Zip Code
Princeton, NJ 08544

Name of Contact
Robert Ortega

Telephone Number
609-258-1841

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Princeton University-New Graduate College Room 2412

Street Address
College Rd W & Springdale Rd

City (5)
Princeton

County (6)
MERCER

County Code (7/STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)
TTI Environmental Inc

ASCM No.
00003

Name of Abatement Contractor (9)
BRISTOL ENVIRONMENTAL, INC.

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

License No.
00509

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL, INC.

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

Start Date (10)
1 / 28 / 19

Scheduled Completion Date (11)
2 / 1 / 19

Scope of Work (Check all that apply)

- For 3 sf or > 23 sf
- ≥ 160 sf or > 260 sf
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Fireplace Procedures

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

Room 2412

Pipe insulation
35 LF

Room 2412

Floor tile
96 SF

Name of Registered Waste Hauler
BRISTOL ENVIRONMENTAL, INC.

NJDEP Waste Hauler ID No.
18706

Cubic Yards of Waste

Name of Registered Landfill
FAIRLESS LANDFILL

City, State
BRISTOL, PA 19007

Disposal Date
City, State
FAIRLESS HILLS, PA

Completed By (Print or Type)
Title
Signature

Brian Scaife
Estimator

Date
1-25-19

* 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)  
1/25/2019  
Name of Building Owner/Operator (2)  

 Agencies Notified  
[ ] EPA  
[ ] DEP  
[ ] DOL  
[ ] DOH  
[ ] DCA  
Type Notification  
[ ] Initial  
[ ] Amended  
[ ] Amendment #  
[ ] Emergency (including justification)  
[ ] Cancellation  
Street Address  

City, State, Zip Code  
Newark NJ  
Name of Contact  
Salvatore  
Telephone Number  

FACILITY INFORMATION  
Name of Facility Where Abatement Is Taking Place (3)  
private property (house)  
Street Address  

City (5)  
Newark NJ  
County (6)  
Essex County  
County Code (7)  
N/A  
Current Use (Prior if being demolished)  

Square Feet  
1200 SF  
# of Floors  
2  
Bldg. Age  
+50  

Type of Facility (4)  
[ ] 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)  
ACM Solutions Services LLC  
Street Address  
1435 51st Street  
City, State, Zip Code  
North Bergen NJ 07047  
Project Manager for Monitoring Firm  
N/A  
License No.  
01384  
Telephone No.  
201-552-9686  
Name of OSHA Monitor  
Iris Environmental Laboratories  
Street Address  
2333 Route 22 West  
City, State, Zip Code  
Union NJ 07083  

Start Date (10)  
2/4/2019  
Scheduled Completion Date (11)  
2/10/2019  
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: 7:00 AM to 4:00 PM  

Scope of Work (Check All That Apply)  
[ ] ≥ 23 sf or ≥ 33 if  
[ ] ≥ 160 sf or ≥ 250 if  
[ ] Renovation  
[ ] Demolition  
[ ] Full Containment with Negative Pressure  
[ ] Mini-Enclosure  
[ ] Glovestop Procedure  
[ ] Non-Exempted (*and Non-Non-Frangible Procedure  

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

<table>
<thead>
<tr>
<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>
</tr>
</thead>
<tbody>
<tr>
<td>Floor tile</td>
<td>120LF</td>
</tr>
<tr>
<td>floor tile and linoleum</td>
<td>150 SF</td>
</tr>
<tr>
<td>beige wall compound</td>
<td>200SF</td>
</tr>
<tr>
<td>pipe insulation</td>
<td>140 LF</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler  
Newark Carting Inc  
NJDEP Waste Hauler ID No.  
04509  
Disposal Date  
City, State  
2335 Applebuter Rd Bethlehem PA  
2/3/2019  

Name of Registered Landfill  
ISES Bethlehem Rd Landfill  
City, State  

Completed by  
Galo Zumba  
Title  
Principal  
Signature  

* Do not use this form for asbestos licensure exempted activities.
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Parasuant to NJAC 8:25-1 and 12:12B9)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>January 28, 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Center Point Properties</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>Type Notification</td>
</tr>
<tr>
<td>EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended</td>
</tr>
<tr>
<td>DOL</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>DCH</td>
<td>Cancellation</td>
</tr>
<tr>
<td>Street Address</td>
<td>1003 Swift Drive</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Oak Brook, IL 60523</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>(873) 234-7026</td>
</tr>
<tr>
<td>Fax</td>
<td></td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td></td>
</tr>
<tr>
<td>Building</td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
<td>61 Edgeboro Rd</td>
</tr>
<tr>
<td>City (6)</td>
<td>E. BRUNSWICK</td>
</tr>
<tr>
<td>County (8)</td>
<td>Middlesex</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (9)</td>
<td>A.E.S.L.</td>
</tr>
<tr>
<td>ASCM No.</td>
<td></td>
</tr>
<tr>
<td>Name of Abatement Contractor (6)</td>
<td>The MACK Group, LLC</td>
</tr>
<tr>
<td>Street Address</td>
<td>1500 Kings HWY N, STE 209</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Cherry Hill, NJ 08034</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Carmelo Altimonte</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>201-864-9583</td>
</tr>
<tr>
<td>License No.</td>
<td>(873) 756 - 5000</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>The MACK Group, LLC</td>
</tr>
<tr>
<td>Street Address</td>
<td>1500 Kings HWY N, STE 209</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Cherry Hill, NJ 08034</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check Only One)</td>
<td></td>
</tr>
<tr>
<td>Facility Closed/Abated During Entire Period of Abatement</td>
<td></td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
<td></td>
</tr>
<tr>
<td>Other - Describe</td>
<td></td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>1/28/19</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>2/28/19</td>
</tr>
<tr>
<td>Scope of Work (Check All That Apply)</td>
<td></td>
</tr>
<tr>
<td>23 sf or 23 ft</td>
<td></td>
</tr>
<tr>
<td>210 sf or 210 ft</td>
<td></td>
</tr>
<tr>
<td>Renovation</td>
<td></td>
</tr>
<tr>
<td>Demolition</td>
<td></td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM)</td>
<td></td>
</tr>
<tr>
<td>TO BE ABATED</td>
<td></td>
</tr>
<tr>
<td>In Facility (12)</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>In Location Normally Used Solely by Maintenance/Custodial Staff?</td>
<td></td>
</tr>
<tr>
<td>Description of Asbestos-Containing Material (ACM)</td>
<td></td>
</tr>
<tr>
<td>Location of Insulation, surfacing, VAT, or other miscellaneous</td>
<td></td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td></td>
</tr>
<tr>
<td>Abatement Type</td>
<td></td>
</tr>
<tr>
<td>Location</td>
<td></td>
</tr>
<tr>
<td>Removal</td>
<td></td>
</tr>
<tr>
<td>Repairs</td>
<td></td>
</tr>
<tr>
<td>Eliminate</td>
<td></td>
</tr>
<tr>
<td>Enddate</td>
<td></td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td></td>
</tr>
<tr>
<td>NJ DEP Waste Hauler ID No</td>
<td>4509</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>0.5</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td></td>
</tr>
<tr>
<td>Newark Carting</td>
<td></td>
</tr>
<tr>
<td>City, State</td>
<td>Newark, NJ</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>2/28/19</td>
</tr>
<tr>
<td>City, State</td>
<td>Waynesburg, OH</td>
</tr>
<tr>
<td>Completed by</td>
<td>Mike Cooper</td>
</tr>
<tr>
<td>Title</td>
<td>President</td>
</tr>
<tr>
<td>Date</td>
<td></td>
</tr>
</tbody>
</table>

*Do not use this form for asbestos licensure exemiplated activities.*
Date of Notification: 1/22/2019

Notification of Asbestos Abatement
(Pursuant to NJAC 5:80 and 12:123)

Name of Building Owner/Operator: Marlon Parish

City, State, Zip Code: Trenton, NJ 08611

Facility Information

Name of Facility Where Abatement is Taking Place: Residential

Street Address: [Redacted]

City: Trenton, NJ 08611

County: Mercer

Name of Monitoring Firm: MECOS

Type of Facility: [Redacted]

Square Feet: 1400

Occupancy Status During Abatement: [Redacted]

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

- Basement
- Back Porch

Abatement Type:

- Thermal Pipe Insulation:
  - 10 LF
  - ThermoRemoval
  - 1 cu

Location of Abatement:

Name of Registered Waste Hauler:

Stevens Environmental Services

City, State: Allentown, PA

Disposal Date: 1/28/2019

Name of Registered Landfill:

Fairlawn Landfill

City, State: [Redacted]

Signature: [Redacted]

Date: 1/22/2019

---

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 8:60 and 12:120**  
**Check # 25774**

**Date of Notification (1)**  
1/22/2019

**Name of Building Owner/Operator (2)**  
Marion Parish

**Agency Notified**  
- [x] EPA
- [x] DOL
- [ ] DEP
- [ ] DOH
- [ ] DCA

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

**Street Address**  
[Redacted]

**City, State, Zip Code**  
Trenton, NJ 08611

**Name of Contact**  
Allen Holmes - Gigantic

**Telephone Number**  
[Redacted]

### FACILITY INFORMATION

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

**Street Address**  
[Redacted]

**City (5)**  
Trenton, NJ 08611

**County (6)**  
Mercer

**County Code (7)**  
[STATE USE ONLY]

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

**Square Feet**  
1400

**# of Floors**  
2

**Bldg. Age**  
95+/

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

**ASCM No.**  
[Redacted]

**Name of Abatement Contractor (9)**  
Stevens Environmental Services, Inc.

**Street Address**  
PO Box 322

**City, State, Zip Code**  
Allentown, NJ 08501

**Telephone No.**  
609 259-9688

**License No.**  
00493

**Start Date (10)**  
1/24/2019

**Scheduled Completion Date (11)**  
1/25/2019

**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: 8 am-4 pm

**Scope of Work (Check All That Apply)**  
- [x] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

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

<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>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>X</td>
<td>Thermal Pipe Insulation</td>
<td>10.00</td>
</tr>
<tr>
<td>Back Porch</td>
<td>X</td>
<td>Vinyl Flooring</td>
<td>100.00</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**  
Stevens Environmental Services

**NJDEP Waste Hauler ID No.**  
18292

**Cubic Yards of Waste**  
1 cu

**Name of Registered Landfill**  
Fairless Landfill

**City, State**  
Allentown, NJ

**Disposal Date**  
1/28/2019

**Name of OSHA Monitor**  
MECS

**Street Address**  
PO Box 341

**City, State, Zip Code**  
Chesterfield, NJ 08515

**Completed by**  
Mahlon E. Stevens

**Title**  
Project Manager

**Signature**  
[Redacted]

**Date**  
1/22/2019

---

*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)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-26-19</td>
<td>MITCHELL NICHOLS</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Street Address</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>□ DOH</td>
<td>Amendment #</td>
<td></td>
</tr>
<tr>
<td>□ DCA</td>
<td>Emergency (including Justification)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cancellation</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Name of Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>RIO GRANDE N.J. 08242</td>
<td>SAME</td>
</tr>
</tbody>
</table>

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>RESIDENCE</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City (5)</th>
<th>County Code (7) (STATE USE ONLY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>OCEAN CITY</td>
<td>CAPE MAY</td>
</tr>
</tbody>
</table>

<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>N/A</td>
<td></td>
<td>KLEM CO INC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>856-739-0472</td>
<td>01371</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2-5-19</td>
<td>2-15-19</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
<th>Scope of Work (Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Facility Closed/Vacated During Entire Period of Abatement</td>
<td>□ 20 sf or ≥211 ft</td>
</tr>
<tr>
<td>□ Abatement Performed Outside of Normal Facility Hours</td>
<td>□ ≥160 sf or ≥260 ft</td>
</tr>
<tr>
<td>□ Other - Describe:</td>
<td>□ Renovation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)</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>SIDING</td>
<td>X</td>
<td>TRANSITE</td>
<td>3500.8F X</td>
<td>Removal</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJDEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>KLEM CO INC</td>
<td>07404</td>
<td>5.00</td>
<td>C. W. M. C. M. U. A.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Name of Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>MAPLE SHADE N.J.</td>
<td>SAME</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>C. W. M. C. M. U. A.</td>
<td>WOODBINE N.J.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by</th>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>MICHAEL KUMM</td>
<td>SUP.</td>
<td>[signature]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>1-26-19</th>
</tr>
</thead>
</table>

* 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)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>1-26-19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>PINELANDS CONSTRUCTION</td>
</tr>
<tr>
<td>Street Address</td>
<td>300 77TH ST</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>SEA ISLE CITY N.J. 08243</td>
</tr>
<tr>
<td>Name of Contractor</td>
<td>KLEIMCO INC</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>RESIDENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td><strong>PROTECTED</strong></td>
</tr>
<tr>
<td>City (5)</td>
<td>OCEAN CITY</td>
</tr>
<tr>
<td>County (6)</td>
<td>CAPE MAY</td>
</tr>
<tr>
<td>County Code (7) (STATE USE ONLY)</td>
<td></td>
</tr>
<tr>
<td>Current Use (Prior to being demolished)</td>
<td><strong>VACANT</strong></td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>KLEIMCO INC</td>
</tr>
<tr>
<td>Street Address</td>
<td>369 S. SPRUCE AVE</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>MAPLE SHADE N.J. 08052</td>
</tr>
<tr>
<td>Telephone No</td>
<td>856-779-0472</td>
</tr>
<tr>
<td>License No</td>
<td>01371</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>N/A</td>
</tr>
<tr>
<td>Street Address</td>
<td></td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td></td>
</tr>
</tbody>
</table>

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

- 200 sf or 200 sf
- Rehabilitation
- Demolition

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

<table>
<thead>
<tr>
<th>TO BE ABATED IN FACILITY (13)</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Siding</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>(12)</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transite</td>
<td>2000 SF</td>
<td>X</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**

<table>
<thead>
<tr>
<th>KLEIMCO INC</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State</td>
</tr>
<tr>
<td>Completed By</td>
</tr>
<tr>
<td>Title</td>
</tr>
</tbody>
</table>

**NOTICE**

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