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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>6/11/12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Palmer Square Management</td>
</tr>
<tr>
<td>Street Address</td>
<td>40 Nassau Street</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Princeton, NJ 08542</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Mike Casey</td>
</tr>
<tr>
<td>Telephone No.</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Retail Store</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>44 Nassau Street</td>
</tr>
<tr>
<td>City (5)</td>
<td>Princeton</td>
</tr>
<tr>
<td>County (6)</td>
<td>Mercer</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>TTI Environmental Inc.</td>
</tr>
<tr>
<td>ASCM No.</td>
<td></td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>Stevens Environmental Services, Inc.</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>(609) 259-9688</td>
</tr>
<tr>
<td>License No.</td>
<td>493</td>
</tr>
</tbody>
</table>

| Start Date (10) | 6/21/12 |
| Scheduled Completion Date (11) | 7/13/12 |
| Occupancy Status During Abatement (Check one only) | |
| Facility Closed/Vacated During Entire Period of Abatement | |
| Abatement Performed Outside of Normal Facility Hours | |
| Other - Describe | 7 AM - 3:30PM |

| Scope of Work (Check all that apply) | |
| 23 sf or 23 sq ft | |
| 160 sf or 260 sf | |
| Renovation | |
| Demolition | |

| Location of Asbestos-Containing Material (ACM) TO BE ABATED | |
| IN Facility (13) | |
| basement to 2nd Floor | |
| pipe insulation | 1000 LF |

| Name of Registered Waste Hauler | Stevens Environmental Services, Inc. |
| Hauler ID No. | 18292 |
| Cubic Yards of Waste | 20 CU |
| Name of Registered Landfill | T.R.R.F., Inc. |
| City, State | Allentown, NJ |
| Disposal Date | 7/13/12 |
| City, State | Tullytown, PA |

| Completed By | Mahlon E. Stevens |
| Title | Project Manager |
| Signature | |

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 5:16)

Date of Notification (1) 6/11/12

Agencies Notified
- EPA
- DEP
- DOL
- DOH
- DOA

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

Name of Building Owner/Operator (2)
Palmer Square Management, LLC

Street Address
40 Nassau Street
Princeton, NJ 08542

City, State, Zip Code

Name of Contact
Mike Casey

Telephone


FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Retail Store

Street Address
32 Nassau Street
Princeton

City (5)

County (6)
Mercer

County Code (7) (STATE USE ONLY)

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

PO Box 341
Crosswicks, NJ 08515

PO Box 322
Allentown, NJ 08501

Project Manager for Monitoring Firm
William Weisgarber Jr.

Telephone No.
(609) 298-4070

Telephone No.
(609) 259-9688

License No.
00493

Management of Abatement Contractor (8)
MECS

ASCM No.

Name of OSHA Monitor
MECS

Street Address
PO Box 341
Crosswicks, NJ 08515

City, State, Zip Code

Start Date (10)
6/21/12

Scheduled Completion Date (11)
7/6/12

Occuancy Status During Abatement (Check only one)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other - Describe: 7AM - 3:30PM

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

Abatement Type

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

- basement to 2nd Floor
- pipe insulation

Amount (Specify SF or LF)
1000 LF

Name of Registered Waste Hauler
Stevens Environmental Services, Inc.

NJ/DEP Waste Hauler ID No.
18292

Cubic Yards of Waste
20 CU

Name of Registered Landfill
T.R.R.P., Inc.

City, State

Completed By
Mahlon E. Stevens

Title
Project Manager

Disposal Date
7/6/12

Signature

Date
5/11/12

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

**Date of Notification (1): 6/11/12**

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Building Owner/Operator (2)</th>
<th>Palmer Square Management, LLC</th>
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<tbody>
<tr>
<td>✓ EPA</td>
<td>Initial</td>
<td>Street Address</td>
<td>40 Nassau Street</td>
</tr>
<tr>
<td></td>
<td></td>
<td>City, State, Zip Code</td>
<td>Princeton, NJ 08542</td>
</tr>
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</table>

**FACILITY INFORMATION**

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<td>Mercer</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>TTI Environmental Inc.</td>
</tr>
<tr>
<td>ASCM No.</td>
<td></td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>Stevens Environmental Services, Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td>PO Box 322</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Allentown, NJ 08501</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Jim Guilardi</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>(856) 840-8800</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>6/21/12</td>
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<tr>
<td>Scheduled Completion Date (11)</td>
<td>7/6/12</td>
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<tr>
<td>Occupancy Status During Abatement (Check only one)</td>
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<tr>
<td>☑ Facility Closed/Vacated During Entire Period of Abatement</td>
<td></td>
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<tr>
<td>☑ Abatement Performed Outside of Normal Facility Hours</td>
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</tr>
<tr>
<td>☑ Other - Describe: 7AM - 3:30PM</td>
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<tr>
<td>Scope of Work (Check all that apply)</td>
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<tr>
<td>☑ ≥3 sf or ≥3 ft</td>
<td>☑ Renovation</td>
</tr>
<tr>
<td>☑ ≥160 sf or ≥260 ft</td>
<td>Demolition</td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM)</td>
<td></td>
</tr>
<tr>
<td>TO BE ABATED IN Facility (13)</td>
<td></td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance/</td>
<td></td>
</tr>
<tr>
<td>Custodial Staff? (12)</td>
<td></td>
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<tr>
<td>☑ Yes</td>
<td></td>
</tr>
<tr>
<td>☑ No</td>
<td></td>
</tr>
<tr>
<td>☑ N/A</td>
<td></td>
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<tr>
<td>Description of Asbestos Containing Material (ACM)</td>
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<tr>
<td>(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td></td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td></td>
</tr>
<tr>
<td>☑ Full Containment with Negative Pressure</td>
<td></td>
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<tr>
<td>☑ Mini-Enclosure</td>
<td></td>
</tr>
<tr>
<td>☑ Glovebag Procedure</td>
<td></td>
</tr>
<tr>
<td>☑ Non-Exempted (*) and Non-Friable Procedure</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Stevens Environmental Services, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State</td>
<td>Allentown, NJ</td>
</tr>
<tr>
<td>Hauler ID No.</td>
<td>18292</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>20 CU</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>T.R.R.F., Inc. Landfill</td>
</tr>
<tr>
<td>City, State</td>
<td>Tullytown, PA</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>7/6/12</td>
</tr>
<tr>
<td>Completed By</td>
<td>Mahlon E. Stevens</td>
</tr>
<tr>
<td>Title</td>
<td>Project Manager</td>
</tr>
</tbody>
</table>

**Signature**

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

Date of Notification (1): 7/3/12

Agency Notified:
- EPA
- DEP
- DCA (NJAC 5:16)
- DMSS
- DCA (NJAC 5:23-B)

Type of Notification:
- Initial
- Amended
- Amendment #
- Emergency (Including justification)
- Cancellation

Name of Building Owner/Operator (2):
Saint Stephens Parish

Street Address:
97 Buckingham Avenue

City, State, Zip Code:
Perth Amboy, NJ 08861

Name of Contact:
Fr. Walter

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):
Saint Stephens Convent to Rectory

Street Address:
97 Buckingham Avenue

City (5):
Perth Amboy

County (6):
Middlesex

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

ASCM No.:

Name of Abatement Contractor (9):
Finishing Touch Asbestos Abatement Corp.

Street Address:
1253 North Church St.

City, State, Zip Code:
Mooresetown, NJ 08057

Project Manager for Monitoring Firm:
Mike Stocku

Telephone No.:
856-840-8800

Telephone No.:
732-222-8372

License No.:
00040

Start Date (10):
7/1/12

Scheduled Completion Date (11):
7/31/12

Occupy Status During Abatement (Check only one):
- No

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

- 1st, 2nd & 3rd Floors
- 1st Floor, 2nd and 3rd Floors
- Basement

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):

- AC Ceiling & Wall Plaster: 20,200 sf
- Vat & Linoleum: 755 sf
- TSI: 185 LF

Cubic Yards of Waste:

- Name of Registered Waste Hauler:
- Name of Registered Landfill:

City, State:
Oceanport, NJ 07757-0400

Completed By (Print or Type):
Joseph P. Miller

Title:
President

Signature:

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**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:50 and 5:16)

---

**Date of Notification (1):**

07/06/2012

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

JEKC Partners

**Street Address:**

171 State Route 73

**City, State, Zip Code:**

Hopewell, N.J. 08525

**Name of Contact:**

Peter Poll

**Telephone Number:**

**FACILITY INFORMATION**

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

125 Donnell Rd

**City (5):**

Hopewell

**County (8):**

Essex

**Square Feet:**

16,600

**# of Floors:**

2

**Bldg. Age:**

32

**Former Maplewood Police Station**

**Name of Monitoring Firm Hired by Building Owner (6):**

ECI Consulting

**ASCM No.:**


**Name of Abatement Contractor (9):**

EA SERVICES CORP

**Street Address:**

420 69th St. # 2

**City, State, Zip Code:**

Gutenberg NJ 07093

**License No.:**

201 295 1700 01074

**Project Manager for Monitoring Firm:**

Richard Werner

**Telephone No.:**

(101) 279-7374

**Start Date (11):**

7/19/12

**Scheduled Completion Date (11):**

8/17/12

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

- Facility Closed/Vacated During Entire Period of Abatement

**Time of Abatement:**

AM - PM

**Occurrence:**

- Abatement Performed Outside of Normal Facility Hours - 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

**Abatement Type:**

- Removal

- Encapsulation

- Repair

- Enclosure

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

1st and 2nd Floors

- Basement

- Mezzanine

- Attic

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

Yes

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

- Tabletop Cover

- Insulation

- Vertical in Wall

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

200 sq ft

**Name of Registered Waste Hauler:**

Servo Transport Group

**Cubic Yards of Waste:**

- N/A

**Disposal Date:**

TBD

**Name of Registered Landfill:**

Burlington Landfill

**Sanitary Landfill:**

PA

**Completed By (Print or Type):**

GINA SALVADOR

**Title:**

Office Manager

**Signature:**

[Signature]

MAY 11

---

*Do not use this form for asbestos licensure exempted activities.*
<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) Normally Used Today by Maintenance Contract Staff</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Description of ACM</th>
<th>Amount (Normally SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Floor to 2nd Floor</td>
<td></td>
<td></td>
<td></td>
<td>Vertical in wall, pipe insulation</td>
<td>240 LF</td>
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<td>2nd Floor</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Roof - north side</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Boiler roof</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Roof - north side</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Roof - main</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Roof - main</td>
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<tr>
<td>Roof - north side</td>
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<tr>
<td>Roof - west side</td>
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<tr>
<td>Entrance east side</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Street Address:**

125 Dunnell Rd

**City:**

Maplewood, N.J. 07040

**County:**

Essex
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>07-03-2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>TRINITAS HOSPITAL</td>
</tr>
<tr>
<td>Street Address</td>
<td>15 Russell Street</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Lynbrook, NY</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Jason Curley</td>
</tr>
<tr>
<td>FACILITY INFORMATION</td>
<td></td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>TRINITAS HOSPITAL</td>
</tr>
<tr>
<td>Street Address</td>
<td>225 WILLIAMSON STREET</td>
</tr>
<tr>
<td>City (5)</td>
<td>ELIZABETH, NJ</td>
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<tr>
<td>County (6)</td>
<td>UNION</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>N/A</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>EA SERVICES CORP.</td>
</tr>
<tr>
<td>Street Address</td>
<td>4210 69th street</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Guttenberg, NJ</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>2012951700</td>
</tr>
<tr>
<td>License No.</td>
<td>270913</td>
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<tr>
<td>Start Date (10)</td>
<td>7-14-2012</td>
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<tr>
<td>Scheduled Completion Date (11)</td>
<td>7-16-2012</td>
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<tr>
<td>Type of Facility (4)</td>
<td>School (K-12)</td>
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<tr>
<td>License #</td>
<td>010744</td>
</tr>
<tr>
<td>Square Feet</td>
<td>69,000</td>
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<tr>
<td># of Floors</td>
<td>8</td>
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<tr>
<td>Building Age</td>
<td>65</td>
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<tr>
<td>Current Use (Prior if being demolished)</td>
<td>Hospital</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check only one)</td>
<td></td>
</tr>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
<td></td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours - Describe</td>
<td></td>
</tr>
<tr>
<td>Time of Abatement</td>
<td>7:00 AM - 3:30 PM, 5:00 PM - 3:00 AM</td>
</tr>
<tr>
<td>Scope of Work (Check all that apply)</td>
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</tr>
<tr>
<td>3 or more sf of ACM</td>
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</tr>
<tr>
<td>160 or more sf of ACM</td>
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<tr>
<td>Renovation</td>
<td></td>
</tr>
<tr>
<td>Demolition</td>
<td></td>
</tr>
<tr>
<td>Full Containment with Negative Pressure</td>
<td></td>
</tr>
<tr>
<td>Mini-Enclosure</td>
<td></td>
</tr>
<tr>
<td>Glovebag Procedure</td>
<td></td>
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<tr>
<td>Non-Exempted (*) and Non-Friable Procedures</td>
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<tr>
<td>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td></td>
</tr>
<tr>
<td>Location Normally Used Solely by Maintenance/Custodial Staff? (12)</td>
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</tr>
<tr>
<td>Yes</td>
<td>No</td>
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<tr>
<td>Admin. Bldg.</td>
<td>Mechanical</td>
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<tr>
<td>Room (MER)</td>
<td>Yes</td>
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<tr>
<td>Cubic Yards of Waste</td>
<td>760</td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td>15</td>
</tr>
<tr>
<td>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
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<tr>
<td>Name of Registered Waste Hauler</td>
<td>FREEHOLD CARTING</td>
</tr>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
<td>55089</td>
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<tr>
<td>City, State</td>
<td>PO BOX 5010</td>
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<tr>
<td>Disposal Date</td>
<td>760</td>
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<tr>
<td>Name of Registered Landfill</td>
<td>WASTE MANAGEMENT</td>
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<tr>
<td>City, State</td>
<td>TULLY TOWN LANDFILL</td>
</tr>
<tr>
<td>Name of Manager</td>
<td>Gina Salvador</td>
</tr>
<tr>
<td>Title</td>
<td>Office Manager</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 8:60 and 12:20)

Date of Notification (1) 7/6/12

Name of Building Owner/Operator (2) HEATHER HUBBARD JUL

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

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

Street Address
20 PARK STREET

City, State, Zip Code
TENAFLY, NJ 07670

Name of Contact
HEATHER HUBBARD

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (5) HEATHER HUBBARD Res.

Street Address
20 PARK STREET

City (9)
TENAFLY, NJ 07670

County (10)
BERGEN

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

ASCM No.

Name of Abatement Contractor (9) EA SERVICES CORP

Street Address
426 69TH STREET

City, State, Zip Code
GIUENBERG, NJ 07083

Project Manager for Monitoring Firm

Telephone No.

License No.
201-935-1700 0074

Start Date (10) 7/18/2012

Scheduled Completion Date (11) 7/20/12

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

Scope of Work (Check All That Apply)
☐ 33 sf or 33 lf
☒ 160 sf or 18000 sf
☐ Renovation
☒ 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 N/A

ATTIC SPACE X PIPE INS 6 LF
CARTRIDGE X PIPE INS 80 LF

Name of Registered Waste Hauler
FREEHOLD CARTING

NJDEP Waste Hauler ID No. 15939

Cubic Yards of Waste 180

Disposal Date TBD

Name of Registered Landfill
WASTE MANAGEMENT

City, State
TULLY TOWN, LANDFILL

Completed by
GINA SALVADOR off Manager

Signature Blalas 7/6/12

Abatement Type

Remove, Seal, Encase, Dredge

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

**Date of Notification (1)**
JULY 3-2012

**Name of Building Owner/Operator (2)**
LITTLE FLOWERS PARISH CENTER

**Agency Notified**
- EPA
- DEP
- DOL
- DOH
- DCA

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

**Street Address**
110 Roosevelt Avenue

**City, State, Zip Code**
BERKELEY HEIGHTS, NJ 07922

**Name of Contact**
ANDREW PRACAR

**Telephone Number**

---

**FACILITY INFORMATION**

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

**Street Address**
110 Roosevelt Avenue

**City (5)**
BERKELEY HEIGHTS, NJ 07922

**County (6)**
UNION

**Square Feet**
30,000

**# of Floors**
2

**Current Use (Prior to being demolished)**
School

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

**ASCM No.**
00118

**Name of Abatement Contractor (9)**
EA SERVICES CORP

**Street Address**
426 6TH STREET

**City, State, Zip Code**
GUTENBERG, NJ 07093

**Telephone No.**
201 295 1700

**License No.**
01014

**Name of OSHA Monitor**
EA SERVICES CORP

**Start Date (10)**
JULY 16-2012

**Scheduled Completion Date (11)**
AUGUST 6-2012

**Occupancy Status During Abatement (Check Only One)**
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other - Describe: 7:00 AM - 7:00 PM

**Scope of Work (Check All That Apply)**
- x 2;000 sq. ft. or 3;000 sf
- x 1,000 sf or 2,000 sf

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

<table>
<thead>
<tr>
<th>Location</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>
</tr>
</thead>
<tbody>
<tr>
<td>Room 1C, 1D, 1E - 1st FL</td>
<td>x</td>
<td>2x4 Reinforced Ceiling Tile - 12,156 sf</td>
<td></td>
</tr>
<tr>
<td>Room 1C, 1D, 1E - 1st FL</td>
<td>x</td>
<td>9&quot; Floor Tile &amp; Waste - 3,180 sf</td>
<td></td>
</tr>
<tr>
<td>Outside Building</td>
<td>x</td>
<td>Duct Ins. - 120 SF</td>
<td></td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
Freehold Carting

**NJDEP Waste Hauler Id No.**
15939

**Cubic Yards of Waste**
TBD

**Name of Registered Landfill**
WASTE MANAGEMENT LANDFILL

**City, State**
PO BOX 5010

**Disposal Date**
TBD

**Name of Registered Landfill**

**Completed by**
Gina Salvador

**Title**
OFF Manager

**Signature**

*Do not use this form for asbestos license-exempted activities.*

---

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

**Date of Notification (1)**

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
</tr>
<tr>
<td></td>
<td>Amended</td>
</tr>
<tr>
<td></td>
<td>Amendment #</td>
</tr>
<tr>
<td></td>
<td>Emergency (including)</td>
</tr>
<tr>
<td></td>
<td>Justification</td>
</tr>
<tr>
<td></td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

**Facility Information**

<table>
<thead>
<tr>
<th>Name of Building Owner/Operator (2)</th>
<th>Name of Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>LITTLE FLOWER PARK</td>
<td>ANDREW PRAHR</td>
</tr>
</tbody>
</table>

**Address (3)**

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>110 Roosevelt Avenue</td>
<td>BERKELEY HEIGHTS, NJ 07922</td>
</tr>
</tbody>
</table>

**Type of Facility (4)**

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

**Square Feet**

- [ ] # of Floors
- [ ] Bldg. Age

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

**Name of Monitoring Firm Hired by Building Owner (5)**

**ASCM No.**

**Name of Abatement Contractor (6)**

**Street Address**

**City, State, Zip Code**

**Project Manager for Monitoring Firm**

**Telephone No.**

**License No.**

**Start Date (10)**

**Scheduled Completion Date (11)**

**Name of OSHA Monitor**

**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)**

- [x] 23 sq ft or 23 if
- [ ] ≥160 sq ft or ≥260 if
- [ ] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Flexible Abrasive Procedure

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

<table>
<thead>
<tr>
<th>Size</th>
<th>Type</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>23 sq ft or 23 if</td>
<td>Pipe Joint</td>
<td>INS-3000 3 LF</td>
</tr>
<tr>
<td>160 sq ft or 260 if</td>
<td>Pipe Joint</td>
<td>INS-3000 4 LF</td>
</tr>
</tbody>
</table>

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

**Is Location Normally Used Solely by Maintenance/Custodial Staff? (13)**

- [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)**

**Name of Registered Waste Hauler**

**NJDEP Waste Hauler ID No.**

**Cubic Yards of Waste**

**Name of Registered Landfill**

**City, State**

**Completed by**

Gina Salvador

**Title**

OFF MANAGER

**Signature**

*Note: Do not use this form for asbestos license exempted activities.*
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:59 and 5:18)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>07-05-2012</td>
<td>Mr. &amp; Mrs. Vesci</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
<th>Name of Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>104 Leconey Ave</td>
<td>Palmyra, NJ 08065</td>
<td>Bruce Vesci</td>
</tr>
<tr>
<td>DOLWD</td>
<td>Amended Amendment #</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DHSS</td>
<td>Emergency (including justification)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DCA (NJAC 5:23-8)</td>
<td>Cancellation</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City (9)</th>
<th>County (6)</th>
</tr>
</thead>
<tbody>
<tr>
<td>104 Leconey Ave</td>
<td>Palmyra</td>
<td>Burlington, NJ</td>
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</table>

<table>
<thead>
<tr>
<th>County Code (7)</th>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1938</td>
<td>2</td>
<td>100 yrs</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Type of Facility (4)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>E.A. SERVICES COR</td>
<td>2426 12th Street</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health &amp; Safety Sks</td>
<td>117</td>
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</table>

<table>
<thead>
<tr>
<th>Name of DSHH Monitor</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>E.A. SERVICES COR</td>
<td>201-295-1700</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jim Proctor</td>
<td>609-709-4250</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/1/2012</td>
<td>7/20/2012</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
<th>Full Containment with Negative Pressure Enclosure</th>
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</thead>
<tbody>
<tr>
<td>Renovation</td>
<td>Mini-Enclosure</td>
</tr>
<tr>
<td>Demolition</td>
<td>Glovebag Procedure</td>
</tr>
<tr>
<td>Non-Exempted (*) and Non-Failable Procedure</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</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>IN Facility (13)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NDEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Horizon Disposal</td>
<td>225-00</td>
<td>TBD</td>
<td>TBD</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trenton, NJ</td>
<td>TBD</td>
<td>Tullytown, PA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gina Salvador</td>
<td>Office Manager</td>
<td>Blue</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 8:69 and 12:120)

Date of Notification (1)
Name of Building Owner/Operator (2)
Mars lister Associates LLC

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

Name of Address
Street Address
84 Lister Ave
City, State, Zip Code
Newark NJ 07105

Name of Contact
Bob Wiltenburg

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Former Durlant Factory

Street Address
84 Lister Ave

City (5)
Newark

Count (6)
Essex

County Code (7)

Current Use (Prior if being demolished)
Factory

Name of Monitoring Firm Hired by Building Owner (8)
EAI, Inc

ASCM No.
N/A

Name of Abatement Contractor (9)
Green Environmental LLC

Street Address
235 Virginia Ave

City, State, Zip Code
Jersey City

Project Manager for Monitoring Firm
Robert Carvalho

Telephone No.
201-395-0010

Telephone No.
201-333-8855

Name of OSHA Monitor
Green Enviro LLC

Start Date (10)
July 20, 2012

Scheduled Completion Date (11)
September 30, 2012

Occupy 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)
☒ 23 sf or <23 sf
☒ 160 sf or <160 sf
☒ Renovation
☒ Demolition
☐ Full Containment with Negative Pressure
☒ Mini-Enclosure
☒ Glovebag Procedure
☒ Non-Exempted (*) and Non-Exempted (**)

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 SF or LF)

Building- 84 Lister Ave Newark NJ

Interior/Exterior Window Putty
1300 LF

Multiple layers of Floor Tile
1500 SF

1'x1' Ceiling tile w/glue
575 SF

Name of Registered Waste Hauler
NuDep Waste Hauler ID No. 2A-456

Cubic Yards of Waste
40

Name of Registered Landfill
Minerva Enterprises

Disposal Date
7/20/12

City, State
Waynesburg

Completed by
Martin A Pedraza

Title
Owner

Signature

Date
20/07/12

* Do not use this form for asbestos licensed exempted activities.
<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>Building-84 Lister Ave, Newark, NJ</td>
<td>x</td>
<td>Fire Door</td>
<td>2 Doors</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Pipe Insulation</td>
<td>10 LF</td>
<td></td>
</tr>
</tbody>
</table>
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 07/05/2012

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

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

Name of Building Owner/Operator (2)
NJ Department of Treasury

Street Address
1035 Parkway Avenue

City, State, Zip Code
Ewing NJ 08618

Name of Contact
Mike DeAngelo

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
NJ DOT Fernwood Facility

Street Address
1035 Parkway Avenue

City (5)
Ewing

County (6)
Mercer

County Code (?)
(State Use Only)

Name of Monitoring Firm Hired by Building Owner (8)
USA Environmental Management Inc.

ASCM No.

Name of Abatement Contractor (9)
Kielczewski Corporation

Street Address
344 West State Street

City, State, Zip Code
Trenton, NJ 08618

Project Manager for Monitoring Firm
Bill Weisgarber

Telephone No.
609-656-8101

Telephone No.
973-243-9872

License No.
0117

Start Date (10)
07/02/2012

Scheduled Completion Date (11)
07/10/2012

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

Scope of Work (Check All That Apply)

- ≥5 sf or ≥6 sf
- ≥160 sf or ≥260 sf

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

In Facility (13)

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

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

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

Amount (Specify SF or LF)

VAT and mastic
112sf

VAT and mastic
378sf

VAT and mastic
28sf

window caulk
2,080lf

Name of Registered Waste Hauler
NJDEP Waste Hauler ID No. 18816

Cubic Yards of Waste

Disposal Date

City, State
Ewing, NJ

Completed by
Slawomir Kielczewski
Title
President

Signature

ASB-41 (R-06-08)

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

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

### Date of Notification
07/05/2012

### Name of Building Owner/Operator
BLAIR ACADEMY

### Street Address
2 PARK STREET

### City, State, Zip Code
BRAIRSTOWN NJ 07825

### Name of Contact
DAVE SCHMITT

---

### FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Agency Notified</th>
<th>Type Notification</th>
<th>Name of Facility Where Abatement is Taking Place</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>BLAIR ACADEMY</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended</td>
<td></td>
</tr>
<tr>
<td>DOL</td>
<td>Amendment #</td>
<td></td>
</tr>
<tr>
<td>DOH</td>
<td>Emergency (including justification)</td>
<td></td>
</tr>
<tr>
<td>DCA</td>
<td>Cancellation</td>
<td></td>
</tr>
</tbody>
</table>

### Current Use (Prior to being demolished)
Licensed No.

### 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

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

### Is 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 and associated mastic

### Amount (Specify SF or LF)
850 sf

### Name of Registered Waste Hauler
Circle Rubbish

### NJDEP Waste Hauler ID No.
18816

---

### ASB-41 (R-06-08)
* Do not use this form for asbestos license exempted activities. **
# State of New Jersey

## NOTIFICATION OF ASBESTOS ABATEMENT

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

### Date of Notification (1)
6/08/12

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

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

### Name of Building Owner / Operator (2)
Millville Investment Group

### Street Address
1101 Wheaton Avenue
City, State & Zip Code
Millville, NJ 08332

### Name of Contact
Mr. John Lopez

---

## FACILITY INFORMATION

### Name of Facility Where Abatement is Taking Place (3)
Millville Investment Group

### Street Address
1101 Wheaton Avenue

### City (5)
Millville

### County (6)
Cumberland

### County Code (7)

### ASCM No.

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

### Square Feet
160,000

### # of Floors
2

### Current Use (Prior if being demolished)

### Financial Group

### Name of Abatement Contractor (9)
Asbestos and Mold Services, Corp.

### Street Address
3859 Sylon Blvd.

### City, State & Zip Code
Hainesport, NJ 08036

### Telephone Number
609-702-0400

### Licenses
00862

### Name of OSHA Monitor
EMSL Analytical

### Street Address
107 Haddon Ave.

### City, State & Zip Code
Westmont, NJ 08108

---

### Scope of Work (Check all that apply)
- [x] Renovation
- [x] Demolition

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

### Is Location Normally Used Solely by Maintenance or 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
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Wrap & Cut Method
- [x] Non-Exempted and Non-Friable Procedure

### Basement- Maintenance Area
- [ ] Duct Insulation

### Cubic Yards of Waste
5

### Name of Registered Landfill
GROWS

### City, State
Morrisville, PA

### Disposal Date
6/13/12

### Name of Registered Waste Hauler
NJDEP Waste Hauler ID No. 22612

### Completed By (Print or Type)
Kim Trumbetti

### Title
Admin.

### Signature

---

### Date
6/08/12
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1) 6/26/12

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

Type Notification
- Initial
- Amended
- Emergency
- Cancellation

Name of Building Owner / Operator (2)
1141 Mantua Pike, LLC

Street Address
1584 Route 9, Unit 14

City, State & Zip Code
Toms River, NJ 08755

Name of Contact
Rami E. Geffner, M.D.

FACILITY INFORMATION

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

Street Address
1141 Mantua Pike

City (5) West Deptford
County (6) Gloucester
County Code (7)

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

ASCM No.

Name of Abatement Contractor (9)
Asbestos and Mold Services, Corp.

Street Address
PO Box 316
Thorofare, NJ 08086

City, State & Zip Code

Project Manager for Monitoring Firm
Dave or Steve Flanigan

Telephone Number
856-848-0800

Telephone Number
609-702-0400

Scheduled Start Date (10) 6/27/12
Scheduled Completion Date (11) 7/9/12

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

Scope of Work (Check all that apply)
- ≥3 sf or ≥3 la
- ≥160 sf to ≥260 la
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Assist Demo Contractor
- Regulate Area
- Glove Bag 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 or 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
- Enclose

Ceiling
- [ ]
- [ ] Popcorn Ceiling
- [ ] Asbestos Debris In Pile

Front ½ of Building

Name of Registered Waste Hauler
NJDEP Waste Hauler ID No. 22612

Cubic Yards of Waste
10

Name of Registered Landfill
GROWS

City, State
Morrisville, PA

Completed By (Print or Type)
Kim Trumbetti

Title
Admin.

Signature

Date 6/26/12
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to N.J.A.C. 8:60 and 12:120)

**Date of Notification (1)**  
6/5/12

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

**Type Notification**  
- [x] Initial  
- [x] Amended #1 ON HOLD  
- [ ] Emergency  
- [ ] Cancellation

**Name of Building Owner / Operator (2)**  
Bob Novick Chevrolet, Inc.

**Street Address**  
808 North Pearl Street

**City, State & Zip Code**  
Bridgeton, NJ 08302

**Name of Contact**  
Mrs. Debby Novick

### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place (3)**  
Bob Novick Auto Mall

**Street Address**  
808 North Pearl Street

**City**  
Bridgeton

**County**  
Cumberland

**County Code**  
702

**Square Feet**  
21,728

**# of Floors**  
2

**Type of Facility (4)**  
- [x] Auto Dealership

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

**Name of OSHA Monitor**  
EMSL Analytical

**Street Address**  
107 Haddon Ave.

**City**  
Westmont

**State & Zip Code**  
NJ 08108

**ON HOLD until Phase #2**

**Project Manager for Monitoring Firm**  
Dave or Steve Flanigan

**Telephone Number**  
856-848-0800

**Hainesport, NJ 08036**

**Scheduled Start Date (10)**  
6/14/12

**Scheduled Completion Date (11)**  
6/29/12

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

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

**Location of Asbestos-Containing Material (ACM)**  
- [ ] Roofing, Flashing & Decking  
  - Amount (Specify SF or LF): 440 SF
- [ ] Transite Panels  
  - Amount (Specify SF or LF): 4 each

**Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)**

<table>
<thead>
<tr>
<th>Location</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Roof</td>
<td>[x]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Roof Deck</td>
<td></td>
<td></td>
<td>[x]</td>
</tr>
<tr>
<td>Transite Panels</td>
<td></td>
<td></td>
<td>[x]</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)**

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

<table>
<thead>
<tr>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Roof</td>
</tr>
</tbody>
</table>

**Location of Registered Waste Hauler**  
NJDEP Waste Hauler ID No. 22812

**Cubic Yards of Waste**  
6

**Name of Registered Landfill**  
GROWS

**Disposal Date**  
6/29/12

**City, State**  
Morrisville, PA

**Completed By (Print or Type)**  
Kim Trumbetti

**Title**  
Admin.

**Signature**  
[Signature]

**Date**  
6/15/12
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1) 6/1/12

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

Type Notification
☐ Initial
☐ Amended #1 ON HOLD
☐ Emergency
☐ Cancellation

Name of Building Owner / Operator (2)
Lourdes Medical Center

Street Address
1600 Haddon Avenue
City, State & Zip Code
Collingswood, NJ 08103

Name of Contact
Mr. Scott Corley, Guild Builders, Inc.

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Lourdes Medical Center

Street Address
218 Sunset Road
City (5) Burlington
County (6) Willingboro
County Code (7)

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

Street Address
PO Box 316
City, State & Zip Code
Thorofare, NJ 08086

Project Manager for Monitoring Firm
Dave or Steve Flanigan

Telephone Number
856-848-0800

License Number
00862

Scheduled Start Date (9) 06/11/12
Scheduled Completion Date (11) 06/12/11

Occupancy Status During Abatement (Check only one)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Hours – Night Shift
☐ Isolated Area

Description of Scope of Work (Check all that apply)
☐ ≥3 sf or ≥3 if
☐ ≥160 sf ≥260 if
☐ Renovation
☐ Demolition

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

Is Location Normally Used Solely by Maintenance or 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)

Hyperbaric Chamber

Floor Tile & Black Mastic 180SF

Name of Registered Waste Hauler
Horizon Disposal

City, State
Trenton, NJ

Completed By (Print or Type)
Joann Mularkey

Title
Admin.

Signature

Date
6/1/12

Name of Registered Landfill
GROWS

City, State
Morrisville, PA

Disposal Date
6/13/12

Cubic Yards of Waste
4

Full Containment with Negative Pressure

Glove Bag Procedures

Non-Exempted and Non-CAP

Friable Procedure

Abatement Type

ABATEMENT TYPE

Removal
Repair
Encapsulation
Endotracheal
State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-12
Client Project #

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 5, 2012</td>
<td>RUTGERS, THE STATE UNIVERSITY OF NJ</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Notification Type</th>
<th>Name of Facility Where Abatement is Taking Place (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA, DCA, DOL, DOH</td>
<td>Initial Notification, Amended Notification # 1 - Change of Room ID &amp; file with DCA as SUB 8 unoccupied.</td>
<td>OLD QUEENS, BLDG# 3000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>OLD QUEENS, BLDG# 3000</th>
</tr>
</thead>
<tbody>
<tr>
<td>COLLEGE AVENUE CAMPUS</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>County</th>
<th>Name of Monitoring Firm Hired by Bldg. Owner</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEW BRUNSWICK</td>
<td>MIDDLESEX</td>
<td>ATC ASSOCIATES</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone Number</th>
<th>项目管理人</th>
<th>Name of Contractor</th>
</tr>
</thead>
<tbody>
<tr>
<td>609-386-8800</td>
<td>BRIAN KARNEY</td>
<td>GREENWOOD ABATEMENT CONSULTANTS, INC.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>3 TERRI LANE</th>
</tr>
</thead>
<tbody>
<tr>
<td>BURLINGTON, NJ 08016</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone Number</th>
<th>License Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>BRIAN KARNEY</td>
<td>609-386-8800</td>
<td>00840</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>20-21 WARGARAW ROAD</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>FAIRLAWN, NJ</td>
<td>20-21 WARGARAW ROAD</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement</th>
<th>Scheduled Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
<td>07/13/12</td>
<td>07/16/12</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) in Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rooms 207A &amp; 207B</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Reg. Waste Hauler</th>
<th>NJDEP Waste Hauler ID</th>
<th>Cubic Yards of Waste</th>
<th>Disposal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>See Hauler Below #1 &amp; 2</td>
<td>See Below</td>
<td>10 CY</td>
<td>07/16/2012</td>
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<table>
<thead>
<tr>
<th>Disp. Date</th>
<th>Location</th>
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</thead>
<tbody>
<tr>
<td>07/16/2012</td>
<td>W.S. North Landfill</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by (Print or Type)</th>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>RAYMOND C. PEDALINO</td>
<td>SENIOR PROJECT MANAGER</td>
<td>[Signature]</td>
</tr>
</tbody>
</table>
State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-12
Client Project #

Date of Notification (1) June 29, 2012

Agencies Notified
- EPA
- DEP
- DOL
- DEP - No Longer REQUIRED
- DOH

Notification Type
- Initial Notification
- Amended Notification
- Emergency (including justification)
- Canceled

Name of Building Owner/Operator (2)
RUTGERS, THE STATE UNIVERSITY OF NJ

Street Address
ENVIRONMENTAL HEALTH & SAFETY DEPT.
27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS

City, State, Zip Code
PISCATAWAY, NJ 08854

Name of Contact
MICHAEL SMITH, ENV. HEALTH & SAFETY

Facility Information

Name of Facility Where Abatement is Taking Place (3)
OLD QUEENS, BLDG# 3000

Street Address
COLLEGE AVENUE CAMPUS

City (5) NEW BRUNSWICK
County (6) MIDDLESEX
County Code (7)
(State Use Only) ASCM No.
0098

Name of Monitoring Firm Hired by Bldg. Owner (8)
ATC ASSOCIATES

Street Address
3 TERRI LANE

City, State, Zip Code
BURLINGTON, NJ 08016

Project Manager for Monitoring Firm
BRIAN KEARNY

Telephone Number
609-386-8800

Currently Using (prior if being demolished): ACADEMIC

Name of Contractor (9)
GREENWOOD ABATEMENT CONSULTANTS, INC.

Street Address
268 MAIN STREET

City, State, Zip Code
BUTLER, NJ 07405

Project Manager for Contractor

Telephone Number
973-482-0477

License Number
0081220

Name of OSHA Monitor
1 ENVIROVISION, INC.

Street Address
20-21 WARGARAW ROAD

City, State, Zip Code
FAIRLAWN, NJ

Occupancy Status During Abatement (Check only one)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other - Describe: FRI 5PM - MON 5AM (24 Hrs as Necessary)

Scope of Work (Check all that apply)

- > 3 sf or > 3 If
- > 150 sf or > 260
- Demolition
- Renovation
- Full Containment
- On-Positive Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*)

Location of Asbestos-Containing Material (ACM) in Facility (13)
Is Location Normally Used Solely by Maint./Custodial Staff? (12)
YES NO NA

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

Amount (Specify SF or LF)

Rooms 201 & 201B
TSH-PIPE INSULATION 30 LF

Name of Reg. Waste Hauler
See Hauler Below #1 & 2

NJDEP Waste Hauler ID # See Below

Cubic Yards of Waste: 10 CY

Disposal Date
07/16/2012

Hauler #1) Greenwood Abatement Consultants, Inc. – Butler, NJ 07405
NJ DEP # 12561

Hauler #2) Newark Carting, Inc., Newark, NJ 04569
NJ DEP # 4569

Completed by (Print or Type)
RAYMOND C. PEDALINO
TITLE SENIOR PROJECT MANAGER

Date June 29, 2012
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1) 7/5/12

Name of Building Owner/Operator (2) Leslie Steele

Agencies Notified

<table>
<thead>
<tr>
<th>Agency</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial Notification</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended Notification</td>
</tr>
<tr>
<td>DOL</td>
<td>EMERGENCY</td>
</tr>
<tr>
<td>DOH</td>
<td>Cancellation</td>
</tr>
<tr>
<td>DCA</td>
<td></td>
</tr>
</tbody>
</table>

Street Address 12 Ashland Pl.

City, State, Zip Code Summit, NJ 07052

Name of Contact Leslie Steele

FACILITY INFORMATION

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

Street Address 12 Ashland Pl.

City (5) Summit

County (6) Union

County Code (7) 67 (STATE USE ONLY)

Square Feet # of Floors Bldg. Age

2300 3 90

Current Use (Prior if demolished)

Residence

Type of Facility (4)

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

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

Name of OSHA Monitor N/A

Scheduled Start Date (10) 7/14/12

Sched. Completion Date (11) 7/16/12

Month Day Year Month Day Year

Occupancy Status During Abatement (Check only one)

[X] Facility Closed/Vacated During Entire Period of Abatement
[ ] Abatement Performed Outside of Normal Facility Hours - Description: Off-Hour Descript
[ ] Other - Description: Other Occupancy Descript

Scope of Work (Check all that apply)

[X] >3 sf or >3 l f
[ ] >160 sf or >260 l f

[X] Renovation
[ ] Demolition
[ ] Glovebag Procedure
[ ] Non-Friable Procedure

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

Amount (Spec. SF or Lf)

Abatement Type

 đàn RemovaL
Repair
Encapsulation

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

Basement Pipe insulation 60 l f

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.

NJDEP Waste Hauler ID No. 17040

Cubic Yards of Waste 1.0

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

City, State Montclair, NJ 07042

Disposal Date 7/17/12

City, State Morrisville, PA

Completed By (Print or Type) Constantine Vivian

Title President

Signature

Date 7/5/12
NOTIFICATION OF ASPEROS ABATEMENT
(Pursuant to NJAC 8:50-7 and 12:122-7)

Date of Notification (1)
7/5/12

Name of Building Owner/Operator (2)
Donna Perfetti

Street Address
65 Morse Ave.

City, State, Zip Code
Rutherford, NJ 07070

Name of Contact
Donna Perfetti

FACILITY INFORMATION

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

Street Address
65 Morse Ave

City (5)
Rutherford

County (6)
Bergen

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

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

ASCM No.
67

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm
N/A

Telephone Number
N/A

Scheduled Start Date (10)
7/14/12

Scheduled Completion Date (11)
7/16/12

Month Day Year
Month Day Year

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

Other: Describe: Other Occupancy Status

Scope of Work (Check all that apply)

[X] Renovation

[X] Demolition

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

Location Normally Used

Location of Maintenance/Custodial Staff (12)

No

Yes

N/A

Is

Asbestos-Containing Material (ACM)

Description of Asbestos-Containing Material (ACM)

Amount

(Specific Type, FL or SF)

Abatement Type

[X] Full Containment with Negative Pressure

[X] Mini-Enclosure

[X] Glovebag Procedure

[X] Non-Friable Procedure

Name of Registered Waste Hauler
AZTECH MANAGEMENT, INC.

MOSWPA Waste Hauler LD No.
17040

Cubic Yards of Waste
1.5

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

City, State
Montclair, NJ 07042

Disposal Date
7/17/12

City, State
Morristown, PA 19067

Completed By (Print or Type)
Constantine Vivian

Title
President

Signature

Date
7/5/12
Date of Notification: 07/03/12

Name of Building Owner/Operator: Nancy Addeo

FACILITY INFORMATION

Private home

Name of Facility Where Abatement is Taking Place: West Orange, NJ 07052

County: Essex

Name of Monitoring Firm Hired by Building Owner: Gr Tech LLC

Name of Abatement Contractor: Gr Tech LLC

Start Date: 07/13/12

Scheduled Completion Date: 07/14/12

Name of OSHA Monitor: Envirosion Consultants, Inc

Occupancy Status During Abatement: 

Scope of Work: 

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

Asbestos Content: 

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

Amount: 150 LF

Abatement Type: 

Name of Registered Waste Hauler: Wayne, NJ 07470

Completed By (Print or Type): N. Jevtic

Title: Owner

Signature: [Signature]

Address: 356 Gregory Avenue, West Orange, NJ 07052

City, State, Zip Code: West Orange, NJ 07052

Name of Contact: Nancy Addeo

Type of Facility: Other than K-12 School (Other than K-12 Schools, Other Commercial Special buildings, etc.)

Square Feet: # of Floors: Bldg. Age:

Project Manager for Monitoring Firm: 

Telephone No.: 973-638-1777

License No.: 01127

Full Containment with Negative Pressurization

Demolition

Enclosure

Non-Enclosure

Non-Exempted (*) and Non-Fireable Procedure

Yes No N/A

Pipe insulation

Location: Basement

Cubic Yards of Waste: TBD

T.R.R.F. Inc

Disposal Date: TBD

Tullytown, PA

* 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)
July 2, 2012

Name of Building Owner/Operator (2)
Disantis Contracting, LLC

Street Address
313 Halyard Road
Ortley Beach, NJ 08751

Name of Contact
Frank Disantis

FACILITY INFORMATION

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

Street Address
65 M Street

City
Seaside Park

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)
Guardian Contracting, Inc.

Street Address
1889 Route 9, Unit 61

City, State, Zip Code
Toms River, New Jersey 08755-1271

Telephone Number
732-349-9932

License Number
24

Name of OSHA Monitor
E.M.S.L. Analytical

Street Address
1056 Stelton Road

City, State, Zip Code
Piscataway, New Jersey 08854

Bldg. Age
60

Square feet
1500 sf

Current Use (Prior to being determined by
Residence

Type of Facility (4)
[ ] School (k-12)
[ ] Sublease
[ ] Other (i.e., private & commercial buildings, homes, etc.)

# of Floors
1

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

Scheduled Start Date (10)
7/13/12

Scheduled Completion Date (11)
7/16/12

Scope of Work (Check all that apply)
[ ] >3 sf or ≥3 lbf
[ x ] ≥160 sf or ≥260 lbf
[ x ] Demolition

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

Amount

Abatement Type

Removal

Repair

Encapsulation

ENCLOSURE

Asbestos siding

Location of Asbestos-Containing Material (ACM)

TO BE ABATED
in facility

Exterior
X

Is Location Normally used Solely by Maintenance/Custodial Staff

YES NO N/A

Name of Registered Waste Hauler
Guardian Contracting, Inc.

NIDEP Waste Hauler ID No.
20223

Cubic Yards of Waste
3

Name of Registered Landfill
T.R.R.F.

City, State
Toms River, New Jersey

Disposal Date
7/18/12

City, State
Tullytown, Pennsylvania

Completed by (Print or Type)
Nicholas Fernicola

Title
Project Manager

Signature

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

Date of Notification (1)
07/02/2012

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

Type Notification
☑ Initial
☐ Amended
☐ Emergency
☐ Cancellation

Name of Building Owner / Operator (2)
Resorts Casino & Hotel

Street Address
1133 Boardwalk

City, State & Zip Code
Atlantic City, NJ 08401

Name of Contact
Bob LaVitta

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Resorts Casino & Hotel

Street Address
1133 Boardwalk

City (5)
Atlantic City, NJ 08401

County (6)
Atlantic

County Code (7)

Name of Abatement Contractor (9)
Alpha Environmental Services

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

Square Feet

# of Floors

Current Use (Prior if being demolished)

Bidg. Age

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Street Address

City, State & Zip Code

Project Manager for Monitoring Firm

Telephone Number

Scheduled Start Date (10)
07/12/2012

Scheduled Completion Date (11)
07/13/2012

Name of Monitoring Firm Hired by Building Owner (8)

EMSL Analytical

Street Address
2129 Route 33

City, State & Zip Code
Hamilton, NJ 08610

Telephone Number
609-947-2956

License Number
01091

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

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
☐ 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)
Yes ☑ No ☐ ☐ N/A

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

Amount (Specified in SF or Lb)

Abatement Type

Remove ☐ Repair ☐ Encapsulate ☐

Endoscope ☐ ☐ ☐ ☐

Bakery ☐ ☐ ☐

Pipe insulation 12If

Name of Registered Waste Hauler
NJDEP Waste Hauler ID No.
00033330

Cubic Yards of Waste
2

Disposal Date
various

Name of Registered Landfill
Grows Landfill

City, State
Morrisville, PA

Completed By (Print or Type)
Rod Richardson

Title
Project Manager

Signature
Red Richardson

Date
07/02/2012
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 5:69 and 12:120)

Date of Notification (1) 07/02/12

Name of Building Owner/Operator (2) Montclair Board of Education

Agencies Notified Type Notification
EPA Initial
DEP Amended
DOL Amendment #
DOL Emergency (including justification)
DHC Cancellation

Street Address 22 Valley Road
City, State, Zip Code Montclair, NJ 07042
Name of Contact Mr. Leonard Saponara

FACILITY INFORMATION

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

Name of Facility Where Abatement Is Taking Place (3)
Central Heating Plant

Square Feet 5,000 +
# of Floors 2
Bldg. Age 50+ (or more)

54 Orange Road
Montclair

County Code (7) Current Use (Prior if being demoed)
Essex
School

Name of Monitoring Firm Hired by Building Owner (8)
Detall Associates, Inc.

Name of Abatement Contractor (9)
Pyramid Contracting Corp.

Street Address 163 Sargeant Avenue
City, State, Zip Code Clifton, NJ 07013

Telephone No. 973-689-8281
License No. 010966

Mr. Stephen J
Start Date (10) 07/14/12
Scheduled Completion Date (11) 08/08/12

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 if
- ≥1,000 sf or ≥260 if
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Flexible (**) Abatement Procedures

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

Boiler Room

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)
2,000 SF Boilers-Exterior cover and the materials inside the panels
1,000 SF Boiler Breaching

Amount (Specify SF or LF)

Boiler Room

--- Continued on the next page ---

Name of Registered Waste Hauler Pyramid Contracting Corp.
NJDEP Waste Hauler ID No. 32613
Cubic Yards of Waste 10
Name of Registered Land Disposal Date 08/08/12
City, State Montville, New Jersey
Completed by Dimo Golcev Title General Manager
Signature Date 07/02/12

* Do not use this form for asbestos license exempted activities.
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff: (12) | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Asbestos Abatement Type |
|---|---|---|---|
| Boiler Room | x | Pipe Insulation | 100 LF | Removal |
| Pump Room | x | Pipe Insulation | 30 LF | Repair |
| Sub-Pump Room | x | Elbows | 2 LF | Encapsulate |
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
7/5/12

Name of Building Owner/Operator (2)
The Archdiocese of Newark

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

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

Street Address
PO box 9500
City, State, Zip Code
Newark NJ 07104

Name of Contact
Tom McCue

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
499 Belgrove Drive

City (6)
Kearny

County (6)
Hudson

County Code (7)
(State Use Only)

Name of Monitoring Firm Hired by Building Owner (8)
EnviroVision Consultants

ASCM No.
00079

Name of Abatement Contractor (9)
ABS Environmental Services, LLC

Street Address
20-21 Wagaram Road
City, State, Zip Code
Fair Lawn NJ 07410

Telephone No.
973-635-9145

Project Manager for Monitoring Firm
Fred Larson

Telephone No.
973-764-2276

License No.
703

Start Date (10)
7/16/12

Scheduled Completion Date (11)
9/18/12

Occuqancy 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)
☐ 23 sf or ±2 If
☐ 2160 sf or ±260 If
☒ 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 SF or LF)

SEE ATTACHED
Pursuant to McCabe
Environmental Services
Scope of Work

Name of Registered Waste Hauler
Freehold Cartage

Disposal Date
TBD

Name of Registered Landfill
GROWS N Landfill

City, State
Freehold NJ

Completed by
Andrew Scott Higgins

Title
President

Signature

* Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>LOCATION</th>
<th>MATERIAL DESCRIPTION</th>
<th>ESTIMATED QUANTITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>Rock mills boiler insulation</td>
<td>400 SF</td>
</tr>
<tr>
<td>Basement</td>
<td>Rock mills breeching insul</td>
<td>160 SF</td>
</tr>
<tr>
<td>Basement</td>
<td>HB smith boiler packing between sections</td>
<td>10 SF</td>
</tr>
<tr>
<td>Basement</td>
<td>Breeching insulation on arch-top boiler</td>
<td>6 SF</td>
</tr>
<tr>
<td>Basement</td>
<td>Packing on chimney access door</td>
<td>180 SF</td>
</tr>
<tr>
<td>Basement</td>
<td>Pipe joint insulation</td>
<td>20 LF</td>
</tr>
<tr>
<td>Basement</td>
<td>Paper pipe insulation</td>
<td>180 SF</td>
</tr>
<tr>
<td>Basement</td>
<td>White debris on floor</td>
<td>4 CY</td>
</tr>
<tr>
<td>Garages</td>
<td>Roofing tar &amp; flashing</td>
<td>1000 SF</td>
</tr>
</tbody>
</table>
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 5:16)

**Check # 1425**

**Date of Notification:** 7 / 05 / 12

**Name of Building Owner/Operator:** Laurie Sammeth

**Agency Notified:**
- [X] EPA
- [X] DOLWD
- [X] DHSS

**Street Address:** 24 Highland Place

**City:** Maplewood, NJ 07040

**County:** Essex

**Square Feet:**

**County Code:**

**Facility Information**

**Type of Facility:**
- [X] School (K-12)
- [X] Subchapter 8 (Other than K-12, in public and private educational buildings, institutional buildings, and nonresidential buildings, etc.)

**Private Home**

**Street Address:** 576 Valley Rd #283

**City, State, Zip Code:** Wayne, NJ 07470

**Telephone No.:** 973-638-1777

**License No.:** 01127

**Name of OSHA Monitor:** Envirovision Consultants, Inc

**Start Date:** 07 / 07 / 12

**Scheduled Completion Date:** 07 / 17 / 12

**Occupancy Status During Abatement:**
- [X] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours - Describe

**Time of Abatement:** AM/PM/AM/PM

**Scope of Work (Check all that apply):**
- [X] Full Containment with Negative Pressure
- [X] Mini-Enclosure
- [X] Glovebag Procedure
- [X] Non-Exempted (*) and Non-Friable Procedure

**Location of Asbestos-Containing Material (ACM) to be Abated IN Facility**

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SIF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>[X]</td>
<td>Pipe insulation</td>
<td>120 LF</td>
</tr>
<tr>
<td>Attic</td>
<td>[X]</td>
<td>Vermiculite insulation</td>
<td>600 SF</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:**

**Gr Tech LLC**

**NEP Waste Hauler ID No.:** 0033785

**Cubic Yards of Waste:** TBD

**Name of Registered Landfill:** T.R.R.F. Inc

**City:** Wayne, NJ 07470

**Disposal Date:** TBD

**City, State:** Tullytown, PA

**TBD**

**Completed By:**

**Signature:**

**Title:** Owner

**N.J. state:**

**Address:**

**Date:** 5/2012

*Do not use this form for asbestos licensure exempted activities.*
State of New Jersey - Notification of Asbestos Abatement  
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-12
Client Project #

Date of Notification: July 5, 2012

Agencies Notified:
- EPA
- DGA
- DOL
- DEP: No Longer REQUIRED
- DOH

Notification Type:
- Initial Notification
- Amended Notification
- Emergency (including justification)
- Cancelled

Name of Building Owner/Operator:
RUTGERS, THE STATE UNIVERSITY OF NEW JERSEY

Address:
ENVIRONMENTAL HEALTH & SAFETY DEPT.
27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS
PISCATAWAY, NJ 08854

Name of Facility Where Abatement is Taking Place:
KIRKPATRICK CHAPEL, BLDG # 3003

Street Address:
COLLEGE AVENUE CAMPUS

City: NEW BRUNSWICK  
County: MIDDLESEX  
County Code: (State Use Only)

Name of Facility Owner:

Name of Contractor:
GREENWOOD ABATEMENT CONSULTANTS, INC.

Address:
268 MAIN STREET
BURLINGTON, NJ 08016

City: BUTLER, NJ 07405

Name of Contact:
GREG LUPINSKI, ENV. HEALTH & SAFETY

Project Manager for Monitoring Firm:
BRIAN KEARNY

Telephone Number: 609-386-8800

License Number: 00840

Scheduled Start Date (10):
07/17/12

Scheduled Completion Date (11):
07/23/12

Occupy Status During Abatement (Check only one):
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours -
- Other - Describe: Shift Hours: 3:00 PM – 5:00 AM

Scope of Work (Check all that apply):
- ≥ 3 sf or ≥ 3 ft²
- ≥ 160 sf or ≥ 260
- Renovation
- Demolition
- Non-Exempted (*)
- Full Containment
- Mini-Enclosure
- Glovebox Procedure
- Non-Fireproofable

Location of Asbestos-Containing Material (ACM) in Facility:

Is Location Normally Used Solely by Maint./Custodial Staff? YES NO NA

Rooms:
- Room 101
- VAT

Cubic Yards of Waste: 40 CY

Name of Contractor:
GREENWOOD ABATEMENT

Address:
20-21 WARGARAW ROAD
FAIRLAWN, NJ

Name of Registered Landfill:
G.R.O.

City: 100 New Ford Mill Rd. Morrisville, Pa 19067

State: 215-736-1700

Disposal Date: 07/23/12

Completed by:
RAYMOND C. PEDALINO
Title: SENIOR PROJECT MANAGER

Signature:

Date: 07/05/12

Copies To: Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 5:60 and 12:120)

Date of Notification (1)
7/2/12

 Agencies Notified
EPA
DEP
DOL
DOH
DCA

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

Name of Building Owner/Operator (2)
The Port Authority of NY & NJ

Address
241 Erie St. Room 236
City, State, Zip Code
Jersey City, NJ 07310

Name of Contact
Ralph Campione

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Newark Liberty International Airport
Street Address
Newark Liberty International Airport
City (5)
Newark
County (6)
Essex
County Code (7)

Type of Facility (4)

License

Name of Abatement Contractor (9)
ABC Construction Contracting, Inc.
Street Address
36-16 19th Avenue
City, State, Zip Code
Astoria, NY 11105

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
Glovetop Procedure
Non-Exempted (*) and Non-Friable

Location of Abatement

Location of Asbestos-Containing Material (ACM)
Terminal A col. line 16 Stairwell

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

Description of Asbestos Containing Material (ACM)
Fireproofing

Amount (Specify SF or LF)
295SF

Name of Registered Waste Hauler
ABC Construction Contracting Inc.

Cubic Yards of Waste
20

Date of Disposal
1/2/13

Completed by
Alex Gregoriou

Title
Vice President

Signature

Tullytown
City, State
Astoria, NY 11105

Cubic Yards of Waste
20

Name of Registered Landlord
Tullytown

City, State
Tullytown, PA 19002

* Do not use this form for asbestos license exempted activities.
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:B20)  

Date of Notification (1)  
07-03-2012  

Name of Building Owner/Operator (2)  
Ewing Township School District  

Check # 4814  

Name of Contact  
Ryan Broadwater  

Name of Facility Where Abatement is Taking Place (3)  
Ryan Administration Building-Frank O'Brien Academy  

Street Address  
1331 Lower Ferry Road  

City, State, Zip Code  
Ewing, NJ 08618  

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

Name of Abatement Contractor (9)  
Shade Environmental, LLC  

Street Address  
47 S. Lippincott Ave  

City, State, Zip Code  
Maple Shade, NJ 08052  

County Code (7)  
(STATE USE ONLY)  

# of Rooms  
22,500 2  

Current Use (Prior if being demobilized)  
Academy  

Bldg. Age  
75  

License No.  
008-081  

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

Full Containment with Negative Pressure  
- Yes  
- No  

Rake Bag Procedure  
- Yes  
- No  

Manageable Procedure  
- Yes  
- No  

Abatement Type  
- Remotely  
- Enveloped  
- Encapsulate  
- Dispose  

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

Multiple Offices  
- XX  

Boiler Room  
- XX  

Boiler Room  
- XX  

Boiler Room  
- XX  

Name of Registered Waste Hauler  
Freehold Cartage  

N.J.DEP Waste Hauler ID No.  
Name of Registered Hauler  
Grows Landfill  

Cubic Yards of Waste  
Name of Registered Hauler  
Grows Landfill  

Disposal Date  
City, State  
Tullytown, PA  

Completed by  
William Lynch  

Title  
Owner  

Signature  

Date  
07-03-2012  

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

Date of Notification (1) 07-03-2012
Page 2 of 2

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

Name of Building Owner/Operator (2)
Ewing Township School District, Check # 481
Street Address
2099 Pennington Road
City, State, Zip Code
Ewing, NJ 08618
Name of Contact
Ryan Broadwater
Name of Facility Where Abatement is Taking Place (3)
Ryan Administration Building-Frank O’Brien Academy
Street Address
1331 Lower Ferry Road
City (5) Ewing
County (6) Mercer
County Code (7) 2
Square Feet 22,500
# of Floors 2
Bldg. Age 75
Current Use (Prior to being designated for Abatement)
Academy

Name of Monitoring Firm Hired by Building Owner (8)
Environmental Connection, Inc.
ASCM No.
Name of Abatement Contractor (9)
Shade Environmental, LLC
Street Address
47 S. Lippincott Ave
City, State, Zip Code
Maple Shade, NJ 08052
Telephone No.
856-755-0099
Licenses 0084:
Name of OSHA Monitor
EMSL
Street Address
107 Haddon Ave
City, State, Zip Code
Westmont, New Jersey 08106

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
≥ 160 sf or ≥ 260 if
X Renovation
X Demolition

Is Location Normally Used Solely by Maintenance/Custodial Staff?
No
Location of Asbestos-Containing Material (ACM) TO BE ABATED
See page 1 for Additional ACM

In Facility (13)

Is Location Normally Used Solely by Maintenance/Custodial Staff?
Yes
XX
XX
XX
XX
XX
XX
XX

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

Amount (Specify SF or LF)
Caulk
320 LF
Clad Panels
204 SF
Sink Mastic
6 SF
Wood paneling Mastic
TBD

Name of Registered Waste Hauler
MIDEP Waste Hauler ID No.
Cubic Yards of Waste

Name of Registered Landfill
Grows Landfill
Disposal Date
City, State
Tullytown, PA

Complied by
William Lynch
Title Owner
Signature
Date 07-03-2012

* 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)  
07 / 03 / 12

Agencies Notified  
☐ EPA  ☐ DEP  ☐ DCA (NJAC 5:16)  ☐ DHSS  ☐ DCA (NJAC 5:23-8)

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

Name of Building Owner/Operator (2)  
New Jersey Turnpike Authority

Street Address  
581 Main Street

City, State, Zip Code  
Woodbridge, NJ 08863

Name of Contact  
Paul Pittari

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
Bridge Structure 56.38

Street Address  
Ward Avenue Bridge (over the NJ Turnpike)

City (5)  
Chesterfield

County (6)  
Burlington

County Code (7) (STATE USE ONLY)  

Square Feet  
30,000

# of Floors  

Current Use (Prior if being demolished)  
Roadway  
Bldg. Age  
30+

Name of Monitoring Firm Hired by Building Owner (8)  
Envirowision Consultants, Inc.

ASCM No.  
03681

Name of Abatement Contractor (9)  
Diamond Huntbach Construction Corporation

Street Address  
500 East Luzerne Street

City, State, Zip Code  
Philadelphia, PA 19124

Project Manager for Monitoring Firm  
Guillermo M. Morales

Telephone No.  
973-635-9144

Telephone No.  
215-739-8166

License No.  
00646

Name of OSHA Monitor  
SAME AS ABOVE

Start Date (10)  
07 / 10 / 12

Scheduled Completion Date (11)  
08 / 15 / 12

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:  AM/PM 7:00 PM-7:00AM

Scope of Work (Check all that apply)  

☐ ≥3 sf or ≥3 ft  ☒ ≥160 sf or ≥260 sf

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

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

☐ Yes  ☐ No  ☐ N/A

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

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

Amount (Specify SF or LF)

Under Bridge Structure  

☐ ☐ ☐ Transite Duct Pipe  2,400 LF

☐ ☐ ☐

☐ ☐ ☐

☐ ☐ ☐

☐ ☐ ☐

☐ ☐ ☐

Name of Registered Waste Hauler  
Freehold Cartage, Inc.

NJDEP Waste Hauler ID No.  
16999

Cubic Yards of Waste  
40 cy

Name of Registered Landfill  
GROWS North Landfill

City, State  
Freehold, NJ

Completed By (Print or Type)  
Charles F. Imbimbo

Title  
Project Manager

Signature  
Charles F. Imbimbo

Disposal Date  
08/15/12

City, State  
Morrisville, PA

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

### Date of Notification (1)
- 07 / 3 / 12

### Name of Building Owner/Operator (2)
- Pearson Beckham Realty

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

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

### Street Address
- 1422 Buttonwood Drive, Suite 200

### City, State, Zip Code
- Gastonia, NC 28054

### Name of Contact
- Matt Beckham

### FACILITY INFORMATION

#### Name of Facility Where Abatement is Taking Place (3)
- Former Residence

#### Street Address
- 20-24 High Street

#### City (5)
- Woodbury

#### County (6)
- Gloucester

#### County Code (7)
- [STATE USE ONLY]

#### Square Feet
- 4000

#### # of Floors
- 2 + basements

#### Built Age
- +/- 50

#### Current Use (Prior if being demolished)
- Vacant

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

#### Street Address
- 9 South Main Street

#### City, State, Zip Code
- Mullica Hill, NJ 08062

#### Project Manager for Monitoring Firm
- Jack Carney

#### Telephone No.
- 856-223-0080

#### Start Date (10)
- 07 / 18 / 12

#### Scheduled Completion Date (11)
- 08 / 18 / 12

#### 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: <br><br> 7AM-3:30PM_____PM-_____AM

#### 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 Procedures

#### 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

#### Exterior
- [ ] Cauk

#### Roof
- [ ] Flashing

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

#### Amount (Specify SF or LF)
- 312 LF

#### Cubic Yards of Waste
- 2200 SF

#### Name of Registered Waste Hauler
- USA Environmental Management, Inc.

#### NJDEP Waste Hauler ID No.
- 32610

#### Cubic Yards of Waste
- 5

#### Name of Registered Landfill
- Minerva Landfill

#### City, State
- Philadelphia, PA

#### Completed By (Print or Type)
- Dilip Kumar

#### Title
- Program Manager

#### Signature
- [Signature]

#### Disposal Date
- 7/31/2012

#### City, State
- Waynesburg, OH

#### Abatement Type
- [ ] Removal
- [ ] Repair
- [ ] Encapsulation
- [ ] Enclosure

### AS8-1

MAY 11

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

**Date of Notification (1):** 6/5/12

**Name of Building Owner / Operator (2):** Bob Novick Chevrolet, Inc.

**Street Address:** 808 North Pearl Street

**City, State & Zip Code:** Bridgeton, NJ 08302

**Name of Contact:** Mrs. Debby Novick

### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place (3):** Bob Novick Auto Mall

**Street Address:**

808 North Pearl Street

**City:** Bridgeton

**County:** Cumberland

**County Code:** 21728

**# of Floors:** 2

**Type of Facility (4):**

- [ ] School (K-12)
- [ ] Subchapter B (Other than K-12)
- [x] Other (i.e. private & commercial, homes, etc.)

**Square Feet:** 21,728

**Current Use (Prior if being demolished):** Auto Dealership

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

**Street Address:** PO Box 316

**City, State & Zip Code:** Thorofare, NJ 08086

**Project Manager for Monitoring Firm:** Dave or Steve Flanagan

**Telephone Number:** 856-848-0800

**Name of Abatement Contractor (9):** Asbestos and Mold Services, Corp.

**Street Address:**

Hainesport, NJ 08036

**Telephone Number:** 609-702-0400

**License Number:** 200862

**Name of OSHA Monitor:** Emsl Analytical

**Street Address:**

107 Haddon Ave.

**City, State & Zip Code:** Westmont, NJ 08108

### ON HOLD until Phase #2

**Scheduled Start Date (10):** 6/14/12

**Scheduled Completion Date (11):** 10/1/12

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

- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Hours
- [ ] Isolated Area

**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):**

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

- [ ] Yes
- [ ] No
- [N/A]

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

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

**Amount of ACM (Specify SF or Lbs):**

440 SF

**Abatement Type:**

- [ ] Roofing, Flashing & Decking
- [ ] Transite Panels
- [ ] 4 each

**Name of Registered Waste Hauler:** N.J.DEP Waste Hauler ID No. 22612

**Cubic Yards of Waste:** 6

**Name of Registered Landfill:** GROWS

**City, State:** Morristown, PA

**Disposal Date:** 10/1/12

**Completed By (Print or Type):**

**Title:** Admin.

**Signature:**

**Date:** 6/28/12
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 12:120)

**Name of Building Owner/Operator:**
VNO Wayne Town Center LLC

**Street Address:**
250 Wayne Town Center, NJ State Route 23, and Woodbrook Blvd.

**City, State, Zip Code:**
Wayne, NJ 07470

**Name of Contact:**
Eric Dinenberg

### FACILITY INFORMATION

- **Name of Facility Where Abatement is Taking Place:**
  Wayne Town Center Fortunoff
- **Street Address:**
  250 Wayne Town Center
- **City:**
  Wayne
- **County:**
  Morris
- **Square Feet:**
  220,000
- **# of Floors:**
  2
- **Bid Age:**
  45 years
- **Current Use (Prior if being demolished):**
  Not in use

**Name of Monitoring Firm Hired by Building Owner:**
Certified Environments Inc.

**ASCM No.:**

**Name of Abatement Contractor:**
Gramercy Group Inc.

**Telephone No.:**
301-346-5005

**License No.:**
516-876-0020

**Name of OSHA Monitor:**
Gramercy Group Inc.

**Street Address:**
3000 Burns Avenue

**City, State, Zip Code:**
Wantagh NY 11793

**Project Manager for Monitoring Firm:**
Greg Paulay

**Telephone No.:**
301-346-5005

**License No.:**
516-876-0020

**Start Date:**
7-9-12

**Scheduled Completion Date:**
12-31-12

**Occupancy Status During Abatement:**
Facility Closed/Vacated During Entire Period of Abatement

**Other:**
Abatement Performed Outside of Normal Facility Hours
- Vacant Retail Store

**Scope of Work:**
- ≥3 sf or ≥3 11
- ≥160 sf or ≥260 11
- Renovation
- Demolition
- Full Containment with Negative Air Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Removal

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

- **In Facility:**
  - South East Corner of Store
  - 3 locations throughout the store
  - Delaminated Fireproofing on Ducts
  - Column Bases and Broken VAT

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

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

- Unstable Spray on Fireproofing
- Unstable Spray on Ducts
- Delaminated Spray on Ducts
- Debris Clean up and disposal

**Amount (Specified in SF or Lbs):**
4,600
4,500
3,600

**Abatement Type:**
- Removal
- Repair
- Encapsulate
- Endure

**Endure:**
- Fill

**Name of Registered Waste Hauler:**
Horwich Trucks Inc.

**Cubic Yards of Waste:**
200

**Date:**
7-6-12

**City, State:**
Northampton, PA 18067

**Disposal Date:**
12-31-12

**City, State:**
Waynesburg OH

**Completed by:**
Robert Lewin

**Title:**
Environmental Coordinator

**Signature:**

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