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

Date of Notification (1) 07/09/2013

Name of Building Owner/Operator (2) Love Kids Care II

Agencies Notified

<table>
<thead>
<tr>
<th>EPA</th>
<th>DEP</th>
<th>DOL</th>
<th>DOH</th>
<th>DCA</th>
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Type Notification

<table>
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<th>Amended</th>
<th>Amendment #</th>
<th>Emergency (including justification)</th>
<th>Cancellation</th>
</tr>
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</table>

Street Address 526 Broadway

City, State, Zip Code Paterson, NJ 07514

Name of Contact Baswick Burt-Miller

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place

Love Kids Care II

Street Address 526 Broadway

City (5) Paterson

County (6) Passaic

County Code (7) (STATE USE ONLY) ___

Name of Monitoring Firm Hired by Building Owner

CA Environmental

ASCN No. ___

Name of Abatement Contractor

Super, LLC

Street Address 2200 Paterson Plank Rd #7

City, State, Zip Code North Bergen, NJ 07047

Project Manager for Monitoring Firm

Carmelo Almonte

Telephone No. (201)864-6583

Start Date (10) 07/19/2013

Scheduled Completion Date (11) 07/26/2013

Name of OSHA Monitor

Testor Tech

Occupancy Status During Abatement

Facility Closed/Vacated During Entire Period of Abatement Performed Outside of Normal Facility Hours

Other – Describe: ___

Scope of Work

- x ≥3 sf or ≥3 if
- ≥160 sf or ≥250 if
- x 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

Location

<table>
<thead>
<tr>
<th>basement</th>
<th>fittings</th>
</tr>
</thead>
</table>

Is Location Normally Used Solely by Maintenance/Custodial Staff?

(12) Yes No N/A

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

Amount (Specify SF or LF) 7 LF

Abatement Type

Name of Registered Waste Hauler

Super, LLC

NJDEP Waste Hauler ID No. 034893

Cubic Yards of Waste

Name of Registered Landfill

GROWS Landfill

City, State, Disposal Date Name of Registered Landfill

Paramus, NJ TBD GROWS Landfill

Completed by

Tailor Dominguez Title Project Manager

Signature 07/09/2013

* 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)**  
7/10/13

**Name of Building Owner/Operator (2)**  
Chambers Properties, LLC

**Street Address**  
20 Nassau Street Suite 129

**City, State, Zip Code**  
Princeton, NJ 08542

**Name of Contact**  
Jeremiah Obert

**Telephone Number**  

### FACILITY INFORMATION

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

**Square Feet**  
30,000

**# of Floors**  
3

**Bldg. Age**  
80

**Current Use (Prior if being demolished)**  
offices/retail

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

**Street Address**  
20 Nassau Street

**City**  
Princeton

**County**  
Mercer

**Name of Monitoring Firm Hired by Building Owner**  
MECS

**ASCM No.**  

**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

**Name of OSHA Monitor**  
MECS

**Street Address**  
PO Box 341

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

**Project Manager for Monitoring Firm**  
William Weisgarber Jr.

**Telephone No.**  
(609) 298-4070

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

- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours
- [x] Other - Describe: 5pm

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

- [x] ≥3 sf or ≥3 ft
- [ ] ≥160 sf or ≥260 ft
- [x] Renovation
- [x] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Min-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

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

- [ ] IN Facility

**Number (13)**

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

**Amount (Specify SF or LF)**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pipe Insulation</td>
<td>6 LF</td>
<td>X</td>
</tr>
<tr>
<td>Pipe Insulation</td>
<td>8 LF</td>
<td>X</td>
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</table>

### Name of Registered Waste Hauler  
Stevens Environmental Services, Inc.

**NJDEP Waste Hauler ID No.**  
18292

**Cubic Yards of Waste**  
1 CU

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

**City, State**  
Allentown, NJ

**Disposal Date**  
7/23/13

**City, State**  
Tullytown, PA

**Completed By**  
Mahlon E. Stevens

**Title**  
Project Manager

**Signature**  

**Date**  
7/10/13

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

**State of New Jersey**

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>7/9/13</th>
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<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
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<tr>
<td>[ ] EPA</td>
<td>[ ] Initial</td>
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<tr>
<td>[ ] DEP</td>
<td>[ ] Amended</td>
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<td>[ ] DOL</td>
<td>[ ] Amendment #</td>
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<td>[ ] DOH</td>
<td>[ ] Emergency (including justified)</td>
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<td>[ ] DCA</td>
<td>[ ] Cancellation</td>
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<table>
<thead>
<tr>
<th>Name of Building Owner/Operator (2)</th>
<th>Educational Testing Service</th>
</tr>
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<tbody>
<tr>
<td>Street Address</td>
<td>Rosedale Road</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Princeton, NJ 08541</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>John Bailey</td>
</tr>
<tr>
<td>Telephone</td>
<td></td>
</tr>
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</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>ETS - Facilities Building</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>Rosedale Road</td>
</tr>
<tr>
<td>City (5)</td>
<td>Princeton</td>
</tr>
<tr>
<td>County (6)</td>
<td>Mercer</td>
</tr>
<tr>
<td>County Code (7)</td>
<td>2</td>
</tr>
<tr>
<td>USE ONLY</td>
<td></td>
</tr>
<tr>
<td>Current Use (Prior if being demolished)</td>
<td>Maintenance Building</td>
</tr>
<tr>
<td>Square Feet</td>
<td>5000</td>
</tr>
<tr>
<td># of Floors</td>
<td>2</td>
</tr>
<tr>
<td>Bldg. Age</td>
<td>50</td>
</tr>
</tbody>
</table>

| Name of Monitoring Firm Hired by Building Owner (8) | MECS |
| Name of Abatement Contractor (9) | Stevens Environmental Services, Inc. |
| Street Address | PO Box 341 |
| City, State, Zip Code | Crosswicks, NJ 08515 |
| Project Manager for Monitoring Firm | William Weisgarber Jr. |
| Telephone No. | (609) 298-4070 |
| Start Date (10) | 7/18/13 |
| Scheduled Completion Date (11) | 7/26/13 |
| 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 ft | Renovation |
| ≥180 sf or ≥260 ft | Demolition |

| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Grounds Shop |
| Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | Yes |
| Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Asbestos fittings |
| Amount (Specify SF or LF) | 20 fittings |

| Name of Registered Waste Hauler | Stevens Environmental Services, Inc. |
| NJ/DEP Waste Hauler ID No. | 18292 |
| City, State | Allentown, NJ |
| Disposal Date | 7/25/13 |
| Name of Registered Landfill | T.R.R.F., Inc. |
| City, State, Zip Code | Tullytown, PA |
| Completed By | Mahlon E. Stevens |
| Title | Project Manager |
| Date | 7/9/13 |

*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) 7/8/13

Name of Building Owner / Operator (2) JCP&L/FirstEnergy Company

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

Type Notification
- [ ] Initial
- [ ] Amended #4
- [ ] Emergency
- [ ] Cancellation

Street Address
10 legion Place- Building A

City, State & Zip Code
Morristown, NJ 07960

Name of Contact
Kevin Coffey

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
JCP&L/FirstEnergy

Street Address
90 Ridgedale Avenue

City (5) Morristown
County (6) Morris
County Code (7)

Name of Monitoring Firm Hired by Building Owner (8)
1 Source Safety & Health

ASCM No.

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

Square Feet

# of Floors

Bldg. Age 50+

Current Use (Prior if being demolished)

Utility Building

Name of Abatement Contractor (9)
AbateTech, Inc.

Street Address
140 South Village Ave. Suite 130

City, State & Zip Code
Exton, PA 19341

Name of OSHA Monitor

EMSL Analytical

Street Address
108 Haddon Ave.

City, State & Zip Code
Westmont, NJ 08108

Project Manager for Monitoring Firm
Brian Hovendon

Telephone Number
610-524-5525

License Number
00529

Scheduled Start Date (10)
3/25/13

Scheduled Completion Date (11)
7/31/13

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

Scope of Work (Check all that apply)
- [ ] ±3 sf or ±3 lf
- [ ] ±160 sf ±250 lf
- [ ] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glove Bag Procedures (wrap & cut)
- [ ] 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 and 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

<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 and 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>Transite Duct Sleeve</td>
<td>Yes</td>
<td></td>
<td>12 SF</td>
<td>Mastic</td>
</tr>
<tr>
<td>1st Floor</td>
<td>No</td>
<td></td>
<td>6,900 SF</td>
<td>Pipe Fittings</td>
</tr>
<tr>
<td>2nd Floor</td>
<td>Yes</td>
<td></td>
<td>68 LF</td>
<td>Floor Tile &amp; Mastic</td>
</tr>
<tr>
<td>3rd Floor</td>
<td>No</td>
<td></td>
<td>6,900 SF</td>
<td>Roof Drains</td>
</tr>
<tr>
<td>4th Floor</td>
<td>Yes</td>
<td></td>
<td>11</td>
<td>Pipe Fittings</td>
</tr>
<tr>
<td>Crawlspace</td>
<td>No</td>
<td></td>
<td>17 LF</td>
<td>Pipe Fittings</td>
</tr>
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</table>

Name of Registered Waste Hauler
AbateTech, Inc.

NjDEP Waste Hauler ID No. 18750

Cubic Yards of Waste 12

Name of Registered Landfill
TRRF Landfill

City, State Lumberton, NJ

Disposal Date 7/31/13

City, State Tullytown, PA

Completed By (Print or Type)
Gwen Trumbetti

Title Opps. Coord.

Signature

Date 7/8/13
## State of New Jersey
### NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

**Date of Notification (1)**  
7/8/13

**Name of Building Owner / Operator (2)**  
JCP&L/FirstEnergy Company

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

**Type Notification**  
- [X] Initial
- [ ] Amended #4
- [ ] Emergency
- [ ] Cancellation

**Street Address**  
10 legion Place- Building A

**City, State & Zip Code**  
Morristown, NJ 07960

**Name of Contact**  
Kevin Coffey

### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place (3)**  
JCP&L/FirstEnergy

**Street Address**  
90 Ridgedale Avenue

**City (5)**  
Morristown

**County (6)**  
Morris

**County Code (7)**

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

**Square Feet**  
50+

**# of Floors**  

**Bldg. Age**

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

### Utility Building

**Name of Monitoring Firm Hired by Building Owner (8)**  
1 Source Safety & Health

**Street Address**  
140 South Village Ave. Suite 130

**City, State & Zip Code**  
Exton, PA 19341

**Project Manager for Monitoring Firm**  
Brian Havendon

**Telephone Number**  
610-524-5525

**ASCM No.**

**Name of Abatement Contractor (9)**  
AbateTech, Inc.

**Street Address**  
PO Box 25

**City, State & Zip Code**  
Lumberton, NJ 08048

**License Number**  
609-255-2107 00529

**Name of OSHA Monitor**  
EMSL Analytical

**Street Address**  
108 Haddon Ave.

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

**Scheduled Start Date (10)**  
3/25/13

**Scheduled Completion Date (11)**  
7/31/13

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

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

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

<table>
<thead>
<tr>
<th>Material</th>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance or Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exterior</td>
<td>Yes</td>
<td>Caulking on exterior metal panels</td>
<td></td>
<td>1,108SF</td>
<td></td>
</tr>
<tr>
<td>1st Floor</td>
<td>No</td>
<td>Floor tile</td>
<td></td>
<td>40 SF</td>
<td></td>
</tr>
<tr>
<td>2nd Floor</td>
<td>No</td>
<td>Roof Drains</td>
<td></td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>2nd Floor</td>
<td>No</td>
<td>Window Glazing</td>
<td></td>
<td>10 SF</td>
<td></td>
</tr>
<tr>
<td>2nd Floor</td>
<td>No</td>
<td>Window Glazing</td>
<td></td>
<td>20 SF</td>
<td></td>
</tr>
<tr>
<td>Exterior</td>
<td>No</td>
<td>Caulking on exterior metal panels</td>
<td></td>
<td>20 SF</td>
<td></td>
</tr>
<tr>
<td>Crawlspace</td>
<td>No</td>
<td>Pipe Fittings</td>
<td></td>
<td>38 LF</td>
<td></td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**  
AbateTech, Inc.

**Cubic Yards of Waste**  
12

**Name of Registered Landfill**  
TRRF Landfill

**Disposal Date**  
7/31/13

**City, State**  
Lumberton, NJ 08048

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

**Title**  
Opps. Coord.

**Signature**  
[Signature]

**Date**  
7/8/13
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)
7 / 8 / 13

Name of Building Owner/Operator (2)
Seton Hall Prep

Seton Hall Prep
120 Northfield Ave.

City, State, Zip Code
West Orange, NJ 07017

Name of Contact
Mike Gallo

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Seton Hall Prep

Street Address
120 Northfield Ave.

City (5)
West Orange

County (6)
Essex

County Code (7)

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

ASCM No.

Name of Abatement Contractor (9)
AbateTech, Inc.

Street Address
280 Huyler Street

City, State, Zip Code
South Hackensack, NJ 07606

License No.
00529

Telephone No.
201-489-8760

Name of OSHA Monitor
EMSL Analytical

Project Manager for Monitoring Firm
Geiser Fajardo

Start Date (10)
6 / 10 / 13

Scheduled Completion Date (11)
8 / 2 / 13

Occuancy 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 AM AM PM PM PM AM

Scope of Work (Check all that apply)
☐ 3 sf or < 3 sf
☐ 180 sf or < 280 sf
☒ Renovation
☒ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM)

Location of Asbestos-Containing Material (ACM)

TO BE ABATED
IN Facility

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)

Abatement Type

Removal
Repair
Encapsulation

Enclosure

Yes
No
N/A

Double Layer Floor tile & Mastic
7,528 SF

□ Single Layer Floor tile & Mastic
2,550 SF

Elevator Area
Pipe Insulation
10 LF

Crawlspace
Pipe Insulation
10 LF

Name of Registered Waste Hauler
AbateTech, Inc.

NUDDE Waste Hauler ID No.
18750

Cubic Yards of Waste
12

Name of Registered Landfill
TRRF Landfill

City, State
Lumberton, NJ

Disposal Date
8/2/13

City, State
Tullytown, PA

Completed By (Print or Type)
Gwendolyn Trumbetti

Title
Operations Coordinator

Signature

Date
7/8/13

* 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)

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<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
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<tr>
<td>7 / 8 / 13</td>
<td>Job # 1305-4644 Check #5413</td>
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### Agencies Notified
- EPA
- DOLWD
- DHSS
- DCA (NJAC 5:23-8)

### Type Notification
- Initial
- Amended
- Amended #4
- Emergency (including justification)
- Cancellation

### Street Address
120 Northfield Ave.

### City, State; Zip Code
West Orange, NJ 07017

### Name of Contact
Mike Gallo

### FACILITY INFORMATION
#### Name of Facility Where Abatement is Taking Place (3)
Seton Hall Prep

#### 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

#### County Code (7) / STATE USE ONLY

#### Current Use (Prior if being demolished)
Prep School

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

#### ASCM No.

#### Name of Abatement Contractor (9)
AbateTech, Inc.

#### Street Address
30 Maple Ave, PO Box 25

#### City, State, Zip Code
Lumberton, NJ 08048

#### License No.
00529

#### Telephone No.
201-489-8700

#### Name of OSHA Monitor
EMSL Analytical

#### Street Address
108 Haddon Ave.

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

#### Start Date (10)
6 / 10 / 13

#### Scheduled Completion Date (11)
8 / 2 / 13

#### 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__/

#### Scope of Work (Check all that apply)
- ≥ 3 sf or ≥ 3 ft
- ≥ 160 sf or ≥ 260 ft
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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#### Exterior
- Window Caulk
- 4,000 LF

#### Name of Registered Waste Hauler
AbateTech, Inc.

#### NJDEP Waste Hauler ID No.
18750

#### Cubic Yards of Waste
12

#### Name of Registered Landfill
TRRF Landfill

#### City, State
Lumberton, NJ

#### Disposal Date
8/2/13

#### City, State
Tullytown, PA

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

#### Title
Operations Coordinator

#### Signature

#### Date
7/8/13

**ASB-41**

**MAY 11**

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

Date of Notification (1)
7 / 8 / 13

Name of Building Owner/Operator (2)
Rider University

Job # 1306-4657 Check #

Agencies Notified
☒ EPA
☒ DOLWD
☒ DHSS
☒ DCA
(RUAC 5:23-8)
☐ Initial
☐ Amended
☐ Amended #2
☐ Emergency (Including [justification])
☐ Cancellation

Street Address
2083 Lawrenceville Road

City, State, Zip Code
Lawrenceville, NJ 08648

Name of Contact:
Mr. Jim Zaleski

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Memorial Hall

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

Street Address
2083 Lawrenceville Rd.

Square Feet
30,000

City (5)
Lawrenceville

# of Floors
3

County (6)
Mercer

Bldg. Age
50+

County Code (?/STATE USE ONLY)

Current Use (Prior to being demolished)
Classrooms

[ ] Name of Monitoring Firm Hired by Building Owner (8)
Pennoni Associates

ASCM No.
00102

Name of Abatement Contractor (9)
AbateTech, Inc.

Street Address
513 Grove Street, Suite 1B

License No.
00529

City, State, Zip Code
Haddon Heights, NJ 08035

Name of OSHA Monitor
EMSL Analytical

Project Manager for Monitoring Firm
Alan Lloyd

Telephone No.
856-547-0505

City, State, Zip Code
Lumberton, NJ 08048

Start Date (10)
6 / 25 / 13

Scheduled Completion Date (11)
8 / 2 / 13

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 - 3:30PM & 3:30PM - 11:30AM

Scope of Work (Check all that apply)
☐ 23 sf or 23 sf
☒ 160 sf or 260 sf
☐ Demolition
☒ Renovation
☒ 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 (15)

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)
Spray-on Insulation

Amount (Specify SF or LF)
1,000 SF

Abatement Type
[ ] Removal
[ ] Repair
[ ] Encasement
[ ] Endorse

Individual Classrooms

(25 SF per classroom x 40 rooms)

Name of Registered Waste Hauler
AbateTech, Inc.

NJDEP Waste Hauler ID No. 18750

Cubic Yards of Waste
2

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

City, State
Lumberton, NJ

Disposal Date
8/2/13

Completed By (Print or Type)
Gwendolyn Trombetti

Title
Operations Coordinator

Signature

MAY 11

* 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 5:16)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 / 3 / 13</td>
<td>Seton Hall Prep / Job # 1305-4644</td>
</tr>
<tr>
<td></td>
<td>Check #5304</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>120 Northfield Ave.</td>
</tr>
<tr>
<td>DOLWD</td>
<td>Amended Amendment #3</td>
<td>West Orange, NJ 07017</td>
</tr>
<tr>
<td>DHSS</td>
<td>Emergency (including justification)</td>
<td></td>
</tr>
<tr>
<td>DCA (NJAC 5:23-8)</td>
<td>Cancellation</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>West Orange, NJ 07017</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mike Gallo</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>Seton Hall Prep</td>
<td>School (K-12)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Subchapter 8 (Other than K-12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>120 Northfield Ave.</td>
<td>Other (i.e., private and commercial buildings, homes, etc.)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>County Code (STATE USE ONLY)</th>
<th>Current Use (Prior if being demolished)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Essex</td>
<td>Prep School</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>Omega Environmental</td>
<td></td>
<td>AbateTech, Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>280 Huyler Street</td>
<td>609-265-2107</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>00529</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>South Hackensack, NJ 07606</th>
<th>EMSL Analytical</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State, Zip Code</td>
<td>Street Address</td>
</tr>
<tr>
<td>Lumberton, NJ 08048</td>
<td>108 Haddon Ave.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMSL Analytical</td>
</tr>
</tbody>
</table>

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

- ≥5 sf or ≥5 if
- ≥160 sf or ≥260 if
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

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

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

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>AbateTech, Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>12</td>
<td>TRRF Landfill</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/12/13</td>
<td>Tullytown, PA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gwendolyn Trumbetti</td>
<td>Operations Coordinator</td>
<td>[Signature]</td>
<td>7/3/13</td>
</tr>
</tbody>
</table>

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

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**ASB-41**

**MAY 11**

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### State of New Jersey

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>7/3/13</th>
</tr>
</thead>
</table>

#### Name of Building Owner / Operator (2)

**State of New Jersey Division of Property Management & Construction**

- **Street Address**: PO Box 034
- **City, State & Zip Code**: Trenton, NJ 08625-0034

#### Name of Contact

- **Telephone Number**:

#### FACILITY INFORMATION

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

**NJ Executive State House**

- **Street Address**: 125 West State Street
- **City**: Trenton  
  - **County**: Mercer  
  - **County Code**:

#### Type of Facility (4)

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

#### Square Feet

**# of Floors**:

**Bldg. Age**:

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

**Substation**

- **Name of Abatement Contractor (9)**: AbateTech, Inc.
  - **Street Address**: PO Box 25
  - **City, State & Zip Code**: Lumberton, NJ 08048
  - **Telephone Number**: 609-265-2107  
    - **License Number**: 00529
  - **Name of OSHA Monitor**: EMUL Analytical
  - **Street Address**: 108 Haddon Ave.
  - **City, State & Zip Code**: Westmont, NJ 08108

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

- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [x] Abatement Performed Outside of Normal Hours — Describe: 5 PM start 7/15 6PM start thereafter
- [ ] Facility Occupied During Abatement

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

- [x] Renovation
- [x] Demolition
- [ ] Full Containment with Negative Pressure  
  - [x] Mini-Enclosure  
  - [ ] Glove Bag Procedures  
  - [ ] Non-Exempted and Non-Friable Procedure

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

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

#### Amount (Specify SF or LF)

- **Abatement Type**
  - [x] Removal
  - [ ] Repair
  - [ ] Encapsulation

<table>
<thead>
<tr>
<th>Substation Power Room</th>
<th>Transite Panels</th>
<th>640 SF</th>
</tr>
</thead>
</table>

#### Name of Registered Waste Hauler

- **AbateTech, Inc.**
  - **NJDEP Waste Hauler ID No.**: 18750  
  - **Cubic Yards of Waste**: 12
  - **Name of Registered Landfill**: TRRF Landfill
  - **City, State**: Lumberton, NJ  
    - **Disposal Date**: 7/19/13
  - **City, State**: Tullytown, PA

#### Completed By (Print or Type)

- **Gwen Trumbetti**
  - **Title**: Opps. Coord.
  - **Signature**:

#### Date

- **7/3/13**
**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>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>07 / 11 / 13</td>
<td>Sovereign Bank N.A.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>☑ DOLWD</td>
<td>Amended</td>
</tr>
<tr>
<td>☑ DHSS</td>
<td>Amendment #1</td>
</tr>
<tr>
<td>☑ DCA (NJAC 5:23-8)</td>
<td>Emergency (including justification)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>1130 Berkshire Boulevard</td>
<td>Wyomissing, Pa.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City (5)</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jersey City</td>
<td>Susan Peck</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>Sovereign Bank</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>County Code (7)</th>
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<tbody>
<tr>
<td>214 Newark Avenue</td>
<td></td>
</tr>
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<table>
<thead>
<tr>
<th>Current Use (Prior if being demolished)</th>
<th>County Code (7)</th>
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</thead>
<tbody>
<tr>
<td>3000</td>
<td>STATE USE ONLY</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>Hillmann Consulting</td>
<td>62252</td>
<td>JVN Restoration Inc</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1600 Route 22 East</td>
<td>732-616-4092</td>
<td>718-505-6256</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Union NJ 07083</td>
<td>00774</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
<th>Testor Tech</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>07 / 20 / 13</td>
<td>08 / 04 / 13</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
<th>Testor Tech</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Facility Closed/Vacated During Entire Period of Abatement</td>
<td>47 Foster Road</td>
</tr>
<tr>
<td>☑ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM PM/1PM-2AM</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ 33 sf or 33 if</td>
</tr>
<tr>
<td>☑ 150 sf or 160 sf or 260 sf</td>
</tr>
<tr>
<td>☑ Renovation</td>
</tr>
<tr>
<td>☑ Demolition</td>
</tr>
<tr>
<td>☑ Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>☑ Mini-Enclosure</td>
</tr>
<tr>
<td>☑ Glovebag Procedure</td>
</tr>
<tr>
<td>☑ Non-Exempted (*) and Non-Friable Procedure</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ I1st Floor Area and Sales Floor (VAT/Mastic) 2000</td>
</tr>
</tbody>
</table>

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

<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>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2000</td>
<td>☑ ☑ ☑ ☑ 0 0</td>
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</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
<th>Disposal Date (City, State)</th>
</tr>
</thead>
<tbody>
<tr>
<td>30</td>
<td>8/04/13 Hacketstown, NJ</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joe Tardy</td>
<td></td>
</tr>
</tbody>
</table>

*Do not use this form for asbestos licensure exempted activities.*
STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:50-7 AND 12:120-7)

Date of Notification (1) 05/24/13

Name of Building Owner / Operator (2) Macy's Inc

Agencies Notified Type of Notification
- EPA Initial
- DEP Amended
- DOH Amendment # 1
- DOL Emergency w/ Justification
- Cancellation

Street Address
1120 Avenue of the Americas
City, State, Zip Code New York, NY 10036

Name of Contact Daniela Sengo

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Macy's

Street Address
1400 Willowbrook Mall

City (5) County (6) County Code (7) Square Feet # Of Floors Building Age
Wayne Passaic 7470 30,000 2 25 +

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

Current Use (Prior to being demolished)
Retail

Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM NO Name of Abatement Contractor (9)
Pennoni Associate Inc. LVI DemolitionServices Inc.

Street Address
515 Grove Street

City, State, Zip Code Haddon Heights, New Jersey

Project Mgr. For Monitoring Firm Telephone Number
UDAY SINGH 973-509-3320

Telephone Number
973-509-3320

License Number
00860

Sched. Completion Date (11)
07/15/13

Occupancy Status During Abatement (Check Only 1)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe: MON-FRI 10:00 am to 5:00 pm
- Other - Describe: —

Scope of Work (Check All That Apply)

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

Location of Asbestos Containing Material (ACM) TO BE ABATED

<table>
<thead>
<tr>
<th>Material (ACM)</th>
<th>Description of Asbestos - Containing Material (ACM)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>TO BE ABATED</td>
<td>(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td>R E M O V A L</td>
</tr>
<tr>
<td>in Facility</td>
<td>Amount (Specify SF or LF)</td>
<td>S T U R</td>
</tr>
<tr>
<td>(13)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Location

- Escalators

- YES NO N/A

- Tar Coating

- 300 sq ft

Name of Registered Waste Hauler
NEWARK CARTING

Cubic Yards of Waste
4509

Name of Registered Landfill
IESI

City, State
NEWARK, NJ

Completed by (Print or Type)
Ralph Barnhardt
Title
Operations Manager
Signature

Date
07/11/13
STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:60-7 AND 12:120-7)

Date of Notification (1)
06/24/13

Name of Building Owner / Operator (2)
Macy's Inc.

State Address
1120 Avenue of the Americas

City, State, Zip Code
New York, NY 10036

Name of Contact
Daniela Sengo

EPA
■ Initial
□ Amended
□ Amendment #
□ Emergency w/ justification
□ Cancellation

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Macy's

Street Address
1400 Willowbrook Mall

City (5) Wayne
County (6) Passaic
County Code (7) 7470

Square Feet
30,000

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

# Of Floors
2

Building Age
25 +

Current Use (Prior if being demolished)
Retail

Name of Monitoring Firm Hired by Bldg. Owner (8)
Pennoni Associate Inc.

ASCM NO

Name of Abatement Contractor (9)
LVI Demolition Services Inc.

Street Address
515 Grove Street

City, State, Zip Code
Haddon Heights, New Jersey

Project Mgr. For Monitoring Firm
UDAY SINGH

Street Address

City, State, Zip Code
East Hanover, NJ 07936

Telephone Number
973-509-3320

License Number
00860

Sched. Completion Date (11)
07/08/13

Occupancy Status During Abatement (Check Only 1)
□ Facility Closed/Vacated During Entire Period of Abatement
□ Abatement Performed Outside of Normal Facility Hours - Describe: __MON-FRI
10:00 am to 6:00 pm

Name of OSHA Monitor
LVI Demolition Services Inc.

Street Address
32 Williams Parkway

City, State, Zip Code
East Hanover, NJ 07936

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

Location of Asbestos Containing Material (ACM)

TO BE ABATED

Location (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)

Abatement Type

Amount (Specify SF or LF)

Location

NIA

Escalators

Transfer Coating

300 sq ft

Name of Registered Waste Hauler
NEWARK CARTING

NJDEP Waste Hauler ID No. 4509

Cubic Yards of Waste

Name of Registered Landfill
IESI

City, State
NEWARK, NJ

Completed by (Print or Type)
Ralph Barnhardt

Title
Operations Manager

Signature

Date
06/24/13

ASB-41
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:89-7 and 12:120-7)

Date of Notification (1)

7 / 11 / 13

Name of Building Owner/Operator (2)
HESS CORPORATION

Name of Contact
DAVID CERULO

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
HESS PLAZA

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

Street Address
1 HESS PLAZA

City, State, Zip Code
WOODBRIDGE, NEW JERSEY 07095

Current Use (Prior to being demolished)
COMMERCIAL OFFICE

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

Name of Abatement Contractor (9)
PAR ENVIRONMENTAL CORPORATION

Street Address
1600 ROUTE 22

City, State, Zip Code
UNION, NEW JERSEY 07083

Project Manager for Monitoring Firm
MIKE NEHLSEN

Telephone Number
908-377-5644

License Number
845-369-7500

Expected State Date (10)
7 / 15 / 13

Sched. Completion Date (11)
12 / 30 / 13

Name of OSHA Monitor
QUALITY ENVIRONMENTAL

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

Abatement Performed Outside of Normal Facility Hours - Describe:
Other - Describe: Monday - Friday 6pm - 2:30 am

Scope of Work (Check all that apply)

Demolition X Renovation X Full Containment with Negative Pressure
X >3SF OR LF
X >100 SF OR LF

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

Is Location normally used solely by Maint/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 ENCAPSUL ENCLOSUR

1st floor mainroom x Floor tile and mastic 3,200 SF x
1st floor mainroom x Pipe fittings 50 LF x
1st floor MER x Pipe fittings 30 LF x

Please note addition to scope:
9th floor x VAT & Mastic 8,005 SF x
9th floor x Pipe Fittings 75 LF x
9th floor x Joint Compound 7,920 SF x
9th floor x Cove Base Mastic 55 LF x
13th floor MER x Pipe Fittings 100 LF x

Name of Registered Waste Hauler
EXPRESS WASTE LLC

Cubic Yards of Waste
150

Name of Registered Disposal Site
GROWS LANDFILL

City, State
KEARNY, NEW JERSEY

Disposal Date
06/03/13-12/30/13

Completed by (Print or Type)
BENJAMIN SANCHEZ

Title
DIRECTOR OF OPERATIONS

7/11/13

[Signature]
**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:68-7 and 12:120-7)

**Date of Notification (1)**
- 6 / 26 /13

**Name of Building Owner/Operator (2)**
- HESS CORPORATION

**Address Information**
- 1 HESS PLAZA
- WOODBRIDGE, NEW JERSEY 07095
- Name of Contact: DAVID CERULO

**Name of Facility Where Abatement is Taking Place (5)**
- HESS PLAZA

**Type of Facility (4)**
- School (K-12)
- Subchapter 8 (Other than K-12)
- X Other (ie, private & comm. bldgs., homes, etc.)

**City, State, Zip Code**
- WOODBRIDGE, NEW JERSEY 07095

**County (6)**
- MIDDLESEX

**County Code (7)**
- 17

**Current Use (Prior to being demolished)**
- COMMERCIAL OFFICE

**Name of Monitoring Firm Hired by Building Owner (8)**
- ASCM No. 17

**Name of Abatement Contractor (9)**
- PAR ENVIRONMENTAL CORPORATION

**Street Address**
- 1600 ROUTE 22
- 313 SPOOK ROCK ROAD

**City, State, Zip Code**
- UNION, NEW JERSEY 07083
- SUFFERN, NEW YORK 10901

**Project Manager for Monitoring Firm**
- MIKE NEHLSEN
- Telephone Number 908-377-5644

**Telephone Number**
- 845-369-7500

**License Number**
- 460

**Expected Start Date (10)**
- 6 / 3 /13

**Sched. Completion Date (11)**
- 12 / 30 /13

**Name of OSHA Monitor**
- QUALITY ENVIRONMENTAL

**Occupancy Status During Abatement (Check only one)**
- Facility Closed/Vacated During Entire Period of Abatement
- X Other - Describe: Monday - Friday 8am - 2:30 pm

**City, State, Zip Code**
- WAPPINGERS FALLS, NY 12590

**Street Address**
- 1376 ROUTE 9 W

**Street Address**
- 1376 ROUTE 9 W
- WAPPINGERS FALLS, NY 12590

**Scope of Work (Check all that apply)**
- Demolition
- >3SF OF LF
- >160 SF OR
- X Renovation
- X Glovebag Procedure
- Non-Friable Procedure

**Amount (Specify 8F or LF)**
- 3,200 SF
- 50 LF

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

**Location of Asbestos-containing Material (ACM)**
- normally used solely by

**Location of**
- Maintenance Custodial Staff (12)
- Yes No N/A

**1st floor mailroom**
- x Floor tile and mastic
- 3,200 SF

**1st floor mailroom**
- x Pipe fittings
- 50 LF

**1st floor MER**
- x Pipe fittings
- 50 LF

**Name of Registered Waste Hauler**
- EXPRESS WASTE LLC

**Cubic Yards of Waste**
- 30

**Name of Registered Landfill**
- GROWS LANDFILL

**City, State**
- KEARNY, NEW JERSEY

**Disposal Date**
- 06/03/13-12/30/13

**Name of Registered Landfill**
- GROWS LANDFILL

**City, State**
- KEARNY, NEW JERSEY

**Completed by (Print or Type)**
- BENJAMIN SANCHEZ
- DIRECTOR OF OPERATIONS

**Title**
- DIRECTOR OF OPERATIONS

**Date**
- 6/26/13
# State of New Jersey
## NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

### Date of Notification (1)
5 / 17 / 13

### Name of Building Owner/Operator (2)
HESS CORPORATION

### Street Address
1 HESS PLAZA

### City, State, Zip Code
WOODBRIDGE, NEW JERSEY 07095

### Name of Contact
DAVID CERULO

### FACILITY INFORMATION

#### Name of Facility Where Abatement is Taking Place (3)
HESS PLAZA

#### Type of Facility (4)
- x School (K-12)
- x Subchapter 8 (Other than K-12)
- x Other (ie. private & commdt. bldgs., homes, etc.)

#### City (5)
WOODBRIEGE

#### County Code (6)
MIDDLESEX

#### County Code (7)
STATE USE ONLY

#### Current Use (Prior if being demolished)
COMMERCIAL OFFICE

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

#### ASCM No.
17

#### Name of Abatement Contractor (9)
PAR ENVIRONMENTAL CORPORATION

#### Project Manager for Monitoring Firm
MIKE NEHLSEN

#### Telephone Number
908-377-9644

#### Telephone Number
845-369-7500

#### License Number
460

#### Expected State Date (10)
8 / 30 / 13

#### Sched. Completion Date (11)
12 / 30 / 13

#### Name of OSHA Monitor
QUALITY ENVIRONMENTAL

#### Street Address
UNION, NEW JERSEY 07083

#### City, State, Zip Code
SUFEERN, NEW YORK 10901

#### Street Address
1576 ROUTE 9 W

#### City, State, Zip Code
WAPPINGERS FALLS, NY 12590

### Scope of Work (Check all that apply)
- [ ] Deletion
- [ ] >360 OR LF
- [x] >160 OR LF
- [x] Renovation
- [x] Full Containment with Negative Pressure
- [x] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Friable Procedure

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

#### First Floor
- [x] 1st floor mainroom
  - Floor tile and mastic: 3,200 SF
  - Pipe fittings: 50 LF
  - Pipe fittings: 20 LF

#### Second Floor
- [x] 1st floor mainroom
  - Floor tile and mastic: 3,200 SF
  - Pipe fittings: 50 LF
  - Pipe fittings: 20 LF

### Name of Registered Waste Hauler
EXPRESS WASTE LLC

### NJDEP Waste Hauler ID No.
26981

### Cubic Yards of Waste
30

### Name of Registered Landfill
GROWS LANDFILL

### City, State
KEARNY, NEW JERSEY

### Disposal Date
06/03/13-12/30/13

### City, State, Zip Code
MIDLOSTON, PA

### Completed By (Print or Type)
BENJAMIN SANCHEZ

### Title
DIRECTOR OF OPERATIONS

### Signature
[Signature]

### Date
5/23/13
**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60-7 and 12:120-7)

**Date of Notification (1)**
5 / 17 /13

**Name of Building Owner/Operator (2)**
HESS CORPORATION

**Street Address (3)**
1 HESS PLAZA

**City, State, Zip Code (4)**
WOODBRIDGE, NEW JERSEY 07085

**Name of Facility Where Abatement is Taking Place (5)**
HESS PLAZA

**Type of Facility (6)**
COMMERCIAL OFFICE

**City (7)**
WOODBRIDGE

**County Code (8)**
MIDDLESEX

**Project Manager for Monitoring Firm (9)**
MIKE NEHLSN

**Telephone Number (10)**
908-377-5644

**License Number (11)**
845-635-7500

**License No. (12)**
17

**Name of Abatement Contractor (13)**
PAR ENVIRONMENTAL CORPORATION

**Occupancy Status During Abatement (Check only one)**
X Abatement performed outside of normal facility hours - describe:
Monday - Friday 6pm - 2:30 am

**Name of OSHA Monitor (14)**
QUALITY ENVIRONMENTAL

**Full Containment with Negative Pressure (15)**
Renovation

**Asbestos-Containing Material (ACM) (16)**

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</th>
<th>Is Location normally used solely by Maintenance Staff (17)</th>
<th>Description of Asbestos-Containing Material (ACM) (e.g., Thermal Insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st floor mailroom</td>
<td>No</td>
<td>Floor tile and mastic</td>
<td>3,200 SF</td>
</tr>
<tr>
<td>1st floor mailroom</td>
<td>Yes</td>
<td>Pipe fittings</td>
<td>50 LF</td>
</tr>
<tr>
<td>1st floor MER</td>
<td>Yes</td>
<td>Pipe fittings</td>
<td>30 LF</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler (18)**
EXPRESS WASTE LLC

**Cubic Yards of Waste (19)**
30

**Name of Registered Landfill (20)**
GROWS LANDFILL

**City, State (21)**
KEARNEY, NEW JERSEY

**Disposal Date (22)**
5/28/13-12/30/13

**Completed by (Print or Type)**
BENJAMIN SANCHEZ

**Title (23)**
DIRECTOR OF OPERATIONS

**Signature (24)**

**Date (25)**
5/13/13
**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:50 and 12:120)

**Date of Notification (1)**  
7-8-13

**Name of Building Owner/Operator (2)**  
State of New Jersey

**Agencies Notified**  
☑ EPA  
☑ DOL  
☑ DOH  
☑ DCA

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

**Street Address**  
33 West State Street, 9th Floor  
Trenton, NJ 08625

**City, State, Zip Code**

**Name of Contact**  
Janet Goleniecki

**Telephone Number**

---

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**  
F & A Building - Daniel J. Goldberg Complex

**Street Address**  
1035 Parkway Avenue

**City (5)**  
West Trenton  
**County Code (7) (STATE USE ONLY)**

**County (6)**  
Mercer

**Square Feet**  
60,000

**# of Floors**  
4

**Bldg. Age**  
43yrs.

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

**Name of Monitoring Firm Hired by Building Owner (8)**  
Environmental Connections  
ASCM No. -

**Name of Abatement Contractor (8)**  
Plymouth Environmental Co., Inc.

**Street Address**  
120 N. Warren Street  
Trenton, NJ 08608

**City, State, Zip Code**

**Project Manager for Monitoring Firm**  
Jim Frisbee

**Telephone No.**  
609-392-4200

**Start Date (10)**  
7-22-13

**Scheduled Completion Date (11)**  
11-29-13

**Occupancy Status During Abatement (Check Only One)**  
☑ Facility Closed/Vacated During Entire Period of Abatement  
☑ Abatement Performed Outside of Normal Facility Hours

**Occupancy Status During Abatement - Describe:**  
Work areas isolated

**Scope of Work (Check All That Apply)**  
☑ ≥3 sf or ≥3 if  
☑ ≥160 sf or ≥260 ft²

☐ Renovation  
☐ Demolition

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

<table>
<thead>
<tr>
<th>Location of ACM</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of 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>throughout building</td>
<td>x</td>
<td>VAT &amp; mastic</td>
<td>20,810 SF</td>
<td>x</td>
</tr>
<tr>
<td>throughout building</td>
<td>x</td>
<td>mastic</td>
<td>18,584 SF</td>
<td>x</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**  
Robinson Waste

**NJDEP Waste Hauler ID No.**  
17304

**Cubic Yards of Waste**  
200

**Name of Registered Landfill**  
GROWS

**City, State**  
Bellmawr, NJ

**Disposal Date**  
various

**City, State**  
Morrisonville, PA

**Completed by**  
Timothy E. Bryan  
Title  
Vice-President  
Signature

**Date**  
7-8-13

---

*Do not use this form for asbestos licensure exempted activities.*
<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Notification</td>
<td>7-10-13</td>
</tr>
<tr>
<td>Name of Building Owner/Operator</td>
<td>Ace Insulation Co. Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td>45 Montrose Rd</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Colts Neck, N.J. 07722</td>
</tr>
<tr>
<td>Name of Facility Where Abatement Taking Place</td>
<td>Premier Homes</td>
</tr>
<tr>
<td>Street Address</td>
<td>369 Belmar Place</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Westfield, NJ 07090</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner</td>
<td>Ace Insulation Co. Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td>45 Montrose Rd</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Colts Neck, N.J. 07722</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>7-20-13</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>7-22-13</td>
</tr>
<tr>
<td>Scope of Work (Check all that apply)</td>
<td>J Reposition</td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM)</td>
<td>siding</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>Ace Insulation Co. Inc.</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>7-22-13</td>
</tr>
<tr>
<td>City, State</td>
<td>Colts Neck, N.J. 07722</td>
</tr>
<tr>
<td>Date of Notification</td>
<td>7-10-13</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>Grows</td>
</tr>
<tr>
<td>City, State</td>
<td>Tullytown, PA</td>
</tr>
<tr>
<td>Date of Notification</td>
<td>7-10-13</td>
</tr>
</tbody>
</table>
**Emergency**

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

**Date of Notification:** 7-9-13

**Agency Notified:**
- EPA
- DOH
- DCA

**Type of Notification:**
- Initial
- Emergency (Including Notification)

**Name of Building Owner:** Lewis Barbee Construction
**Street Address:** 96 Ebn Street
**City, State, Zip Code:** Princeton, NJ 08540
**Name of Contact:** Lou Barbee
**Telephone Number:**

**Name of Facility Where Abatement is Taking Place:**
- Single Family Dwelling
  - Street Address: 77 Cleveland Lane
  - City: Princeton, NJ
  - County: Mercer

**Name of Abatement Contractor:**
- EPC Technologies Inc.
  - P.O. Box 337
  - New Egypt, NJ 08533
- EPC Technologies Inc.
  - P.O. Box 337
  - New Egypt, NJ 08533

**Start Date:** 7-11-13
**Scheduled Completion Date:** 7-11-13

**Occupancy Status During Abatement:**
- Regular

**Location of Asbestos-Containing Material (ACM) To Be Abated:**
- Kitchen Area

**Amount (Specify SF or LF):**
- Pipe Insulation, 60 LF

**Name of Registered Waste Hauler:**
- EPC Technologies Inc.
  - NJDEP Waste Hauler ID No: 17000
  - City, State: New Egypt, NJ

**Completed by:**
- Steve Schenke, President
**Date:** 7-9-13

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

**Date of Notification (1)**
July 9, 2013

**Name of Building Owner/Operator (2)**
TCB Associates

**Street Address**
P.O. Box 3204

**City, State, Zip Code**
Point Pleasant, New Jersey 08742

**Name of Contact**
Kathy

### FACILITY INFORMATION

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

- **Type of Facility (4)**
  - School (k12)
  - Subchapter 8 (other than k12)
  - Other (i.e., private & commercial buildings, homes, etc.)

- **Square feet**
  2000 sf

- **# of Floors**
  1

- **Bldg. Age**
  60

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

- **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>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exterior-house</td>
<td>X</td>
<td>Asbestos siding</td>
<td>1900 sf</td>
<td>X</td>
</tr>
<tr>
<td>Exterior-garage</td>
<td>X</td>
<td>Asbestos siding</td>
<td>450 sf</td>
<td>X</td>
</tr>
</tbody>
</table>

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

**Project Manager for Monitoring Firm**

**Telephone Number**

**Scheduled Start Date (10)**
7/8/13

**Scheduled Completion Date (11)**
7/10/13

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

**Type of Containment Procedure (Check all that apply)**
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

**Name of Contractor (9)**
Guardian Contracting, Inc.

**Street Address**
1889 Route 9, Unit 61

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

**License Number**
732-349-9932

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

**Street Address**
1056 Stelton Road

**City, State, Zip Code**
Piscataway, New Jersey 08854

**Name of Registered Waste Hauler**
Guardian Contracting, Inc.

**NJDEP 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**
7/11/13

**Completed by (Print or Type)**
Nicholas Fernicola

**Title**
Project Manager

**Signature**

**Date**
7/9/13

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>1-9-13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>MARK JACKWIZ</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td></td>
</tr>
<tr>
<td>□ EPA</td>
<td>□ Initial</td>
</tr>
<tr>
<td>□ DEP</td>
<td>□ Amended</td>
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<tr>
<td>□ DOL</td>
<td>□ Amendment #</td>
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<td>□ DOH</td>
<td>□ Emergency (including justification)</td>
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<tr>
<td>□ DCA</td>
<td>□ Cancellation</td>
</tr>
<tr>
<td>Street Address</td>
<td>23 FISK AVE</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>MANASQUAN, N.J. 08736</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>ERIC PLACKIS</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
<td>23 FISK AVENUE</td>
</tr>
<tr>
<td>City (5)</td>
<td>MANASQUAN</td>
</tr>
<tr>
<td>County Code (6)</td>
<td>MONMOUTH</td>
</tr>
<tr>
<td>County Code (7)</td>
<td>MANHASSET</td>
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<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td></td>
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<tr>
<td>ASCM No.</td>
<td></td>
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<tr>
<td>Name of Abatement Contractor (9)</td>
<td>BRICK INDUSTRIES INC</td>
</tr>
<tr>
<td>Street Address</td>
<td>145 NATICK TRAIL</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>BRICK, NJ. 08724</td>
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<tr>
<td>Project Manager for Monitoring Firm</td>
<td></td>
</tr>
<tr>
<td>Telephone No.</td>
<td>732-349-122</td>
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<tr>
<td>License No.</td>
<td>001196</td>
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<tr>
<td>Start Date (10)</td>
<td>7-19-13</td>
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<td>Scheduled Completion Date (11)</td>
<td>7-30-13</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</td>
<td></td>
</tr>
<tr>
<td>□ Other - Describe: VACANT</td>
<td></td>
</tr>
<tr>
<td>Scope of Work (Check all that apply)</td>
<td></td>
</tr>
<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></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 (13)</td>
<td></td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)</td>
<td>Yes</td>
</tr>
<tr>
<td>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td>Shingles</td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td></td>
</tr>
<tr>
<td>Abatement Type</td>
<td>Encapsulation</td>
</tr>
<tr>
<td>Enclosure</td>
<td></td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>BRICK INDUSTRIES INC</td>
</tr>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
<td>21607</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>1.0</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>G.R.O.W.S</td>
</tr>
<tr>
<td>City, State</td>
<td>BRICK N.J.</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>8-110</td>
</tr>
<tr>
<td>City, State</td>
<td>PA</td>
</tr>
<tr>
<td>Completed By</td>
<td>ERIC PLACKIS</td>
</tr>
<tr>
<td>Title</td>
<td>Pres</td>
</tr>
<tr>
<td>Signature</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>7-9-13</td>
</tr>
</tbody>
</table>

* Do not use this form for asbestos licensure exempted activities.
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:58-7 and 12:140-71)

6-28-2013

Date of Notification (11)

EPA
[ ] Initial Notification
[ ] 2317 Rt. 22 Investors, LLC
[ ] Revised Notification
[ ] [ ] Cancellation

Type of Facility (16)
[ ] School (K-12)
[ ] Subchapter 8 (Other than K-12)
[ ] Other (i.e., private commercial buildings, houses, etc.)

Name of Building Owner/Operator (2)
City, State, Zip Code

Notify (10)
Name of Contact
City, State, Zip Code

Type of Abatement

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

Address
96 Christopher St.

Telephone Number
(973) 744-2200

License Number
00371

Facility Information

County (17) Report
State"NB"

Current Use (Prior if being demolished)

Name as above

Name of Registered Waste Handler
AZTECH MANAGEMENT, INC.

Location of Asbestos-Containing Material (ACM)

Amount

Description of Asbestos-Containing Material (ACM)

Location Normally Used

By Maintenance/Contractor/Staff (12)

Residual VAT

Roofing Material

Ground Floor

X Mastic Non-Friable

20 Yds

Ground Floor

Non-Friable Procedure

X Residual VAT

X Non-Friable Procedure

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

In Facility

Location of Asbestos-Containing Material (ACM)

X Mastic Non-Friable

3000 sf

X Residual VAT

12 SF

X Roofing Material

20 Yds

AZTECH MANAGEMENT, INC.

Montclair, NJ 07042

City, State

Disposal Date

Montville, NJ 07042

Date

5-28-2013

Constantine Vivian

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

Date of Notification (1) 7/22/13

Name of Building Owner/Operator (2) CEMCO CONTRACTING

Agencies Notified
☐ EPA
☐ DPH
☐ DOL
☐ DCM
☐ DCA

Type Notification
☐ Initial
☐ Amend
☐ Emergency (including justification)
☐ Cancellation

Address of Building
155 W 50

City, State, Zip Code
GREENFIELD, N.J. 08680

Name of Contact
VAUGHN BUMGARN

Telephone Number

FACILITY INFORMATION

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

Square Feet
1000

No. of Floors
2

Building Age
40 Y

Current Use (Prior to being demolished)
VACANT

Occurrence or Status During Abatement (Check only one)
☐ Abatement Performed Outside of Normal Facility Hours

Scope of Work (Check all that apply)
☐ Demolition

Is Location Normally Used Solely by Maintenance/Janitorial Staff (12)
☐ Yes

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

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

SANDING

Location

Full Enclosure with Negative Pressure
Glovebag Procedure
Non-Exempted (1) and Non-Exemptable (2)

Material Type

Amount (Specify SF or LF):

Name of Registered Waste Handler
CEMCO INC.

N.J. LCGN Waste Handler (6) 12904

Disposal Date

City, State

Name of Registered Landfill
CMC, N.J.

On Site
MAPLE SHADE, N.J. 08052

Date

MAPEI SHADE, N.J. 08052

Signed By

JOSPEH KLEMM

Owner

Date

7/29/13

Owner's Signature

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>7/9/13</td>
<td>George Kurtz Private Home</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>39 Nancy Drive</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>
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<tr>
<td>DCA</td>
<td>Cancellation</td>
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</table>

<table>
<thead>
<tr>
<th>City (5)</th>
<th>Name of Contact</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manahawkin NJ 08050</td>
<td>George</td>
<td></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>George Kurtz Private Home</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>1000+</td>
<td>1</td>
<td>35+</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>County Code (7)</th>
<th>Current Use (Prior if being demolished)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(STATE USE ONLY)</td>
<td>Home</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>Pemaco Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>PO Box 329</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>West Berlin NJ 08091</td>
<td>West Berlin NJ 08091</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/19/13</td>
<td>7/26/13</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check Only One)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
</tr>
</tbody>
</table>

**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

<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>Exterior Siding</td>
<td>x</td>
<td>exterior Siding</td>
<td>1000 SF</td>
<td></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>United Containers</td>
<td>22459</td>
<td>2</td>
<td>G.R.O.W.S</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
<th>City, State</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elm NJ</td>
<td>7/26/13</td>
<td>Morrisville PA 19067</td>
<td>7/9/13</td>
</tr>
</tbody>
</table>

**Completed by**

Anthony T Perna  
Title: President  
Signature: [Signature]

*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) 
7/9/13  

Agencies Notified | Type Notification | Name of Building Owner/Operator (2) 
--- | --- | ---  
EPA | Initial | Tom Ruff Private Home 
DEP | Amended |  
DOL | Amendment # |  
DOH | Emergency (Including justification) |  
DCA | Cancellation |  

Street Address 
24 West Brig  
City, State, Zip Code 
Tuckerton NJ 08097  
Name of Contact | Telephone Number |  
--- | --- | ---  
Tom |  

FACILITY INFORMATION  
Name of Facility Where Abatement is Taking Place (3) 
Tom Ruff Private Home  
Street Address 
24 West Brig  
City (5) 
Tuckerton NJ 08097  
County (6) 
Ocean  
County Code (7) | Current Use (Prior if being demolished) |  
--- | --- | ---  
Home |  

Name of Monitoring Firm Hired by Building Owner (8) | ASCM No. | Name of Abatement Contractor (9) 
--- | --- | ---  
N/A | | Pernaco Inc. 
Street Address 
PO Box 329  
City, State, Zip Code 
West Berlin NJ 08091  
Project Manager for Monitoring Firm | Telephone No. | License No. |  
--- | --- | --- | ---  
| | |  
Start Date (10) | Scheduled Completion Date (11) | Name of OSHA Monitor 
--- | --- | --- | ---  
7/18/13 | 7/26/13 |  

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 lsf  
- ≥160 sf or ≥260 lsf  
- < 160 sf or < 260 lsf  
- Renovation  
- Demolition  
- Full Containment with Negative Pressure  
- Mini-Enclosure  
- Glovebag Procedure  
- Non-Exempted (*) and Non-Friable Procedure  

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

Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) 
Yes | No | N/A | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) 
--- | --- | --- |  
Exterior Siding | x | exterior Siding | 1200 SF  

Name of Registered Waste Hauler 
United Containers  
NJDEP Waste Hauler ID No. 
22459  
Cubic Yards of Waste 
2  
Name of Registered Landfill 
G.R.O.W.S  
City, State 
Morrisville PA 19067  
Disposal Date |  
--- | --- | ---  
7/26/13 |  

Completed by 
Anthony T Perna | Title | Signature | Date 
--- | --- | --- | ---  
President |  
7/9/13  

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

Date of Notification (1)
7/9/13

Name of Building Owner/Operator (2)
Patti Gaskill Private Home

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

Type Notification
☐ Initial
☐ Amended
☐ Amendment #
☐ Emergency (Including
Justification)

Street Address
67 Marin Lane

City, State, Zip Code
Manahawkin NJ 08050

Name of Contact
Patti

FACILITY INFORMATION

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

Street Address
67 Marin Lane

City (5)
Manahawkin NJ 08050

County (6)
Ocean

County Code (7)
(STATE USE ONLY)

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

Square Feet
1000+

# of Floors
1

Bldg. Age
35+

Current Use (Prior if being demolished)
Home

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

ASCM No.

Name of Abatement Contractor (9)
Pernaco Inc.

Street Address
PO Box 329

City, State, Zip Code
West Berlin NJ 08091

Project Manager for Monitoring Firm

Telephone No.

License No.

Start Date (10)
7/18/13

Scheduled Completion Date (11)
7/26/13

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)
☐ ±23 sf or ±2 sf
☐ ±160 sf or ±260 sf
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

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

Yes
No
N/A

Is Location Normally Used Solely by Maintenance/ Custodial Staff?

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

Amount (Specify SF or LF)

Abatement Type

Exterior Siding

Name of Registered Waste Hauler
United Containers

NJDEP Waste Hauler ID No.
22459

Cubic Yards of Waste
2

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

City, State
Morrsville PA 19067

Disposal Date
7/26/13

Completed by
Anthony T Perna

Title
President

Signature

Date
7/9/13

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

**Date of Notification (1)**
7/9/13

**Name of Building Owner/Operator (2)**
Harry Zembczuski Private Home

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

**Type Notification**
- Initial
- Amended
- Emergency (Including Justification)
- Cancellation

**Street Address**
7 West Shrewsbury

**City, State, Zip Code**
Tuckerton NJ 08087

**Name of Contact**
Harry

**Telephone Number**

---

### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place (3)**
Harry Zembczuski Private Home

**Street Address**
7 West Shrewsbury

**City (5)**
Tuckerton NJ 08087

**County (6)**
Ocean

**County Code (7)**

**Square Feet**
1000+

**# of Floors**
1

**Bldg. Age**
35 +

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

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

**ASCM No.**

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

**Street Address**
PO Box 329

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

**Project Manager for Monitoring Firm**

**Telephone No.**

**Telephone No.**

**License No.**

**Start Date (10)**
7/18/13

**Scheduled Completion Date (11)**
7/26/13

**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)**
- 2,500 sf or greater
- 1,600 sf or greater
- 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 ABRATED**

- In Facility

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
<td></td>
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<table>
<thead>
<tr>
<th>Exterior Siding</th>
<th>1200 SF</th>
<th>x</th>
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</table>

**Name of Registered Waste Hauler**
United Containers

**NJDEP Waste Hauler ID No.**
22459

**Cubic Yards of Waste**
2

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

**City, State**
Elm NJ

**Disposal Date**
7/26/13

**City, State**
Morristown PA 19067

**Completed by**
Anthony T Perna

**Title**
President

**Signature**

**Date**
7/9/13

---

*Do not use this form for asbestos licensure exempted activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:68 and 12:126)

Date of Notification (1)
7-9-13

Name of Building Owner/Operator (2)
MS GANO

Agency Affected
Q EPA
Q DEP
Q DOL
Q DOH
Q DCA

Type of Notification
Q Initial
Q Amended
Q Amendment 
Q Emergency (including
Q Justification)
Q Consolidation

Street Address
271 HILLTOP ROAD

City, State, Zip Code
MENDHAM, N.J. 07945

Name of Contact
MS GANO

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
MS. GANO

Street Address
271 HILLTOP ROAD

City (5)
MENDHAM

County Code (7) (STATE USE ONLY)
MORRIS

Square Feet
3800

 bât. Age
87 YRS

Current Use (Print if being demolished)
Residence

Name of Monitoring Firm Hired by Building Owner
Best Removal Inc

50 S. River St
Hackensack, N.J. 07601

License No.
00388

Project Manager for Monitoring Firm
Omega Environmental Inc

Telephone No.
280 Huyler St
South Hackensack, N.J. 07606

Stated Date (10)
7-19-13

Guaranteed Completion Date (11)
7-20-13

Name of Abatement Contractor (8)

Name of Registered Waste Handler
Best Removal Inc

Waste Handler ID No.
17109

Cubic Yards of Waste
14 yd

Name of Registered Landfill
Minerva Enterprises

City, State
Waynesburg, Oh

Completed by
R. Veldran

Title
Estimator

Signature
R. Veldran

Date
7-9-13

Scopes of Work (Check all that apply)

Location of Asbestos-Containing Material (ACM)

<table>
<thead>
<tr>
<th>TO BE ABATED</th>
</tr>
</thead>
<tbody>
<tr>
<td>@ 3rd Floor Closet</td>
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Description of Asbestos Containing Material (ACM)

<table>
<thead>
<tr>
<th>(i.e., Building Systems Insulation, Spraying, WAT, or other miscellaneous)</th>
</tr>
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<tbody>
<tr>
<td>Thermal Insulation</td>
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</tbody>
</table>

Amount
10 yd

Abatement Type

<table>
<thead>
<tr>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Enclosure with Negative Pressure</td>
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<tr>
<td>Mist Enclosure</td>
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<tr>
<td>Degradation</td>
</tr>
<tr>
<td>Encapsulating (I) and Non-Petroleum</td>
</tr>
</tbody>
</table>

Do not use this form for asbestos cementated cement applications.

* Do not use this form for asbestos cementated cement applications.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:98 and 12:120)

Date of Notification (1) 7-9-2013

Agency Notified: [ ] EPA [ ] DVR [ ] DOH [ ] DCA
Type Notification: [ ] Initial [ ] Amendment [ ] Emergency (Including
[ ] Cancellation
Justification)

Name of Building Owner/Operator (2) L. O' SULLIVAN
Street Address: 56 GLENDALE STREET
City, State, Zip Code NUTLEY, NJ 07110

Name of Contact: L. O' SULLIVAN
Relationship (3)

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): L. O' SULLIVAN
Street Address: 56 GLENDALE ST
City (5) NUTLEY
County (6) ESSEX
Square Feet 1700
No. of Floors 2
Bldg. Age 94 yrs

Type of Facility (4) [ ] School (K-12) [ ] Substrate & (Other than K-12)
[ ] Other (i.e., private & comercial buildings, homes, etc.)

Name of Monitoring Firm Hired by Building Owner (6) Best Removal Inc
ASCAL No.

Name of Abatement Contractor (8) Best Removal Inc
Street Address 450 S. River St
City, State, Zip Code Hackensack, N.J. 07601

Telephone No. 201-329-7444

Name of OSHA Monitor Omega Environmental Inc
Street Address 280 Ruyler St
City, State, Zip Code South Hackensack, N.J. 07606

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

S&D Hours 8AM - 5PM

Steps of Work (Check all that apply)
[ ] Sampling
[ ] Monitoring
[ ] Restatement
[ ] Demolition
[ ] Decontamination
[ ] Syphonage Procedure
[ ] Non-Excised ( ) and Non-Feasible Procedure

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Description of Asbestos-Containing Material (ACMs) (i.e., thermal systems insulation, coating, VAM, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>BASEMENT</td>
<td>X THERMAL INSULATION</td>
<td>135 LFX</td>
</tr>
<tr>
<td>BASEMENT</td>
<td>X TRANSITE CEMENT BOARD</td>
<td>142 SFX</td>
</tr>
</tbody>
</table>

Amount of Waste

<table>
<thead>
<tr>
<th>Name of Registered Waste Handler</th>
<th>ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Best Removal Inc</td>
<td>17109</td>
<td>1/2 YDS</td>
<td>Minerva Enterprises</td>
</tr>
</tbody>
</table>

Complanted by R. VELDRAIN
Title Estimator
Signature R. VELDRAIN
Date 7-9-2013

* Do not use this form for asbestos removal 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 # 060-13**

**Date of Notification (1):** July 8, 2013  
**Name of Building Owner/Operator (2):** RUTGERS, THE STATE UNIVERSITY OF NJ

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Notification Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ EPA</td>
<td>□ Initial Notification</td>
</tr>
<tr>
<td>□ DCA</td>
<td>□ Amended Notification</td>
</tr>
<tr>
<td>□ Dol</td>
<td>□ Emergency (including justification)</td>
</tr>
<tr>
<td>□ DEP- No Longer REQUIRED</td>
<td>□ Canceled</td>
</tr>
</tbody>
</table>

**Name of Facility Where Abatement is Taking Place (3):** WILLET'S HEALTH CENTER, BLDG# 8394

**Street Address:** DOUGLASS CAMPUS

**City (5):** NEW BRUNSWICK  
**County (6):** MIDDLESEX  
**County Code (7):** ASCM No 0098

**Name of Monitoring Firm Hired by Bldg. Owner (8):** Cardno ATC

**Sloped Date (10):** 07/19/13  
**Scheduled Completion Date (11):** 07/20/13

**Occupancy Status During Abatement (Check only one):**  
☑ Facility Closed/Vacated During Entire Period of Abatement  
☐ Abatement Performed Outside of Normal Facility Hours - Describe: Shift Hours: 5:00 PM - 5:00 AM

**Scope of Work (Check all that apply):**  
☑ ≥ 3 sf or ≥ 3 if  
□ ≥ 15 ft or ≥ 260  
☐ Renovation  
☐ Demolition

**Location of Asbestos-Containing Material (ACM) in Facility (13):**  
□ 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):**

**Room 211:**  
□ VAT  
☐ 40SF  
□ 80

**Name of Reg. Waste Hauler:**  
See Hauler Below #1 & 2  
**NJDEP Waste Hauler ID #:** See Below

**Hauler #1:** Greenwood Abatement Consultants, Inc. - Butler, NJ 07405  
**NJDEP #:** 12561

**Hauler #2:** Horizon Disposal Services, Inc., Trenton, NJ 08611  
**NJ DEP #:** 22812

**Completed by (Print or Type):**  
RAYMOND C. PEDALINO  
**Title:** SENIOR PROJECT MANAGER  
**Signature:** Raymond C. Pedalino  
**Date:** July 8, 2013

**Copies To:** Rutgers, REHS, Attn: Mike Smith and Cardno ATC, Attn: Brian Kearney
State of New Jersey - Notification of Asbestos Abatement  
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-13

Date of Notification (1): July 8, 2013

Agencies Notified:
- [ ] EPA
- [X] DCA
- [X] DOL
- [X] DEP- No Longer REQUIRED
- [ ] DOH

Notification Type:
- [ ] Initial Notification
- [X] 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):
RUTGERS STUDENT CENTER, BLDG# 3133

Street Address:
COLLEGE AVENUE CAMPUS

City (5):
NEW BRUNSWICK

County (6):
MIDDLESEX

County Code (7) (State Use Only):

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

ASCM No.:
0098

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

Sqm. Feet: N/A

# of Floors: 4

Bldg. Age: 60+ years

Current Use (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 Monitoring Firm:
BRIAN KEARNY

Telephone Number:
609-386-8800

Scheduled Start Date (10):
07/18/13

Scheduled Completion Date (11):
07/20/13

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

Shift Hours: 5:00 PM - 5:00 AM

Scope of Work (Check all that apply):
- [ ] ≥ 3 sf or ≥ 3 ft
- [X] ≥ 160 sf or ≥ 260

- [X] Renovation
- [ ] Demolition

Location of Asbestos-Containing Material (ACM) in Facility (13):

Is Location Normally Used Solely by Maint/Custodial Staff? (12) YES NA

Room 103:

[ ] VAT

Cubic Yards of Waste:
30 CY

Amount (Specify SF or LF): 400SF

Abatement Type:
- [X] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [X] Non-Exempted (*) and Non-Friable Procedure

Name of Reg. Waste Hauler:

See Hauler Below #1 & 2

NJDEP Waste Hauler ID # See Below

Hauler #1: Greenwood Abatement Consultants, Inc. - Butler, NJ 07405
NJDEP # 12561

Hauler #2: Horizon Disposal Services, Inc., Trenton, NJ 08611
NJ DEP # 22812

Disposal Date:
07/20/13

City State:
100 New Ford Mill Rd. Morrisville, Pa 19067
215-736-1700

Completed by (Print or Type):
RAYMOND C. PEDALINO
Title: SENIOR PROJECT MANAGER
Signature: Raymond C. Pedalino
Date: July 8, 2013

Copies To: Rutgers, REHS, Attn: Mike Smith and Cardno ATC, Attn: Brian Kearney
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

- **Date of Notification (1)**  
  07/05/13  
  CK# 2725  
  $200  

- **Name of Building Owner/Operator (2)**  
  Kathleen Walbron

- **Agencies Notified**  
  - EPA  
  - DOL  
  - DOH  
  - DCA

- **Type Notification**  
  - Initial  
  - Emergency (including justification)

- **Street Address**  
  830 Madison Street, Apt 627

- **City, State, Zip Code**  
  Hoboken, New Jersey 07030

- **Name of Contact**  
  Kathleen Walbron

- **Facility Information**

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

  - **Square Feet**  
    10,000

  - **# of Floors**  
    2

  - **Bldg. Age**  
    55 years

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

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

- **City (5)**
  - Madison, New Jersey 07940

- **County (6)**
  - Morris

- **County Code (7)**
  - (STATE USE ONLY)

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

- **Name of Abatement Contractor (9)**
  - Lilich Corporation

- **City, State, Zip Code**
  - City, State, Zip Code

- **Street Address**
  - Street Address

- **Telephone No.**
  - Telephone No.

- **License No.**
  - License No.

- **Project Manager for Monitoring Firm**
  - Project Manager for Monitoring Firm

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

- **Other – Describe: 8AM**

- **Start Date (10)**
  - 07/22/13

- **Scheduled Completion Date (11)**
  - 07/24/13

- **Name of OSHA Monitor**
  - J&S Environmental Labs

- **Street Address**
  - Street Address

- **City, State, Zip Code**
  - City, State, Zip Code

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

- **Other – Describe: 8AM**

- **Scope of Work (Check All That Apply)**
  - 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)

- **Amount (Specify SF or LF)**
  - 130 LF

- **Abatement Type**
  - Removal
  - Repair
  - Encapsulate
  - Endorse

- **Name of Registered Waste Hauler**
  - Lilich Corporation

- **NJDEP Waste Hauler ID No.**
  - 18724

- **Cubic Yards of Waste**
  - 5

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

- **City, State**
  - Woodland Park, New Jersey 07083

- **Disposal Date**
  - 07/25/13

- **Completed by**
  - Tatiana Kelenikova
  - Title: Vice President

- **Signature**
  - Date: 07/05/13

* Do not use this form for asbestos licensure exempted activities.
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 6:160-7 and 12:120-7)

Date of Notification (1):
01/25/2013

Name of Building Owner/Operator (2):
Pasceck Valley Regional High School District

Agencies Notified:
- [X] EPA
- [X] DEP

Type of Notification:
- [X] Initial Notification

Street Address:
46 Akers Avenue
Montvale, NJ 07645

City, State, Zip Code:
Montvale, NJ 07645

Name of Contact:
Bill Fahey

Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3):
Pasceck Valley High School

Street Address:
200 Piermont Avenue
Hillsdale, NJ 07642

City (5):
Hillsdale

County (6):
Bergen

County Code (7) (STATE USE ONLY):

Current Use (Prior to It being Demolished):
School

Square Feet:
50,000

# of Floors:
2

Bidg. Age:
50

Type of Facility (4):
- [X] School (K-12)

Project Manager for Monitoring Firm:
Jim Proctor

Telephone Number:
609.704.8850

Name of Monitoring Firm Hired by Building Owner (8):
Health & Safety Services, Inc.

License Number:
973-614-0377

Name of Abatement Contractor (9):
Four Strong Builders, Inc.

Street Address:
180 Sargeant Avenue
Clifton, NJ 07013-1935

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

Abatement Performed Outside of Normal Facility Hours - Describe:

Scope of Work (Check all that apply):
- [X] Renovation
- [X] Pull Containment with Negative Pressure
- [X] Cage Bag Procedure
- [X] Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location Normally Used</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Room 219, 221, 223, 225, 226 &amp; 227</td>
<td>Floor Tile and Mastic</td>
<td>3,775 SF</td>
</tr>
<tr>
<td>Teacher's Cafe</td>
<td>Built up floor over floor tile and mastic</td>
<td>468 SF</td>
</tr>
<tr>
<td>Middle Gym</td>
<td>Fittings</td>
<td>10 each</td>
</tr>
<tr>
<td>Weight Room</td>
<td>Fittings</td>
<td>3 each</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler:
Four Strong Builders, Inc.

Hauler ID No.:
12609

Location:
Clifton

City:
Clifton, NJ

Completed By (Print or Type) Title:
Bilyana Kulakovska Office Administrator

Signature:

Disposal Date:
6/25/13

City, State:
Tullytown, PA

Name of Registered Landfill:
G.R.O.W.S., Inc.
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

State of New Jersey
6389-NJ
Emergency Notification
check #: 5466

Date of Notification (1): 07/03/13

Name of Building Owner/Operator (2):
Closter Board of Education

Agencies Notified: EPA, DEP, DOL, DODH, DCA
Type Notification: [X] Initial Notification

Street Address: 340 Homans Avenue
City, State, Zip Code: Closter, NJ 07624

Name of Contact: Peter Iappelli

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):
Hillside Elementary School

Square Feet: 40,000

Type of Facility (4): [X] School (K-12)

Current Use (Prior if being demolished):
[ ] Other (i.e., private & commercial buildings, homes, etc.)

# of Floors: 1

Bldg. Age: 50

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

Matt Abraham
ASCM No.
000127

Scheduled Start Date (10):
07/07/13

Sched. Completion Date (11):
08/09/13

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

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bathroom # 1</td>
<td>[ ]</td>
<td>Pipe Insulation and fittings 80 LF</td>
</tr>
<tr>
<td>Bathroom # 2</td>
<td>[ ]</td>
<td>Pipe Fitting Insulation 42 each</td>
</tr>
<tr>
<td>Bathroom # 3</td>
<td>[ ]</td>
<td>Pipe Insulation and fittings 5 LF</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler:
Four Strong Builders, Inc.

Name of Registered Landfill:
Tullytown, PA

Completed by (Print or Type):
Nevenko Zivkovic
Title: President

Signature:
Date: 7/3/13

G4667
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:69 and 12:120)

Date of Notification (1)
07-03-13

Name of Building Owner/Operator (2)
Englewood Hospital & Medical Center

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

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

Street Address
350 Eagle Street

City, State, Zip Code
Englewood, NJ 07631

Name of Contact
Garfield McFarlane

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Englewood Hospital & Medical Center

Street Address
350 Eagle Street

City (5)
Englewood

County (6)
Bergen

County Code (7)

Name of Monitoring Firm Hired by Building Owner (8)
Hillmann Consulting LLC

ASCM No.

Name of Abatement Contractor (9)
Pinnacle Environmental Corp.

Street Address
200 Broad Street

City, State, Zip Code
Carlstadt, NJ 07072

Project Manager for Monitoring Firm
Michael Nehlsen

Telephone No.
908-888-7800

Telephone No.
201-939-6565

License No.
00756

Start Date (10)
06-17-13

Scheduled Completion Date (11)
08-31-13

Occupancy Status During Abatement (Check Only One)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other – Describe: Floor will be vacated during entire period of abatement

Scope of Work (Check All That Apply)
☐ ≥300 sf
☐ ≥160 sf or ≥2600 sf
☐ Renovation
☒ Demolition

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

<table>
<thead>
<tr>
<th>Floor</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>3rd Floor: East Wing</td>
<td>Pipe Insulation</td>
<td>50LF</td>
<td></td>
</tr>
<tr>
<td>3rd Floor: East Wing</td>
<td>VAT</td>
<td>3,960SF</td>
<td>x</td>
</tr>
<tr>
<td>(1)1st Flr: Staffing &amp; Nurses Offices</td>
<td>Pipe Insulation</td>
<td>520LF</td>
<td>x</td>
</tr>
<tr>
<td>(1)1st Flr: Staffing &amp; Nurses Offices</td>
<td>VAT/Mastic</td>
<td>90SF</td>
<td>x</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
ATC, Inc. / JBT (50071)

NJDEP Waste Hauler ID No.
24310

Cubic Yards of Waste
TBD

Name of Registered Landfill
Minerva Enterprises

City, State
Waynesburg, OH 44688

Disposal Date
TBD

Completed by
Joseph Patrick
Project Manager

Signature

Date
07-03-13

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

Date of Notification (1)
7/8/13

Name of Building Owner/Operator (2)
George Kurtz Private Home

Agencies Notified Type Notification

- EPA
- DEP
- DOL
- DOH
- DCA

- Initial
- Amended
- Amendment #
- Emergency (Including Justification)
- Cancellation

Street Address
40 Kansas Drive

City, State, Zip Code
Tuckerton NJ 08087

Name of Contact
George

Telephone Number

FACILITY INFORMATION

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

Type of Facility (4)

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

Square Feet
1000+

# of Floors
1

Bldg. Age
35+

Current Use (Prior if being demolished)
Home

County Code (7)

Name of Monitoring Firm Hired by Building Owner (6)
N/A

Name of Abatement Contractor (9)
Pernaco Inc.

ASCM No.

Street Address
PO Box 329

City, State, Zip Code
West Berlin NJ 08091

Name of OSHA Monitor

Start Date (10)
7/18/13

Scheduled Completion Date (11)
7/26/13

Occupancy Status During Abatement (Check Only One)

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

Scope of Work (Check All That Apply)

- ≥3 sf or ≥3 if
- ≥160 sf or ≥260 sf 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

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

- Yes
- No
- N/A

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

Amount
(Specify SF or LF)

Abatement Type

Removal

Repair

Encapulate

Endorse

Exterior Siding

exterior Siding

1200 SF

Name of Registered Waste Hauler
United Containers

Cubic Yards of Waste
2

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

City, State
Elm NJ

Disposal Date
7/26/13

City, State
Morrisville PA 19067

Completed by
Anthony T Perna
Title
President

Signature

Date
7/9/13

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>7/9/13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Albert Hossack Private Home</td>
</tr>
</tbody>
</table>

### FACILITY INFORMATION

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

<table>
<thead>
<tr>
<th>Street Address</th>
<th>3 Ramapo Lane</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State, Zip Code</td>
<td>Long Beach Twp NJ 08008</td>
</tr>
<tr>
<td>County Code</td>
<td>Ocean</td>
</tr>
<tr>
<td>1000+</td>
<td></td>
</tr>
<tr>
<td># of Floors</td>
<td>2</td>
</tr>
<tr>
<td>Bldg. Age</td>
<td>35+</td>
</tr>
<tr>
<td>Current Use (Prior if being demolished)</td>
<td>Home</td>
</tr>
</tbody>
</table>

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

Name of Abatement Contractor (9)  
Pernaco Inc.

<table>
<thead>
<tr>
<th>Street Address</th>
<th>PO Box 329</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State, Zip Code</td>
<td>West Berlin NJ 08091</td>
</tr>
</tbody>
</table>

Project Manager for Monitoring Firm  

<table>
<thead>
<tr>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of OSHA Monitor</td>
<td></td>
</tr>
</tbody>
</table>

| Start Date (10) | 7/1/13 |
| Scheduled Completion Date (11) | 7/26/13 |

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

<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>≥3 sf or ≥3 if</td>
<td></td>
</tr>
<tr>
<td>≥100 sf or ≥260 if</td>
<td></td>
</tr>
<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>
</tr>
<tr>
<td>Non-Exempted (0) and Non-Friable Procedure</td>
<td></td>
</tr>
</tbody>
</table>

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

- Exterior Siding

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</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</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exterior Siding</td>
<td>x</td>
<td>exterior Siding</td>
<td>1300 SF</td>
<td></td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler  
United Containers

<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>G.R.O.W.S</td>
</tr>
</tbody>
</table>

City, State  
Elm NJ

Completed by  
Anthony T Pema

Title  
President

Signature  
Date 7/9/13

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

**State of New Jersey**

**Date of Notification (1)**
7/9/13

**Name of Building Owner/Operator (2)**
Susan Van Dyke Private Home

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

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

**Street Address**
330 Liberty Ave

**City, State, Zip Code**
Beach Haven NJ 08008

**Name of Contact**
Susan

**Telephone Number**

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**
Susan Van Dyke Private Home

**Street Address**
330 Liberty Ave

**City (5)**
Beach Haven NJ 08008

**County (6)**

**Ocean**

**County Code (7)**

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

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

**ASCM No.**

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

**Street Address**
PO Box 329

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

**Project Manager for Monitoring Firm**

**Telephone No.**

**Telephone No.**

**License No.**

**Start Date (10)**
7/11/13

**Scheduled Completion Date (11)**
7/19/13

**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)**
- ≥ 250 sf or ≥ 250 ft²
- ≥ 160 sf or ≥ 175 ft²
- Renovation
- Demolition

**Equipment Type (Check All That Apply)**
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

- **in Facility**
- **(13)**

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

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

**Amount (Specify SF or LF)**

**Abatement Type**
- Removal
- Repair
- Encapsulation
- Enclosure

**Name of Registered Waste Hauler**
United Containers

**NJ/DEP Waste Hauler ID No.**
22459

**Cubic Yards of Waste**
2

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

**City, State**
Morrismore PA 19067

**Disposal Date**
7/19/13

**Completed by**
Anthony T Perna

**Title**
President

**Signature**

**Date**
7/9/13

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

**Date of Notification (1)***  
7 / 08 / 13  

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

**City of Vineland**

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

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

**Street Address***  
640 E. Wood Street  

**City, State, Zip Code***  
Vineland NJ. 08360

**Name of Contact***  
Robert Aussenberg  
**Telephone Number***

### FACILITY INFORMATION

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

**Street Address***  
630 Landle Avenue

**City (5)**  
Vineland

**County (6)**  
Cumberland

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

**Square Feet***  
3800  
**# of Floors***  
3  
**Bldg. Age***  
60  
**Current Use (Prior if being demolished)**

Unoccupied

**Name of Monitoring Firm Hired by Building Owner (8)***  
Health & Safety Services Inc.

**ASCM No.***

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

**Street Address***  
8451 Executive Ave.

**City, State, Zip Code***  
Philadelphia, PA. 19153

**Project Manager for Monitoring Firm***  
Jim Proctor  
**Telephone No.***  
609-704-8850

**Street Address***  
318 12th St.

**City, State, Zip Code***  
Hammonton NJ. 08037

**Start Date (10)***  
7 / 10 / 13  
**Scheduled Completion Date (11)***  
7 / 12 / 13

**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: 8:00AM-4:00PM/_____PM-______AM

**Name of OSHA Monitor***  
Joseph Maronski

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

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Yes</th>
<th>No</th>
<th>N/A</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>Basement</td>
<td></td>
<td></td>
<td></td>
<td>Heater Thermal Insulation</td>
<td>64 SF</td>
<td></td>
</tr>
<tr>
<td>Basement</td>
<td></td>
<td></td>
<td></td>
<td>Pipe Insulation</td>
<td>10 LF</td>
<td></td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler Service Transport Inc.***

**NJDEP Waste Hauler ID No.***

**Cubic Yards of Waste**

**2 CY's.***

**Name of Registered Landfill***  
Minerva Landfill  
**City, State***  
Waynesburg, OH  
**Disposal Date***  
7/13/13

**Completed By (Print or Type)***  
Plush Patel  
**Title***  
Program Manager  
**Signature***  
[Signature]

**Date***  
7/8/13

*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)**  
6 / 21 / 13

**Name of Building Owner/Operator (2)**  
Cumberland County College

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

**Type Notification**  
- [x] Initial  
- [x] Amended  
- [ ] Amendment #1-7/8/13  
- [ ] Emergency (including justification)  
- [ ] Cancellation

**Street Address**  
3322 College Dr.

**City, State, Zip Code**  
Vineiland, NJ 08360

**Name of Contact**  
Phyllis Siedner

**Telephone Number**

---

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**  
Cumberland Co. College-Academic Bldg

**Type of Facility (4)**  
- [x] Subchapter 8 (Other than K-12)

**Street Address**  
3322 College Dr

**City (5)**  
Vineiland

**County (6)**  
Cumberland

**Square Feet (7)**  
36000

**# of Floors (8)**  
2

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

**County Code (7)**

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

**ASCM No.**  
00098

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

**Street Address**  
1123 BEAVER STREET

**City, State, Zip Code**  
BRISTOL, PA 19007

**Project Manager for Monitoring Firm**  
John Lutz

**Telephone No.**  
609-386-8800

**License No.**  
215-788-6040 00509

**Name of OSHA Monitor**  
BRISTOL ENVIRONMENTAL, INC.

**Start Date (10)**

**Scheduled Completion Date (11)**

---

**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-3:30PM

**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 Procedure

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

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

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

**Amount (Specify SF or LF)**

**Abatement Type**

**Location**

**Amount**

**Plaster**

215 SF

**Name of Registered Waste Hauler**

SERVICE TRANSPORT GROUP, INC.

**NJDEP Waste Hauler ID No.**  
29950

**Cubic Yards of Waste**

**Name of Registered Landfill**  
MINERVA LANDFILL

**City, State**

NEW CASTLE, DE 19720

**Disposal Date**

**City, State**

WAYNESBURG, OH 44688

**Completed By (Print or Type)**  
Brian Scafiro

**Title**  
Estimator

**Signature**

**Date**  
7/8/13

**ASB-4**

**MAY 11**

**BS13065-B**  
*Do not use this form for asbestos licensure exempted activities.*
<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
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<tbody>
<tr>
<td>6/21/13</td>
<td>Cumberland County College</td>
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<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
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<tbody>
<tr>
<td>EPA 6222</td>
<td>Initial</td>
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<tr>
<td>DOLWD 6240</td>
<td>Amended Amendment #1</td>
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<tr>
<td>DHSS 6253</td>
<td>Emergency (including justification)</td>
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<td>DCA 6259 (NJAC 5:23)</td>
<td>Cancellation</td>
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<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
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<tr>
<td>3322 College Dr.</td>
<td>Vineland, NJ 08360</td>
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**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
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<tbody>
<tr>
<td>Cumberland Co. College-Academic Bldg</td>
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<table>
<thead>
<tr>
<th>Type of Facility (4)</th>
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<tbody>
<tr>
<td>School (K-12)</td>
</tr>
<tr>
<td>Subchapter 8 (Other than K-12)</td>
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<tr>
<td>Other (i.e., private and commercial buildings, homes, etc.)</td>
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</table>

<table>
<thead>
<tr>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
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<tr>
<td>36000</td>
<td>2</td>
<td>50+</td>
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<table>
<thead>
<tr>
<th>Current Use (Prior if being demolished)</th>
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<tbody>
<tr>
<td>Classrooms</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>Cardno ATC</td>
<td>00098</td>
<td>BRISTOL ENVIRONMENTAL, INC.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
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<tbody>
<tr>
<td>3 Terri Lane</td>
<td>Burlington, NJ 08016</td>
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<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Lutz</td>
<td>609-386-8800</td>
</tr>
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<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
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<tbody>
<tr>
<td>7/8/13</td>
<td>7/12/13</td>
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<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM/ 7:00PM- AM</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
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</thead>
<tbody>
<tr>
<td>≥3 sf or ≥3 ft</td>
</tr>
<tr>
<td>≥160 sf or ≥260 ft</td>
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<tr>
<td>Renovation</td>
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<tr>
<td>Demolition</td>
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<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM)</th>
</tr>
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<tbody>
<tr>
<td>i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous</td>
</tr>
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<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</th>
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<tbody>
<tr>
<td>Lower level Stairwell</td>
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<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
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<td>Yes</td>
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<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
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<tbody>
<tr>
<td>215 SF</td>
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<thead>
<tr>
<th>Abatement Type</th>
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<tbody>
<tr>
<td>Removal</td>
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<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
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<tbody>
<tr>
<td>SERVICE TRANSPORT GROUP, INC.</td>
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</tbody>
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<table>
<thead>
<tr>
<th>City, State</th>
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<tbody>
<tr>
<td>NEW CASTLE, DE 19720</td>
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<table>
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<tr>
<th>Disposal Date</th>
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<tbody>
<tr>
<td>City, State</td>
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<tr>
<td>WAYNESBURG, OH 44688</td>
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<tr>
<th>Completed By (Print or Type)</th>
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<tbody>
<tr>
<td>Brian Scafiro</td>
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<table>
<thead>
<tr>
<th>Title</th>
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<tbody>
<tr>
<td>Estimator</td>
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<table>
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<tr>
<th>Signature</th>
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<tbody>
<tr>
<td>Brian Scafiro</td>
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<table>
<thead>
<tr>
<th>Date</th>
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</thead>
<tbody>
<tr>
<td>6/21/13</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 5:16)

Date of Notification (1) 7 / 05 / 13

Name of Building Owner/Operator (2) VERIZON

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

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

Street Address
15 EAST MONTGOMERY PLACE

City, State, Zip Code
PITTSBURGH, PA 15212

Name of Contact
ANTHONY PORTA

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
VERIZON NEWARK CO

Street Address
95 WILLIAM STREET

City (5) NEWARK, NJ

County (6) ESSEX

County Code (7) (STATE USE ONLY) 07

Current Use (Prior if being demolished) 2nd Floor

COMMUNICATIONS

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

ASCM No.

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

Street Address
8436 ENTERPRISE AVENUE

City, State, Zip Code
PHILADELPHIA, PA 19153

Telephone No. 215-365-5810

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) 7 / 10 / 13

Scheduled Completion Date (11) 7 / 10 / 13

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: 8:00AM-5:00PM/

Scope of Work (Check all that apply)
☒ 3+ sf or 3+ lf
☒ 160 sf or 260 sf

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

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

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

Amount (Specify SF or LF) 8 LF

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

ROOF TOP FAN UNIT

☐ ☐ ☐ ☐ PIPE INSULATION

☐ ☐ ☐ ☐

☐ ☐ ☐ ☐

☐ ☐ ☐ ☐

☐ ☐ ☐ ☐

Name of Registered Waste Hauler
SERVICE TRANSPORT GROUP, INC.

NJDEP Waste Hauler ID No. 20990

Cubic Yards of Waste

Name of Registered Landfill
MINERVA LANDFILL

City, State
NEW CASTLE, DE 19720

Disposal Date

Completed By (Print or Type)
PATRICK T. DeCARO

Title ESTIMATOR

Signature

Date 7/5/17

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:18)

Date of Notification (1)
07 / 09 / 13

Name of Building Owner/Operator (2)
Emmy Van Buskirk

Agencies Notified
☐ EPA
☐ DOLWD
☐ DHSS
☐ DCA
☐ NJAC 5:23-8
Type Notification
☐ Initial
☐ Amended
☐ Amendment #
☐ Emergency (Including justification)
☐ Cancellation

Street Address
137 Hickory Ct.

City, State, Zip Code
Princeton, NJ 08540

Name of Contact
Emmy Van Buskirk

Telephone Number

FACILITY INFORMATION

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

Street Address
137 Hickory Ct.

City (5)
Princeton

County (6)
Mercer

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)
Gr Tech LLC

ASCM No.

Name of Abatement Contractor (9)
Envirovision Consultants, Inc

Street Address
576 Valley Rd #283

City, State, Zip Code
Wayne, NJ 07470

Project Manager for Monitoring Firm

Telephone No.
973-638-1777

License No.
01127

Start Date (10)
07 / 18 / 13

Scheduled Completion Date (11)
07 / 22 / 13

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 AM

Scope of Work (Check all that apply)
☐ Renovation
☐ Demolition
☐ Clean up and decontamination
☐ Full Containment with Negative Pressure
☐ Glovebag Procedure
☐ Tent with Negative Pressure
☐ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM)

TO BE ABATED
IN Facility (13)

Living room
☐ ☐ ☑ Linoleum
☐ ☐ ☑ Duct insulation
☐ ☐ ☑ Duct insulation
☐ ☐ ☑ Duct insulation
☐ ☐ ☑ Duct insulation

Kitchen
☐ ☐ ☑ Linoleum
☐ ☐ ☑ Duct insulation
☐ ☐ ☑ Duct insulation
☐ ☐ ☑ Duct insulation

Crawl space
☐ ☐ ☑ Linoleum
☐ ☐ ☑ Duct insulation
☐ ☐ ☑ Duct insulation
☐ ☐ ☑ Duct insulation

Garage
☐ ☐ ☑ Linoleum
☐ ☐ ☑ Duct insulation
☐ ☐ ☑ Duct insulation
☐ ☐ ☑ Duct insulation

Is Location Normally Used Solely by Maintenance/ Custodial Staff? (14)
Yes ☐ ☐ ☑ No ☐ ☐ ☑ N/A ☐ ☐ ☑

Description of Asbestos-Containing Material (ACM)

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

Amount (Specify SIF or LF)

Abatement Type
☐ Repair ☐ Encapsulate ☐ Exclude

Name of Registered Waste Hauler
Gr Tech LLC

N EEP Waste Hauler ID No.
0033785

Cubic Yards of Waste
TBD

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

Disposal Date
TBD

City, State
Wayne, NJ 07470

Completed By (Print or Type)
N. Jevtic

Title
Owner

Signature

Date
07/09/2013

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

**Date of Notification:** 07/08/2013

**Name of Building Owner/Operator:** THE PRUDENTIAL INSURANCE COMPANY OF AMERICAS

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>MR. RICHARD HUMMERS</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended Amendment # 1</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>

**Street Address:** 751 BROAD STREET FIFTH FLOOR

**City, State, Zip Code:** NEWARK, NEW JERSEY 07102

**Name of Contact:** MR. RICHARD HUMMERS

**Telephone Number:**

**Facility Information**

**Name of Facility Where Abatement is Taking Place:**

**Street Address:** 19-31 CEDAR STREET

**City, State, Zip Code:** NEWARK, NEW JERSEY 07102

**County:** ESSEX

**County Code:** (STATE USE ONLY)

**Name of Monitoring Firm Hired by Building Owner:**

ENVIRONMENTAL HEALTH INVESTIGATIONS INC.

**ASCM No.:** 00104

**Name of Abatement Contractor:** PAL ENVIRONMENTAL SERVICES

**Street Address:** 11-02 QUEENS PLAZA SOUTH

**City, State, Zip Code:** LONG ISLAND CITY, NY 11101

**Project Manager for Monitoring Firm:** BILL KERBEL

**Telephone No.:** 973-729-5649

**License No.:** 00853

**Telephone No.:** 718-349-0900

**Scheduled Completion Date:** 07/22/2013

**Start Date:** 04/22/2013

**Name of OSHA Monitor:** MARTIN MCREA

**Street Address:** 714 KENNEDY BLVD

**City, State, Zip Code:** BAYONNE, NJ 07002

**Facility Closed/Abandoned During Entire Period of Abatement:**

**Other Description:** BUILDING IS VACANT & SCHEDULED FOR DEMOLITION

**Scope of Work:**

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

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

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

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

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

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

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

**Abatement Type:**

- 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:**

**Throughout Store:**

**Floor Tile:** 700 SF

**Name of Registered Wast Hauler:**

**Name of Registered Landfill:** MINERVA ENTERPRISES

**Cubic Yards of Waste:** 50

**Disposal Date:** 4/25/2013

**City, State:** SHIRLEY, NY 11967/BRONX, NY 10464

**ATC/TST:**

**Waste Hauler ID No.:** 24310/19551

**Name of Registered Landfill:**

**Disposal Date:** 4/25/2013

**City, State:** WAYNESBURG, OH 44688

**Completed by:**

**Title:** ADMINISTRATIVE

**Signature:**

**Date:** 07/08/2013

* 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)
07/08/2013

Name of Building Owner/Operator (2)
The Prudential Insurance Company of Americas

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

Street Address
751 Broad Street Fifth Floor

City, State, Zip Code
Newark, New Jersey 07102

Name of Contact
Mr. Richard Hummers

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
102-106 Halsey Street

City (5)
Newark

County (6)
Essex

County Code (7)
(State Use Only)

Name of Monitoring Firm Hired by Building Owner (8)
Environmental Health Investigations Inc.

ASCM No.
00104

Name of Abatement Contractor (9)
PAL Environmental Services

Street Address
655 West Shore Trail

City, State, Zip Code
Sparta, NJ 07871

Project Manager for Monitoring Firm
Bill Kerkel

Telephone No.
973-729-5649

License No.
718-349-0900

Name of OSHA Monitor
Martin McRae

Start Date (10)
04/29/2013

Occupancy Status During Abatement (Check Only One)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other — Describe: Building is vacant & scheduled for demolition

Scheduled Completion Date (11)
07/29/2013

Scope of Work (Check All That Apply)
☐ 23 sq. ft. or less
☐ 260 sq. ft. or less
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Enclosure (and Non-Friable Procedure

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

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

Rear of Building

Front of Store

Location Description of
Asbestos Containing Material (ACM)
(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)
Amount (Specify SF or LF)
Abatement Type

Pipe Insulation 60 LF  

Floor Tile & Mastic 900 SF  

Name of Registered Waste Hauler
NJDEP Waste Hauler ID No.
24310/19551

Cubic Yards of Waste
50

Name of Registered Landfill
Minerva Enterprises

Disposal Date
05/07/2013

City, State
Shirley, Ny 11967/bronx, Ny 10464

Completed by
ANN ALI
Title ADMINISTRATIVE
Signature

Date 07/08/2013

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

**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 5:88 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>07/08/2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>THE PRUDENTIAL INSURANCE COMPANY OF AMERICAS</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>Amendment #</td>
</tr>
<tr>
<td>DOH</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>DCA</td>
<td>Cancellation</td>
</tr>
<tr>
<td>Street Address</td>
<td>751 BROAD STREET FIFTH FLOOR</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>NEWARK, NEW JERSEY 07102</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>MR. RICHARD HUMERS</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>108 HALSEY STREET</td>
</tr>
<tr>
<td>City (5)</td>
<td>NEWARK</td>
</tr>
<tr>
<td>County (6)</td>
<td>ESSEX</td>
</tr>
<tr>
<td>County Code (7)</td>
<td></td>
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</table>

| Name of Monitoring Firm Hired by Building Owner (8) | ENVIRONMENTAL HEALTH INVESTIGATIONS INC. |
| ASCM No. | 001604 |
| Name of Abatement Contractor (9) | PAL ENVIRONMENTAL SERVICES |

| Street Address | 655 WEST SHORE TRAIL |
| City, State, Zip Code | SPARKS, NV 07871 |
| Project Manager for Monitoring Firm | BILL KIRKEL |
| Telephone No. | 973-729-5649 |
| Start Date (10) | 07/22/2013 |
| Scheduled Completion Date (11) | 10/22/2013 |

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check Only One)</th>
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</thead>
<tbody>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
</tr>
<tr>
<td>Other – Describe</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥3 sf or ≥3 ft</td>
</tr>
<tr>
<td>≥160 sf or ≥260 ft</td>
</tr>
<tr>
<td>Renovation</td>
</tr>
<tr>
<td>Demolition</td>
</tr>
<tr>
<td>Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>Mini-Enclosure</td>
</tr>
<tr>
<td>Glovebag Procedure</td>
</tr>
<tr>
<td>Non-Exempted (*) and Non-Friable Procedure</td>
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<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
</tr>
</thead>
<tbody>
<tr>
<td>In Facility (13)</td>
</tr>
</tbody>
</table>

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

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

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

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Registered Landfill</td>
</tr>
</tbody>
</table>

| ATC/TST | NJDEP Waste Hauler ID No. 24310/19551 |
| City, State | SHIRLEY, NY 11967/BRONX, NY 10464 |
| Cubic Yards of Waste | 10 |
| Disposal Date | 7/23/2013 |
| City, State | WAYNESBURG, OH 44688 |

<table>
<thead>
<tr>
<th>Completed by</th>
<th>ANN ALI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>ADMINISTRATIVE</td>
</tr>
<tr>
<td>Signature</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>07/08/2013</td>
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</tbody>
</table>

* Do not use this form for asbestos licensure exempted activities.
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:56 and 12:129)

### Name of Building Owner/Operator
THE PRUDENTIAL INSURANCE COMPANY OF AMERICAS

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Facility Where Abatement Is Taking Place</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Amended</td>
<td>110 HALSEY STREET</td>
</tr>
<tr>
<td>DEP</td>
<td>Amendment #</td>
<td></td>
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<td>NOL</td>
<td>Emergency</td>
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<td>DOL</td>
<td>Justification</td>
<td></td>
</tr>
<tr>
<td>DOH</td>
<td>Cancellation</td>
<td></td>
</tr>
</tbody>
</table>

**Street Address**
751 BROAD STREET FIFTH FLOOR

**City, State, Zip Code**
NEWARK, NEW JERSEY 07102

**Telephone Number**

### FACILITY INFORMATION

Name of Monitoring Firm Hired by Building Owner:
ENVIRONMENTAL HEALTH INVESTIGATIONS INC.

**ASCM No.**
00104

Name of Abatement Contractor:
PAL ENVIRONMENTAL SERVICES

**Street Address**
655 WEST SHORE TRAIL

**City, State, Zip Code**
SPARKS, NJ 07871

**Telephone No.**
973-729-5649

**License No.**
718-349-0500

**Name of OSHA Monitor**
MARTIN MCMBA

**Street Address**
11-02 QUEENS PLAZA SOUTH

**City, State, Zip Code**
LONG ISLAND CITY, NY 11101

**Telephone No.**
00853

### Scope of Work (Check All That Apply)
- 

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

<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>PIPE INSULATION</td>
<td>31 LF</td>
</tr>
<tr>
<td>VAT</td>
<td>900 SF</td>
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</table>

### Name of Registered Waste Hauler

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>MINERVA ENTERPRISES</td>
</tr>
</tbody>
</table>

**Disposal Date**
07/22/2013

**City, State**
SHIRLEY, NY 11967/BRONX, NY 10464

**Completed by**
ANN ALI

**Title**
ADMINISTRATIVE

**Signature**

**Date**
07/08/2013

---

* Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
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<tbody>
<tr>
<td>Date of Notification (1)</td>
<td>7/05/2013</td>
</tr>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Hacketstown Board of Education</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>X EPA, X DEP, X DOL, X DOH, X DCA</td>
</tr>
<tr>
<td>Notification Type</td>
<td>X Initial, X Amended, X Emergency (including justification), X Cancellation</td>
</tr>
<tr>
<td>Street Address</td>
<td>315 Washington Street</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Hacketstown, NJ 07840</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Mr. Ron Masselli</td>
</tr>
<tr>
<td>Name of Facility Where Abatement Is Taking Place (3)</td>
<td>Hatchery Hill Elementary School</td>
</tr>
<tr>
<td>Street Address</td>
<td>398 5th Avenue</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Hacketstown, Warren, PA 19380</td>
</tr>
<tr>
<td>Name of Contractor (9)</td>
<td>MTM Metro Corporation</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>610-431-7545</td>
</tr>
<tr>
<td>License Number</td>
<td>00809</td>
</tr>
<tr>
<td>Scheduled Start Date (10)</td>
<td>7/22/13</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>8/05/13</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check only one)</td>
<td>X Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>Source of Work (Check all that apply)</td>
<td>X Renovation, X Full Containment with Negative Pressure, X Mini-Enclosure, X Glovebag Procedure</td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) in Facility (13)</td>
<td>X Ceiling Tile, 8,558 SF</td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maint/Custodial Staff? (12)</td>
<td>YES</td>
</tr>
<tr>
<td>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
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</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td>40 Cubic Yards of Waste</td>
</tr>
<tr>
<td>Date</td>
<td>7/05/2013</td>
</tr>
</tbody>
</table>

*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)** 7/05/2013  
**Name of Building Owner/Operator (2)** Hackettstown Board of Education

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

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

**Street Address**
315 Washington Street  
City, State, Zip Code  
Hackettstown, NJ 07840

**Name of Contact**  
Mr. Ron Marinelli  
Tel. Number  
908-850-4985

**Name of Facility Where Abatement is Taking Place (3)**  
Hatchery Hill Elementary School

**Street Address**
398 5th Avenue  
Hackettstown, Warren

**Name of Monitoring Firm Hired by Bldg. Owner (5)**
Westchester Environmental  
ASCM No.  
00127

**Name of Contractor (9)**
MTM Metro Corporation

**Street Address**
307 N Walnut Street  
West Chester, PA 19380

**City, State, Zip Code**
City, State, Zip Code  
Paterson, NJ 07501  

**City, State, Zip Code**

**Project Manager for Monitoring Firm**
Philip Cortez  
Telephone Number  
610-431-7545

**Scheduled Start Date (10)**  
7/22/13

**Scheduled Completion Date (11)**  
8/06/13

**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:

**Source of Work (Check all that apply)**
- [x] > 3 sf or > 3 lf  
- [ ] > 160 sf or > 260 lf  
- [x] Renovation  
- [x] Demolition  
- [x] Full Containment with Negative Pressure  
- [ ] Mini-Enclosure  
- [ ] Non-Exempted(*) & Non-Frangible Procedure  
- [ ] Glovebag Procedure

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

**Is Location Normally Used Solely by Maint./Custodial Staff? (12)**
- [ ] YES  
- [x] NO  
- [ ] N/A

**Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other milscoil.**

**Amount (Specify SF or LF)**

**Abatement Type**
- [x] Removal  
- [ ] Rep.  
- [ ] Encap  
- [ ] Enclave

**Name of Reg. Waste Hauler**
MTM Metro Corporation  
Waste Hauler ID #  
20552

**Cubic Yards of Waste**
40

**Name of Reg. Landfill**
Tullytown

**City, State**
Paterson, NJ 07501

**Disp. Date**
8/05/13

**City, State**
Tullytown, PA

**Completed by (Print or Type)**
Elizabeth Maslarkov  
Title  
Business Administrator  
Signature  
Elizabeth Maslarkov  
Date  
7/05/2013

---

Do not use this form for asbestos licensure exempted activities.