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

Date of Notification (1)  07/13/2012  
Name of Building Owner/Operator (2)  Borough of Wood-Ridge  
Agencies Notified  
- EPA  
- DEP  
- DOL  
- DOH  
- DCA  
Type Notification  
- Initial  
- Amended  
- Amendment #  
- Emergency (including justification)  
- Cancellation  
Street Address  85 Humboldt Street  
City, State, Zip Code  Wood-Ridge NJ 07075  
Name of Facility Where Abatement is Taking Place (3)  Wood-Ridge Intermediate School  
Name of Abatement Contractor (6)  Savic Construction Corp  
Type of Facility (4)  
- School (K-12)  
- Subchapter B (Other than K-12)  
- Other (i.e. private & commercial buildings, homes, etc.)  

county Code (7)  Bergen  
Current Use (Prior to being demolished)  Middle School  
Square Feet  2  
# of Floors  2  
Bldg. Age  50 years  

County Code (7)  Bergen  
County Code (7)  Bergen  
Current Use (Prior to being demolished)  Middle School  
Square Feet  2  
# of Floors  2  
Bldg. Age  50 years  

Name of Monitoring Firm Hired by Building Owner (5)  Environmental Connection, Inc.  
ASCM No.  0030  
Name of OSHA Monitor  Savic Construction Corp  
Street Address  120 North Warren Street  
City, State, Zip Code  Wood-Ridge  
Project Manager for Monitoring Firm  Ronald Jones  
Telephone No.  212-952-7300  
License No.  01034  
Start Date (10)  07/23/2012  
Scheduled Completion Date (11)  08/23/2012  
Occupancy Status During Abatement (Check Only One)  
- Facility Closed/Vacated During Entire Period of Abatement  
- Abatement Performed Outside of Normal Facility Hours  
- Other — Describe:  
Scope of Work (Check All That Apply)  
- ≥3 sf or ≥3 if  
- ≥360 sf or ≥360 if  
- ≥600 sf or ≥220 if  
- Demolition  
- Renovation  
- Full Containment with Negative Pressurization  
- 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 Maintenancial/Custodial Staff?  
Yes  
No  
N/A  
Description of Asbestos Containing Material (ACM)  
(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  
VAT/Mastic  
41,445 SF  
41,445 SF  
Attic (room equivalent 2020)  
TSI fittings - wet/wrap/cut  
420 LF  
Classrooms 003 to 2019  
TSI fittings - wet/wrap/cut  
174 LF  
Multiple classroom windows  
Exterior asbestos caulking  
74 openings  

Name of Registered Waste Hauler  Newark Carting  
NJDEP Waste Hauler ID No.  04509  
Cubic Yards of Waste  
Disposal Date  08/23/2012  
Name of Registered Landfill  GROWS  
City, State  Morrisville, PA  
Completed by  Sava Savic  
Title  President  
Signature  07/13/2012  

* Do not use this form for asbestos licensure exempted activities.
**State of NJ**
**Notification of Asbestos Abatement**
(Pursuant to NJAC 8:60-7 and 12:120-7)

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**Non Sub 8**

**Date of Notification (1)**

<table>
<thead>
<tr>
<th>Agency Notified</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>[X] DEP</td>
<td>Amendment</td>
</tr>
<tr>
<td>[ ] DOH</td>
<td>Cancellation</td>
</tr>
<tr>
<td>[ ] DCA</td>
<td></td>
</tr>
</tbody>
</table>

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

Robbinsville Public School

**Street Address**

155 Robbinsville Edinburg Road

**City, State, Zip Code**

Robbinsville, NJ 08691

**Name of Contact**

Mr. Robert M. De Vita

**Telephone Number**

[ ] School (K - 12)

[ ] Subchapter 8 (Other than K-12)

[ ] Other (Private/Commercial Bidgs. Homes, etc.)

**FACILITY INFORMATION**

Name of Facility where abatement is taking place (3)

Sharon Elementary School

**Street Address**

234 Sharon Road

**City (5)**

Robbinsville

**County (6)**

Mercer

**County Code (7)**

ASCM No.

**Type of Facility (4)**

[ ] School (K - 12)

[ ] Subchapter 8 (Other than K-12)

[ ] Other (Private/Commercial Bidgs. Homes, etc.)

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

School (non sub 8)

**Square Feet**

**No. of Floors**

**Bldg. Age**

**Name of Abatement Contractor (9)**

B & G Restoration, Inc.

**Street Address**

105 Ryerson Road

**City, State, Zip Code**

Lincoln Park, NJ 07035

**License Number**

0378

**Name of OSHA Monitor**

B & G Restoration, Inc.

**Street Address**

105 Ryerson Road

**City, State, Zip Code**

Lincoln Park, NJ 07035

---

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

[ ] Facility closed/vacated during entire period of abatement

[ ] Abatement performed outside of normal facility hours.

[ x ] Other Describe: Occupied

**Scheduled Start Date (10)**

7/23/2012

**Scheduled Completion Date (11)**

7/31/2012

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

Demolition

Renovation

Full Containment w/negative pressure

Glovebag procedure

Mini-enclosure

Non-friable procedure

---

**Location of asbestos-containing material to be abated in facility (13)**

<table>
<thead>
<tr>
<th>Location of ACM</th>
<th>Description of ACM</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>VAT &amp; carpet</td>
<td>Rms A3, B4, B5, B6, B7, B8</td>
<td></td>
</tr>
<tr>
<td>B10, B12, C4, C6 &amp; D1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Registered Waste Hauler**

B & G Restoration, Inc.

**NJDEP Hauler ID#**

19563

**Cubic Yards of Waste Disposed**

40 cy

**Name of Registered Landfill**

Tullytown Resource & Recovery Center

**City, State**

Tullytown, PA

**Completed by (Print or Type)**

Gordana Luna

**Title**

Treasurer

**Signature**

Gordana Luna

**Date**

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

**Date of Notification (1)**  
6/26/12

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

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

**FACILITY INFORMATION**

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

**Street Address**  
1141 Mantua Pike

**City**  
West Deptford

**County**  
Gloucester

**County Code (7)**

**Square Feet**

2800

**# of Floors**

1

**Bldg. Age**

35 years

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

Vacant

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

**ASCM No.**

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

**Street Address**  
3859 Sylon Blvd.

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

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

**Telephone Number**  
856-848-0800

**Name of OSHA Monitor**

EMSL Analytical

**Street Address**  
107 Haddon Ave.

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

**Scheduled Start Date (10)**

8/27/12

**Scheduled Completion Date (11)**

7/16/12

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

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

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

- ≥ 3 sf or ≥ 3 if
- ≥ 160 sf ≥ 260 if
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Assist Demo Contractor with debris pile/Regulate Area
- Glove Bag Procedures
- 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>
</tr>
</thead>
<tbody>
<tr>
<td>Ceiling</td>
<td>☐</td>
<td>☒</td>
<td>☒</td>
</tr>
<tr>
<td>Front ½ of Building</td>
<td>☒</td>
<td>☒</td>
<td>☒</td>
</tr>
<tr>
<td>Front ¾ of Building</td>
<td>☒</td>
<td>☒</td>
<td>☒</td>
</tr>
</tbody>
</table>

- Popcorn Ceiling
- Asbestos Debris in Pile 20 CF (approx.)
- Asbestos Floor Tile 1,750 SF

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

**Cubic Yards of Waste**

10

**Name of Registered Landfill**  
GROWS

**City, State**  
Trenton, NJ

**Disposal Date**  
7/16/12

**City, State**  
Morrisville, PA

**Name of Registered Landfill**

**Date**

7/11/12

**Completed By (Print or Type)**

rumbetti

**Title**

Admin.

**Signature**

[Signature]
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1) 6/26/12

Name of Building Owner / Operator (2) 1141 Mantua Pike, LLC
Name: Rami E. Geffner, M.D.

Agencies Notified Type Notification
- EPA - Initial
- DEP - Amended #1 ON HOLD
- DOL - Emergency
- DOH - Cancellation
- DCA - 

FACILITY INFORMATION

Facility Where Abatement is Taking Place (3)

Commercial Property

Street Address
1141 Mantua Pike
City, State & Zip Code
Toms River, NJ 08755

City (5)
West Deptford

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

Square Feet # of Floors Bldg. Age
35 years

ON HOLD

Name of Monitoring Firm Hired by Building Owner (8) Horizon Environmental
Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.

PO Box 316
Thorofare, NJ 08086
Street Address
3859 Sylon Blvd.
Hainesport, NJ 08036

City, State & Zip Code
City, State & Zip Code

Project Manager for Monitoring Firm: Dave or Steve Flanigan
Telephone Number: 856-548-0800

Telephone Number: 609-702-0400
License Number: 00862

Scheduled Start Date (10) 6/27/12
Scheduled Completion Date (11) 8/9/12

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

Scope of Work (Check all that apply)
- 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)

Abatement Type

Ceiling
Front 1/2 of Building

Name of Registered Waste Hauler
NJDEP Waste Hauler ID No. 22612
Cubic Yards of Waste 10
Name of Registered Landfill GROWS

Name of Registered Waste Hauler Horizon Disposal
City, State Trenton, NJ
Disposal Date 8/9/12
City, State Morrisville, PA

Completed By (Print or Type) Kim Trumbetti
Title Admin.
Signature
Date 7/9/12
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1)
7/13/12

Name of Building Owner / Operator (2)
Margaret Scheuermann Estate

Name of Contact
Mr. William E. Mercer

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

Type Notification
☐ Initial
☒ Amended
☐ Emergency
☐ Cancellation

FACILITY INFORMATION

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

Street Address
211 Eastbourne Terrace

City (5)
Moorestown

County (6)
Burlington

County Code (7)

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

Square Feet
1800

# of Floors
2

Bldg. Age
1920

Current Use (Prior if being demolished)
Residential Property

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

ASCM No.

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

Street Address
16 West Elizabeth Avenue

City, State & Zip Code
Linden, NJ 07036

Name of OSHA Monitor
EMSL Analytical

Street Address
3859 Sylon Blvd.

City, State & Zip Code
Hainesport, NJ 08036

Project Manager for Monitoring Firm
Kelly Walton

Telephone Number
908-862-4301

Telephone Number
609-702-0400

License Number
00862

Scheduled Start Date (10)
7/26/12

Scheduled Completion Date (11)
7/30/12

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

Isolated Area

Scope of Work (Check all that apply)
☒ Renovation
☒ Demolition

☐ ≥3 sf or ≥3 ft
☐ ≥160 sf or ≥260 ft

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

Basement

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)

Pipe Insulation
120 LF

Tank Insulation
35 SF

Amount (Specify SF or LF)

Abatement Type
☒ Encapsulate
☐ Remove
☐ Repair
☐ Endshield

Name of Registered Landfill
GROWS

Disposal Date
7/30/12

City, State
Morrisville, PA

Completed By (Print or Type)
Kim Trumbetti

Title
Admin.

Signature

Date
7/13/12

Name of Registered Waste Hauler
Horizon Disposal

NJDEP Waste Hauler ID No.
22612

Cubic Yards of Waste
10

City, State & Zip Code
Trenton, NJ

Disposal Date
7/30/12
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 7:26-2.12)

Date of Notification (1)
07/12/2012

Agencies Notified
(X) EPA
(X) DOL
(X) DOH
( ) DCA

Notification Type
(X) Initial Notification
( ) Amended Notification
( ) Cancelled

Name of Building Owner/Operator (2)
Home Properties, LP

Street Address
25 Commerce Drive
City, State, Zip Code
Cranford, NJ 07016

Name of Contact
Craig Marschke

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Pleasure Bay Apartments – Building # 6 19-36

Street Address
245 Atlantic Avenue

City (5) Long Branch
County (6) Monmouth
County Code (7) (State Use Only)

Name of Monitoring Firm Hired by Bldg. Owner (8)
Environmental Health Investigations, Inc
ASCM No. 00140

Name of Contractor (9)
Superior Abatement, Inc

Street Address
655 West Shore Trail
City, State, Zip Code
Sparta, NJ 07871

Project Manager for Monitoring Firm
JP Von Doehren

Telephone Number
(973) 729-5649

Scheduled Start Date (10)
7/24/2012

Scheduled Completion Date (11)
3/31/2012

Occupancy Status During Abatement (Check only one)
( ) Facility Closed/Vacated During Entire Period of Abatement
( ) Abatement Performed Outside of Normal Facility Hours –
( ) Other – Describe: Work will be performed while building is occupied.

Construction barriers will be placed to isolate the work areas from the
Occupied portion of the building.

Source of Work (Check all that apply)
( ) Demolition
(X) Renovation
(X) Large Proj. (>160 SF or >260 LF ACM)
( ) SM Proj. (>25<160 SF or >10 <260 LF ACM)
( ) Minor Proj. (<25 SF or <10 LF ACM)
(X) Full Containment with Negative Pressure
(X) Mini-Enclosure
(X) Glovebag Procedure
( ) Non-ferile Procedure for Asbestos Roof Removal

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

Boiler Room, Maintenance
Shop and Bathroom, Carpenter Shop

Is Location Normally Used
Solely by Maint/Custodial
Staff? (12)
NA YES NO

Description of ACM (i.e. thermal insulation, surfacing, VAT, or other miscell.)
Pipe Elbows

Amount (Specify SF or LF)
48 Ea.

Abatement Type
X

Boiler Room, Maintenance
Shop and Bathroom, Carpenter Shop, Electrical
Meter Room, Crawl Spaces

Air Cell and Elbows
1,255 LF

Boiler Room
Flue Packing
4 SF

Boiler Room
Tank Insulation
80 SF

Crawspaces
Pipe Insulation Debris
230 SF

Name of Reg. Waste Hauler
Service Transport Group, Inc.
NJDEP Waste Hauler ID # SW2117

Cubic Yards of Waste
50

Name of Reg. Landfill
Minerva Landfill

City, State
New Castle, DE

Disp. Date
8/31/2012

9000 Minerva Road
Waynesburgh OH 44688

Completed by (Print or Type)
Nick Petrovski
Title President

Signature
07/12/2012
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 7:26-2.12)

Date of Notification (1)
07/12/2012

Name of Building Owner/Operator (2)
Home Properties, LP

Street Address
25 Commerce Drive

City, State, Zip Code
Cranford, NJ 07012

Name of Contact
Craig Marschke

Agencies Notified
(X) EPA

Notification Type
(X) Initial Notification

(X) DOL

(X) DOH

( ) Amended Notification
( ) Cancelled

( ) DCA

Name of Facility Where Abatement is Taking Place (3)
Pleasure Bay Apartments – Building # 5 1-18

Type of Facility (4)
(X) Other (i.e., private & commercial bldgs., homes, etc.)

Square Feet: 16,960 SF

No. of Floors: 2

Bldg. Age: 48 years

Current Use (prior if being demolished) Residential Apartments

City (5)
Long Branch

County (6)
Monmouth

County Code (7)
(State Use Only)

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

ASCM No.
00140

Name of Contractor (9)
Superior Abatement, Inc.

Street Address
655 West Shore Trail

City, State, Zip Code
Sparta, NJ 07871

Project Manager for Monitoring Firm
JP Von Doehren

Telephone Number
(973) 729-5040

License Number
00411

Scheduled Start Date (10)
7/24/2012

Scheduled Completion Date (11)
3/31/2012

Name of OSHA Monitor
Superior Abatement, Inc.

Street Address
2 Henderson Drive, Ste A

City, State, Zip Code
West Caldwell, NJ 07006

Occuancy Status During Abatement (Check only one)
( ) Facility Closed/Vacated During Entire Period of Abatement
( ) Abatement Performed Outside of Normal Facility Hours –
(X) Other – Describe: Work will be performed while building is occupied.

Construction barriers will be placed to isolate the work areas from the
Occupied portion of the building.

Source of Work (Check all that apply)
( ) Demolition (X) Renovation
(X) Large Proj. (>160 SF or >260 LF ACM) ( ) SM Proj. (>25<160 SF or >10 <260 LF ACM) ( ) Minor Proj. (<25 SF or <10 LF ACM)
(X) Full Containment with Negative Pressure (X) Mini-Enclosure (X) Glovebag Procedure ( ) Non-friable Procedure for Asbestos Roof Removal.

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

Is Location Normally Used Solely by Maint./Custodial Staff? (12)
NA YES NO

Maintenance Office

Pipe Elbows

65 Ea.

X

Maintenance Office

Air Cell and Elbows

1,515 LF

X

Storage Room, Hallway, Bathroom, Boiler Room

Laundry Room

Flue Packing

4 SF

X

Crawl Spaces

Pipe Insulation Debris

180 SF

X

Name of Reg. Waste Hauler
N.J. DEP Waste Hauler ID # SW2117

Cubic Yards of Waste
50

Name of Reg. Landfill
Minerva Landfill

City, State
New Castle, DE

Disp. Date
8/31/2012

Name of Reg. Landfill
Minerva Landfill

9000 Minerva Road
Waynesburgh OH 44688

Completed by (Print or Type)
Nick Petrovski

Title
President

Signature

Date
07/12/2012
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1) 7/13/12
 Agencies Notified Type Notification
☒ EPA Initial
☒ DEP Amended #
☒ DOL Emergency
☒ DOH Cancellation
☒ DCA

Name of Building Owner / Operator (2)
Kingsway Regional School District
Street Address
213 Kings Highway
City, State & Zip Code
Woolwich Township, NJ 08085

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Kingsway Regional HS
Street Address
201 Kings Highway

City (5) County (6) County Code (7)
Woolwich Township GLE

Name of Monitoring Firm Hired by Building Owner (8) ASCM No.
Epic Environmental
Street Address
1930 Brown Rd.
City, State & Zip Code
Newfield, NJ 08044

Project Manager for Monitoring Firm Telephone Number
Jim Eberts 856-889-1736

Scheduled Start Date (10) Scheduled Completion Date (11)
7/26/12 8/8/12

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)
☒ ≥30 ft or ≥30 ft
☒ ≥1500 sf ≥250 ft
☒ 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)
18 SF

Boiler Room

Boiler Material

Location of
NJDEP Waste
Hauler ID No. 18750
Name of Registered Landfill
TRRF Landfill

Disposal Date 8/8/12
City, State
Tullytown, PA

Completed By (Print or Type) Gwen Trumpetti
Title Office Coord.
Signature

Date 7/12/12
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

State of New Jersey

Date of Notification (1) 7/11/12

Name of Building Owner / Operator (2)
PSE&G

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

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

Street Address
80 Park Plaza

City, State & Zip Code
Newark, NJ 07101

Name of Contact
Bob Cacamese

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
PSE&G Exterior

Street Address
Devlin Ave. & West Broad Street

City (5)
Burlington

County (6)
Burlington

County Code (7)

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

Street Address
318 12th Street

City, State & Zip Code
Hammonton, NJ 08037

Project Manager for Monitoring Firm
James Proctor

Telephone Number
609-704-8850

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

Square Feet

# of Floors

Bldg. Age

Current Use (Prior if being demolished)
Exterior

Name of Abatement Contractor (9)
AbateTech, Inc.

Street Address
PO Box 25

City, State & Zip Code
Lumberton, NJ 08048

Name of OSHA Monitor
EMSL Analytical

Street Address
108 Haddon Ave.

City, State & Zip Code
Westmont, NJ 08108

Occupy Status During Abatement (Check only one)
- Facility-Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Hours
- Facility Occupied During Abatement

Describe:

Scope of Work (Check all that apply)
- ≥3 sf or ≥3 ft
- ≥160 sf or ≥280 ft
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Gloves Bag Procedures
- Non-Exempted and Non-Friable Procedure

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

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

Yes No N/A

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

Amount (Specify SF or LF)

Abatement Type

Exterior

Exterior Transite Conduit 1,500 LF

Name of Registered Waste Hauler
NJDEP Waste Hauler ID No.
1125

Cubic Yards of Waste
950

Name of Registered Landfill
GROWS North Landfill

Waste Management

Disposal Date
7/31/12

City, State
Camden, NJ

Completed By (Print or Type)
Gwen Trumbetti

Title
Office Coord.

Signature

Date
7/11/12
## NOTIFICATION OF ASBESTOS ABATEMENT

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

**Date of Notification (1)** 7/9/12

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

Princeton University

**Street Address**
Trustees of Princeton University E.A. MacMillan Bldg.
Princeton, NJ 08544

**Name of Contact**
Robert Ortego, P.E.

---

### 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>Princeton University – Firestone Library</td>
<td>School (K-12)</td>
</tr>
<tr>
<td></td>
<td>Subchapter 8 (Other than K-12)</td>
</tr>
<tr>
<td></td>
<td>Other (i.e. private &amp; 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>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

University Library

---

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>ATC Associates, Inc.</td>
<td></td>
</tr>
</tbody>
</table>

**Name of Abatement Contractor (9)**

AbateTech, Inc.

---

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mike Keen</td>
<td>609-365-5800</td>
</tr>
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</table>

**Telephone Number**

<table>
<thead>
<tr>
<th>Telephone Number</th>
<th>License Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>609-255-2107</td>
<td>00529</td>
</tr>
</tbody>
</table>

**Name of OSHA Monitor**

EMSL Analytical

---

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State &amp; Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>PO Box 25</td>
<td>Lumberton, NJ 08048</td>
</tr>
</tbody>
</table>

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

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

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

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

---

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

<table>
<thead>
<tr>
<th>Work Area #1 Level A</th>
<th>Is Location Normally Used Solely by Maintenance or 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>Work Area #1 &amp; #2 Level A</td>
<td>Yes</td>
<td>Floor tile &amp; Mastic (NF Removal)</td>
<td>400 SF</td>
<td>Removal</td>
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<tr>
<td>Work Area #1 &amp; #2 Level A</td>
<td>No</td>
<td>Pipe/Fitting Insulation</td>
<td>4,500 LF</td>
<td>Repair</td>
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<tr>
<td>Work Area #1 &amp; #2 Level A</td>
<td>N/A</td>
<td>Joint Compound &amp; drywall</td>
<td>8,500 SF</td>
<td>Encapsulate</td>
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<tr>
<td>Work Area #3 Level A</td>
<td>Yes</td>
<td>Floor tile &amp; Mastic</td>
<td>1780 SF</td>
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<tr>
<td>Work Area #4 Level B</td>
<td>No</td>
<td>Floor tile &amp; Mastic</td>
<td>1,035 SF</td>
<td>Envelope</td>
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</tbody>
</table>

---

**Name of Registered Waste Hauler**

AbateTech, Inc.

**Cubic Yards of Waste**

14

**Disposal Date**

7/31/12

**Name of Registered Landfill**

TRRF Landfill

**Completed By (Print or Type)**

Gwen Trumbetti

**Title**

Opps. Coord.

**Signature**

suit

**Date**

7/9/12
# Notification of Asbestos Abatement

**State of New Jersey**

**NOTIFICATION OF ASPEROS ABATEMENT**

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

---

**Date of Notification (1):** 7/9/12  
**Name of Building Owner / Operator (2):** Princeton University

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

**Type Notification:**  
- Initial  
- Amended #10  
- Emergency  
- Cancellation

**Street Address:**  
Trustees of Princeton University E.A. MacMillan Bldg.

**City, State & Zip Code:** Princeton, NJ 08544

**Name of Contact:** Robert Ortega, P.E.

---

**Facility Information**

**Name of Facility Where Abatement is Taking Place (3):**  
Princeton University – Firestone Library

**Street Address:** One Washington Road

**City (5):** Princeton  
**County (6):** Mercer  
**County Code (7):** 

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

**ASCM No.:**

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

**Street Address:** Bromley Corporate Center 3 Terri Lane, Suite 12

**City, State & Zip Code:** Burlington, NJ 08016

**Telephone Number:** 609-286-3800

**License Number:** 00529

---

**Project Manager for Monitoring Firm:** Mike Kuehn  
**TelephoneNumber:** 609-286-3800

**Scheduled Start Date (10):** 10/17/11  
**Scheduled Completion Date (11):** 7/31/12

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

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

**Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility:**  
- Level A Elevator Lobby  
- Mechanical Shaft  
- Level 1 – main Stair (WA #7)  
- Level 1 – Offices 1-14-D/1-12-D (WA#8)  
- Level 1 – Trustees Reading Room (WA#9, 10 & 11)  
- Level 1 – Trustees Reading Room (WA#8, 10 & 11)

**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):**  
- Full Containment with Negative Pressure  
- Mini-Enclosure  
- Glove Bag Procedures  
- Non-Exempted and Non-Friable Procedure

**Abatement Type:**

- Radiator Liner  
- Acoustical Ceiling Plaster  
- Pipe Insulation

---

**Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility:**  
- Floor tile & Mastic (Full Containment)  
- Pipe Insulation (Full Containment)

**Amount (Specify SF or LF):**  
- 450 SF  
- 150 LF

---

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

**NJDDEP Waste Hauler ID No.:** 18750

**Cubic Yards of Waste:** 4

**Name of Registered Landfill:** TRRF Landfill

**City, State:** Burlington, NJ  
**Date:** 7/9/12

**Completed By (Print or Type):** Gwen Trumbetti  
**Title:** Opps. Coord.  
**Signature:**  

---
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1) 7/9/12

Name of Building Owner / Operator (2)
Princeton University

Name of Contact
Robert Ortego, P.E.

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 Bidg. Age

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

ASCM No.

Name of OSHA Monitor
EMSL Analytical

License Number
00529

Project Manager for Monitoring Firm
Mike Kuhn

Telephone Number 609-386-8800

Scheduled Start Date (10) 10/17/11
Scheduled Completion Date (11) 7/31/12

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

Scope of Work (Check all that apply)
- ≥ 30 sq ft or ≥ 3 sq ft
- ≥ 160 sq ft ≥ 260 sq ft
- ≥ 300 sq ft
- 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)
Acoustical Ceiling Plaster
Floor tile & Mastic

Amount (Specify SF or LF)
300 SF
885 SF

Abatement Type
Full Containment with Negative Pressure
Mini-Enclosure
Glove Bag Procedures
Non-Exempted and Non-Friable Procedure

Name of Registered Waste Hauler
AbateTech, Inc.

City, State Lumberton, NJ

Disposal Date 7/31/12
City, State Tullytown, PA

Name of Registered Landfill
TRRF Landfill

Cubic Yards of Waste 4

Completed By (Print or Type)
Gwen Trumbetti

Title Opps. Coord.

Signature

Date 7/9/12
### Notification of Asbestos Abatement

#### Facility Information
- **Name of Facility Where Abatement is Taking Place:** Vacant Bank
- **Type of Facility:**
  - School (K-12)
  - Subchapter B (Other than K-12)
  - Other (e.g., private & commercial bldgs., homes, etc.)
- **Vacant Bank**
- **City:** Atlantic City
- **State:** NJ
- **Zip Code:** 8740
- **County:** Atlantic
- **County Code:** 010
- **Telephone Number:** 873-772-3660
- **License Number:** 09117

#### Scope of Work
- **Demolition:**
  - 3sf or ≥3sf
- **Renovation:**
  - 160 sf or ≥260 sf

#### Location of Asbestos Containing Material (ACM)
- **1st Floor Office Radiator:** Transite Panels
- **Office area:** Floor Tile
- **Crawl Space:** Pipe Insulation
- **Boiler Room:** Thermal system decons associated with old boiler

#### Description of Abatement
- **Amount (Specify SF or LF):**
  - 20SF
  - 790SF
  - 3,250LF

#### Abatement Type
- **Removal:**
  - Cubic Yards of Waste
  - Minerva Landfill

#### Name of Registered Landfill
- **New Castle, DE.**
- **City, State:**
  - Minerva Landfill
- **City, State:**
  - SW2117

#### Name of Registered Waste Hauler
- **Name of Waste Hauler:** NJDEP Waste Hauler
- **ID No.:** SW2117

#### Disposal
- **City, State:**
  - 8955 Minerva Rd
  - Waynesburg, OH 44688

#### Completed by (Print or Type)
- **Title:** Project Manager
- **Signature:**
- **Date:** 07/16/12

---

**FACILITY INFORMATION**

**Date of Notification:** 7/16/12

**Name of Building Owner / Operator:** Atlantic City Associates, LLC c/o Tanger Outlet

**Street Address:** 1931 Atlantic Avenue

**City, State, Zip Code:** Atlantic City, NJ. 08401

**Name of Contact:** Robert Hennessy

**Telephone Number:** 873-772-3660

**FACILITY INFORMATION**

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

**Type of Facility:**
- School (K-12)
- Subchapter B (Other than K-12)
- Other (e.g., private & commercial bldgs., homes, etc.)

**Vacant Bank**

**City:** Atlantic City

**State:** NJ

**Zip Code:** 8740

**County:** Atlantic

**County Code:** 010

**Telephone Number:** 873-772-3660

**License Number:** 09117

**Scope of Work (Check All That Apply):**
- **Demolition:**
  - 3sf or ≥3sf
- **Renovation:**
  - 160 sf or ≥260 sf

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

- **1st Floor Office Radiator:** Transite Panels
- **Office area:** Floor Tile
- **Crawl Space:** Pipe Insulation
- **Boiler Room:** Thermal system decons associated with old boiler

**Description of Abatement:**

**Amount (Specify SF or LF):**
- 20SF
- 790SF
- 3,250LF

**Abatement Type:**
- **Removal:**
  - Cubic Yards of Waste
  - Minerva Landfill

**Name of Registered Landfill:**
- **New Castle, DE.**
- **City, State:**
  - Minerva Landfill
- **City, State:**
  - SW2117

**Disposal:**
- **City, State:**
  - 8955 Minerva Rd
  - Waynesburg, OH 44688

**Completed by (Print or Type):**
- **Title:** Project Manager
- **Signature:**
- **Date:** 07/16/12

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**ASB-41**
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1) 7/12/12
Name of Building Owner / Operator (2) PSE&G

Agencies Notified Type Notification
☒ EPA ✒ Initial
☒ DEP ✒ Amended #5
☒ DOL ✒ Emergency
☒ DOH ✒ Cancellation
☒ DCA ✒

Street Address 80 Park Plaza
City, State & Zip Code Newark, NJ 07101
Name of Contact Steve Maginnis
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
PSE&G Exterior Burlington Switching Station
Street Address Devlin Ave. & West Broad Street

City (5) Burlington
County (6) Burlington
County Code (7)

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

Square Feet # of Floors Bldg. Age

Current Use (Prior it being demolished) 72 years

Electrical Raceway

Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services
ASCM No. 117

Street Address 318 12th Street
City, State & Zip Code Hammonton, NJ 08037

Project Manager for Monitoring Firm James Proctor
Telephone Number 609-704-8850

Scheduled Start Date (10) 7/16/12
Scheduled Completion Date (11) 7/31/12

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 ≥260 lf
☒ Demolition
☒ Renovation

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) 1,500 LF

Abatement Type ☒ Remo Removal ☒ Repair ☒ Encapsulate ☒ Endcap Endcap

Location of Registered Waste Hauler
Name of Registered Waste Hauler NJDEP Waste Hauler ID No. 1125

Cubic Yards of Waste 950

Name of Registered Landfill GROWS North Landfill

City, State Disposal Date 7/31/12
City, State Morrisville, PA

Completed By (Print or Type) Gwen Trumbetti
Title Office Coord.
Signature
Date 7/12/12
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Name of Building Owner/Operator (2)
MERCK SHARP & DOHME CORP.
Street Address
126 E. LINCOLN AVENUE
City, State, Zip Code
RAHWAY, NEW JERSEY 07065
Name of Contact
MARY BETH BAKER

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
MERCK SHARP & DOHME CORPORATION
Street Address
126 EAST LINCOLN AVENUE - BUILDING 71
City (5)
RAHWAY
County (6)
UNION
County Code (7)
STATE USE ONLY

Name of Monitoring Firm Hired by Building Owner (8)
ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.
ASCM No.
17

Name of Abatement Contractor (9)
PAR ENVIRONMENTAL CORPORATION
Street Address
313 SPOOK ROCK ROAD
City, State, Zip Code
SPARTA, NEW JERSEY 07871

Project Manager for Monitoring Firm
WILLIAM S. KERSEL
Telephone Number
973-729-5049

Expected Completion Date (10)
Month
5
Day
7
Year
2012

Occupancy Status During Abatement (Check only one)
X Facility Closed/Vacated During Entire Period of Abatement
X Abatement Performed Outside of Normal Facility Hours - Describe:
Other - Describe: Monday - Friday 6am-2:30pm

Scope of Work (Check all that apply)
X Demolition
X >3SF OR LF
X >160 SF OR
Renovation
Full Containment with Negative Pressure
X MINI-ENDOS
X Glovebag Procedure
X Non-Friable Procedure

Location of Asbestos-containing Material (ACM) TO BE ABATED
Yes
No
N/A

Description of Asbestos-containing Material (ACM)
Pipe Insulation & Elbows
2,320 LF

TO BE ABATED in Facility (13)
3,600 SF

Table:

<table>
<thead>
<tr>
<th>Description of Asbestos-</th>
</tr>
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<tbody>
<tr>
<td>Amount (Specify SF or LF)</td>
</tr>
<tr>
<td>Abatement Type</td>
</tr>
<tr>
<td>Removal</td>
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<tr>
<td>Repair</td>
</tr>
<tr>
<td>Encapsulation</td>
</tr>
<tr>
<td>Enclosure</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location normally used solely by Maintenance/Custodial Staff (12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td>N/A</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
FREEHOLD CARTAGE, INC.
825 HIGHWAY 33
City, State
FREEHOLD, NEW JERSEY 07728-5010

Cubic Yards of Waste
60

Name of Registered Landfill
LYCOMING COUNTY RESOURCE MANAGEMENT SERVICES
414 ALEXANDER DREIER ROAD
City, State, Zip Code
MONTGOMERY, PA 17752

Disposal Date

Completed by (Print or Type)
BENJAMIN SANCHEZ
Title
DIRECTOR OF OPERATIONS
Signature

Date
16/12
# Asbestos Abatement Notification

**Date of Notification:** 7/1/12

**Name of Building Owner/Operator:** MERCK SHARP & DOHME CORP.

**Street Address:** 126 E. LINCOLN AVENUE

**City, State, Zip Code:** RAHWAY, NEW JERSEY 07065

**Name of Contact:** MARY BETH BAKER

**FACILITY INFORMATION**

**Type of Facility:**
- **School (K-12):**
- **Subchapter 8 (Other than K-12):**
- **Other (e.g., private & comm. hdgs., homes, etc.):**

**Current Use:** COMMERCIAL OFFICE

**Square Feet:** 39,250

**# of Floors:** 3

**Bldg. Age:** 72

**Street Address:**
- **655 WEST SHORE TRAIL, SPARTA, NEW JERSEY 07871**

**City, State, Zip Code:** SPARTA, NEW JERSEY 07871

**Telephone Number:** 973-729-5949

**License Number:** 460

**Name of OSHA Monitor:** E. D. SCHIFF, AMERISIC LABORATORIES INC.

**Street Address:** 117 EAST 30TH STREET

**City, State, Zip Code:** NEW YORK, NEW YORK 10016

**Ownership Status During Abatement:**
- **Closed/Non-Normal:**
- **Other:**

**Scope of Work:**
- **Full Containment with Negative Pressure:**
- **Demolition:**
- **Renovation:**

**Location of Asbestos-containing Material (ACM):**
- **TO BE ABATED (Check all that apply):**
  - **>3SF OR LF:**
  - **>150 SF OR:**

<table>
<thead>
<tr>
<th>Location of Asbestos-containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>THROUGHOUT</td>
<td>2,320 LF</td>
<td>X</td>
</tr>
<tr>
<td>THROUGHOUT</td>
<td>LAB BENCH TOPS</td>
<td>X</td>
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<tr>
<td>THROUGHOUT</td>
<td>FLOOR TILE &amp; MASTIC</td>
<td>21,030 LF</td>
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<tr>
<td>THROUGHOUT</td>
<td>TRANSITE FUME HOOD LINING</td>
<td>500 LF</td>
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<tr>
<td>THROUGHOUT</td>
<td>CEILING TILE MASTIC DABS</td>
<td>4,045 SF</td>
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<td>THROUGHOUT</td>
<td>MASTIC ON CORR DUCT INSUL</td>
<td>150 SF</td>
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<tr>
<td>THROUGHOUT</td>
<td>ROOF PAPER ON DUCTWORK &amp; EXTERIOR</td>
<td>1,900 SF</td>
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<tr>
<td>THROUGHOUT</td>
<td>EXTERIOR DIZING TRANSITE</td>
<td>900 SF</td>
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<tr>
<td>THROUGHOUT</td>
<td>WINDOW GLAZING</td>
<td>600 SF</td>
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<td>THROUGHOUT</td>
<td>WATERPROOFING</td>
<td>1,100 SF</td>
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<td>THROUGHOUT</td>
<td>CAULK</td>
<td>50 SF</td>
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<tr>
<td>THROUGHOUT</td>
<td>PIPE INSULATION</td>
<td>70 LF</td>
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**Name of Registered Waste Hauler:**
- **FREEHOLD CARTAGE, INC.**
  - **825 HIGHWAY 33, CITY, STATE:**
  - **Disposal Date:**
  - **Hauler ID No.:** 15933

**Cubic Yards of Waste:** 60

**Name of Registered Landfill:**
- **LYCOMING COUNTY RESOURCE MANAGEMENT SERVICES**
  - **447 ALEXANDER DRIVE/ROUTE 15, CITY, STATE:**
  - **MONTGOMERY, PA 17752

**Completed by:**
- **BENJAMIN SANCHEZ, TIT: DIRECTOR OF OPERATIONS**

**Completed Date:** 7/2/12
# NOTICE OF ABATEMENT OF ASBESTOS

**State of New Jersey**

**NOTIFICATION OF ABATEMENT OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:80-7 and 12:120-7)

### Date of Notification (1)

<table>
<thead>
<tr>
<th>6</th>
<th>/</th>
<th>20</th>
<th>/12</th>
</tr>
</thead>
</table>

### Agencies Notified

- [X] EPA  
- DEP  
- DOH  
- OCA  
- FCA  

### Type Notification

- [X] Initial Notification  
- [X] Amended Notification #1  
- [X] Cancellation  
- [X] On Hold  
- [X] Emergency Notification

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

**MERCK SHARP & DOHME CORPORATION**

### Street Address

126 E. LINCOLN AVENUE - BUILDING 71

### City, State, Zip Code

RAHWAY, NEW JERSEY 07085

### Name of Contact

MARY BETH BAKER

### Type of Facility (4)

School (K-12)

### Subcategory (Other than K-12)

[ ] Other (ie. private & commercial: bridges, homes, etc.)

### Name of Abatement Contractor (3)

PAR ENVIRONMENTAL CORPORATION

### Commercial Office

313 SPOCK ROCK ROAD

### City, State, Zip Code

SUFFERN, NEW YORK 10901

### Telephone Number

973-729-5549

### License Number

460

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

- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [X] Abatement Performed Outside of Normal Facility Hours - Describe: MONDAY - FRIDAY 7AM-3:30 PM
- [ ] Other - Describe:

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

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

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

**Asbestos-containing Material (ACM) TO BE ABATED**

### Normal Location

<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>PIPE INSULATION &amp; ELBOWS</td>
<td>2,320 LF</td>
<td>X</td>
</tr>
<tr>
<td>LAB BENCH TOPS</td>
<td>1,600 SF</td>
<td>X</td>
</tr>
<tr>
<td>FLOOR TILE &amp; MASTIC</td>
<td>21,030 SF</td>
<td>X</td>
</tr>
<tr>
<td>TRANSITE FUMED HOOD LINING</td>
<td>1,100 SF</td>
<td>X</td>
</tr>
<tr>
<td>CEILING MASTIC DABS</td>
<td>4,045 SF</td>
<td>X</td>
</tr>
<tr>
<td>MASTIC ON CORK DUCT INSULATION</td>
<td>150 SF</td>
<td>X</td>
</tr>
<tr>
<td>TAR PAPER ON DUCT WORK &amp; EXTERIOR</td>
<td>1,900 SF</td>
<td>X</td>
</tr>
<tr>
<td>ROOF FLASHING</td>
<td>2,100 SF</td>
<td>X</td>
</tr>
<tr>
<td>EXTERIOR DOING TRANSITE</td>
<td>900 SF</td>
<td>X</td>
</tr>
<tr>
<td>WINDOW GLAZING</td>
<td>800 SF</td>
<td>X</td>
</tr>
<tr>
<td>WATERPROOFING</td>
<td>1,100 SF</td>
<td>X</td>
</tr>
<tr>
<td>CAULK</td>
<td>50 SF</td>
<td>X</td>
</tr>
<tr>
<td>PIPE INSULATION</td>
<td>70 LF</td>
<td>X</td>
</tr>
</tbody>
</table>

### Name of Registered Waste Hauler

FRED CARTAGINE, INC.

### Hauler ID No.

15939

### Cubic Yards of Waste

80

### Name of Registered Landfill

LYCOMING COUNTY RESOURCE MANAGEMENT SERVICES

447 ALEXANDER DRIVE/ROUTE 16

### City, State

FREEHOLD, NEW JERSEY 07728-5010

### Disposal Date

MOSQUERO, PA 17752

### Director of Operations

BENJAMIN SANCHEZ

### Signature

[Signature]

### Date

07/20/12
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:90-7 and 12:120-7)

Date of Notification (1):
5 / 10 /12

Agencies Notified:
X EPA
X DEP
X DOL
X DOH
X OCA

Type Notification:
X Initial Notification
X Amended Notification
Cancellation
On Hold
EMERGENCY NOTIFICATION

Name of Building Owner/Operator (2):
MERICK SHARP & DOHME CORP.

Street Address:
126 E. LINCOLN AVENUE
RAHWAY, NEW JERSEY 07065

Name of Contact:
MARY BETH BAKER

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):
MERICK SHARP & DOHME CORPORATION

Street Address:
126 EAST LINCOLN AVENUE - BUILDING 71
SPARTA, NEW JERSEY 07871

City (5) Union: RAHWAY

County Code (7) (STATE USE ONLY):

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

Square Feet:
39,250

# of Floors:
3

Bldg. Age:
72

COMMERCIAL OFFICE

Name of Monitoring Firm Hired by Building Owner (8):
ENVIROMETAL HEALTH INVESTIGATIONS, INC.

AFCM No.:
17

Name of Abatement Contractor (9):
PAR ENVIRONMENTAL CORPORATION

Street Address:
333 SPOOK ROCK ROAD
SUFFERN, NEW YORK 10901

City, State, Zip Code:

Telephone Number:
646-396-7500

Current Use (Prior to being demolished):

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

Abatement Performed Outside of Normal Facility Hours - Describe:
MONDAY - FRIDAY 7AM-3:30 PM

Name of OSHA Monitor:
AMERISCI LABORATORIES INC. #11480

Street Address:
117 EAST 30TH STREET
NEW YORK, NEW YORK 10016

City, State, Zip Code:

Scope of Work (Check all that apply):
X Demolition
X >3SF OR LF
X >160 SF OR

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

<table>
<thead>
<tr>
<th>Is Location normally used solely by Maintenance/Custodial Staff (12)</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes No N/A</td>
<td>PIPE INSULATION &amp; ELBOWS 2,320 LF</td>
</tr>
<tr>
<td>THROUGHOUT</td>
<td>LAB BENCH TOPS 1,500 SF</td>
</tr>
<tr>
<td>THROUGHOUT</td>
<td>FLOOR TILE &amp; MASTIC 21,030 SF</td>
</tr>
<tr>
<td>THROUGHOUT</td>
<td>TRANSITE FUME HOOD LINING 800 SF</td>
</tr>
<tr>
<td>THROUGHOUT</td>
<td>CEILING TILE MASTIC DABS 4,040 SF</td>
</tr>
<tr>
<td>THROUGHOUT</td>
<td>MASTIC ON CORK DUCT INSULATION 160 SF</td>
</tr>
<tr>
<td>THROUGHOUT</td>
<td>TARPAPER ON DUCTWORK &amp; EXTERIOR 1,300 SF</td>
</tr>
<tr>
<td>THROUGHOUT</td>
<td>ROOF FLASHING 2,100 SF</td>
</tr>
<tr>
<td>THROUGHOUT</td>
<td>EXTERIOR RIDING TRANSITE 900 SF</td>
</tr>
<tr>
<td>THROUGHOUT</td>
<td>WINDOW GLAZING 600 SF</td>
</tr>
<tr>
<td>THROUGHOUT</td>
<td>WATERPROOFING 1,100 SF</td>
</tr>
<tr>
<td>THROUGHOUT</td>
<td>CAULK 50 SF</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler:
FREEHOLD CARTAGE, INC.

Waste Hauler ID No.:
15939

Name of Registered Landfill:
LYCOMING COUNTY RESOURCE MANAGEMENT SERVICES

City, State:
FREEHOLD, NEW JERSEY 07728-5010

Complated by (Print or Type):
BENJAMIN SANCHEZ

Title:
DIRECTOR OF OPERATIONS

Signature:

Date:
5/10/12
**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

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

**MERCK SHARP & DOHME CORP.**

**Address:** 126 E. LINCOLN AVENUE

**City:** RAHWAY, **State:** NEW JERSEY **Zip Code:** 07065

**Name of Owner:** MARY BETH BAKER

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place:** MERCK SHARP & DOHME CORPORATION

**Street Address:** 126 EAST LINCOLN AVENUE - BUILDING 47

**City:** RAHWAY, **State:** NEW JERSEY **Zip Code:** 07065

**Type of Facility:** Other (i.e. private & comm. bldgs., homes, etc.)

**Current Use:** VACANT

**Name of Monitoring Firm HIred by Building Owner:** ENVIROMENTAL HEALTH INVESTIGATIONS, INC.

**ASCM No:** 17

**Name of Abatement Contractor:** PAR ENVIRONMENTAL CORPORATION

**Street Address:** 513 SPOOK ROCK ROAD

**City:** SPARTA, **State:** NEW JERSEY **Zip Code:** 07871

**Telephone Number:** 973-729-9549

**License Number:** 450

**Expected Completion Date:** 11/7/12

**Name of OSHA Monitor:** AMERISCH LABORATORIES INC

**License No:** #11480

**Street Address:** 117 EAST 30TH STREET

**City:** NEW YORK, **State:** NEW YORK **Zip Code:** 10016

**Ocupancy Status During Abatement:**

- Facility Closed/Abated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe:

**Scope of Work:**

- Renovation
- Full Containment with Negative Pressure

**Location of Asbestos-containing Material (ACM) to be Abated:**

- THROUGOUT
- THROUGHOUT
- ROOF
- WINDOWS THROUGHOUT

**Is Location normally used solely by Maintenance/Custodial Staff:**

- Yes

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

- Thermal system insulation, surfacing, VAT, or other miscellaneous

**Amount:**

- Pipe Insulation & Elbows: 730 LF
- Floor Tile and Mastic: 16,425 SF
- Roof Flashing: 2,300 SF
- Window Glazing: 11 SF

**Name of Registered Waste Hauler:**

- FREEDOM CARTAGE, INC.
- Hauler ID No.: 159939

**Cubic Yards of Waste:**

- 50

**Name of Registered Landfill:**

- LYCOMING COUNTY RESOURCE MANAGEMENT SERVICES
- 447 ALEXANDER DR, ROUTE 15

**City:** MONTGOMERY, **State:** PA **Zip Code:** 17752

**Disposal Date:** 9-15-07

**Completed by:**

- BENJAMIN SANCHEZ

- Title: DIRECTOR OF OPERATIONS

**Signature:**

**Date:** 9-15-7
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1)

Name of Building Owner/Operator (2)
MERCK SHARP & DOHME CORP.

Street Address
126 E. LINCOLN AVENUE

City, State, Zip Code
RAHWAY, NEW JERSEY 07065

Name of Contact
MARY BETH BAKER

Type of Facility (4)

Square Feet
50,100

# of Floors
2

Bidg. Age
82

Current Use (Prior to being demolished)
VACANT

Name of Abatement Contractor (9)
PAR ENVIRONMENTAL CORPORATION

Street Address
313 SPOOK ROCK ROAD

City, State, Zip Code
SUFEEN, NEW YORK 10501

Name of OSHA Monitor
AMERISCI LABORATORIES INC #11480

Name of Monitoring Firm Hired by Building Owner (8)
ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.

ASCM No. (8)
17

Expected State Date (10)
5 / 24 /12

Sched. Completion Date (11)
8 / 24 /12

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

Abatement Performed Outside of Normal Facility Hours - Describe:
MONDAY-FRIDAY 6AM-2:30 PM

Scope of Work (Check all that apply)
X Demolition
X >3SF OR LF
X >160 SF OR 260 LF

X Full Containment with Negative Pressure
X Mini-Endo
X Glovebag Procedure
X Non-Friable Procedure

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

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

THROUGHOUT

PIEVE INSULATION & ELBOWS

730 LF

X

ROOF

FLOOR TYLE AND MASTIC

16,425 SF

X

WINDOW GLAZING

11 SF

X

Name of Registered Waste Hauler
NUCDP WASTE
Hauler ID No. 15939

Cubic Yards of Waste
50

Name of Registered Landfill
LYCOMING COUNTY RESOURCE MANAGEMENT SERVICES
447 ALEXANDER DRIVE/ROUTE 15

Disposal Date
9/24-9/24/2012

City, State
MONTGOMERY, PA 17752

Completed by (Print or Type)
BENJAMIN SANCHEZ

Title
DIRECTOR OF OPERATIONS

Signature

Date
7/2/12
Date of Notification: 5/10/12

Agencies Notified:
- EPA
- DEP
- DOL
- DOM
- DCA

Type of Notification:
- Initial Notification
- Amended Notification
- Cancellation
- On Hold
- EMERGENCY NOTIFICATION

Name of Facility Where Abatement is Taking Place:
MERCK SHARP & DOHME CORPORATION
126 EAST LINCOLN AVENUE - BUILDING 47

City: RAHWAY, County: UNION, Zip Code: 07085

Name of Building Owner/Operator:
MERCK SHARP & DOHME CORP.
126 E. LINCOLN AVENUE

City: RAHWAY, State: NEW JERSEY, Zip Code: 07085

Name of Contact:
MARY BETH BAKER

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

Square Feet: 50,100
# of Floors: 2
Estimated Age: 82

Name of Abatement Contractor:
PAR ENVIRONMENTAL CORPORATION

Street Address: 313 SPOOK ROCK ROAD
City: SPARTA, State: NEW JERSEY, Zip Code: 07871

Telephone Number: 973-729-5549

Name of OSHA Monitor:
AMEROSCI LABORATORIES INC

Company ID: #11400

Project Manager for Monitoring Firm:
WILLIAM S. KERBEL, C.I.H.

Telephone Number: 973-729-5549

Expected State Date:
5/24/12

Sched. Completion Date:
8/24/12

Occupancy Status During Abatement:
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other: MONDAY - FRIDAY 7AM-3:30PM

Scope of Work:
- Demolition
- Renovation
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Friable Procedure

Location of Asbestos-containing Material (ACM):
- TO BE ABATED:
- Description of Asbestos-Containing Material (ACM): Pipe Insulation & Elbows, Floor Tile and Mastic, Roof Flashing, Window Glazing
- Location normally used by Maintenance Staff: No

Amount (Specify SF or LF):
- 730 LF
- 16,425 SF
- 2,300 SF
- 11 SF

Name of Registered Waste Hauler:
FREEHOLD CARTAGE, INC.
825 HIGHWAY 33

Cubic Yards of Waste: 50

Name of Registered Landfill:
LYCOMING COUNTY RESOURCE MANAGEMENT SERVICES
447 ALEXANDER DRIVE/ROUTE 15

City: MONTGOMERY, State: PA, Zip Code: 17752

Disposal Date: 5/24/2012

Completed by:
BENJAMIN SANCHEZ
Title: DIRECTOR OF OPERATIONS

Signature: [Signature]
Date: 5/10/12

**Revised by:** M.B.B.
**State of New Jersey**

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

---

**Date of Notification (1):**

**7/16/12**

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

**Type Notification:**
- Initial Notification
- Amended Notification
- Cancellation
- On Hold
- Emergency

---

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

**Street Address:**
- 1 PHILLIPS PARKWAY

**City, State, Zip Code:**
- MONTVALE, NEW JERSEY 07645

---

**Name of Contact:** JAMES CURRAN

**Telephone Number:**

---

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

**Street Address:**
- ONE PHILLIPS PARKWAY

**City, State, Zip Code:**
- MONTVALE, BERGEN, NEW YORK, NY 10016

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

**ASCM No.:** 17

**Street Address:**
- 347 FIFTH AVENUE

**City, State, Zip Code:**
- NEW YORK, NY 10016

**Project Manager for Monitoring Firm:** EDWARD NAMATH

**Telephone Number:** 212-645-1865

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

**Street Address:**
- 313 SPOCK ROCK ROAD

**City, State, Zip Code:**
- SUFFERN, NEW YORK 10901

**Name of OSHA Monitor:**

**QUALITY ENVIRONMENTAL

**Telephone Number:**

**License Number:**

**Current Use (Prior to Demolition):** COMMERCIAL OFFICE

**Square Feet:** 83,000

**# of Floors:** 1

**Bldg. Age:** 35

---

**Occupancy Status During Abatement (Check only one):**
- Facility Closed/Vacated During Entire Period of Abatement
- Facility Closed/Vacated During Partial Period of Abatement
- Other - Describe:

**Expected Start Date (10):**
- 7/14/12

**Sched. Completion Date (11):**
- 7/14/12

---

**Scope of Work (Check all that apply):**
- Demolition
- Renovation
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebox Procedure
- Non-Flexible Procedure

---

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Description</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>B Room 132</td>
<td>Pipe Insulation</td>
<td>8 Lin. Ft.</td>
<td>x</td>
</tr>
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</table>

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**Name of Registered Waste Hauler:** DJM TRANSPORT, LLC

**Waste Hauler ID No.:** 26981

---

**Name of Registered Landfill:** GROWS LANDFILL

**City, State:** KEARNY, NEW JERSEY

**Disposal Date:**

**City, State:** MORRISVILLE, PA

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

**Title:** DIRECTOR OF OPERATIONS

**Signature:**

**Date:** 7-16-12

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

**Date of Notification (1)**

<table>
<thead>
<tr>
<th>7</th>
<th>12</th>
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</thead>
<tbody>
<tr>
<td>1</td>
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</table>

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

**Street Address**
1 PHILLIPS PARKWAY

**City, State, Zip Code**
MONTVALE, NEW JERSEY 07645

**Name of Contact**
JAMES CURRAN

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

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

**Street Address**
ONE PHILLIPS PARKWAY

**City (5)**
MONTVALE

**County (6)**
BERGEN

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

**ASCM No.**
17

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

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

**Street Address**
313 SPOOK ROCK ROAD

**City, State, Zip Code**
SUFFERN, NEW YORK 10901

**Telephone Number**
845-369-7500

**License Number**
460

**Expected State Date (10)**
7 / 14 / 12

**Scheduled Completion Date (11)**
8 / 15 / 12

**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:**
SATURDAY & SUNDAY 7AM-7PM

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

**Full Containment with Negative Pressure**

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

**Is Location normally used solely by**
Malin/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**

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<thead>
<tr>
<th>REMOVAL</th>
<th>REPAIR</th>
<th>ENCAPSUL</th>
<th>ENCLOVER</th>
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</thead>
</table>

**Addendum Control & Licensing**

**B Room 132**

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

<table>
<thead>
<tr>
<th>Pipe Insulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>8 Lin. Ft.</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
D.J.M. TRANSPORT, LLC

**Cubic Yards of Waste**
3

**Name of Registered Landfill**
GROWS LANDFILL

**City, State**
KEARNY, NEW JERSEY

**Disposal Date**
2-12-12

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

**Title**
DIRECTOR OF OPERATIONS

**Signature**

[Signature]

**Date**
2-12-12
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60-7 and 12:120-7)

**Date of Notification (1)**
6 / 14 / 12

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

**Street Address**
1 PHILLIPS PARKWAY

**City, State, Zip Code**
MONTVALE, NEW JERSEY 07645

**Name of Contact**
JAMES CURRAN

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

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

**Street Address**
ONE PHILLIPS PARKWAY

**City (5)**
MONTVALE
**County (6)** BERGEN
**County Code (7)** [STATE USE ONLY]

**ASCM No.**
17

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

**Expected Date State (10)**
7 / 14 / 12

**Sched. Completion Date (11)**
8 / 15 / 12

**Occ. Status During Abatement (Check only one)**
- Facility Closed/Vacuated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe: SATURDAY & SUNDAY 7AM-3:30 PM
- Other - Describe:

**Scope of Work (Check all that apply)**
- Demolition
- Renovation
- >3SF OR LF
- >1/20 SF OR
- Full Containment with Negative Pressure
- Mini-Enclo;
- Glovebag Procedure
- Non-Perfrable Procedure

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

**Is Location normally used solely by Mail/Custodial Staff (12)**

**Description of Asbestos-Containing Material (ACM)**
- (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)

**Amount (Specify SF or LF)**

**Abatement Type**

**Name of Registered Waste Hauler**
DJM TRANSPORT, LLC

**Cubic Yards of Waste**
3

**Name of Registered Landfill**
GROWS LANDFILL

**City, State, Disposal Date**
KEARNY, NEW JERSEY 20981

**Complied by (Print or Type)**
BENJAMIN SANCHEZ
**Title**
DIRECTOR OF OPERATIONS

**Signature**

**Date**
6/15/12
### Notification of Asbestos Abatement

**State of NJ**

**Notification of Asbestos Abatement**

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

**Emergency**

**Check # 5381**

**Date of Notification (1)**

- 07/12/2012

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

- Haworth Public School

**Street Address**

- 205 Valley Road

**City, State, Zip Code**

- Haworth, NJ 07641

**Name of Contact**

- Pat DeRisso

**Telephone Number**

- [Redacted]

---

**FACILITY INFORMATION**

**Name of facility where abatement is taking place (3)**

- Haworth Elementary School

**Street Address**

- 205 Valley Road

**City (5)**

- Haworth

**County (6)**

- Bergen

**County Code (7)**

- [State use only]

**Square Feet**

- [Blank]

**# of Floors**

- [Blank]

**Use, Age**

- [Blank]

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

- School (non sub 8)

**Type of Facility (4)**

- Subchapter B (Other than K-12)

**Name of Abatement Contractor (8)**

- B & G Restoration, Inc.

**Street Address**

- 105 Ryerson Road

**City, State, Zip Code**

- Lincoln Park, NJ 07035

**Telephone Number**

- [973] 696-6869

**License Number**

- 0378

**Name of OSHA Monitor**

- B & G Restoration, Inc.

**Street Address**

- 105 Ryerson Road

**City, State, Zip Code**

- Lincoln Park, NJ 07035

**Schedule Start Date (10)**

- 07/13/2012

**Scheduled Completion Date (11)**

- 07/14/2012

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

- [ ] Facility closed/evacuated during entire period of abatement

- [ ] Abatement performed outside of normal facility hours

- [ ] Other (Describe): [Start work @ 6:00 am]

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

- [ ] Demolition

- [ ] Renovation

- [ ] Full Containment negative pressure

- [ ] Glovesbag procedure

- [ ] Mini-enclosure

- [ ] Non-fissile procedure

**Location of asbestos-containing material to be abated in facility (13)**

- Locations normally used solely by maintenance/custodial staff (14)

  - Yes
  - No
  - N/A

- Description of asbestos-containing material (ACM)

- VAT

**Amount (Specify SF or LF)**

- 25 sf

---

**Registered Waste Hauler**

- B & G Restoration, Inc.

**NJDEP Hauler ID #**

- 19563

**Cubic Yards of Waste 1 yard**

- [Blank]

**Name of Registered Landfill**

- Tullytown Resource & Recovery Center

**City, State**

- Tullytown, PA

**Disposal Date**

- 07/10/2012

**Completed by (Print or Type)**

- [Name]

**Title**

- [Title]

**Signature**

- [Signature]

**Date**

- 07/12/2012
## State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)

### FACILITY INFORMATION

**Name of facility where abatement is taking place (3)**

Haworth Elementary School

- **Street Address**
  - 205 Valley Road

- **City (5)**
  - Haworth, NJ 07641

- **County (6)**
  - Bergen

- **County Code (7)**
  - ASCM No.: n/a

- **Type of Facility (4)**
  - School (K - 12)

- **Square Feet**
  - n/a

- **# of Floors**
  - n/a

- **Bldg. Age**
  - n/a

- **Current Use (Prior if being demolished)**
  - School (non-sub 8)

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

- Haworth Public School

**Address**

- 205 Valley Road

**State, Zip Code**

- Haworth, NJ 07641

**Name of Contact**

- Pat DeRisso

**Telephone Number**

- n/a

**Name of Abatement Contractor (5)**

- B & G Restoration, Inc.

- **Street Address**
  - 105 Ryerson Road

- **City, State, Zip Code**
  - Lincoln Park, NJ 07035

- **Telephone Number**
  - 973-696-6869

- **License Number**
  - 0378

**Name of OSHA Monitor**

- B & G Restoration, Inc.

- **Street Address**
  - 105 Ryerson Road

- **City, State, Zip Code**
  - Lincoln Park, NJ 07035

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

- Facility closed/vacated during entire period of abatement.

**Other-Describe:**

- Start work at 8:00am

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

- Demolition
- Renovation
- >3 sf or >3 ft

**Location of asbestos-containing material 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)
  - VAT

- Amount (Specify SF or LF)
  - 25 sf

**Registered Waste Hauler**

- B & G Restoration, Inc.

- **NJDEP Hauler ID#**
  - 19363

- **Cubic Yards of Waste**
  - 1 yard

- **Name of Registered Landfill**
  - Tullytown Resource & Recovery Center

- **City, State**
  - Lincoln Park, NJ 07035

- **Disposal Date**
  - 07/16/2012

- **Date**
  - 07/12/2012

**Completed by (Print or Type)**

- **Gordana Luna**
  - Treasurer
**Notification of Asbestos Abatement**

**Date of Notification (1)**

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

**Warren County Technical School District**

**Street Address**

1500 Route 57

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

Washington, NJ 07882-3538

**Name of Contact**

Scott Pohl, Building & Grounds

---

**FACILITY INFORMATION**

**Type of Facility (4)**

☑ School (K-12)

☐ Subchapter 6 (Other than K-12)

☐ Other (Private/Commercial

Buildings, etc.)

**Square Feet**

☐ # of Floors

☐ Building Age

---

**Name of Facility where abatement is taking place (5)**

Warren County Technical School (NON SUB 8)

**Street Address**

1500 Route 57

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

Washington, Warren

**Name of Monitoring Firm Hired by Bldg. Owner (6)**

R & K Occupational & Environmental Analysis, Inc.

**ASCM No.**

0090

**Name of Abatement Contractor (9)**

B & G Restoration, Inc.

**Street Address**

105 Ryerson Road

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

Lincoln Park, NJ 07035

**Telephone Number**

973-696-4869

**License Number**

0378

**Name of OSHA Monitor**

B & G Restoration, Inc.

**Street Address**

105 Ryerson Road

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

Lincoln Park, NJ 07035

---

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

☒ Facility closed/occupied during entire period of abatement

☐ Abatement performed outside of normal facility hours-

Describe:

☐ Other Describe:

---

**Type of Work (check all that apply)**

☐ Demolition

☐ Renovation

☐ S & G or G & S

☐ >160 sf or ≥260 ft

☐ R & G

☐ Mini-enclosure

☐ Full Containment with negative pressure

☐ Gas/steam procedure

☐ Non-firable procedure

---

**Location of asbestos-containing material to be abated in facility (13)**

<table>
<thead>
<tr>
<th>Boys &amp; Girls bathroom</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>fittings cut &amp; wrap</th>
<th>25 fittings</th>
<th>Description of asbestos-containing material (ACM) *</th>
<th>Amount (Specify SF or FT²)</th>
<th>Remo</th>
<th>Repair</th>
<th>Encap</th>
</tr>
</thead>
</table>

---

**Registered Waste Hauler**

B & G Restoration, Inc.

**NJDH Hauler ID**

19563

**Disposal Date**

07/16/2012

**City**, **State**

Lincoln Park, NJ 07035

**Name of Registered Landfill**

Tullytown Resource & Recovery Center

**Date**

07/12/2012

---

**Registered by**

Estate of NJAC 8:60-7 and 12:120-21

**Check #**

5350

---

**District of NJ**

REMEMBER - MAIL IN HARD COPY

JUL 12 2012
**State of NJ**
**Notification of Asbestos Abatement**
(Pursuant to NJAC 8:60-7 and 12:120-7)

**Emergency**

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>Name of Building Owner/Operator</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/1/2012</td>
<td>Warren County Technical School District</td>
</tr>
</tbody>
</table>

- **Address**: 1500 Route 57
- **City, State, Zip Code**: Washington, NJ 07882-3338
- **Telephone Number**: Scott Pohl, Building & Grounds

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place</th>
<th>Type of Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Warren County Technical School (NON SUB 8)</td>
<td>School (K-12)</td>
</tr>
</tbody>
</table>

- **Street Address**: 1500 Route 57
- **City**: Washington
- **County**: Warren

**Name of Managing Firm Hired by Building Owner**

<table>
<thead>
<tr>
<th>R &amp; K Occupational &amp; Environmental Analysis, Inc.</th>
<th>ASCM No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>0090</td>
<td></td>
</tr>
</tbody>
</table>

**Name of Abatement Contractor**

<table>
<thead>
<tr>
<th>B &amp; G Restoration, Inc.</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>105 Ryerson Road</td>
<td>Lincoln Park, NJ 07035</td>
</tr>
</tbody>
</table>

- **Telephone Number**: 973-696-6869
- **License Number**: 0378

**Name of OSHA Monitor**

<table>
<thead>
<tr>
<th>B &amp; G Restoration, Inc.</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lincoln Park, NJ 07035</td>
<td></td>
</tr>
</tbody>
</table>

**Scope of Work**

- **Demolition**: X
- **Renovation**: 
- **Full Containment with Negative Pressure**: 
- **Mini-Enclosure**: 
- **Non-Viable Procedure**: 

**Location of Asbestos-Containing Material to be Abated in Facility**

<table>
<thead>
<tr>
<th>Boys &amp; Girls Bathroom</th>
<th>Cubic Yards of Waste</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>2 yards</td>
</tr>
</tbody>
</table>

**Registered Waste Hauler**

<table>
<thead>
<tr>
<th>Name of Registered Lessor/Disposal Agent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tullytown Resource &amp; Recovery Center</td>
</tr>
</tbody>
</table>

- **Date of Disposal**: 07/16/2012
- **City**: Tullytown, PA

**Completed By**

<table>
<thead>
<tr>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gordon Luna</td>
<td></td>
</tr>
</tbody>
</table>

**Check #**: 5380
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1)

01 17 1/1/12 1/1/12

Name of Building Owner/Operator (2)
Warren County Technical School District

Street Address
1500 Route 57
Washington, NJ 07882-3538

Name of Contact
Scott Pohl, Building & Grounds

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
Warren County Technical School (NON SUB 8)

Street Address
1500 Route 57
Washington

Name of Monitoring Firm Hired by Bldg. Owner (8)
R & K Occupational & Environmental Analysis, Inc.

ASCM No.
0090

Type of Facility (4)
☑ School (K - 12)
☐ Subchapter 8 (Other than K-12)
☐ Other (Private/Commercial Bldgs./Homes, etc.

Square Feet

# of Floors

Bldg. Age

Current Use (Prior if being demolished)
School (non sub 8)

Name of Abatement Contractor (8)
B & G Restoration, Inc.

Street Address
105 Ryerson Road
Lincoln Park, NJ 07035

Telephone Number
973-696-6869
License Number
0378

Name of OSHA Monitor
B & G Restoration, Inc.

Street Address
105 Ryerson Road
Lincoln Park, NJ 07035

Occupancy Status During Abatement (Check only one)
☑ Facility closed/vacated during entire period of abatement.
☐ Abatement performed outside of normal facility hours-
Describe:
☐ Other-Describe:

Scope of Work (check all that apply)
☐ Demolition
☒ Renovation
☐ 1/2 sf or 1/3 if
☒ 160 sf or 260 if
☐ Full Containment w/negative pressure
☐ Glovebag procedure
☐ Mini-enclosure
☐ Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)

Boys & Girls bathroom

Fittings cut & wrap
25 fittings

Registered Waste Hauler
B & G Restoration, Inc.

NJDEP Hauler ID# 19563

Cubic Yards of Waste
2 yards

Name of Registered Landfill
Tullytown Resource & Recovery Center

City, State
Lincoln Park, NJ 07035

Disposal Date
07/16/2012

City, State
Tullytown, PA

Completed by (Print or Type)
Gordana Luna
Title
Treasurer
Signature
Gordana Luna

Date
07/12/2012
# State of New Jersey - Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>July 12, 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Rutgers, The State University of NJ</td>
</tr>
<tr>
<td>Street Address</td>
<td>Environmetal Health &amp; Safety Department 27 Road 1, Bldg 4086 Livingston Campus</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Piscataway, NJ 08854</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Mike Smith - Env Health &amp; Safety</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

### FACILITY INFORMATION

| Name of Facility Where Abatement Is Taking Place (3) | Rutgers University - Clothier Hall Bldg # 3064 |
| 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) | ATC Associates |
| Street Address | 3 Terri Lane |
| City, State, Zip Code | Burlington, New Jersey 08016 |
| Project Manager for Monitoring Firm | Brian Kearny |
| Telephone Number | 609.386-6800 |
| Scheduled Start Date (10) | July 23, 2012 |
| Scheduled Completion Date (11) | July 24, 2012 |
| Occupancy Status During Abatement (Check only one) |
| Facility Closed/Vacated During Entire Period of Abatement |
| Abatement Performed Outside of Normal Facility Hours - Describe |
| Other – Describe: 5:pm to 5am Daily |
| Source of Work (Check all that apply) |
| x > 3 sf or ≥ 3 If |
| ≥ 160 sf or ≥ 260 |
| Renovation Demolition |
| Full Containment with Negative Pressure |
| Glovebag Procedure |
| Non-Exempted (1) and Non-Friable Procedure |
| Room 114 VAT Surfacing material |
| Cubic Yards of Waste: | 5 CYDS |
| Name of Registered Landfill | GROWS Landfill |
| Disposal Date | 7.24.2012 |
| City, State | 100 Newford Mill Rd Morrisville, PA 19067 216.736.1700 |
| Name of Registered Landfill | |
| Date | July 12, 2012 |

GAC # 2012-060
State of New Jersey - Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>July 12, 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agencies Notified</td>
<td>Notification Type</td>
</tr>
<tr>
<td>EPA</td>
<td>Initial Notification</td>
</tr>
<tr>
<td>DCA</td>
<td>Amended Certification</td>
</tr>
<tr>
<td>x DOL</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>x DEP</td>
<td>Cancelled</td>
</tr>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Rutgers The State University of NJ</td>
</tr>
<tr>
<td>Street Address</td>
<td>Environmental Health &amp; Safety Department</td>
</tr>
<tr>
<td>27 Road 1, Bldg 4086 Livingston Campus</td>
<td></td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Piscataway, NJ 08854</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Mike Smith - Env Health &amp; Safety</td>
</tr>
<tr>
<td>FACILITY INFORMATION</td>
<td></td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>Rutgers University - Quad III Building 4143</td>
</tr>
<tr>
<td>Street Address</td>
<td>Livingston Campus</td>
</tr>
<tr>
<td>City (5)</td>
<td>Piscataway</td>
</tr>
<tr>
<td>County (6)</td>
<td>Middlesex</td>
</tr>
<tr>
<td>County Code (7)</td>
<td>ASCM No. 00098</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Bldg. Owner (8)</td>
<td>ATC Associates</td>
</tr>
<tr>
<td>Street Address</td>
<td>3 Terri Lane</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Burlington, New Jersey 08016</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Brian Kearny</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>609.386-8800</td>
</tr>
<tr>
<td>Scheduled Start Date (10)</td>
<td>July 23, 2012</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>September 14, 2012</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>Describe</td>
<td></td>
</tr>
<tr>
<td>Other – Describe: 3:pm to 5am Daily</td>
<td></td>
</tr>
<tr>
<td>Source of Work (Check all that apply)</td>
<td></td>
</tr>
<tr>
<td>≥ 3 sf or ≥ 3 If</td>
<td></td>
</tr>
<tr>
<td>≥ 160 sf or ≥ 260</td>
<td></td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) in Facility (13)</td>
<td></td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</td>
<td>YES</td>
</tr>
<tr>
<td>NO</td>
<td>NA</td>
</tr>
<tr>
<td>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</td>
<td></td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td>200 sf</td>
</tr>
<tr>
<td>Abatement Type</td>
<td>Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>Mini-Enclosure</td>
<td></td>
</tr>
<tr>
<td>Glovebag Procedure</td>
<td></td>
</tr>
<tr>
<td>x Non-Exempted (*) and Non-Friable Procedure</td>
<td></td>
</tr>
<tr>
<td>Windows</td>
<td></td>
</tr>
<tr>
<td>Window Caulk &amp; Glazing</td>
<td>200 sf</td>
</tr>
<tr>
<td>Name of Reg. Waste Hauler</td>
<td>Greenwood Abatement Consultants, Inc. – Butler, NJ 07405</td>
</tr>
<tr>
<td>NJ DEP # 12561</td>
<td></td>
</tr>
<tr>
<td>Hauler #1</td>
<td>Newark Carting, Inc. – Newark, NJ 04509, NJ DEP # 19551</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>Meadowfill Landfill</td>
</tr>
<tr>
<td>City, State</td>
<td>Route 2. Box 68 Bridgeport, WVA 304-842-2784</td>
</tr>
<tr>
<td>Completed by (Print or Type)</td>
<td>Raymond C. Pedalino</td>
</tr>
<tr>
<td>Title</td>
<td>SENIOR PROJECT MANAGER</td>
</tr>
<tr>
<td>Signature</td>
<td>Raymond C. Pedalino</td>
</tr>
<tr>
<td>Date</td>
<td>July 12, 2012</td>
</tr>
</tbody>
</table>

GAC # 2012-060
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:80 and 12:120)

**Date of Notification (1)**
07/06/2012

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

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

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

**Street Address**
14 Cambridge Court

**City, State, Zip Code**
Eastampton NJ 08060

**Name of Contact**
Michele Richardson

---

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

**Street Address**
14 Cambridge Court

**City**
Eastampton

**County**
Burlington

**Square Feet # of Floors Bldg. Age**
1900 2 45

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

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

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

**Telephone No.**
856-423-5711

**Start Date (10)**
07/10/2012

**Scheduled Completion Date (11)**
07/20/2012

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

**Scope of Work (Check All That Apply)**
- [x] 3 sf or less
- [ ] 160 sf or less
- [ ] Renovation
- [x] Demolition
- [x] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [x] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

---

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

<table>
<thead>
<tr>
<th>In Facility (13)</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>2nd Floor Bed, Bath, and Closet</td>
<td>[x]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1st Floor Stairwell and Kitchen Wall</td>
<td>[x]</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

| 2nd Floor Bed, Bath, and Closet | Joint Compound | 300SF | [x] |
| 1st Floor Stairwell and Kitchen Wall | Joint Compound | 100SF | [x] |

---

**Name of Registered Waste Hauler**

<table>
<thead>
<tr>
<th>Nets</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></td>
<td>3</td>
<td></td>
<td>Allied Waste Imperial Landfill</td>
</tr>
</tbody>
</table>

**City, State**
Hazleton, PA

**Disposal Date**
07/23/2012

**Completed by**
Ron Swanson

**Title**
Project Manager

**Signature**
[Signature]

**Print Form**

---

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

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:56 and 12:120)

Date of Notification (1)
07/06/2012

Name of Building Owner/Operator (2)
Michele Richardson

Agencies Notified Type Notification

- EPA
- DEP
- DOL
- DOH
- DCA

Street Address
14 Cambridge Court
Eastampton NJ 08080

Name of Contact
Michele Richardson

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

Street Address
14 Cambridge Court

City (5)
Eastampton

County Code (7)
Burlington

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

ASCM No.

Name of Abatement Contractor (5)
Assured Environmental Services Inc.

Street Address
679 Cleaves Run

City, State, Zip Code
Mullica Hill NJ 08062

Project Manager for Monitoring Firm
Ed Keegan

Telephone No.
856-423-5711

License No.
01145

Name of OSHA Inspector
EMSL

Start Date (10)
07/10/2012

Scheduled Completion Date (11)
07/20/2012

Occupancy Status During Abatement (Check Only One)

Facility Closed/Enclosed During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours

Other - Describe:

Scope of Work (Check All That Apply)

- a3 sf or a3 sf
- e1600 sf or e2800 sf

- Renovation
- Demolition

- Full Containment with Negative Pressure
- MityShelters
- Glovebox Procedure
- Non-Exempt (*) and Non-Excludable Procedure

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

In Facility (13)

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

No

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

Amount (Specify SF or LF)

Abatement Type

Name of Registered Waste Handler

Name of Registered Landfill

Completed by
Ron Swanson

* Do not use this form for asbestos license exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 5:80 and 12:120)

Date of Notification (1) 07/13/2012
Name of Building Owner/Operator (2) ELEANORA ROMAGNOLI

Agencies Notified Type Notification
☐ EPA None
☐ DEP Initial
☐ DOL Amended
☐ DOH Emergency (including
☐ DCA justification)

Street Address
9 JEFFERSON ST
City, State, Zip Code
BLOOMFIELD NJ 07003

Name of Contact
GRACE WOHLBOLD
Telephone No.

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
PRIVATE HOUSE
Street Address
9 JEFFERSON ST
City (5)
BLOOMFIELD NJ 07003

County Code (7) N/A

Square Feet 2000
# of Floors 2.5
Bldg. Age 90

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

Current Use (Prior if being demolished) N/A

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

ASCM No. Name of Abatement Contractor (9)
SHARON QUALITY CONSTRUCTION

Street Address
22 VAN ORDEN PL
City, State, Zip Code
HACKENSACK NJ 07601

Telephone No.
201-708-4270
License No.
01135

Project Manager for Monitoring Firm
Street Address
City, State, Zip Code

Start Date (10) 07/23/2012
Scheduled Completion Date (11) 07/24/2012

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

Scope of Work (Check All That Apply)
☐ ≥3 sf or ≥3 if
☐ ≥180 sf or ≥260 if
☒ Renovation
☒ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

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

<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>
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<tbody>
<tr>
<td>BASEMENT</td>
<td>X</td>
<td>PIPE INSULATION</td>
<td>117</td>
<td>X X</td>
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</table>

Name of Registered Waste Hauler
SHARON QUALITY CONSTRUCTION LLC

NJDEP Waste Hauler ID No. 0033967
Cubic Yards of Waste 1
Name of Registered Landfill
TRI STATE SERVICES

City, State
HACKENSACK NJ 07601
Disposal Date 07/27/2012
City, State
BRONX NY 10474

Completed by
CARLOS ESQUEVIL Title MANAGER
Signature

Date 07/13/2013

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 8:19)

Date of Notification (1)
[ ] July [ ] 13 [ ] 2012

Name of Building Owner/Operator (2)
Borough of Sayreville

Name of Facility Where Abatement is Taking Place (3)
Sayreville Senior Center

Street Address
167 Main Street
City, State, Zip Code
Sayreville, NJ 08872
Name of Contact
Joe Estock

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
25,000

# of Floors
3

Bldg. Age
75

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

ASCM No.
0045

Name of Abatement Contractor (9)
Shade Environmental, LLC

Street Address
47 S. Lippincott Ave.
City, State, Zip Code
Maple Shade, NJ 08052

License No.
00842

Name of OSHA Monitor
EMSL

Street Address
107 Haddon Ave
City, State, Zip Code
Westmont, New Jersey 08108

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

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

Boiler Room

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

Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
Pipe Insulation 150 LF
Boiler Insulation 200 SF

Amount (Specify SF or LF)

Abatement Type

Processing
Encapsulation
Endorsement

Name of Registered Waste Hauler
Freehold Cartage

City, State
Mount Holly, NJ 08060

Cubic Yards of Waste

Name of Registered Landfill Grows Landfill

Disposal Date
City, State
Tullytown, PA

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

Completed By (Print or Type)
William Lynch

Title
Owner

Signature

Date
July 13, 2012

Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:59 and 5:16)

Date of Notification (1)
June 20, 2012

Name of Building Owner/Operator (2)
Borough of Sayreville

Borough of Sayreville
Street Address
167 Main Street
City, State, Zip Code
Sayreville, NJ 08872

Name of Contact
Joe Estock

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Sayreville Senior Center

Type of Facility (4)
☑ Other (i.e., private & commercial buildings, homes, etc.)

Square Feet
25,000

# of Floors
3

Current Use (Prior to being demolished)
Senior Center

Bldg. Age
75

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

ASCM No.

Name of Abatement Contractor (9)
Shade Environmental, LLC

Street Address
47 S. Lippincott Ave.

City, State, Zip Code
Maple Shade, NJ 08052

Project Manager for Monitoring Firm
Thomas Geiger

Telephone No.
732-290-2217

License No.
00842

Name of OSHA Monitor
EMSL

Street Address
107 Haddon Ave

City, State, Zip Code
Westmont, New Jersey 08108

Scope of Work (Check all that apply)
☐ ≥ 3 sf or ≥ 3 ft
☐ ≥ 160 sf or ≥ 260 ft

☐ Renovation
☐ Demolition

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

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

Yes No N/A

Boiler Room

Pipe Insulation
150 LF

Boiler Insulation
200 SF

Name of Registered Waste Hauler
Grows Landfill

City, State
Mount Holly, NJ 08060

Freehold Cartage
NJDEP Waste Hauler ID No.
Cubic Yards of Waste

22283

Name of Registered Landfill

Disposal Date
City, State
Tullytown, PA

Complete By (Print or Type)
William Lynch
Title
Owner

Signature
Date
June 29, 2012

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>May / 22 / 2012</th>
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<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
</tr>
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<tbody>
<tr>
<td>□ EPA</td>
<td>□ Initial</td>
</tr>
<tr>
<td>□ DEP</td>
<td>□ Amended</td>
</tr>
<tr>
<td>□ DCA (NJAC 5-16)</td>
<td>□ Amendment #</td>
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<tr>
<td>□ DHSS</td>
<td>□ Emergency (including justification)</td>
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<tr>
<td>□ DCA (NJAC 5:23-8)</td>
<td>□ Cancellation</td>
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<table>
<thead>
<tr>
<th>Name of Building Owner/Operator (2)</th>
<th>Borough of Sayreville - Check# 4657</th>
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<tbody>
<tr>
<td>Street Address</td>
<td>167 Main Street</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Sayreville, NJ 08872</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Joe Estock</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>FACILITY INFORMATION</th>
<th>Type of Facility (4)</th>
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<tbody>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>Sayreville Senior Center</td>
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<tr>
<td>Street Address</td>
<td>423 Main Street</td>
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<tr>
<td>City (5)</td>
<td>Sayreville</td>
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<tr>
<td>County (6)</td>
<td>Middlesex</td>
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<td>County Code (7)</td>
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<td>Current Use (Prior if being demolished)</td>
<td>Senior Center</td>
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<tr>
<td>Name of Abatement Contractor (9)</td>
<td>Shade Environmental, LLC</td>
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<tr>
<td>Street Address</td>
<td>47 S. Lippincott Ave.</td>
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<tr>
<td>City, State, Zip Code</td>
<td>Maple Shade, NJ 08052</td>
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<tr>
<td>Telephone No.</td>
<td>856-755-0099</td>
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<tr>
<td>License No.</td>
<td>00842</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>EMSL</td>
</tr>
<tr>
<td>Street Address</td>
<td>107 Haddon Ave.</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Westmont, New Jersey 08108</td>
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<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
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<tbody>
<tr>
<td>□ 23 sf or ≤23 sf</td>
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<tr>
<td>□ 160 sf or ≤260 sf</td>
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<tr>
<td>□ Renovation</td>
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<tr>
<td>□ Demolition</td>
</tr>
<tr>
<td>□ Full Containment with Negative Pressure</td>
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<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 IN Facility (13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boiler Room</td>
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<tr>
<td>Boiler Room</td>
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</table>

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
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<tbody>
<tr>
<td>Yes</td>
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<tr>
<td>□</td>
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<td>□</td>
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<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (i.e., thermal systems insulation, VAT, or other miscellaneous) (ACM) surfacing,</th>
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<tbody>
<tr>
<td>Pipe Insulation</td>
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<tr>
<td>Boiler Insulation</td>
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<tr>
<td>Amount (Specify SF or LF)</td>
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<td>200 SF</td>
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<td>Repair</td>
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<td>Encapsulation</td>
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<td>Enclosure</td>
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<tr>
<th>Name of Registered Waste Hauler</th>
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<tr>
<td>City, State</td>
<td>Mount Holly, NJ 08060</td>
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<tr>
<td>Name of Registered Landfill</td>
<td>Grows Landfill</td>
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<tr>
<td>Cubic Yards of Waste Disposal Date</td>
<td>City, State, Tullytown, PA</td>
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<th>Completed By (Print or Type)</th>
<th>William Lynch</th>
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<tr>
<td>Title</td>
<td>Owner</td>
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<td>Signature</td>
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<tr>
<td>Date</td>
<td>May 22, 2012</td>
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* Do not use this form for asbestos licensure exempted activities.
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<th>Date of Notification (1)</th>
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<td>☐ DOH</td>
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<td>☐ DQA</td>
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<td>☐ Emergency (including justification)</td>
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<td>☐ Cancellation</td>
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<td>Name of Building Owner/Operator (2)</td>
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<tr>
<td>STAFFORD WAY</td>
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<td>Current Use (Prior to being remodeled) (11)</td>
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<td>☐ School (K-12)</td>
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<td>☐ Subchapter G (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 (13)</td>
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<td>No. of Floors (13)</td>
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<td>4</td>
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<tr>
<td>Street Address</td>
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</tr>
<tr>
<td>105 Lowell Road</td>
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<tr>
<td>City, State, Zip Code</td>
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<tr>
<td>Glen Rock, NJ 07452</td>
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<tr>
<td>Project Manager for Monitoring Firm</td>
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<tr>
<td>Telephone No.</td>
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<tr>
<td>License No.</td>
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<td>00133</td>
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<td>Start Date (10)</td>
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<td>Estimated Completion Date (11)</td>
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<tr>
<td>Occupancy Status During Abatement (Check Only One)</td>
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<tr>
<td>☐ Facility Closed/Vacated During Entire Period of Abatement</td>
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<tr>
<td>☐ Abatement Performed Outdoors During Normal Facility Hours</td>
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<tr>
<td>☐ Other - Describe</td>
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<td>Scope of Work (Check All That Apply)</td>
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<tr>
<td>☐ 2500 sq ft or 25 ft</td>
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<td>14 Renovation</td>
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<td>11 Demolition</td>
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<tr>
<td>Location of Abatement (AC]5) TO BE ASSESSED</td>
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<tr>
<td>in Facility (13)</td>
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<td>In Location Normally Used Safely by Mechanized/Mechanical Staff? (13)</td>
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<tr>
<td>Yes No NA</td>
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<tr>
<td>Description of Abatement (AC]5) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
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<tr>
<td>Amount (Specify 8F or LF)</td>
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<tr>
<td>Name of Registered Waste Hauler</td>
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<tr>
<td>3G DEP Waste Hauler ID No. 207955</td>
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<tr>
<td>Code Range of Waste (13)</td>
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<td>10</td>
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<td>Disposal Date</td>
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<td>City, State, Zip Code</td>
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<tr>
<td>Eatontown, NJ 07724</td>
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<tr>
<td>Completed by</td>
<td></td>
</tr>
<tr>
<td>R. McDonald</td>
<td></td>
</tr>
<tr>
<td>Title/President</td>
<td></td>
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* Do not use this form for asbestos liceassure examplad activities.
**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:58-2 and 8:26B-20)

**Date of Notification:** 6.28.12

**Agency Notified:**
- [ ] EPA
- [ ] DEP
- [ ] DOH
- [ ] DCA
- [ ] Other

**Name of Building Owner/Operator:**

<table>
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<tr>
<th>Facility Name</th>
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<tbody>
<tr>
<td>SPRING SPRINGS BANK</td>
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<td>222 RIVERBEND AVE</td>
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**Street Address:**

- Glen Ridge
- NJ
- 07028

**City:**

- Glen Ridge

**State:**

- NJ

**Zip Code:**

- 07028

**Current Use:**

- Bank

**Type of Facility:**

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

**Location of Asbestos-Containing Material (ACM) TYPE AS BEST bekannt IN FACILITY (19):**

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<tr>
<th>Year</th>
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<tr>
<td>2012</td>
<td>27</td>
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**Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, coating, WAI, or other insulations):**

- Full Containment with Negative Pressure
- Wet-Cut
- Dustless
- Other (Describe)

**Amount (Spray or LP):**

- 0

**Abatement Type:**

- 0

**Completed by:**

- R. McDonald

- Title: President

- Signature: [Signature]

- Date: 7.2.12

---

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

## Details

- **State of New Jersey**
- **NOTIFICATION OF ASBESTOS ABATEMENT** (Pursuant to NJAC 9:60 and 12:120)

### Facility Information

- **Facility Name:** Lombardo Excavating
- **Address:** 501 East State Street, 3FL-PO.BOX.412
- **City, State, Zip Code:** Trenton, NJ, 08624

### Monitoring Firm

- **Name:** A. MAC Contracting Inc
- **Address:** 130 Lovett Road
- **City, State, Zip Code:** New Brunswick, NJ, 08901

### Abatement Contractor

- **Name:** A. MAC Contracting Inc
- **Address:** 130 Lovett Road
- **City, State, Zip Code:** New Brunswick, NJ, 08901

### Scope of Work

- **Location:** Athletic Field
- **Type:** Demolition
- **Amount:** 150 CF

### Asbestos Containing Material (ACM)

- **Location:** Athletic Field
- **Is Location Normally Used Solely by Maintenance/Custodial Staff?** Yes

### Registration

- **Name:** R. McDonald
- **Title:** President

---

*Do not use this form for asbestos tolerance exempted activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:90 and 12:130)

Name of Building Owner/Operator (2)
DEPT OF ENVIRONMENTAL PROTECTION
501 EAST STATE STREET, 3-E-PO-801-412
TRENTON, NJ 08626

Name of Contact
LOMBARDO EXCAVATING

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

Street Address
1172 Lincoln Avenue

City
Pompton Lakes

County
Passaic

Name of Monitoring Firm Hired by Building Owner (8)
A. MAC Contracting Inc

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

Type of Property (4)
□ Residential
□ Commercial
□ Industrial

Project Manager for Monitoring Firm

Telephone No.

Start Date (10)
7-14-12

Scheduled Completion Date (11)
7-17-12

Name of OSHA Monitor

Occurrence Status During Abatement (Check Only One)
□ Facility Closed/Vacated During Entire Period of Abatement
□ Abatement Performed Outside of Normal Facility Hours
□ Other

Scope of Work (Check All That Apply)
□ 250 sf or less
□ 250 sf to 2260 sf
□ Renovation
□ Demolition

Location of Asbestos-Containing Material (ACM)

TO BE ABATED

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely Maintenance or Custodial Staff?</th>
<th>Description of ACM</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>X</td>
<td>Floor tiles, walls</td>
<td>400 SF</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
Rovic Transport

NJ/DEP Waste Hauler ID No.
26798

Cubic Yards of Waste
1.5

Name of Registered Landfill
IESI PA Bethlehem Landfill Corp

City, State, Zip Code
Bethlehem, PA 18015

Completed by
R. McDonald

Title
President

Signature

Date
7-13-12

* 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)  
07/02/12  

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

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

Street Address  
22 Valley Road  
City, State, Zip Code  
Montclair, NJ 07042  

Name of Contact  
Mr. Leonard Saponara  

FACILITY INFORMATION  

Name of Facility Where Abatement is Taking Place (3)  
Central Heating Plant  
Street Address  
54 Orange Road  
City (6)  
Montclair  
County (8)  
 Essex  
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  
5,000 +  
# of Floors  
2  
Bldg. Age  
50+  

Current Use (Prior to being demolished)  
School  

Name of Monitoring Firm Hired by Building Owner (9)  
Detail Associates, Inc.  
ASCM No.  
00012  

Name of Abatement Contractor (9)  
Pyramid Contracting Corp.  
Street Address  
300 Grand Avenue  
City, State, Zip Code  
Englewood, NJ 07631  
Project Manager for Monitoring Firm  
Mr. Stephen J  
Telephone No.  
201-569-6708  

Telephone No.  
973-689-6281  
License No.  
01099  
Name of OSHA Monitor  
J&S Environmental Laboratories LLC  
Street Address  
2333 Route 22 West  
City, State, Zip Code  
Union, NJ 07081  

Facility Closed/Vacated During Entire Period of Abatement  
☐ Yes  
☐ No  
☐ Other - Describe:  

Abatement Performed Outside of Normal Facility Hours  
☐ Yes  
☐ No  
☐ Other - Describe:  

Scope of Work (Check All That Apply)  
☐ Asbestos Containing Material (ACM) 
☐ TO BE ABATED  
☐ In Facility  
☐ ≥3 sf or ≥3 if  
☐ ≥160 sf or ≥250 If  
☐ Renovation  
☐ Demolition  
☐ Full Containment with Negative Pressure  
☐ Mini-Enclosure  
☐ Glovebag Procedure  
☐ Non-Exempted (*) and Non-Friable Procedure  

Location of Asbestos-Containing Material (ACM)  

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/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>Boiler Room</td>
<td>☒</td>
<td>2 Boilers-Exterior cover and the materials inside the panels</td>
<td>2,000 SF</td>
<td>☒</td>
</tr>
<tr>
<td>Boiler Room</td>
<td>☒</td>
<td>Boiler Breaching</td>
<td>1,000 SF</td>
<td>☒</td>
</tr>
</tbody>
</table>

--- Continued on the next page ---

Name of Registered Waste Hauler  
Pyramid Contracting Corp.  
NJ/DEP Waste Hauler ID No.  
32613  
Cubic Yards of Waste  
10  
Name of Registered Landfill  
G.R.O.W.S., Inc.  
City, State  
Clifton, New Jersey  
Disposal Date  
08/08/12  

Completed by  
Dimo Golcav  
Title  
General Manager  
Signature  
Date  
07/13/12  

Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boiler Room</td>
<td>x</td>
<td>Pipe Insulation</td>
<td>100 LF</td>
<td>X</td>
</tr>
<tr>
<td>Pump Room</td>
<td>x</td>
<td>Pipe Insulation</td>
<td>30 LF</td>
<td>X</td>
</tr>
<tr>
<td>Sub-Pump Room</td>
<td>x</td>
<td>Elbows</td>
<td>2 LF</td>
<td>X</td>
</tr>
</tbody>
</table>
# Notification of Asbestos Abatement

## State of New Jersey

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:50 and 12:120)

---

### Date of Notification (1)
07/02/12

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

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

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

### Street Address
22 Valley Road

### City, State, Zip Code
Montclair, NJ 07042

### Name of Contact
Mr. Leonard Saponara

---

### FACILITY INFORMATION

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

**Street Address**
54 Orange Road

**City (5)**
Montclair

**County (6)**
Essex

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

**Square Feet**
5,000 +

**# of Floors**
2

**Bldg. Age**
50+

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

---

### Name of Monitor Firm Hired by Building Owner (8)
Detail Associates, Inc.

**ASCM No.**
00012

### Name of Abatement Contractor (9)
Pyramid Contracting Corp.

### Street Address
300 Grand Avenue

**City, State, Zip Code**
Englewood, NJ 07631

### Project Manager for Monitoring Firm
Mr. Stephen J

**Telephone No.**
201-569-6708

**Start Date (10)**
07/14/12

**Scheduled Completion Date (11)**
08/06/12

---

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

Other – Describe:

---

### Scope of Work (Check All That Apply)
- [x] Renovation
- [x] Demolition

---

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Used Solely by Maintenance/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>Boiler Room</td>
<td>x</td>
<td>2 Boilers - Exterior cover and the materials inside the panels</td>
<td>2,000 SF</td>
<td>x</td>
</tr>
<tr>
<td>Boiler Room</td>
<td>x</td>
<td>Boiler Breathing</td>
<td>1,000 SF</td>
<td>x</td>
</tr>
</tbody>
</table>

---

### Name of Registered Waste Hauler
Pyramid Contracting Corp.

<table>
<thead>
<tr>
<th>N.J.EP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>32813</td>
<td>10</td>
<td>G.R.O.W.S., Inc.</td>
</tr>
</tbody>
</table>

### City, State
Clifton, New Jersey

### Disposal Date
08/08/12

### Completed by
Dimo Golcev

<table>
<thead>
<tr>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Manager</td>
<td></td>
</tr>
</tbody>
</table>

---

*Do not use this form for asbestos licensure exempted activities.*
<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)</th>
<th>In 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>Boiler Room</td>
<td>x</td>
<td>Pipe Insulation</td>
<td>100 LF</td>
<td>X</td>
</tr>
<tr>
<td>Pump Room</td>
<td>x</td>
<td>Pipe Insulation</td>
<td>30 LF</td>
<td>X</td>
</tr>
<tr>
<td>Sub-Pump Room</td>
<td>x</td>
<td>Elbows</td>
<td>2 LF</td>
<td>X</td>
</tr>
</tbody>
</table>
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:68 and 12:123)

Date of Notification (1):
07/11/2012

Name of Building Owner/Operator (2):
Walter Barry

Agencies Notified:

- [X] EPA
- [X] DEP
- [X] DOL
- [X] DGH
- [X] DCA

Type Notification:

- [X] Initial
- [X] Amended
- [X] Amendment #
- [ ] Emergency (including justification)
- [ ] Cancellation

Street Address:
50 Washington St

City, State, Zip Code:
Hoboken, NJ 07030

Name of Contact:

Telephone Number:

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

Street Address:
28 Hoffman St

City (5):
Maplewood

County (6):
Essex

County Code (7):

Name of Monitoring Firm Hired by Building Owner (8):
GNPATP, LLC

ASCM No.:

Name of Abatement Contractor (9):
Atek Remediation Services LLC

Street Address:
2723 Salmon St

City, State, Zip Code:
Philadelphia, PA 19134

Project Manager for Monitoring Firm:

Telephone No.:
(732)673-6396

Start Date (10):
7-21-12

Scheduled Completion Date (11):
7-23-12

Occupancy Status During Abatement (Check Only One):

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

Scope of Work (Check All That Apply):

- [X] 23 sf or 23 ft
- [X] 1200 sf or 2260 ft
- [X] Renovation
- [X] Demolition

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

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

In Facility:

<table>
<thead>
<tr>
<th>Location</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>Pipe, 4 ft</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler:
Waste Management of Camden

Waste Hauler ID No.:
17273

Cubic Yards of Waste:

Name of Registered Landfill:
WM - Tullytown Landfill

Disposal Date:
7-31-12

City, State:
Tullytown, PA

Completed by:
Thomas Rock

Title:
Project Manager

Signature:

Date:
07/11/2012

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

**NOTIFICATION OF ASBESTOS ABATEMENT**

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/10/12</td>
<td>Lori Beitoer</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>171 Christopher Street</td>
<td>Montclair, NJ 07042</td>
</tr>
<tr>
<td>DEP</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOL</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOH</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DCA</td>
<td></td>
<td></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>House</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City (5)</th>
<th>County (6)</th>
<th>Current Use (Prior if being demolished)</th>
</tr>
</thead>
<tbody>
<tr>
<td>171 Christopher Street</td>
<td>Montclair</td>
<td>Essex</td>
<td>House</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>County Code (7)</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(STATE USE ONLY)</td>
<td></td>
<td>D&amp;S Abatement, Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone No.</th>
<th>License No.</th>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>973-345-8685</td>
<td>#00675</td>
<td>D&amp;S Abatement, Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/26/12</td>
<td>7/27/12</td>
<td>11 Rosengren Avenue</td>
<td>Totowa, NJ 07512</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check Only One)</th>
<th>Scope of Work (Check All That Apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
<td>≥3 sf or ≥3 if</td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
<td>≥160 sf or ≥260 if</td>
</tr>
<tr>
<td>Other – Describe:</td>
<td>Renovation</td>
</tr>
<tr>
<td></td>
<td>Demolition</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED (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>Basement</td>
<td>X</td>
<td>Pipe insulation</td>
<td>78 LF</td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJ/DEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>D&amp;S Abatement, Inc.</td>
<td>#20996</td>
<td>TBD</td>
<td>Waste Management of PA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>City, State</th>
<th>Completed by</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>TBD</td>
<td>Tullytown, PA</td>
<td>Deanna Brikusanin</td>
<td>Project Manager</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>7/10/12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Claude Falchier</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Agency Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>28 North Crescent</td>
<td>Maplewood, NJ 07040</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>City (6)</th>
<th>County Code (7)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maplewood</td>
<td>Essex</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
<th>ASCM No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>D&amp;S Abatement, Inc.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>11 Rosengren Avenue</td>
<td>Totowa, NJ 07512</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>973-345-8685</td>
<td>#00675</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/24/12</td>
<td>7/25/12</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>
<tr>
<td>Other - Describe: Occupied</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥ 3 ft of ≥ 3 sq ft</td>
</tr>
<tr>
<td>≥ 180 sq ft or ≥ 260 sq 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>
</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>under attic floor boards</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</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>VERMULITE</td>
<td>50 SF</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NUDEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>D&amp;S Abatement, Inc.</td>
<td>#20996</td>
<td>TBD</td>
<td>Waste Management of PA</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>Totowa, NJ</td>
<td>TBD</td>
<td>Tullytown, PA</td>
<td>7/10/12</td>
</tr>
</tbody>
</table>

Completed by Deanna Brkusnain  
Title: Project Manager  
Signature: [Signature]  
Date: 7/10/12

*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)
7/10/12

Name of Building Owner/Operator (2)
Craig Moore

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

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

Street Address
40 Sherman Avenue
City, State, Zip Code
Glen Ridge, NJ 07028

Name of Contact
Craig Moore

FACILITY INFORMATION

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

Street Address
40 Sherman Avenue
City (5)
Glen Ridge
County (6)
Essex
County Code (7)
N/A

Square Feet
N/A
# of Floors
N/A
Bldg. Age
N/A

Current Use (Prior if being demolished)
House

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

ASCM No.

Name of Abatement Contractor (9)
D&S Abatement, Inc.

Street Address
11 Rosengren Avenue
City, State, Zip Code
Totowa, NJ 07512

Telephone No.
973-345-8685
License No.
#00675

Name of OSHA Monitor
D&S Abatement, Inc.

Street Address
11 Rosengren Avenue
City, State, Zip Code
Totowa, NJ 07512

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 ft
☐ ≥160 sf or ≥250 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)

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)
pipe insulation

Amount (Specify SF or LF)
114 LF

Abatement Type

Removal
Repair
Encapsulation
Enclosure

Name of Registered Waste Hauler
D&S Abatement, Inc.

NJDEP Waste Hauler ID No.
#20996

Cubic Yards of Waste
TBD

Name of Registered Landfill
Waste Management of PA

City, State
Totowa, NJ

Disposal Date
TBD

City, State
Tullytown, PA

Completed by
Deanna Brkuscanin
Title
Project Manager

Signature

Date
7/10/12

ASB-41 (R-08-00)

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

Date of Notification (1)
7/10/12

Name of Building Owner/Operator (2)
Robyn & Michael Sanchez

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

Type Notification
☑ Initial  ☚ Amended  ☚ Amendment #

Street Address
27 Park Road

City, State, Zip Code
Short Hills, NJ 07078

Name of Contact
Robyn & Michael Sanchez

FACILITY INFORMATION

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

Street Address
27 Park Road

City (5)
Short Hills

County (6)
Essex

County Code (7) (STATE USE ONLY) ______

Square Feet
N/A

# of Floors
N/A

Bldg. Age
N/A

Current Use (Prior if being demolished)
House

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

ASCM No.

Name of Abatement Contractor (9)
D&S Abatement, Inc.

Street Address
11 Rosengren Avenue

City, State, Zip Code
Totowa, NJ 07512

Telephone No.
973-345-8685

License No.
#00675

Project Manager for Monitoring Firm

Start Date (10)
7/20/12

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

Other – Describe: Occupied

Scope of Work (Check All That Apply)
☐ ≥3 sf or ≥3 if
☐ ≥160 sf or ≥280 sf
☐ Renovation
☐ Demolition

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>crawl space</td>
<td>X</td>
<td>pipe insulation</td>
<td>90 LF</td>
<td>x</td>
</tr>
<tr>
<td>basement closet</td>
<td>X</td>
<td>pipe insulation</td>
<td>20 LF</td>
<td>x</td>
</tr>
<tr>
<td>garage</td>
<td>X</td>
<td>pipe insulation</td>
<td>3 LF</td>
<td>x</td>
</tr>
<tr>
<td>boiler room</td>
<td>X</td>
<td>pipe insulation</td>
<td>20 LF</td>
<td>x</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
D&S Abatement, Inc.

NJDEP Waste Hauler ID No. #209996
Cubic Yards of Waste TBD
Name of Registered Landfill
Waste Management of PA
City, State
Totowa, NJ Tullytown, PA

Disposal Date
TBD

Completed by
Deanna Bruskinin
Title
Project manager
Signature

Date
7/10/12

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:96 and 12-120)

Date of Notification (1): 7/10/12
Name of Building Owner/Operator (2): Paul St. Germain

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

Street Address: 209 High Street
City, State, Zip Code: North Arlington, NJ 07031
Name of Contact: Paul St. Germain

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3): House
Street Address: 209 High Street
City (5): North Arlington
County (6): Bergen
County Code (7): N/A

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

Square Feet: N/A
# of Floors: N/A
Bldg. Age: N/A
Current Use: (Prior if being demolished) House

Name of Monitoring Firm Hired by Building Owner (5): N/A
ASCM No.: N/A
Name of Abatement Contractor (6): D&S Abatement, Inc.
Street Address: 11 Rosengren Avenue
City, State, Zip Code: Totowa, NJ 07512

Project Manager for Monitoring Firm: N/A
Telephone No.: 973-345-8685
License No.: #00675
Name of OSHA Monitor: D&S Abatement, Inc.
Street Address: 11 Rosengren Avenue
City, State, Zip Code: Totowa, NJ 07512

Start Date (10): 7/20/12
Scheduled Completion Date (11): 7/21/12

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

Scope of Work (Check All That Apply):

- ≥3 sf or ≥3 if
- >180 sf or ≥260 if
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure
- Location of Asbestos-Containing Material (ACM) TO BE ABATED
In Facility (13):
　basement: X
　pipe insulation: pipe insulation 80 LF

Name of Registered Waste Hauler:
D&S Abatement, Inc.
NJDEP Waste Hauler ID No.: #20996
Cubic Yards of Waste: TBD
Name of Registered Landfill:
Waste Management of PA
Disposal Date: TBD
City, State, Tullytown, PA

Completed by: Deanna Brkusanin
Title: Project manager
Signature: [Signature]
Date: 7/10/12

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:69 and 12:120)

Date of Notification (1)
7/10/12

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

[ ] Initial  [ ] Amended  [ ] Amendment #  [ ] Emergency (Including justification)  [ ] Cancellation

Name of Building Owner/Operator (2)
Ruth Simpson

Street Address
838 Bogert Road

City, State, Zip Code
River Edge, NJ 07661

Name of Contact
Ruth Simpson

FACILITY INFORMATION

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

Street Address
838 Bogert Road

City (5)
River Edge

County (6)
Bergen

County Code (7) (STATE USE ONLY) N/A

Current Use (Prior if being demolished)
House

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

ASCM No.

Name of Abatement Contractor (9)
D&S Abatement, Inc.

Street Address
11 Rosengren Avenue

City, State, Zip Code
Totowa, NJ 07512

Project Manager for Monitoring Firm

Telephone No.

Start Date (10) 7/25/12

Scheduled Completion Date (11) 7/26/12

Occupancy Status During Abatement (Check Only One)

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

Other – Describe: N/A

Scope of Work (Check All That Apply)

[ ] ≥3 sf or ≥3 ft

[ ] ≥160 sf or ≥360 sf

Renovation

Demolition

Full Containment with Negative Pressure

Mini-Enclosure

Glovebag Procedure

Non-Exempted (*) and Non-Firable 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)

Amount (Specify SF or LF)

Abatement Type

Removal

Repair

Enclosure

basement  X

pipe insulation  120 LF  X

basement  X

contaminated pipes  80 LF  X

Name of Registered Waste Hauler
D&S Abatement, Inc.

NJ/DEP Waste Hauler ID No. #20996

Cubic Yards of Waste TBD

Name of Registered Landfill
Waste Management of PA

City, State
Totowa, NJ

Disposal Date TBD

City, State

Tullytown, PA

Completed by
Deanna Brkusacini

Title
Project Manager

Signature

Date 7/10/12

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

**Notification of Asbestos Abatement**
(Pursuant to NJAC 8:60-7 and 12:120-7)

**EMERGENCY**

**Date of Notification (1)**
10/17/11

**Name of Building Owner/Operator (2)**
Magill Property Management

**Address**
806 E Jersey Street
Elizabeth, NJ 07202

**Name of Contact**
Angel Magill

**FACILITY INFORMATION**

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

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

**Square Feet # of Floors Bldg. Age**

<table>
<thead>
<tr>
<th>Residential</th>
</tr>
</thead>
<tbody>
<tr>
<td>711 East Jersey Street</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Elizabeth, NJ 07201</td>
</tr>
<tr>
<td>n/a</td>
</tr>
</tbody>
</table>

**Name of Monitoring Firm Hired by Bldg. Owner (5)**

**Street Address**

**City, State, Zip Code**

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Phone Number</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Scheduled Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/14/2012</td>
<td>7/14/2012</td>
</tr>
</tbody>
</table>

**Occupancy Status During Abatement (Check only one)**
- [x] Facility closed/vacated during entire period of abatement.
- [ ] Abatement performed outside of normal facility hours.
- [ ] Other: Describe: |

**Scope of Work (check all that apply)**
- [ ] Demolition
- [x] Renovation
- [ ] >100 sf or ≥280 #
- [ ] ≥160 sf or ≥280 #
- [ ] Full Containment winagative pressurisation
- [ ] Glovebox procedure
- [ ] Mini-enclosure
- [ ] Non-Full procedure

**Location of asbestos-containing material to be abated in facility (13)**

<table>
<thead>
<tr>
<th>basement</th>
<th>pipe insulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1 lf</td>
</tr>
</tbody>
</table>

**Registered Waste Hauler**

<table>
<thead>
<tr>
<th>Name of Hauler</th>
<th>NJDEP Hauler ID#</th>
</tr>
</thead>
<tbody>
<tr>
<td>B &amp; G Restoration, Inc.</td>
<td>19563</td>
</tr>
</tbody>
</table>

**Disposal Date**
7/16/2012

**Completed by (Print or Type)**
Gordana Luna
Treasurer

**Signature**
Gordana Luna

**Date**
7/13/2012
**State of NJ**
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)

**EMERGENCY**

**B & G proj. #: 2012-135**

**Date of Notification (1):** 01/17/2013

**Name of Building Owner/Operator (2):** Magill Property Management

**Street Address:** 806 E Jersey Street

**City, State, Zip Code:** Elizabeth, NJ 07202

**Name of Contact:** Angel Magill

**Telephone Number:**

**AGENCIES NOTIFIED & TYPE OF NOTIFICATION**

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

**FACILITY INFORMATION**

**Name of facility where abatement is taking place (3):**

**Residential**

**Street Address:** 711 East Jersey Street

**City (5):** Elizabeth

**County (6):** Union

**County Code (7):** A

**ASCN No.:** n/a

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

**Phone Number:**

**Scheduled Start Date (10):** 7/14/2012

**Scheduled Completion Date (11):** 7/14/2012

**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):

**Type of Facility (4):**

- [ ] School (K-12)
- [x] Subchapter 8 (Other than K-12)
- [x] Other (Private/Commercial

**Square Feet:**

**# of Floors:**

**Blog Age:**

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

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

**B & G Restoration, Inc.**

**Street Address:** 105 Ryerson Road

**City, State, Zip Code:** Lincoln Park, NJ 07035

**Telephone Number:** 973-696-6869

**License Number:** 0378

**Name of OSHA Monitor:**

**B & G Restoration, Inc.**

**Street Address:** 105 Ryerson Road

**City, State, Zip Code:** Lincoln Park, NJ 07035

**Location of asbestos-containing material to be abated in facility (13):**

- [ ] basement
- [ ] pipe insulation
- [x] 3 If

**Description of asbestos-containing material (ACM):**

**Amount (Specify SF or LF):** 3 If

**Location of asbestos-containing material to be abated in facility (13):**

- [ ] basement
- [ ] pipe insulation
- [x] 3 If

**Reported Waste: 1/2 yard**

**Disposal Date:** 7/16/2012

**Name of Registered Landfill:**

**Tullytown Resource & Recovery Center**

**Registration Number:**

**Complated by (Print or Type):**

**Gordana Luna**

**Treasurer**

**Date:** 7/15/2012