**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:80 and 12:120)

**Date of Notification (1)**  
07/12/13

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

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Building Owner/Operator (2)</th>
<th>Name of Contact</th>
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<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>Kean University</td>
<td>Adam Varava</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended</td>
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<td></td>
</tr>
<tr>
<td>DOL</td>
<td>Amendment #</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOH</td>
<td>Emergency (including justification)</td>
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<tr>
<td>DCA</td>
<td>Cancellation</td>
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**Street Address**  
Morris Avenue

**City, State, Zip Code**  
Union NJ 07083

<table>
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<tr>
<th>Type of Facility (4)</th>
<th>Name of Building Owner/Operator (2)</th>
<th>Name of Contact</th>
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<tbody>
<tr>
<td>School (K-12)</td>
<td>Kean University</td>
<td>Adam Varava</td>
</tr>
<tr>
<td>Subchapter 8 (Other than K-12)</td>
<td>Kean University</td>
<td></td>
</tr>
<tr>
<td>Other (i.e. private &amp; commercial buildings, homes, etc.)</td>
<td>Kean University</td>
<td></td>
</tr>
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</table>

**Square Feet**  

**# of Floors**  

**Bidg. Age**  

**Facility Information**

**Name of Facility Where Abatement is Taking Place (3)**  
Kean University - East Campus

**Street Address**  
215 North Avenue

**City (5)**  
Hillsdale

**County (6)**  
Union

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

**ASCM No.**  

**Name of Abatement Contract (9)**  
Kielczewski Corporation

**Street Address**  
235 Watchung Avenue

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

**Project Manager for Monitoring Firm**  
Jim Guilardi

**Telephone No.**  
856-840-8800x31

**Scheduled Completion Date (11)**  
July 8, 2013

**Name of OSHA Monitor**  
Schneider Laboratories Global Inc.

**Street Address**  
2512 W. Cary Street

**City, State, Zip Code**  
Richmond, VA 23220

**Start Date (10)**  
July 3, 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:  

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

- 23 sf or 23 if
- 2160 sf or 2260 if
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)</th>
<th>Location</th>
<th>Insulation</th>
</tr>
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<tbody>
<tr>
<td>Former Gym Room: 1st location</td>
<td>1st</td>
<td>insulation</td>
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<tr>
<td>2nd location</td>
<td>2nd</td>
<td>insulation</td>
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**Amount (Specify SF or LF)**  

**Abatement Type**

**Name of Registered Waste Hauler**  
Kielczewski Corporation

**NJDEP Waste Hauler ID No.**

**Cubic Yards of Waste**

**Name of Registered Landfill**  
Conestoga Landfill

**City, State**  
West Orange, NJ

**Disposal Date**

**Completed by**  
Slawomir Kielczewski

**Title**  
President

**Signature**  
Kielczewski

**Date**  
07/12/2013

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:30 and 12:120)

Data of Notification (1)  7/12/13

Name of Building Owner/Operator (2)  Jennifer Sheldon

Agencies Notified  EPA
                  DEP
                  DOL
                  DOH
                  DCA

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

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

Street Address  237 Alpena Ave

City (5)  ELBETON

County Code (6)  MONMOUTH

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

Name of Abatement Contractor (9)  A.Mac Contracting Inc.

Street Address  105 Lowell Road

City, State, Zip Code  Glen Rock, NJ 07452

Project Manager for Monitoring Firm  Telephone No.

License No.  00156

Start Date (10)  7/12/13

Scheduled Completion Date (11)  8/23/13

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 (13)

Yes  No  N/A

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

Description of Asbestos Containing Material (ACM)

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

Amount (Specify SF or LF)

Name of Registered Waste Hauler  NJDEP Waste Hauler ID No.

Rovic Transportation  20785

Cubic Yards of Waste  2

Name of Registered Landfill  IESI PA Bethlehem Landfill Corp.

City, State  Bethlehem, P.A 18015

Disposal Date  7/23/13

Completed by  Joseph Vocaturo

Title  Operations

Signature

Date  7/12/13

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:89 and 12:129)

Date of Notification (1) 7/12/13

Name of Building Owner/Operator (2) Joseph DiPier

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

Street Address
6 Stony Point Rd

City, State, Zip Code
Oakland, NJ 07436

Name of Contact
Joseph DiPier

FACILITY INFORMATION

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

Street Address
460 Mark Rd

City (5)
Allendale

County (6)
Bergen

County Code (7) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)
A.Mac Contracting Inc.

Street Address
105 Lowell Road

City, State, Zip Code
Glen Rock, N.J. 07452

Project Manager for Monitoring Firm

Telephone No.
(201)282-5841

License No. 00156

Start Date (10) 7/24/13

Scheduled Completion Date (11) 8/24/13

Name of OSHA Monitor
Omega Environmental Services Inc.

Street Address
280 Huyler Street

City, State, Zip Code
Hackensack, N.J. 07606

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 ≥20 ft
- [ ] ≥150 sf or ≥280 ft
- [ ] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

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

Is Location Normally Used Solely by Maintenance/Custodial Staff? (14)
- [√] 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

Location

Yes

VAT & Mastic

281 SF

Removal

Repair

Endeavor

Endeavor

Name of Registered Waste Hauler
Rovic Transportation

NJDEP Waste Hauler ID No. 20785

Cubic Yards of Waste
6

Name of Registered Landfill
IESI PA Bethlehem Landfill Corp.

City, State
Riverdale, New Jersey 07457

Disposal Date 7/24/13

City, State
Bethlehem, P.A 18015

Completed by
Joseph Vocaturo

Title
Operations

Signature

Date 7/12/13

* Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>7/12/13</th>
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</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>JAKE VALKENA</td>
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<tr>
<td>Agencies Notified</td>
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</tr>
<tr>
<td>EPA</td>
<td></td>
</tr>
<tr>
<td>DEP</td>
<td></td>
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<tr>
<td>DOL</td>
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<tr>
<td>DOH</td>
<td></td>
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<tr>
<td>DCA</td>
<td></td>
</tr>
<tr>
<td>Type of Notification</td>
<td>Initial</td>
</tr>
<tr>
<td>Street Address</td>
<td>730 BELLEVUE TPK \nKLLWY, N.J. 07033</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td></td>
</tr>
<tr>
<td>Name of Contact</td>
<td>JAKE VALKENA</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>SHEAL SHACK</td>
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<tr>
<td>Street Address</td>
<td>251 GODWIN AVE</td>
</tr>
<tr>
<td>City (5)</td>
<td>MIDLAND PARK</td>
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<tr>
<td>County Code (6)</td>
<td>BERGEN</td>
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<td>Type of Facility (4)</td>
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<td>Subchapter 8 (Other than K-12)</td>
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<td>Other (i.e., private &amp; commercial buildings, homes, etc.)</td>
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<tr>
<td>Square Feet</td>
<td>1,150</td>
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<td># of Floors</td>
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<td>Bldg. Age</td>
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<td>Current Use (Prior to being demolished)</td>
<td>Commercial</td>
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<td>Name of Monitoring Firm Hired by Building Owner (6)</td>
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</tr>
<tr>
<td>ASCM No.</td>
<td></td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>A.MAC Contracting Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td>105 Lowell Road</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Glen Rock, N.J. 07452</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>(201)263-5841</td>
</tr>
<tr>
<td>License No.</td>
<td>00156</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>Omega Environmental Services Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td>280 Huyler Street</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Hackensack, N.J. 07606</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check Only One)</td>
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<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
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<tr>
<td>Other - Describe:</td>
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</tr>
<tr>
<td>Start Date (10)</td>
<td>7/25/13</td>
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<tr>
<td>Scheduled Completion Date (11)</td>
<td>8/25/13</td>
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<tr>
<td>Scope of Work (Check All That Apply)</td>
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<tr>
<td>≥3 sf or ≥3 ft</td>
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<td>≥160 sf or ≥260 ft</td>
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<td>Yes</td>
<td>No</td>
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<tr>
<td>Renovation</td>
<td>Demolition</td>
</tr>
<tr>
<td>Full Containment with Negative Pressure</td>
<td></td>
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<tr>
<td>Mini-Enclosure</td>
<td></td>
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<tr>
<td>Glovebag Procedure</td>
<td></td>
</tr>
<tr>
<td>Non-Exempted (*) and Non-Friable Procedure</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</td>
<td>13</td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff?</td>
<td>Yes</td>
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<td>(12)</td>
<td>No</td>
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<td>Description of Asbestos Containing Material (ACM)</td>
<td>PIPE INSULATION</td>
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<td>(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td>150 CF</td>
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<td>Amount (Specify SF or LF)</td>
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<td>Abatement Type</td>
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<tr>
<td>Name of Registered Landfill</td>
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<tr>
<td>Rovic Transportation</td>
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<tr>
<td>NJDEP Waste Hauler ID No.</td>
<td>20785</td>
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<td>Cubic Yards of Waste</td>
<td>3</td>
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<tr>
<td>Disposal Date</td>
<td>7/25/13</td>
</tr>
<tr>
<td>City, State</td>
<td>Bethlehem, P.A. 18015</td>
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<tr>
<td>Completed by</td>
<td></td>
</tr>
<tr>
<td>Joseph Vocaturo</td>
<td></td>
</tr>
<tr>
<td>Title</td>
<td>Operations</td>
</tr>
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<td>Signature</td>
<td></td>
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<tr>
<td>Date</td>
<td>7/12/13</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 8:68 and 12:229)

Date of Notification (1):
7/12/13

Name of Building Owner/Operator (2):
LESLEY FOYES

Street Address:
24 So. IRVINGTON ST

City, State, Zip Code:
RIDGEWOOD, NJ 07450

Name of Contact:
LESLEY FOYES

Telephone Number:

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

Street Address:
24 So. IRVINGTON ST

City (5):
RIDGEWOOD

County (6):
BERGEN

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:

# of Floors:

Bldg. Age:

Current Use (Prior if being demolished):

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

ASCM No.:

Name of Abatement Contractor (9):
A.Mac Contracting Inc.

Street Address:
105 Lowell Road

City, State, Zip Code:
Glen Rock, NJ 07452

Telephone No.:
(201)262-5841

License No.:
00156

Name of OSHA Monitor:
Omega Environmental Services Inc.

Street Address:
280 Huyler Street

City, State, Zip Code:
Hackensack, NJ 07606

Start Date (10):
7/12/13

Scheduled Completion Date (11):
8/22/13

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
≥100 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

(13)

Yes
No
N/A

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

Amount (Specify SF or LF)

Abatement Type

Name of Registered Waste Hauler:
Rovic Transportation

NUDEP Waste Hauler ID No.:
20785

Cubic Yards of Waste:

Name of Registered Landfill:
IESI PA Bethlehem Landfill Corp.

City, State:
Rivendale, New Jersey 07457

Disposal Date:
7/22/13

City, State:
Bethlehem, P.A 18015

Completed by:
Joseph Vocature

Title:
Operations

Signature:
J. Vocature

Date:
7/12/13

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

<table>
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<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
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<tbody>
<tr>
<td>07 / 12 / 13</td>
<td>The Seeing Eye</td>
</tr>
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<thead>
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<th>Agencies Notified</th>
<th>Type Notification</th>
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<td>Initial</td>
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<td>DOLWD</td>
<td>Amended</td>
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<td>DHSS</td>
<td>Amendment #</td>
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<td>DCA (NJAC 5:23-6)</td>
<td>Emergency (including justification)</td>
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<td>Cancellation</td>
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<tr>
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<tbody>
<tr>
<td>10 Washington Valley Road</td>
<td>Morristown, NJ 07963</td>
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<table>
<thead>
<tr>
<th>Name of Contact</th>
<th>Telephone Number</th>
</tr>
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<tbody>
<tr>
<td>Bud Liptak</td>
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### FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Type of Facility (4)</th>
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<tbody>
<tr>
<td>The Seeing Eye Administrative Building</td>
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<tr>
<th>Street Address</th>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
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<td>10 Washington Valley Road</td>
<td>55,000</td>
<td>2</td>
<td>45</td>
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<thead>
<tr>
<th>City (5)</th>
<th>County Code (7)/STATE USE ONLY</th>
<th>Current Use (Prior if being demolished)</th>
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<tbody>
<tr>
<td>Morristown</td>
<td></td>
<td>Commercial</td>
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<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor (9)</th>
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<tbody>
<tr>
<td>Environmental Health Investigations</td>
<td>00104</td>
<td>Superior Abatement Inc</td>
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<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
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<tbody>
<tr>
<td>665 West Shore Trail</td>
<td>Sparta, NJ 07871</td>
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<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
<th>License No.</th>
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<tbody>
<tr>
<td>John A. Sekelsky</td>
<td>(973) 651-2039</td>
<td>00411</td>
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<tr>
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<th>Scheduled Completion Date (11)</th>
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<td>07 / 22 / 13</td>
<td>07 / 25 / 13</td>
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<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
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<tbody>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
<td>2 Henderson Drive</td>
<td>West Caldwell, NJ 07006</td>
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<tr>
<td>Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: Occupied BLDG- Construction barriers will isolate work areas from occupied portion of building</td>
<td></td>
<td></td>
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<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
<th>Abatement Type</th>
</tr>
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<tbody>
<tr>
<td>≥3 sf or ≥3 if</td>
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<tr>
<td>≥160 sf or ≥260 if</td>
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<tr>
<td>Renovation</td>
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<tr>
<td>Demolition</td>
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<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 (*) and Non-Friable Procedure</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laundry Room</td>
</tr>
<tr>
<td>Computer Server Room</td>
</tr>
<tr>
<td>Computer Room Office</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<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>Yes</td>
<td></td>
<td>155 SF</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td></td>
<td>255 SF</td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td></td>
<td>170 SF</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler Service Transport Group, Inc</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>Minerva Landfill</td>
<td>SW2117</td>
<td>10</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Castle, DE</td>
<td>7/25/13</td>
<td>Waynesburgh, OH</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>Nick Petrovski</td>
<td>President</td>
<td></td>
<td>7-12-13</td>
</tr>
</tbody>
</table>

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

Date of Notification (1)
07 / 12 / 13

Name of Building Owner/Operator (2)
South Orange- Maplewood Board of Education

Agencies Notified
EPA
DOLWD
DHSS
DCA (NJAC 5:23-6)

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

Street Address
525 Academy St.

City, State, Zip Code
Maplewood, NJ 07040

Name of Contact
William Kyle

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Maplewood Middle School

Street Address
7 Burnet St

City (5)
Maplewood NJ 07040

County (6)
Essex

County Code (7) (STATE USE ONLY)

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

ASCM No.
0057

Name of Abatement Contractor (9)
New American Restoration, Inc

Street Address
PO Box 385
City, State, Zip Code
Oceanville NJ 08321

Telephone No.
609-652-1833

License No.
00805

Project Manager for Monitoring Firm
Eric Clarkson

Start Date (10)
07 / 22 / 13

Scheduled Completion Date (11)
08 / 18 / 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/___PM-___AM

Scope of Work (Check all that apply)

Area
2 sf or 3 sf
160 sf or 260 sf
Renovation
Demolition

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
Endorse

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

Yes
No

2nd Floor Girls Restroom

Ceiling & Wall plaster

1270 sf

2nd Floor Girls Restroom

Pipe & fitting Insulation

175 sf

2nd Floor Boys Restroom

Ceiling & Wall plaster

1275 sf

2nd Floor Boys Restroom

Pipe & fitting Insulation

175 sf

Name of Registered Waste Hauler
New American Restoration, Inc

NUDEP Waste Hauler ID No.
30399

Cubic Yards of Waste
20

Disposal Date
TBD

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

City, State
Paterson NJ 07501

Name of Registered Waste Hauler
New American Restoration, Inc

City, State
Paterson NJ 07501

Completed By (Print or Type)
Igor Jezdimirovic
Title
V. President
Signature

Date
07/12/2013

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

Date of Notification (1) __ __ __ / __ __ __ / __ __ 
Name of Building Owner/Operator (2) ____________________________

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

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

Street Address ____________________________
City, State, Zip Code ____________________________

Name of Contact ____________________________ Telephone Number __ __ __ __ __ __ __ __

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3) ____________________________

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 __ __ __ __ __

Current Use (Prior if being demolished) ____________________________

County Code (?) (STATE USE ONLY) ____________________________

Name of Monitoring Firm Hired by Building Owner (5) ____________________________ ASCM No. __ __ __ __ __

Name of Abatement Contractor (6) ____________________________

Start Date (10) __ __ __ / __ __ __ / __ __ __
Scheduled Completion Date (11) __ __ __ / __ __ __ / __ __ __

Name of OSHA Monitor ____________________________

Facility Closed/Vacated During Entire Period of Abatement
☐ ☐

Street Address ____________________________
City, State, Zip Code ____________________________

Project Manager for Monitoring Firm ____________________________ Telephone No. __ __ __ __ __ __ __ __

Telephone No. ____________________________ License No. __ __ __ __ __ __ __ __

Occupancy Status During Abatement (Check only one)
☐ ☐

Time of Abatement: __ __ __ AM - __ __ __ PM / __ __ __ PM - __ __ __ AM

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

Location of

Classroom ____________________________ ☐ ☐ ☐

Ceiling & Wall Plaster ____________________________ 2700 sf ☐ ☐ ☐ ☐

Total ____________________________ 5245 SF ☐ ☐ ☐ ☐ ☐

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

Cubic Yards of Waste ____________________________ Name of Registered Landfill ____________________________

City, State ____________________________ Disposal Date ____________________________ City, State ____________________________

Completed By (Print or Type) ____________________________ Signature ____________________________ Date __ __ __ __ __

ASB-41
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 8:60-7 and 12:120-7)

**ETS JOB # 4039/13**

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner / Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/10/2013</td>
<td>Bank of America</td>
</tr>
</tbody>
</table>

**Agencies Notified**

- [x] EPA
- [ ] DEP
- [ ] DOL
- [ ] DOH
- [ ] DCA

**Type Notification**

- [x] Initial Notification
- [ ] Amended Notification
- [ ] Cancellation

**Bank of America**

- Street Address: 577 Broadway
- City, State & Zip Code: Long Branch, NJ 07740
- Name of Contact: Mr. Ryan Schnupp
- Telephone Number: [TBD]

**Facility Information**

- **Name of Facility Where Abatement is Taking Place (3)**: Bank of America
- **Street Address**: 577 Broadway

<table>
<thead>
<tr>
<th>City (5)</th>
<th>County (6)</th>
<th>County Code (7)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Long Branch</td>
<td>Monmouth</td>
<td></td>
</tr>
</tbody>
</table>

**Square Feet**: 5,013

**# of Floors**: 2

**Bldg. Age**: 90+

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

**Name of Monitoring Firm Hired by Building Owner (8)**: Environmental Testing Consultants, LLC

**ASCM No.**: [TBD]

**Name of Abatement Contractor (9)**: ETS Contracting, Inc.

**Street Address**: One Mall Drive, Suite 404

**City, State & Zip Code**: Cherry Hill, NJ 08022

**Telephone Number**: (856) 482-1311

**License Number**: 00511

**Name of OSHA Monitor**: Synatech, Inc.

**Street Address**: 829 Radio Road

**City, State & Zip Code**: Little Egg Harbor, NJ 08087

**Telephone Number**: [TBD]

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

- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [x] Abatement Performed Outside of Normal Facility Hours -
  - Describe: Saturday 2:00 PM - 12:00 AM, Sunday 9:00 AM - 6:00 PM

- [ ] Other - Describe: [TBD]

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

- [ ] Demolition
- [x] Renovation
- [ ] Large Project
- [ ] Quantity is ≥ 3 SF or ≥ 3 LF ACM
- [x] Quantity is ≥ 160 SF or ≥ 260 LF ACM

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

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

- [ ] N/A

- [ ] VAT/Mastic
- [ ] 1,210 SF
- [ ] Removal

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

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

- [ ] Amount (Specify Square Feet or Linear Feet)
- [ ] 15 Yds.

**Name of Registered Waste Hauler**

- **Tri State Transfer**: NJDEP Waste Hauler ID # 19551
- **Cu. Yds. of Waste**: 15 Yds.

**Disposal Date**

- **City, State**: Minerva Enterprises, Inc.
- **TBD**

**Name of Registered Landfill**

**City, State**: Waynesburg, OH

**Completed By (Print or Type)**

- **RICHIE SMITH**: PROJECT EXECUTIVE

**Signature**: [TBD]

**Date**: 7/10/2013
# State of New Jersey

## NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60-7 and 12:120-7)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>7/10/2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner / Operator (2)</td>
<td>Sovereign Bank</td>
</tr>
<tr>
<td>Street Address</td>
<td>75 State Street</td>
</tr>
<tr>
<td>City, State &amp; Zip Code</td>
<td>Boston, MA 02109</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Susan Peck</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>Sovereign Bank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>44 West Main Street</td>
</tr>
<tr>
<td>City (5)</td>
<td>Holmdel</td>
</tr>
<tr>
<td>County (6)</td>
<td>Monmouth</td>
</tr>
<tr>
<td>County Code (7)</td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>Hillmann Consulting, LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>1600 Route 22 E</td>
</tr>
<tr>
<td>City, State &amp; Zip Code</td>
<td>Union, NJ 07083</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Brian Nemetz</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>908-688-7800</td>
</tr>
</tbody>
</table>

| Scheduled Start Date (10) | July 20, 2013 |
| Scheduled Completion Date (11) | July 21, 2013 |

### Occupancy Status During Abatement (Check only one)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours -
  - Describe: Saturday 2:00 PM - 12:00 AM, Sunday 9:00 AM - 6:00 PM

### Scope of Work (Check all that apply)
- Demolition
- Renovation
- Large Project
- Quantity is ≥ 3 SF or ≥ 3 LF ACM
- Quantity is ≥ 160 SF or ≥ 260 LF ACM

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

| Material (ACM) TO BE ABATED in Facility (13) | |
|---------------------------------------------||

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

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

### Location Normally Used Solely by Maintenance or Custodial Staff?

| (12) | N/A |

### Quantity

| Amount (Specify Square Feet or Linear Feet) | 400 SF |

### Abatement Type

| (Specify: Removal, Repair, Encapsulation or Endosule) | Removal |

### Name of Registered Waste Hauler

| NJDEP Waste Hauler ID # | 19551 |

### City, State

| Bronx, NY |

### Disposal Date

| City, State | Waynesburg, OH |

### Name of Registered Landfill

| Minerva Enterprises, Inc. |

### Completed By (Print or Type)

| RICHIE SMITH |

| Title | PROJECT EXECUTIVE |

### Signature

| Date | 7/10/2013 |

---

**Check # 24098**

**AMENDMENT # 0**
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60-7 and 12:120-7)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner / Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/10/2013</td>
<td>Bed, Bath and Beyond</td>
</tr>
</tbody>
</table>

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

**Type Notification**  
- [X] Amended Notification

**Street Address**  
650 Liberty Avenue  
Union, NJ 07083

**Name of Contact**  
Mr. John Purcell

**Telephone Number**  

---

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**  
**Bed, Bath and Beyond Property**

**Street Address**  
650 Liberty Avenue  
Union, NJ 07083

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

**ASCM No.**  
00098

**Street Address**  
1090 King Georges Post Road, Suite 706  
Edison, NJ 08837

**Project Manager for Monitoring Firm**  
Pat Sisk

**Telephone Number**  
(732) 771-0051

**Scheduled Start Date (10)**  
7/10/2013

**Scheduled Completion Date (11)**  
6/30/2014

**Occupancy Status During Abatement (Check only one)**  
- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [X] Abatement Performed Outside of Normal Facility Hours - Describe:  
  - Work Area Vacated: - Working Hours from Monday - Saturday 3:00 PM - 12:30 AM

**Scope of Work (Check all that apply)**  
- [X] Demolition  
- [X] Renovation  
- [ ] Large Project  
- [ ] Quantity is ≥ 3 SF or ≥ 3 LF ACM  
- [X] Quantity is ≥ 160 SF or ≥ 260 LF ACM

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

**1st Floor**  
- No

**1st Floor**  
- No

**Name of Registered Waste Hauler**  
NJDEP Waste Hauler ID # 19551

**Cu. Yds. of Waste**  
600

**Name of Registered Landfill**  
Minerva Enterprises, Inc.

**City, State**  
Waynesburg, OH

**Disposal Date**  
TBD

**Completed By (Print or Type)**  
ROY JOHNSON

**Title**  
PROJECT EXECUTIVE

**Signature**  

**Date**  
7/10/2013
Date of Notification (1)        Name of Building Owner / Operator (2)
July 9, 2013                  VERIZON COMMUNICATIONS

Agencies Notified             Type Notification

☒ EPA                        Initial
☐ DEP                        Amend
☐ DOL                        Cancellation
☐ DOH                        Emergency

Name of Facility Where Abatement is Taking Place (3)
Lakehurst CENTRAL OFFICE

Street Address
2-8 brown avenue

City (6) County (6) County Code (7)
Lakehurst OCEAN

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

ASCM No.

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

Square Feet  # of Floors  Bldg. Age
20000            2

Current Use (Prior if being demolished)
Verizon communication center

Name of Abatement Contractor (9)
BRISTOL ENVIRONMENTAL INC

Street Address
8436 ENTERPRISE AVE

City, State & Zip Code
PHILADELPHIA PA 19153

Telephone Number
215-365-5810

License Number
00509

Project Manager for Monitoring Firm
MARK JENKINS

Scheduled Start Date (10) Scheduled Completion Date (11)
7/23/13            8/2/13

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

Describe: 7:00 AM – 4:00 PM

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

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

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

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

Amount (Specify SF or LF)
1320 SF

Abatement Type
☐ Removal
☐ Repair
☐ Encapsulation
☒ Cure

Name of Registered Waste Hauler
SERVICE TRANSPORT GROUP, INC.

City, State
NEW CASTLE, DE 19720

Completed By (Print or Type)
PATRICK T. DECARO

Title
Estimator

Signature
Date
7/9/13
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60-7 and 12:120-7)

**ETS JOB # 4039/13**

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>7/10/2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner / Operator (2)</td>
<td>Bank of America</td>
</tr>
<tr>
<td>Street Address</td>
<td>522 Main St</td>
</tr>
<tr>
<td>City, State &amp; Zip Code</td>
<td>Bradley Beach, NJ 07720</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Mr. Ryan Schnupp</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>Bank of America</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>522 Main St</td>
</tr>
<tr>
<td>City (5)</td>
<td>Bradley Beach</td>
</tr>
<tr>
<td>County (6)</td>
<td>Monmouth</td>
</tr>
<tr>
<td>County Code (7)</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>Environmental Testing Consultants, LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>One Mall Drive, Suite 404</td>
</tr>
<tr>
<td>City, State &amp; Zip Code</td>
<td>Cherry Hill, NJ 08002</td>
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<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Howard Zenobi</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone Number</td>
<td>(856) 482-1311</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Scheduled Start Date (10)</th>
<th>July 20, 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>August 20, 2013</td>
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<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
<th>Facility Closed/Vacated During Entire Period of Abatement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Describe:</td>
<td>Saturday 2:00 PM - 12:00 AM, Sunday 9:00 AM - 6:00 PM</td>
</tr>
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<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
<th>Demolition</th>
<th>Renovation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Large Project</td>
<td>Quantity is ≥ 3 SF or ≥ 3 LF ACM</td>
<td>Quantity is ≥ 160 SF or ≥ 260 LF ACM</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)</td>
<td>VAT/Mastic</td>
</tr>
<tr>
<td>Description of Asbestos-Containing Material (ACM)</td>
<td>924 SF</td>
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<tr>
<td>Amount (Specify Square Feet or Linear Feet)</td>
<td>Removal</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)</th>
<th>Full Containment with Negative Pressure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mini-Enclosure</td>
<td>Glovebag Procedure</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJDEP Waste Hauler ID # 19551</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State</td>
<td>Bronx, NY</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>RICHIE SMITH</td>
<td>PROJECT EXECUTIVE</td>
<td>7/10/2013</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cu. Yds. of Waste</th>
<th>15 Yds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disposal Date</td>
<td>TBD</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>Minerva Enterprises, Inc.</td>
</tr>
<tr>
<td>City, State</td>
<td>Waynesburg, OH</td>
</tr>
</tbody>
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| Date | 7/10/2013 |
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60-7 and 12:120-7)

**AMENDMENT # 1**

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner / Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/10/2013</td>
<td>Sovereign Bank</td>
</tr>
</tbody>
</table>

**Agencies Notified**

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

**Street Address**

Sovereign Bank

75 State Street

**City, State & Zip Code**

Boston, MA 02109

**Name of Contact**

Susan Peck

**Telephone Number**

**FACILITY INFORMATION**

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

Sovereign Bank

**Street Address**

57 Monmouth Rd

**City**

Oakhurst

**County**

Monmouth

**County Code**

**Type of Facility (4)**

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

**Square Feet**

2400

**# of Floors**

2

**Bldg. Age**

60+

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

Bank

**Name of Abatement Contractor (9)**

ETS Contracting, Inc.

**Street Address**

160 Clay Street

**City, State & Zip Code**

Brooklyn, NY 11222

**Name of OSHA Monitor**

Testor Technology

**Street Address**

10 59 Jackson Ave

**City, State & Zip Code**

Long Island City, NY 11101

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

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours -
  Describe: Saturday 2:00 PM - 12:00 AM, Sunday 9:00 AM - 6:00 PM
- Other - Describe:

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

- Demolition
- Renovation
- Large Project
- Quantity is ≥ 3 SF or ≥ 3 LF ACM
- Quantity is ≥ 160 SF or ≥ 260 LF ACM
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Other: Non-Exempted(*) and Non-Friable Procedure

**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>
</tr>
</thead>
<tbody>
<tr>
<td>1st</td>
<td>Description</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**

Tri State Transfer

**NJDEP Waste Hauler ID #**

19551

**Cu. Yds. of Waste**

8 Yds

**Name of Registered Landfill**

Minerva Enterprises, Inc.

**City, State**

Bronx, NY

**Disposal Date**

**TBD**

**Name of Registered Landfill**

Waynesburg, OH

**Completed By (Print or Type)**

RICHEL SMITH

**Title**

PROJECT EXECUTIVE

**Signature**

**Date**

7/10/2013