State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 5:90 and 12:120)

Date of Notification (1)
1-10-13

Name of Building Owner/Operator (2)
PSEG

Agencies Notified

- EPA
- DEP
- DOL
- DOH
- DCA

Type Notification
Initial
Amended
Amendment #04
Emergency (including justification)
Cancellation

Street Address
4000 Hadley Road

City, State, Zip Code
South Plainfield New Jersey 07080

Name of Contact
Rich Hoarle

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)
McCarter Switching Station

Street Address
33 Littleton Avenue

City (5)
Newark, New Jersey 07107

County (6)
Essex

County Code (7) (STATE USE ONLY)

Surface Feet
100,000

# of Floors
5

Bldg. Age
55 years

Current Use (Prior if being demolished)
Not in use

Name of Monitoring Firm Hired by Building Owner (8)
CNS Management

ASCM No.

Name of Abatement Contractor (9)
Gramercy Group Inc.

Street Address
308 Newton Road

City, State, Zip Code
Plainview, NY 11803

Telephone No.
917-299-7122

License No.
01085

Project Manager for Monitoring Firm
Michael Nolan

Telephone No.
516-876-0020

Name of OSHA Monitor
Gramercy Group Inc.

Street Address
3000 Burns Avenue

City, State, Zip Code
Wantagh NY 11793

Start Date (10)
1-14-13

Scheduled Completion Date (11)
12-31-13

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: Facility scheduled for demolition, No occupancy

Scope of Work (Check All That Apply)
X ≥3,000 sf or ≥3 if
X ≥1,000 sf or ≥2,250 if

Renovation
Demolition

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

In Facility

TO BE ABATED

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
Encapsulate
Endorse

Location of Asbestos-Containing Material (ACM)

Please see attached

Roof

Transite Contaminated Soil

Name of Registered Waste Hauler
Horwith Trucks Inc.

NJDEP Waste Hauler ID No.
16227

Cubic Yards of Waste
400

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

Disposal Date
6-30-12

City, State
Morrisville, PA

Completed by
Robert Lewin

Title
Environmental Coordinator

Signature

Date
7-30-13

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

Date of Notification (1)
4-03-2013

Agency Notified
\[\checkmark\] EPA
[ ] DEP
[ ] DOL
[ ] DOH
[ ] DCA

Type Notification
[ ] Initial
[ ] Amended
[ ] Amendment #2
[ ] Emergency (including justification)
[ ] Cancellation

Name of Building Owner/Operator (2)
EFG Clermont Terrace, LLC

Street Address
520 Capital Mall, Suite 200
Sacramento, CA 95841

Name of Contact
Chris Miller

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
National Envelope

Street Address
450 Clermont Terrace

City (5)
Union

County Code (6)

County Code (7) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)
ECMS

ASCM No.

Name of Abatement Contractor (9)
Gramercy Group Inc.

Street Address
3000 Burns Avenue

City, State, Zip Code
Wanagh NY 11793

Project Manager for Monitoring Firm
Marc Rutstein

Telephone No.
845-638-0640

License No.
516-875-0990

01085

Start Date (10)
5-08-2013

Scheduled Completion Date (11)
12-31-2013

Name of OSHA Monitor
Gramercy Group Inc.

Occupancy Status During Abatement (Check Only One)
[ ] Facility Closed/Vacated During Entire Period of Abatement
[ ] Abatement Performed Outside of Normal Facility Hours
[ ] Other – Describe: Facility scheduled for demolition. No occupancy

Scope of Work (Check All That Apply)
[ ] ≥ 3 sf or ≥ 23 if
[ ] ≥ 160 sf or ≥ 260 sf if
[ ] Renovation
[ ] Demolition
[ ] Full Containment with Negative Pressure
[ ] Mini-Enclosure
[ ] Glovebag Procedure
[ ] Non-Exempted (*) and Non-Friable Procedure

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

In Facility

Location Normally Used Solely by Maintenance/Custodial Staff

Yes
No
N/A

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

Amount (Specify SF or LF)

Abatement Type

Removal
Regain
Encapsulate
Enclosure

Name of Registered Waste Hauler
Horwith Trucks Inc.

Waste Hauler ID No.
16227

Cubic Yards of Waste
400

Name of Registered Landfill
Minerva Enterprises

City, State
Wanagh, NY 11793

Disposal Date
6-30-12

City, State
Waynesburg OH

Completed by
Robert Lewin

Title
Environmental Coordinator

Signature

Date
7-30-13

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12J-120-7)

Date of Notification (1) 07/30/13

Name of Building Owner/Operator (2) Princeton University

Agency Notified | Type Notification | Street Address | P.O. Box 2158
---|---|---
EPA | Initial Notification | City, State, Zip Code | Princeton, NJ 08543
DEP | Amended Notification | Name of Contact | Robert Otego
DCA | | Telephone Number | 
DOH | Cancellation |

Name of Facility Where Abatement is Taking Place (3)
Princeton University – Jadwin Gymnasium D and C levels

Street Address
Main Campus - Jadwin Gymnasium

City (5) | County (6) | County Code (7) (STATE USE ONLY)
---|---|---
Princeton | | |

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

ASCM No. | Name of Abatement Contractor (9) Associated Specialty Contracting
---|---
| Street Address 98 LaCruce Avenue
City, State, Zip Code Glen Mills, PA 19342

Telephone Number 610-364-9622

Name of OSHA Monitor Criterion Labs

Criterion Labs

Current Use (Prior if being demolished) University

Type of Facility (4) School (K12)

x Subchapter 8 (Other than K12)

Other (i.e. Private & commercial buildings, homes, etc.)

Square Feet | # of Floors | Bdgr. Age
---|---|---
25000 | 3 | 70+

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

x Abatement Performed Outside of Normal Facility

Hours - Describe: 7:00 AM - 7:00 AM

Other - Describe: 

Scope of work (Check all that apply)
Demolition

x Renovation

>3 sf or >3 if

>160 sf or >260 if

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

Is Location Normally Used

Material (ACM) Solely by Maintenance/ Custodial Staff

Description of Asbestos-Containing Material (ACM)

(ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)

Amount (Specify Specific SF or LF)

| Abatement Type |
|---|---|---|---|---|---|
| E | N | C | L |
| E | R | A | L |
| M | O | P | O |
| V | A | S | U |
| L | R | L | E |

Electrical Room

x fireproofing 600 SF

Double Squash Court and adj hallway

x fireproofing 1675 SF

Hallway adj to Double Squash Court

x pipe insulation 26 LF

telephone room

x fireproofing 60 SF

Name of Registered Waste Hauler NJDEP Waste Hauler ID No. 40

Cubic Yards of Waste

Name of Registered Landfill GROWS

City, State Trenton NJ

Disposal Date As needed

Completed By (Print or Type) Mark Goshow

Title Project Manager

Signature 

Date 7-30-13

ABS-41

JUN 95

G4667
<table>
<thead>
<tr>
<th>Location of ACM</th>
<th>Description of ACM</th>
<th>Amount</th>
<th>Abatement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement-bathroom</td>
<td>fireproofing</td>
<td>60 SF</td>
<td>Removal</td>
</tr>
<tr>
<td>Basement-bathroom</td>
<td>pipe fitting</td>
<td>20 ea.</td>
<td>Removal</td>
</tr>
</tbody>
</table>
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)

Name of Building Owner/Operator (2)
donald kalfus

Agencies Notified
☐ EPA  ☑ Initial
☐ DEP  ☐ Amended
☐ DOL  ☐ Emergency (including justification)
☐ DOH  ☐ Cancellation

Type Notification

Street Address
13 WYCHWOOD ROAD

City, State, Zip Code
LIVINGSTON, NJ 07039

Name of Contact
donald kalfus

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
donald kalfus

Street Address
13 WYCHWOOD ROAD

City (5)
LIVINGSTON

County (6)
ESSEX

County Code (7)

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

ASCM No.

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

Street Address
20 California Ave.

City, State, Zip Code
Paterson, NJ 07503

Telephone Number
973-345-8020

License Number
01169

Name of OSHA Monitor
D & S Restoration, Inc.

Street Address
20 California Avenue

City, State, Zip Code
Paterson, NJ 07503

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: NORMAL HOURS

Start Date (10)
08/12/13

Sched. Completion Date (11)
08/30/13

Scope of Work (check all that apply)

☐ >3,000 sf or >3,000 if
☐ >1,500 sf or ≥260 if
☐ Demolition

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

Yes  No  N/A

Basement/Crawlspace
PIPE INSULATION

Description of asbestos-containing material (ACM)

Basement/Crawlspace
PIPE INSULATION

Amount

Specified SF or LF

Removal

Repair

Encapsulation


Registered Waste Hauler
D & S RESTORATION, INC.

NJDEP Hauler ID
13506

Cubic Yards of Waste
1 YD

Name of Registered Landfill
TULLYTOWN, RESOURCE RECOVERY

City, State
PATERSON, NJ 07503

Disposal Date
08/13/13

City, State
TULLYTOWN, PA

Completed by (Print or Type)
BOGDAN JOLDZIC

Title
PRESIDENT

Signature

Date
07/24/2013

ASB-41

* Do not use this form for asbestos licensure exempted activities.
Date of Notification (1) 7/26/13

Name of Building Owner/Operator (2) YWCA Woodbury

Street Address 235 East Redbank Ave.

City, State, Zip Code Woodbury, NJ 08094

Name of Contact Greg Maloney-Hutchinson

Telephone Number

FACILITY INFORMATION

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

Street Address 235 East Redbank Ave.

City (5) Woodbury

County (6) Mercer

County Code (7) 06

Name of Monitoring Firm Hired by Building Owner MECS

ASCM No. 86185

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

Street Address PO Box 341

City, State, Zip Code Crosswicks, NJ 08515

Project Manager for Monitoring Firm William Weissberger Jr.

Telephone No. (609) 298-4070

Start Date (10) 8/12/13

Scheduled Completion Date (11) 8/16/13

Occupancy Status During Abatement (Check only one)

☐ Facility Closed/Vacated During Entire Period of Abatement

☐ Abatement Performed Outside of Normal Facility Hours

☐ Other - Describe: 5PM - 12 Midnight

Scope of Work (Check all that apply)

☐ ≥ 3 sf or ≥ 3 ft

☐ ≥ 160 sf or ≥ 2600 ft

☐ Renovation

☐ Demolition

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

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

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boiler Room</td>
<td>☑</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal insulations, surfacing, VA, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>pipe fittings</td>
<td>8</td>
<td>☑</td>
</tr>
<tr>
<td>pipe fittings/ wrap &amp; cut</td>
<td>30</td>
<td>☑</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler Stevens Environmental Services Inc.

NUDEP Waste Hauler ID No. 18292

Cubic Yards of Waste 1 CU

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

City, State Allentown, NJ

Disposal Date 8/16/13

City, State Tullytown, PA

Completed By Mahlon E. Stevens

Title Project Manager

Signature

Date 7/26/13

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)  
CHECK#23304

Date of Notification (1)  
7/29/2013  
Name of Building Owner/Operator (2)  
PRIVATE RESIDENCE

Agencies Notified  
☑ EPA  
☑ DEP  
☑ DOL  
☑ DOH  
☐ DCA  
Type Notification  
☒ Initial  
☐ Amended Amendment #  
☐ Emergency (including justification)  
☐ Cancellation  
Street Address  
7 SUSAN LANE  
City, State, Zip Code  
MANAHAWKIN, NJ  
Name of Contact  
DAVID J. D’ANDREA  
Telephone Number

Name of Facility Where Abatement is Taking Place (3)  
PRIVATE RESIDENCE
Street Address  
7 SUSAN LANE
City (5)  
MANAHAWKIN, NJ
County  
OCEAN
County Code (7) (STATE USE ONLY)  
Name of Abatement Contractor (9)  
CREAM RIDGE ENVIRONMENTAL INC.

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

Street Address  
15 BLACK FOREST ROAD
City, State, Zip Code  
HAMILTON, NJ 08691

Project Manager for Monitoring Firm  
Telephone No.  
Telephone No.  
609-890-7110
License No.  
00676

Start Date (10)  
7/30/2013  
Scheduled Completion Date (11)  
7/30/2013
Name of OSHA Monitor  
N/A

Occupancy Status During Abatement (Check only one)  
☐ Facility Closed/Vacated During Entire Period of Abatement  
Abatement performed outside of working hours 5PM-2 AM

ESSENTIAL PERSONNEL ONLY

Scope of Work (Check all that apply)  
☒ ≥ 3 sf or ≥ 3 If 
☒ ≥ 180 sf or ≥ 260 If  
☐ Renovation  
☐ Demolition

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  
EXTERIOR
☐ TRANSITE SIDING
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)  
1000 SQ. FT.

Abatement Type  
☐ Full Containment with Negative Pressure  
☒ Repair  
☐ Mini-Enclosure  
☐ Encapsulate  
☐ Glovebag Procedure  
☐ Non-Exempted (*) & Non-Friable Procedure

Name of Registered Waste Hauler  
TIMSTER TRUCKING
Hauler ID No.  
NUDEP Waste  
21079
Cubic Yards of Waste  
5 YD.
Disposal Date  
8/1/2013
City, State  
WEST CREEK, NJ  
MORRISVILLE, PA

Completed By  
DAVID D’ANDREA  
Title  
PRESIDENT
Signature  
27-Mar
Date  
7/29/2013

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/29/2013</td>
<td></td>
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</table>

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

<table>
<thead>
<tr>
<th>Type Notification</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial</td>
<td>265 VARSITY AVENUE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Name of Contact</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>WEST WINDSOR, NJ</td>
<td>DAVID J. D'ANDREA</td>
<td></td>
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</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>PRIVATE RESIDENCE</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>265 VARSITY AVENUE</td>
<td>WEST WINDSOR, NJ</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>ASCM No.</td>
<td>CREAM RIDGE ENVIRONMENTAL INC.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
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</thead>
<tbody>
<tr>
<td>15 BLACK FOREST ROAD</td>
<td>HAMILTON, NJ 08691</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>609-890-7110</td>
<td>00676</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>8/14/2013</td>
<td>8/15/2013</td>
<td>AMERITECH SERVICES</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occancy Status During Abatement (Check only one)</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
<td>1A ST. LAWRENCE AVENUE</td>
</tr>
</tbody>
</table>

### ESSENTIAL PERSONNEL ONLY

- Renovation
- Demolition

### Scope of Work (Check all that apply)
- [ ] ≥ 3 sf or ≥ 3 if
- [ ] ≥ 160 sf or ≥ 260 if

### 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) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] YES</td>
<td>PIPE INSULATION</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>155 LIN. FT.</td>
<td>X</td>
</tr>
</tbody>
</table>

### Name of Registered Waste Hauler

- NDEP Waste Hauler ID No. 21079

<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 YD.</td>
<td>GROWS</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>WEST CREEK, NJ</td>
<td>8/16/2013</td>
<td>MORRISVILLE, PA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed By</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>DAVID D'ANDREA</td>
<td>PRESIDENT</td>
<td>[Signature]</td>
<td>7/29/2013</td>
</tr>
</tbody>
</table>

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

Date of Notification (1) 7/25/2013

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type of Notification</th>
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<tr>
<td>[x] EPA</td>
<td>Initial Notification</td>
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<tr>
<td>[ ] DEP</td>
<td>Amended Notification</td>
</tr>
<tr>
<td>[x] DOL</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>[x] DOH</td>
<td>Cancellation</td>
</tr>
<tr>
<td>[ ] DCA</td>
<td></td>
</tr>
</tbody>
</table>

Name of Building Owner/Operator (2) Seminole Construction

Street Address 128 Bartlett Avenue

City, State, Zip Code West Creek, NJ 08092

Name of Contact Joyce

Telephone Number

FACILITY INFORMATION

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

Street Address 103 Irvington Road

City Waretown

County Ocean

County Code (6) (STATE USE ONLY) N/A

County Code (7) N/A

Type of Facility (4)

- [ ] School (k-12)
- [ ] Subchapter 8 (other than k12)
- [x] Other (i.e., private & commercial buildings, homes, etc.)

Square feet 1000 sf

# of Floors 1

Blg. Age 60

Current Use (Prior if being demolished) Residence

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

ASCM No. N/A

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

Street Address 1889 Route 9, Unit 61

City, State, Zip Code Toms River, New Jersey 08756-1271

Telephone Number 732-349-9932

License Number 00624

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

Street Address 1056 Stetson Road

City, State, Zip Code Piscataway, New Jersey 08854

Full Containment with Negative Pressure

Mini-Enclosure

Glovebag Procedure

Non-Exempted (*) and Non-Friable Procedure

Scope of Work (Check all that apply)

- [x] >3 sf or ≥160 sf or ≥260 sf
- [ ] ≥3 sf or ≥160 sf or ≥260 sf

Abatement Type

- [ ] Renovation
- [x] 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

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

Amount (Specify SF or LF) 900 sf

Exterior [x] Asbestos siding

Name of Registered Waste Hauler Guardian Contracting, Inc.

NUDEP Waste Hauler ID No. 20223

Cubic Yards of Waste 3

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

City, State Toms River, New Jersey

Disposal Date 7/31/13

City, State Tullytown, Pennsylvania

Completed by (Print or Type) Nicholas Fernicola

Title Project Manager

Signature [Signature]

Date 7/25/13

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

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

**Date of Notification (1):** July 26, 2013

**Name of Building Owner/Operator:** Eastern Contracting, LLC

**Street Address:** P O Box 17

**City, State, Zip Code:** Bayville, NJ 08721

**Name of Contact:** Bill Santora

**Telephone Number:** 425-149

---

**FACILITY INFORMATION**

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

- **Residence**
- **Street Address:** 93 Illinois Avenue
- **City:** Waretown
- **County:** Ocean
- **County Code:** N/A
- **County Code (STATE USE ONLY):** N/A

**Type of Facility (4):**

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

- **Square Feet:** 1000 sf
- **# of Floors:** 1
- **Bldg. Age:** 60
- **Current Use (Prior if being demolished):** Residence

**Name of Abatement Contractor:** Guardian Contracting, Inc.

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

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

**Telephone Number:** 732-349-9932

**License Number:** 00624

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

**Street Address:** 1056 Stelton Road

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

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

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

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

- **Exterior**
  - [ ] Asbestos siding

**Amount (Specify SF or LF):** 600 sf

**Abatement Type:** X

---

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

- [ ] 50 ft or more
- [ ] 160 ft or more

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

**NIDEP Waste Hauler ID No.:** 20223

**Cubic Yards of Waste:** 3

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

---

**City, State:** Toms River, New Jersey

**Disposal Date:** 7/31/13

**City, State:** Tullytown, Pennsylvania

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

- **Title:** Project Manager
- **Name:** Nicholas Ferrotola

**Signature:**

**Date:** 7/26/13

---

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

Date of Notification (1) | July 26, 2013
Agencies Notified | 
- [X] EPA
- [ ] DEP
- [X] DOL
- [X] DOH
- [ ] DCA

Type of Notification | 
- [ ] Initial Notification
- [ ] Amended Notification
- [X] Emergency (including justification)
- [ ] Cancellation

Name of Building Owner/Operator (2) | Elite Construction Corp.

Street Address | 49 Linden Avenue
City, State, Zip Code | Mantua, NJ 08051

Name of Contact | Nick

Telephone Number | 

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) | Residence
Street Address | 85 Oregon Avenue
City | Waretown
County (6) | Ocean

County Code (7) (STATE USE ONLY) | ASCM No.

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

Name of Abatement Contractor (9) | Guardian Contracting, Inc.

Street Address | 1889 Route 9, Unit 61
City, State, Zip Code | Toms River, New Jersey 08755-1271

Project Manager for Monitoring Firm | 

Telephone Number | 732-349-9932

License Number | 00624

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

Street Address | 1056 Stelton Road
City, State, Zip Code | Piscataway, New Jersey 08854

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

Scheduled Start Date (10) | 7/26/13
Scheduled Completion Date (11) | 7/30/13

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

Exterior | 
- [X] Asbestos siding
- [ ] 850 sf
- [X] X

Amount (Specify SF or LF) | 

Abatement Type | R E M O V A L
- [ ] R E P A I R
- [ ] E N C A P S U L E
- [ ] E N C L O S U R E

Name of Registered Waste Hauler | 

Guardian Contracting, Inc.
NUDEP Waste Hauler ID No. | 20223
Cubic Yards of Waste | 3
Name of Registered Landfill | T.R.F.

City, State | Toms River, New Jersey
Disposal Date | 7/31/13
City, State | Tullytown, Pennsylvania
Completed by (Print or Type) | Nicholas Fernicola
Title | Project Manager
Signature | 

*Do not use this form for asbestos licensure exempted activities.
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1) 7-26-2013

Name of Building Owner/Operator (2) Marc and Jessica Gidal

Street Address 29 Riggs Place

City, State, Zip Code South Orange, NJ,

Name of Contact Mark and Jessica Gidal

Telephone Number N/A

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Same as above

Street Address

City (5) County (6) Essex County Code (7) (STATE USE ONLY) 2200

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

Square Feet 2200 # of Floors 3 Bldg. Age 115

Current Use (Prior if being demolished)

Name of Monitoring Firm hired by Building ASCM No. N/A

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

Street Address 86 Christopher St.

City, State, Zip Code Montclair, NJ 07042

Telephone Number (973) 744-8800 License Number 00371

Project Manager for Monitoring Firm Telephone Number N/A

Name of OSHA Monitor N/A

Scheduled Start Date (10) 8-5-13 Sched. Completion Date (11) 8-6-13

Month Day Year Month Day Year

Occupancy Status During Abatement (Check only one)

[X] Facility Closed/Vacated During Entire Period of Abatement

Other - Describe: Off Hours, AVA, etc.

Scope of Work (Check all that apply)

[X] > 3 sf or > 3 l f [X] Renovation

[X] > 160 sf or > 250 l f [ ] Demolition

[X] Full Containment with Negative Pressure [ ] Mini-Enclosure

[X] Glovebag Procedure [ ] Non-Friable Procedure

Location of Asbestos-Containing Material (ACM)

TO BE ABATED

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, VAC, or other miscellaneous)

Amount (Specify SF or LF)

Abatement Type

REMOVAL REPAIR ENCLOSURE

Base ment X Pipe Insulation 105 X

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.

NJDEP Waste Hauler ID No. 17040

cubic yards of waste 1.5

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

City, State Montclair, NJ 07042

Disposal Date City, State 8-7-13 Morrisville, PA 19067

Completed By (Print or Type) Constantine Vivian

Title President

Signature Date 7-26-2013
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 12:120)

**Date of Notification (1)**
7-16-13

**Name of Building Owner/Operator (2)**
Ewing Board of Ed

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

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

**Street Address**
P2099 Pennington Rd

**City, State, Zip Code**
Ewing, NJ 08618

**Name of Contact**
Bob

**Telephone Number**

---

### FACILITY INFORMATION

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

**Street Address**
220 Ewingville Rd

**City (5)**
Ewing

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

**Square Feet**
18000

**# of Floors**
2

**Bldg. Age**
65

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

---

**Name of Monitoring Firm HIred by Building Owner (8)**
ASCN No.

**Name of Abatement Contractor (9)**
Ani & Joe LLC

**Street Address**
1212 Burlington Ave

**City, State, Zip Code**
Delanco, NJ 08075

**Telephone No.**
856-624-0971

**License No.**

---

**Start Date (10)**
7-25-13

**Scheduled Completion Date (11)**
8-25-13

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

---

**Scope of Work (Check All That Apply)**
- [X] Renovation
- [X] Demolition

---

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

- **(12)**
  - In Facility
  - Outside

- **(13)**
  - Yes
  - No
  - N/A

**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)**
396lf

**Abatement Type**

---

**Location of Registered Waste Hauler**
NJ DEP Waste Hauler ID No. 18687

**Cubic Yards of Waste**
40cy

**Name of Registered Landfill**
Wm Of Pa

**City, State**
Bellmawr, NJ

**Disposal Date**
TBD

**City, State**
Tullytown, NJ

---

**Completed by**
Joseph T Hill

**Title**
VP

**Signature**

**Date**
7-16-13

---

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

**Date of Notification (1)**
7-16-13

**Name of Building Owner/Operator (2)**
Ewing Board of Ed

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

**Initial Notification**
- [ ] Amendment
- [ ] Amendment #

**Street Address**
P2099 Pennington Rd

**City, State, Zip Code**
Ewing, NJ 08618

**Name of Contact**
Bob

**Telephone Number**

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**
Francis Lore Middle School

**Street Address**
13 Westwood Drive

**City (5)**
Ewing

**County (6)**
Trenton

**County Code (7)**

**Square Feet**
18000

**# of Floors**
2

**Bldg. Age**
65

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

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

**ASCM No.**

**Name of Abatement Contractor (9)**
Anl & Joe LLC

**Street Address**
1212 Burlington Ave

**City, State, Zip Code**
Delanco, NJ 08075

**Project Manager for Monitoring Firm**

**Telephone No.**
956-924-0971

**License No.**
01670

**Start Date (10)**
7-25-13

**Scheduled Completion Date (11)**
8-25-13

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

**Scope of Work (Check All That Apply)**
- [ ] ≥3 sf or ≥3 ft
- [x] ≥160 sf or ≥260 ft
- [ ] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [x] Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>(13)</th>
</tr>
</thead>
</table>

**In Facility**

<table>
<thead>
<tr>
<th>(13)</th>
</tr>
</thead>
</table>

**Is Location Normally Used Solely by Maintenance/Custodial Staff?**
<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
</table>

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

**Amount (Specify SF or LF)**
96sqft

**Abatement Type**

**Location of Registered Waste Hauler**
J Robinson Waste

**Cubic Yards of Waste**
18667

**Name of Registered Landfill**
Wm Of Pa

**Disposal Date**
TBD

**Name of Registered Waste Hauler**

<table>
<thead>
<tr>
<th>Title</th>
</tr>
</thead>
</table>

**Signature**

<table>
<thead>
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<th>Date</th>
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</table>

7-16-13

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

Date of Notification (1)
7-16-13

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

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

Name of Building Owner/Operator (2)
Ewing Board of Ed

Street Address
P2099 Pennington Rd

City, State, Zip Code
Ewing, NJ 08618

Name of Contact
Bob

Telephone Number

FACILITY INFORMATION

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

Street Address
1325 Lower Ferry Rd

City (5)
Ewing

County (6)
Trenton

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

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

Name of Abatement Contractor (9)
Ani & Joe LLC

Street Address
1212 Burlington Ave

City, State, Zip Code
Delanco, NJ 08075

Project Manager for Monitoring Firm

Telephone No.
856-824-0871

License No.

Start Date (10)
7-25-13

Scheduled Completion Date (11)
8-25-13

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

Scope of Work (Check All That Apply)
☒ ≥3 sf or ≥3 if
☒ ≥160 sf or ≥260 if
☒ Renovation
☒ Demolition

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

In Facility (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

Renovation
Repair
Encapsulation
Enclosure

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

Name of Registered Waste Hauler
J Robinson Waste

NJ/DEP Waste Hauler ID No.
18687

Cubic Yards of Waste
40cy

Name of Registered Landfill
Wm Of Pa

City, State
Bellmawr NJ

Disposal Date
TBD

City, State
Tullytown NJ

Completed by
Joseph T Hill

Title
VP

Signature

Date
7-16-13

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

- **Date of Notification (1)**: 7-16-13
- **Name of Building Owner/Operator (2)**: Ewing Board of Ed
- **Agencies Notified**: EPA, DEP, DOL, DOH, DCA
- **Type Notification**: Initial

**FACILITY INFORMATION**

- **Name of Facility Where Abatement is Taking Place (3)**: Anthelium Elementary School
- **Street Address**: 3398 Ewingville Rd
- **City (5)**: Ewing
- **County (6)**: Trenton
- **Square Feet**: 18000
- **# of Floors**: 2
- **Bldg. Age**: 65

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

**Name of Abatement Contractor (9)**: Ani & Joe LLC

**Project Manager for Monitoring Firm**

**Telephone No.**

**Start Date (10)**: 7-25-13

**Scheduled Completion Date (11)**: 8-25-13

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

**Scope of Work (Check All That Apply)**
- [X] ≥3 sf or ≥3 If
- [ ] ≥160 sf or ≥260 If
- [ ] Renovation
- [ ] Demolition

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

<table>
<thead>
<tr>
<th>Classroom</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>
</tr>
</thead>
<tbody>
<tr>
<td>Classroom</td>
<td>No (N/A)</td>
<td>Ck Board (96sqft)</td>
</tr>
<tr>
<td>Classroom</td>
<td>No (N/A)</td>
<td>Floor Tile / Mastic (750sqft)</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**: J Robinson Waste

**Cubic Yards of Waste**: 40cy

**Disposal Date**: TBD

**City, State**: Bellmawr, NJ

**Completed by**: Joseph T Hill

**Title**: VP

**Signature**: [Signature]

**Date**: 7-16-13

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

Date of Notification (1)
July 26, 2013

Name of Building Owner/Operator (2)
The Estate of Peter H.B. Frelinghuysen

Name of Construction Project (3)
582 James Street

Name of Facility Where Abatement is Taking Place (3)
N/A

Location of Asbestos-Containing Material (ACM)

TO BE ABATED
IN Facility

Yes
No
N/A

Location

Roof

Description of Asbestos-Containing Material (ACM)

(1) Thermal systems insulation, surfacing, VAT, or other miscellaneous

Amount

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

Abatement Type

Roofing

470 sq ft

Encapsulate

Flashing Material

12 sq ft

Repair

Enclosure

Name of Registered Waste Hauler

B&N&K Restoration Co., Inc., 22-2674200

City, State

Clifton, N.J 07011

Name of Registered Landfill

Minerva Enterprises, Inc.

City, State

Waynesburg, OH

Completed by

Aleksandar Kuridza

Title

Vice-President

Signature

7/26/2013

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

Date of Notification (1) 7/26/03

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

Type of Notification
- Initial
- Amended
- Amendment 

Name of Building Owner/Operator (2) PINELANDS CONSTRUCTION

Street Address 300 77 TH ST.

City, State, Zip Code Sea Isle City, N.J. 08243

Name of Contact Frank Edouard

Telephone Number

FACILITY INFORMATION

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

Name of Facility Where Abatement is Taking Place (5) RESIDENCE

Street Address 135 47TH ST.

City, State, Zip Code Sea Isle City, N.J. 08243

County (6) Cape May

Square Feet 0

# of Floors 0

Bldg Age 0

Name of Monitoring Firm Hired by Building Owner N/A

ASCQ No

Name of Abatement Contractor (9) KLEMCO INC.

Street Address 369 S SPRUCE AVE.

City, State, Zip Code Maple Shade, N.J. 08052

Telephone No. 856-779-0472

License No. 00444

Name of OSHA Monitor Joseph Klem

Street Address 369 S SPRUCE AVE.

City, State, Zip Code Maple Shade, N.J. 08052

Start Date (10) 8/7/13

Scheduled Completion Date (11) 8/19/13

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

Scope of Work (Check all that apply)
- 33 sf or 33 sf
- 2160 sf or 2160 sf
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Non-Enclosure
- Glovebag Procedure
- Non-Exempted (12) and Non-Friable Procedure

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

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

Yes No N/A

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRANSITE</td>
<td>300</td>
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</table>

Name of Registered Waste Hauler KLEMCO INC.

NIDEP Waste Hauler ID No. 12904

Cubic Yards of Waste 0

Name of Registered Landfill C.M.C. M.V.A.

City, State MAPLE SHADE, N.J.

Disposal Date

Completed By Joseph Klem

Title VIP

Signature

Date 7/28/13

ASB-41

* 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)
7/26/03

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

### Street Address
300 77TH ST.

### City, State, Zip Code
Sea Isle City, N.J., 08243

### Name of Contact
Edward

### Telephone Number

### FACILITY INFORMATION

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

#### Street Address
208 44th Street

#### City (5)
Sea Isle City

#### County (6)
Cape May

#### Type of Facility (4)

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

#### Current Use (Prior to being demolished)
Vacant

#### Number of Floors

#### Building Age

#### Current Use

### Name of Monitoring Firm Hired by Building Owner
N/A

### ASCM No.

### Name of Abatement Contractor (5)
Klemco Inc.

### Street Address
369 S. Spruce Ave.

### City, State, Zip Code
Maple Shade, N.J., 08052

### Telephone No.
856-729-0472

### License No.
00444

### Name of OSHA Monitor
Joseph Klem

### Street Address
369 S. Spruce Ave.

### City, State, Zip Code
Maple Shade, N.J., 08052

### Start Date (10)
8/17/13

### Scheduled Completion Date (11)
8/19/13

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

### Scope of Work (Check all that apply)
- 3 sf or 22 ft
- 3100 sf or 2200 ft
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Min-Enclosure
- Glovebag Procedure
- Non-Exempted () and Non-Friable Procedure

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

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

### Yes

### No

### N/A

### Name of Registered Waste Hauler
Klemco Inc.

### NJDEP Waste Hauler ID No.
1234

### Cubic Yards of Waste

### Name of Registered Landfill

### City, State
Maple Shade, N.J.

### Disposal Date

### City, State
Woodbine, N.J.

### Completed By
Joseph Klem

### Title
VIP

### Signature

### Date
7/26/13

---

*Do not use this form for asbestos licensure exempted activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:98 and 12:130)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/27/13</td>
<td>HUDSON HARBOUR CONDO ASSOCIATION</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Agency Notified</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>□ DEP</td>
<td>Amended</td>
</tr>
<tr>
<td>□ DOL</td>
<td>Amendment 6</td>
</tr>
<tr>
<td>□ DOH</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>□ DCA</td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>1203 RIVER RD</td>
<td>EDGEWATER, NJ. 07020</td>
</tr>
</tbody>
</table>

FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>HUDSON HARBOUR CONDO ASSOCIATION</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
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</tr>
</thead>
<tbody>
<tr>
<td>1203 RIVER RD</td>
<td>EDGEWATER, NJ. 07020</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>County Code (6)</th>
<th>County Code (7) (STATE USE ONLY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>BERGEN</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Current Use (Prior if being demolished)</th>
</tr>
</thead>
<tbody>
<tr>
<td>APT/ CONDO</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASCM No.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (6)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Best Removal Inc</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>450 S.River St</td>
<td>Hackensack, N.J. 07601</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Film</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone No.</td>
</tr>
<tr>
<td>----------------</td>
</tr>
<tr>
<td>201-329-7444</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>8/5/13</td>
<td>8/7/13</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Residence</td>
</tr>
<tr>
<td>□ Commercial</td>
</tr>
<tr>
<td>□ Other - Describe: 7:00 AM TO 5:00 PM</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ ≥ 3 sf or ≥ 3 ft</td>
</tr>
<tr>
<td>□ ≤ 100 sf or ≤ 280 ft</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>
<tr>
<td>-----</td>
</tr>
<tr>
<td>VMT</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Description of Asbestos Containing Material (ACM) (i.e., commercial facilities, Fireproofing, etc)</th>
</tr>
</thead>
<tbody>
<tr>
<td>VAT</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>Mzzanine Level</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>700 SF X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Handler</th>
</tr>
</thead>
<tbody>
<tr>
<td>Best Removal Inc</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NJDEP Waste Handler ID No.</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>17109</td>
<td>Minerva Enterprises</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hackensack, N.J. 07601</td>
<td>6/7/13</td>
<td>Waynesburg, Oh</td>
</tr>
</tbody>
</table>

Completed by |
J. Maiorano |
Estimator |

Signature |
J. Maiorano |
Date 7/27/13

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

Date of Notification: 7/25/13  
Name of Building Owner / Operator: Trenton Board of Education

Name of Facility Where Abatement is Taking Place: Jefferson Elementary  
Street Address: 1 Whittlesey Road

Environmental Connection:  
Street Address: 120 North Warren Street  
City, State & Zip Code: Trenton, NJ 08610

Project Manager for Monitoring Firm: Dominic Dercole  
Telephone Number: 609-392-4200

Name of Monitoring Firm Hired by Building Owner: ASCM No. Bristol Environmental, Inc.

Name of Abatement Contractor: Bristol Environmental, Inc.  
Street Address: 1123 Beaver Street  
City, State & Zip Code: Bristol, PA 19007

Name of OSHA Monitor: Bristol Environmental, Inc.

Name of Registered Waste Hauler: NJDEP Waste Hauler ID No. 18706

Name of Registered Landfill: GROWS Landfill  
City, State: Morrisville, PA

Completed By: Gino Pizzigoni  
Title: Project Manager  
Signature: Date: 7/25/13
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1) 7-25-2013

Name of Building Owner/Operator (2) Sabine Von Auroluck

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

Type Notification
[X] Initial Notification
[X] Amended Notification
[X] EMERGENCY Cancellation

Street Address 83 Maolis Ave.
City, State, Zip Code Bloomfield, NJ, 07003

Name of Contact Sabine Von Auroluck

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Same as above

Street Address

City (5) Essex County (6) County Code (7) (STATE USE ONLY)

Name of Monitoring Firm hired by Building ASCM No.
Owner (8) N/A

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm Telephone Number
N/A

Scheduled Start Date (10) 8-3-13 Sched. Completion Date (11) 8-5-13

Month Day Year Month Day Year

Occupancy Status During Abatement (Check only one)
[X] Abatement Performed Outside of Normal Facility
Hours - Describe: Off Hours Describe
[ ] Other - Describe: Other Occupancy Description

Scope of Work (Check all that apply)
[X] > 3 sf or > 3 LF
[ ] > 160 sf or > 260 LF
[X] Renovation
[ ] Demolition

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

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, VAP, or other miscellaneous)

Amount (Specify SF or LF)

Abatement Type

Basement X Pipe Insulation 40 LF X

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.

E.DEP Waste Hauler ID No. 17040

Cubic Yards Name of Registered Landfill
Of Waste 1.5 G.R.O.W.S.

City, State Montclair, NJ 07042

Disposal Date 8-6-2013 City, State Morrisville, PA 19067

Completed By (Print or Type) Constantine Vivian Title President

Signature Date 7-25-13
Date of Notification (1) | 7-27-13  
---|---
Name of Building Owner/Operator (2) | Southview Homes  
Street Address | 29 Union AVE  
City, State, Zip Code | Manasquan NJ 08736  
Name of Contact | Gretchen O’Kane  
FACILITY INFORMATION  
Name of Facility Where Abatement Is Taking Place (3) | Single Family Home  
Street Address | 211 3rd AVE  
City (5) | Manasquan NJ  
County (6) |  
Name of Monitoring Firm Hired by Building Owner (8) | EPC Technologies  
Street Address | P.O. Box 337  
City, State, Zip Code | New Egypt, NJ 08533  
Project Manager for Monitoring Firm | Steve Schenken  
Telephone No. | 609758-3365  
Start Date (10) | Aug 8, 2013  
Scheduling Completion Date (11) | Aug 9, 2013  
Occupancy Status During Abatement (Check Only One) |  
Facility Closed/Vacated During Entire Period of Abatement  
Abatement Performed Outside of Normal Facility Hours  
Other – Describe:  
Scope of Work (Check All That Apply) |  
23 sf or ≤23 sf  
≥216 sf or ≥226 sf  
Renevation  
Demolition  
Location of Asbestos-Containing Material (ACM) TO BE ABATED (13) | Exterior Walls  
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) | Siding, Shingles  
Amount (Specify SF or LF) | 900 SF  
Abatement Type |  
Location |  
Removal  
Repair  
Encapsulate  
Eradicate  
End Use  
End Use  
Release  
Pending  
Disposal Date | 8-9-13  
City, State | Morningside PA  
Name of Registered Waste Hauler | EPC Technologies  
City, State | New Egypt NJ  
completed by | Steve Schenken  
Title | President  
Signature |  
Date | 7-27-13  
  "* Do not use this form for asbestos licensure exempted activities."
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
7/26/13

Name of Building Owner/Operator (2)
Tovaste Management LLC

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

Street Address
555 Secaucus Road,
City, State, Zip Code Secaucus, NJ 07094

Name of Contact
Prasad Gurnani

FACILITY INFORMATION
Name of Facility Where Abatement is Taking Place (3)
Private Property
Street Address
854 Newark Avenue
City, State, NJ
Jersey City, NJ
County Code (7)
Hudson

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

Square Feet
2500 SF
# of Floors
3
Bldg. Age
+50

Current Use (Prior to being demolished)

Name of Monitoring Firm Hired by Building Owner (8)
N/A
ASCN No.
N/A
Name of Abatement Contractor (6)
First Phase Group Inc

Street Address
567-562nd Street Suite#16
City, State, Zip Code
West New York, NJ 07093

Telephone No.
201-758-7158
License No.
00144

Project Manager for Monitoring Firm
N/A

Telephone No.

Start Date (10)
8/9/13
Scheduled Completion Date (11)
8/19/13

Occupancy Status During Abatement (Check Only One)
Facility Closed/Vacated During Entire Period of Abatement
Abatement Performed Outside of Normal Facility Hours
Other - Describe: 8 Hours

Scope of Work (Check All That Apply)

Renovation
Demolition

- Full Containment with Negative Pressure
- Sensitive Environment
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

In Facility (13)
Exterior
Exterior

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)
Roofing
Shingles Transite

Amount (Specify SF or LF)
2800SF
3000SF

Abatement Type
Removal
Repair
Encapsulate
Endorse

Name of Registered Waste Hauler
Tri State Transfer Assoc Inc

NJDEP Waste Hauler ID No.
24310

Cubic Yards of Waste

Name of Registered Landfill
Minerva Enterprises

City, State, Disposal Date
1199 Randall Ave, Bronx NY

City, State, Waynesburg OH 44656

Completed by
Edwin Precilla

Title
Project Manager

Signature
Date
7/26/13

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**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>7/25/2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>JEFFERSON TOWNSHIP BOARD OF EDUCATION</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>Type Notification</td>
</tr>
<tr>
<td>X: EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended</td>
</tr>
<tr>
<td>DOL</td>
<td>Amendment #</td>
</tr>
<tr>
<td>DOH</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>DCA</td>
<td>Cancellation</td>
</tr>
<tr>
<td>Street Address</td>
<td>31 ROUTE 181</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>LAKE HOPATCONG, NJ 07849</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>JOSEPH YUHAS</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place (3) | ELLEN T. BRIGGS ELEMENTARY SCHOOL |
| Street Address | 1 JEFFERSON DRIVE |
| City (5) | LAKE HOPATCONG |
| County (6) | SUSSEX |
| ASCM No. | Name of Abatement Contractor (9) |
| KARL & ASSOCIATES INC. | TWO BROTHERS CONTRACTING |
| Street Address | 250 RUTHERFORD BLVD. |
| City, State, Zip Code | CLIFTON, NJ 07014 |
| Telephone No. | 973-956-8700 |
| License No. | 00494 |
| Name of OSHA Monitor | SAME AS (9) ABOVE |
| 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)**

- □: ≤3 sf or ≥3 If
- □: ≥160 sf or ≥260 If
- □: renovation
- □: Demolition
- □: Full Containment with Negative Pressure
- □: Mini-Enclosure
- □: Glovebag Procedure
- □: Non-Exempted (I) and Non-Friable Procedure

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
<th>Interior</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</td>
<td>Yes</td>
</tr>
<tr>
<td>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td></td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td></td>
</tr>
<tr>
<td>Abatement Type</td>
<td></td>
</tr>
<tr>
<td>X: Window caulking</td>
<td>1,800 SF</td>
</tr>
</tbody>
</table>

**EXTERIOR**

| NAME OF REGISTERED WASTE HAULER | TWO BROTHERS CONTRACTING |
| Address | NURED WASTE Hauler ID No. 18743 |
| City, State | CLIFTON, NJ |
| Disposal Date | 8/23/2013 |
| CITY OF | MORRISVILLE, PA |
| COMPLETED BY | VIVECA RAMOS |
| Title | PROJECT COORDINATOR |
| Signature | Signature |
| Date | 7/25/2013 |

ASB-41 (R-06-08)

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**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

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

**Check #8156**

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>July 26, 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner / Operator (2)</td>
<td>Joe Czubak</td>
</tr>
<tr>
<td>Street Address</td>
<td>220 Delaware Trail</td>
</tr>
<tr>
<td>City, State &amp; Zip Code</td>
<td>Jackson, NJ 08527</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Joe Czubak</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3)

Residence

Street Address

220 Delaware Trail

City (5)

Jackson

County (6)

Ocean

County Code (7) USE ONLY

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No. N/A

Name of Abatement Contractor (9)

Synatech, Inc.

Street Address

829 Radio Road

City, State & Zip Code

Little Egg Harbor, NJ 08087

Project Manager for Monitoring Firm

Tel. Number

Telephone Number

609-296-9755

License Number

00817

Scheduled Start Date (10)

August 5, 2013

Scheduled Completion Date (11)

August 12, 2013

Occupancy Status During Abatement (Check only one)

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

Scope of Work (Check all that apply)

- ≥3 sf or ≥ 50 l
- ≥160 sf or ≥260 l

- 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

Location

Basement

Floor Tile and Mastic

Amount (Specify SF or LF)

516 SF

Abatement Type

Removal

EndNote

Enclosure

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

Name of Registered Waste Hauler

Synatech, Inc

City, State

Little Egg Harbor, NJ

Completed By

Diane Aloi

Title

Executive Assistant

Name of Registered Landfill

Grows Landfill

Disposal Date

August 13, 2013

City, State

Morrisville, PA

Name of Owner / Operator

Joe Czubak

Date

July 26, 2013

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

Date of Notification (1)
7/26/13

Name of Building Owner/Operator (2)
William Machrides (Private home)

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

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

Street Address
29 Myrtle

City, State, Zip Code
Manahawkin NJ 08050

Name of Contact
William

Telephone Number

FACILITY INFORMATION

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

Street Address
29 Myrtle

City
Manahawkin NJ 08050

County
Ocean

Square Feet
1000+

Current Use (Prior if being demolished)
Home

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

# of Floors
2

Bidg. Age
35+

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

ASCM No.

Name of Abatement Contractor (9)
Pernaco Inc.

Street Address
PO Box 329

City, State, Zip Code
West Berlin NJ 08091

Project Manager for Monitoring Firm

Telephone No.
856-753-9800

License No.
00727

Start Date (10)
7/26/13

Scheduled Completion Date (11)
7/27/13

Name of OSHA Monitor
Same

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 lf
- ≥160 sf or ≥260 lf
- Renovation
- Demolition

Location of Asbestos-Containing Material (ACM)

TO BE ABATED
In Facility

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

Yes
No
N/A

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

Amount (Specify SF or LF)
700 SF

Abatement Type

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

1st Floor living room and bedrooms

Floor tile only

Name of Registered Waste Hauler
United Containers

NJ/DEP Waste Hauler ID No.
22459

Cubic Yards of Waste
2

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

Disposal Date
7/29/30

City, State
Morrisville PA 19067

Completed by
Anthony T Perna
Title
President
Signature

Date
7/26/13

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

Date of Notification (1)
7/26/13

Name of Building Owner/Operator (2)
Neil Battoni (Private home)

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

Street Address
316 Morris Blvd

City, State, Zip Code
Manahawkin NJ 08050

Name of Contact
Neil

# of Floors
1+

Type of Facility (4)

Bidg. Age
35+

Current Use (Prior if being demolished)
Home

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

County Code (7) STATE USE ONLY

Square Feet
1000+

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

Name of Abatement Contractor (9)
Pernaco Inc.

Street Address
PO Box 329

City, State, Zip Code
West Berlin NJ 08091

Telephone No.
856-753-9800

License No.
00727

Project Manager for Monitoring Firm

Start Date (10)
8/5/13

Scheduled Completion Date (11)
8/14/13

Name of OSHA Monitor
Same

Occupancy Status During Abatement (Check Only One)
设施闭合/空缺期间整个期间的去尘

Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours

Other - Describe:

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

Location Normally Used Solely by Maintenance/Custodial Staff?

Yes No N/A

Exterior Siding

Exterior Siding

Amount
1200.00

Abatement Type

Amount (Specify SF or LF)

Full Containment with Negative Pressure

Mini-Enclosure

Glovebag Procedure

Non-Exempted (%) and Non-Friable Procedure

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

Name of Registered Waste Hauler

United Containers

NJDEP Waste Hauler ID No.
22459

Cubic Yards of Waste
3

Disposal Date
8/14/13

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

City, State
Morrisville PA 19067

City, State

Completed by
Anthony T Perna
Title President
Signature
Date 7/26/13

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

Date of Notification (1)
7/25/13

Name of Building Owner/Operator (2)
Renee Lee Payton Private Home

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

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

Street Address
109 Lincoln Road

City, State, Zip Code
Wenonah NJ 08090

Name of Contact
Tara

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)
Renee Lee Payton Private Home

Street Address
109 Lincoln Road

City (6)
Wenonah NJ 08090

County (6)
Gloucester

Name of Monitoring Firm Hired by Building Owner (8)
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
1000 +

# of Floors
1

Bldg. Age
35 +

Current Use (Prior to being demolished)
Home

Name of Abatement Contractor (9)
Pernaco Inc.

Street Address
PO Box 329

City, State, Zip Code
West Berlin NJ 08091

Project Manager for Monitoring Firm

Telephone No.
856-753-9800

License No.
00727

Start Date (10)
7/26/13

Scheduled Completion Date (11)
7/30/13

Name of OSHA Monitor
Same

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

Other – Describe:

Scope of Work (Check All That Apply)

☒ ≤3 sf or ≤3 ft
☒ ≥160 sf or ≥260 ft
☐ Renovation
☒ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM)

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

Floor tile only

500 SF

Description of Asbestos Containing Material (ACM)

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

Amount
(Specify
SF or LF)

Abatement
Type

Removal
Repair
Encapsulation
Enclosure

Yes
No
N/A

Disposal Date
7/30/13

City, State
Morrisville PA 19067

Completed by
Anthony T Perna
Title
President

Signature

Date
7/25/13

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

Date of Notification (1)  
7/26/13

Name of Building Owner/Operator (2)  
Gerald Nihan (Private home)

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

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

Street Address  
27 W Delaware

City, State, Zip Code  
Beach Haven Ter. NJ 08008

Name of Contact  
Gerald

TelephoneNumber Number

FACILITY INFORMATION

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

Street Address  
27 W Delaware

City (5)  
Beach Haven Ter. NJ 08008

County (6)  

County Code (7)  

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

ASCM No.  
N/A

Name of Abatement Contractor (9)  
Pernaco Inc.

Street Address  
PO Box 329

City, State, Zip Code  
West Berlin NJ 08091

Project Manager for Monitoring Firm

Telephone No.  
856-753-9800

License No.  
00727

Start Date (10)  
8/5/13

Scheduled Completion Date (11)  
9/14/13

Name of OSHA Monitor  
Same

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

Scope of Work (Check All That Apply)  
☒ ≥2 sf or ≥3 if  
☒ ≥160 sf or ≥260 if  
☐ Renovation  
☒ Demolition  
☐ Full Containment with Negative Pressure  
☐ Mini-Enclosure  
☐ Glovebag Procedure  
☐ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED  
In Facility (15)  

Yes  
No  
N/A

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

Yes  
No

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

Cubic Yards of Waste  
3

Amount (Specify SF or LF)  
1700 SF

Abatement Type

Name of Registered Waste Hauler  
United Containers

NJDEP Waste Hauler ID No.  
22459

Cubic Yards of Waste  
3

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

City, State  
Morrisville PA 19067

Disposal Date  
8/14/13

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

Committed by  
Anthony T Perna

Title  
President

Signature  

Date  
7/26/13

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:128)

Date of Notification (1)
7/25/13

Name of Building Owner/Operator (2)
Buck Evans Private Home

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

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

Street Address
66 Tarpon Rd

City, State, Zip Code
Tuckerton NJ 08087

Name of Contact
Buck

Telephone Number

FACILITY INFORMATION

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

Street Address
66 Tarpon Rd

City (6)
Tuckerton NJ 08087

County (6)
Ocean

County Code (7)

Current Use (Prior if being demolished)
Home

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

ASCM No.

Name of Abatement Contractor (9)
Pernaco Inc.

Street Address
PO Box 329

City, State, Zip Code
West Berlin NJ 08091

Project Manager for Monitoring Firm

Telephone No.
856-753-9800

License No.
00727

Start Date (10)
7/25/13

Scheduled Completion Date (11)
7/30/13

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

Other:

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

Yes No N/A

Exterior Siding

Exterior Siding

1200 SF

Location Normally Used Solely by Maintenance/Custodial Staff

(12)

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

Amount
(Specify SF or LF)

Abatement Type

Removal
Repair
Encapsulate
Endorse

Name of Registered Waste Hauler
United Containers

NJDEP Waste Hauler ID No.
22459

Cubic Yards of Waste
2

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

Disposal Date
7/30/13

City, State
Morrisville PA 19067

Completed by
Anthony T Perna
Title
President

Signature

Date
7/25/13

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>7/8/13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency Notified</td>
<td>DEPA</td>
</tr>
<tr>
<td>Type Notification</td>
<td>Initial</td>
</tr>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>MRS CHRISTINE BALDGNESI</td>
</tr>
<tr>
<td>Street Address</td>
<td>1074 SEDO AVE</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>ELIZABETH NJ. 07202</td>
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<tr>
<td>Name of Contact</td>
<td>AS BALDGNESI</td>
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<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>1074 SEDO AVE</td>
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<td>City (5)</td>
<td>ELIZABETH NJ.</td>
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<td>County Code (7)</td>
<td>UNION</td>
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<td>Current Use (If not being demolished)</td>
<td>RESIDENT</td>
</tr>
<tr>
<td>Square Feet</td>
<td>2,800</td>
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<td># of Floors</td>
<td>8</td>
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<td>Bldg. Age</td>
<td>70</td>
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<td>Name of Monitoring Firm Hired by Building Owner (3)</td>
<td>NOVATECH INC</td>
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<tr>
<td>ASCM No.</td>
<td></td>
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<tr>
<td>Name of Abatement Contractor (6)</td>
<td>NOVATECH INC</td>
</tr>
<tr>
<td>Street Address</td>
<td>P.O. Box 814</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>OLD BRIDGE NJ. 08857</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>732 238X7500</td>
</tr>
<tr>
<td>License No.</td>
<td>00806</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>NOVATECH INC</td>
</tr>
<tr>
<td>Street Address</td>
<td>P.O. Box 814</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>OLD BRIDGE NJ. 08857</td>
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<td>Start Date (11)</td>
<td>8/5/13</td>
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<tr>
<td>Scheduled Completion Date (12)</td>
<td>9/5/13</td>
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<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</td>
<td>Garage</td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance Custodial Staff? (12)</td>
<td>No</td>
</tr>
<tr>
<td>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td>PIPE INSULATION</td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</td>
<td>Garage</td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance Custodial Staff? (12)</td>
<td>No</td>
</tr>
<tr>
<td>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td>PIPE INSULATION</td>
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<tr>
<td>Name of Registered Waste Hauler</td>
<td>NOVATECH INC</td>
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<tr>
<td>NJ/DEP Waste Hauler ID No.</td>
<td>18501</td>
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<tr>
<td>Cubic Yards of Waste</td>
<td>5</td>
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<tr>
<td>Name of Registered Landfill</td>
<td>6.000.000</td>
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<tr>
<td>City, State</td>
<td>OLD BRIDGE NJ. 08857</td>
</tr>
<tr>
<td>Completed by</td>
<td>CARLOS ARENDA</td>
</tr>
<tr>
<td>Title</td>
<td>PRESIDENT</td>
</tr>
<tr>
<td>Date</td>
<td>7/8/13</td>
</tr>
</tbody>
</table>

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

Date of Notification (1)
04/12/13

Name of Building Owner/Operator (2)
Beacon Redevelopment LLC

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

Type Notification
[ ] Initial
[ ] Amended
[ ] Amendment # 01
[ ] Emergency (including justification)
[ ] Cancellation

Street Address
4 Beacon Way, Suite 16

City, State, Zip Code
Jersey City, NJ 07304

Name of Contact
Thomas Wilk, P.M.

Telephone Number

FACILITY INFORMATION

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

Street Address
88 Clifton Place

City (5)
Jersey City

County (6)
Hudson

Name of Monitoring Firm Hired by Building Owner (5)
J&S Environmental Laboratories, LLC

ASCM No.

Name of Abatement Contractor (6)
Pyramid Contracting Corp.

Street Address
163 Sergeant Avenue

City, State, Zip Code
Clifton, NJ 07013

Project Manager for Monitoring Firm
Sherill Gelsomino

Telephone No.
973-689-6261

License No.
01099

Telephone No.
908-206-0073

Name of OSHA Monitor
J&S Environmental Laboratories LLC

Start Date (10)
04/23/13

Scheduled Completion Date (11)
11/30/13

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

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

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

In Facility

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

Repair
Encapsulate
Endoseal

Location of Asbestos-Containing Material (ACM).

"SEE PAGE 2"

"SEE PAGE 2"

Name of Registered Waste Hauler
Service Transport Group, Inc.

NJDEP Waste Hauler ID No.
20990

Cubic Yards of Waste

Name of Registered Landfill
Minerva Landfill

Disposal Date
City, State
Waynesburg, Ohio

Completed by
Dimo Golcev
Title
General Manager

Signature

Date
07/25/13

* 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>
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</thead>
<tbody>
<tr>
<td>Boiler Room-Bottom Level</td>
<td>X</td>
<td>Pipe Insulation Debris</td>
<td>930 SF</td>
<td>X</td>
</tr>
<tr>
<td>3rd Level</td>
<td>X</td>
<td>Pipe Insulation Debris</td>
<td>1,080 SF</td>
<td>X</td>
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<tr>
<td>3rd Level</td>
<td>X</td>
<td>Pipe Insulation</td>
<td>300 LF</td>
<td>X</td>
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<tr>
<td>4th Level - Next to Stairwell-Sm Rm</td>
<td>X</td>
<td>Pipe Insulation Debris</td>
<td>20 SF</td>
<td>X</td>
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<tr>
<td>4th Level</td>
<td>X</td>
<td>Pipe Insulation Debris</td>
<td>1,400 SF</td>
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<td>4th Level</td>
<td>X</td>
<td>Pipe Insulation</td>
<td>300 LF</td>
<td>X</td>
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<tr>
<td>4th Level - Room Across Elevator</td>
<td>X</td>
<td>Black Wall Tar</td>
<td>150 SF</td>
<td>X</td>
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<tr>
<td>4th Level - Room Across Elevator</td>
<td>X</td>
<td>Window Caulk</td>
<td>1,980 LF</td>
<td>X</td>
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<tr>
<td>Ground Floor, Exterior</td>
<td>X</td>
<td>Window Caulk</td>
<td>2,332 LF</td>
<td>X</td>
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<tr>
<td>1st Floor - Throughout Hallway</td>
<td>X</td>
<td>Brown Glue Debris</td>
<td>4,000 SF</td>
<td>X</td>
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<tr>
<td>1st Floor</td>
<td>X</td>
<td>Window Caulk</td>
<td>2,332 LF</td>
<td>X</td>
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<tr>
<td>1st Floor</td>
<td>X</td>
<td>Pipe Chase Insulation</td>
<td>280 LF</td>
<td>X</td>
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<tr>
<td>1st Floor</td>
<td>X</td>
<td>Pipe Insulation Debris</td>
<td>1,500 SF</td>
<td>X</td>
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<tr>
<td>2nd Floor-Throughout Hallway</td>
<td>X</td>
<td>Brown Glue Dabs</td>
<td>14,000 SF</td>
<td>X</td>
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<tr>
<td>2nd Floor</td>
<td>X</td>
<td>Pipe Chase Insulation</td>
<td>280 LF</td>
<td>X</td>
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<tr>
<td>2nd Floor</td>
<td>X</td>
<td>Pipe Insulation Debris</td>
<td>1,600 SF</td>
<td>X</td>
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<tr>
<td>3rd Floor-Throughout Hallway</td>
<td>X</td>
<td>Brown Glue Dabs</td>
<td>14,000 SF</td>
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<tr>
<td>3rd Floor</td>
<td>X</td>
<td>Pipe Chase Insulation</td>
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<tr>
<td>3rd Floor</td>
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<td>Pipe Insulation Debris</td>
<td>1,600 SF</td>
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<td>4th Floor</td>
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<td>Window Glazing</td>
<td>1,980 LF</td>
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<td>4th Floor</td>
<td>X</td>
<td>Pipe Chase Insulation</td>
<td>300 LF</td>
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<tr>
<td>4th Floor</td>
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<td>Pipe Insulation Debris</td>
<td>1,480 SF</td>
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<td>5th Floor</td>
<td>X</td>
<td>Pipe Chase Insulation</td>
<td>250 LF</td>
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<td>5th Floor</td>
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<td>Pipe Insulation Debris</td>
<td>1,700 SF</td>
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<tr>
<td>6th Floor</td>
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<td>X</td>
<td>Pipe Insulation Debris</td>
<td>1,650 SF</td>
<td>X</td>
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<td>7th Floor</td>
<td>X</td>
<td>Pipe Chase Insulation</td>
<td>300 LF</td>
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<tr>
<td>7th Floor</td>
<td>X</td>
<td>Pipe Insulation Debris</td>
<td>2,000 SF</td>
<td>X</td>
</tr>
<tr>
<td>8th Floor</td>
<td>X</td>
<td>Window Glazing</td>
<td>1,430 LF</td>
<td>X</td>
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<td>8th Floor</td>
<td>X</td>
<td>Pipe Chase Insulation</td>
<td>10 LF</td>
<td>X</td>
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<td>8th Floor</td>
<td>X</td>
<td>Pipe Insulation Debris</td>
<td>380 SF</td>
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<tr>
<td>9th Floor</td>
<td>X</td>
<td>Window Caulk</td>
<td>1,430 LF</td>
<td>X</td>
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<tr>
<td>9th Floor</td>
<td>X</td>
<td>Black Roof Flashing</td>
<td>70 SF</td>
<td>X</td>
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<td>9th Floor</td>
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<td>18 LF</td>
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<td>Black Roof Flashing</td>
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<td>10th Floor</td>
<td>X</td>
<td>Pipe Chase Insulation</td>
<td>15 LF</td>
<td>X</td>
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<tr>
<td>10th Floor</td>
<td>X</td>
<td>Pipe Insulation Debris</td>
<td>360 SF</td>
<td>X</td>
</tr>
<tr>
<td>11th Floor - Machine Room</td>
<td>X</td>
<td>Black Wall Tar</td>
<td>640 SF</td>
<td>X</td>
</tr>
</tbody>
</table>
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
04/12/13

Name of Building Owner/Operator (2)
Beacon Redevelopment LLC

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

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

Street Address
4 Beacon Way, Suite 16
City, State, Zip Code
Jersey City, NJ 07304

Name of Contact
Thomas Wilk, P.M.

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)
Hague Building

Street Address
88 Clifton Place
City (5)
Jersey City

County (6)
Hudson

Square Feet
190,000 +

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)
J&S Environmental Laboratories, LLC

ASCM No.

Name of Abatement Contractor (9)
Pyramid Contracting Corp.

Street Address
2333 Route 22 West
City, State, Zip Code
Union, NJ 07081

Project Manager for Monitoring Firm
Sherri Gelsomino

Telephone No.
908-206-0073

License No.
973-689-5281

Start Date (10)
04/23/13

Scheduled Completion Date (11)
07/31/13

Name of OSHA Monitor
J&S Environmental Laboratories LLC

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

Other - Describe:

Scope of Work (Check All That Apply)
- 23 sf or 23 if
- 2150 sf or 2260 if
- Renovation
- Demolition

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

- In Facility

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

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

Amount (Specify SF or LF)

Abatement Type

Endorse

Name of Registered Waste Hauler
Service Transport Group, Inc.

Cubic Yards of Waste

Name of Registered Landfill
Minerva Landfill

City, State
New Castle, Delaware

Completed by
Dimo Golcev

Title
General Manager

Signature

Disposal Date

City, State
Waynesburg, Ohio

Date
04/12/13

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>
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<tbody>
<tr>
<td>Boiler Room-Bottom Level</td>
<td>X</td>
<td>Pipe Insulation Debris</td>
<td>930 SF</td>
<td>X</td>
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<tr>
<td>3rd Level</td>
<td>X</td>
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<td>1,080 SF</td>
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<tr>
<td>3rd Level</td>
<td>X</td>
<td>Pipe Insulation</td>
<td>300 LF</td>
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<tr>
<td>4th Level - Next to Stairwell-Sm Rm</td>
<td>X</td>
<td>Pipe Insulation Debris</td>
<td>20 SF</td>
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<tr>
<td>4th Level</td>
<td>X</td>
<td>Pipe Insulation Debris</td>
<td>1,400 SF</td>
<td>X</td>
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<tr>
<td>3rd Level</td>
<td>X</td>
<td>Pipe Insulation</td>
<td>300 LF</td>
<td>X</td>
</tr>
<tr>
<td>4th Level - Room Across Elevator</td>
<td>X</td>
<td>Black Wall Tar</td>
<td>150 SF</td>
<td>X</td>
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<tr>
<td>4th Level - Room Across Elevator</td>
<td>X</td>
<td>Window Caulk</td>
<td>1,980 LF</td>
<td>X</td>
</tr>
<tr>
<td>Ground Floor, Exterior</td>
<td>X</td>
<td>Window Caulk</td>
<td>2,332 LF</td>
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<tr>
<td>1st Floor - Throughout Hallway</td>
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<td>Brown Glue Dabs</td>
<td>4,000 SF</td>
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<tr>
<td>1st Floor</td>
<td>X</td>
<td>Window Caulk</td>
<td>2,332 LF</td>
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<td>Pipe Chase Insulation</td>
<td>280 LF</td>
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<tr>
<td>Floor - Throughout Hallway</td>
<td>X</td>
<td>Pipe Insulation Debris</td>
<td>1,500 SF</td>
<td>X</td>
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<tr>
<td>2nd Floor</td>
<td>X</td>
<td>Brown Glue Dabs</td>
<td>14,000 SF</td>
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<td>X</td>
<td>Pipe Chase Insulation</td>
<td>280 LF</td>
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<tr>
<td>Floor - Throughout Hallway</td>
<td>X</td>
<td>Pipe Insulation Debris</td>
<td>1,600 SF</td>
<td>X</td>
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<td>3rd Floor</td>
<td>X</td>
<td>Brown Glue Dabs</td>
<td>14,000 SF</td>
<td>X</td>
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<td>3rd Floor</td>
<td>X</td>
<td>Pipe Chase Insulation</td>
<td>280 LF</td>
<td>X</td>
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<tr>
<td>4th Floor</td>
<td>X</td>
<td>Pipe Insulation Debris</td>
<td>1,800 SF</td>
<td>X</td>
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<tr>
<td>4th Floor</td>
<td>X</td>
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<td>Pipe Chase Insulation</td>
<td>250 LF</td>
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<td>6th Floor</td>
<td>X</td>
<td>Pipe Insulation Debris</td>
<td>1,700 SF</td>
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<td>6th Floor</td>
<td>X</td>
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<tr>
<td>7th Floor</td>
<td>X</td>
<td>Pipe Insulation Debris</td>
<td>2,000 SF</td>
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<tr>
<td>8th Floor</td>
<td>X</td>
<td>Window Glazing</td>
<td>1,430 LF</td>
<td>X</td>
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<td>8th Floor</td>
<td>X</td>
<td>Pipe Chase Insulation</td>
<td>10 LF</td>
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<td>8th Floor</td>
<td>X</td>
<td>Pipe Insulation Debris</td>
<td>380 SF</td>
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<td>9th Floor</td>
<td>X</td>
<td>Window Caulk</td>
<td>1,430 LF</td>
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<tr>
<td>9th Floor</td>
<td>X</td>
<td>Black Roof Flashing</td>
<td>70 SF</td>
<td>X</td>
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<td>9th Floor</td>
<td>X</td>
<td>Pipe Chase Insulation</td>
<td>18 LF</td>
<td>X</td>
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<tr>
<td>9th Floor</td>
<td>X</td>
<td>Pipe Insulation Debris</td>
<td>300 SF</td>
<td>X</td>
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<tr>
<td>10th Floor</td>
<td>X</td>
<td>Black Roof Flashing</td>
<td>280 SF</td>
<td>X</td>
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<tr>
<td>10th Floor</td>
<td>X</td>
<td>Pipe Chase Insulation</td>
<td>15 LF</td>
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<td>th Floor - Machine Room</td>
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<td>Pipe Insulation Debris</td>
<td>360 SF</td>
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<td>th Level - Next to Stairwell-Sm Rm</td>
<td>X</td>
<td>Black Wall Tar</td>
<td>640 SF</td>
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</table>
State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-13

Date of Notification (1)

July 18, 2013

Name of Building Owner/Operator (2)

RUTGERS, THE STATE UNIVERSITY OF NJ

Street Address

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

City, State, Zip Code

PISCATAWAY, NJ 08854

Name of Contractor

MICHAEL SMITH, ENV. HEALTH & SAFETY

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

WILLETS HEALTH CENTER, BLDG# 8394

Street Address

DOUGLASS CAMPUS

City (5)

NEW BRUNSWICK

County (6)

MIDDLESEX

County Code (7) (State Use Only)

ASCM No.

0098

Name of Contractor (9)

GREENWOOD ABATEMENT CONSULTANTS, INC.

Street Address

3 TERRI LANE

City, State, Zip Code

BURLINGTON, NJ 08016

Project Manager for Monitoring Firm

BRIAN KEARNEY

Telephone Number

609-386-8800

Telephone Number

973-492-0477

License Number

00840

Name of OSHA Monitor

ENVIROVISION, INC.

Street Address

20-21 WARGARAW ROAD

City, State, Zip Code

FAIRLAWN, NJ

Occupancy Status During Abatement (Check only one)

Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours - Describe

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

Scope of Work (Check all that apply)

Renovation

Demolition

Full Containment with Negative Pressure

Mini-Enclosure

Glovebag Procedure

Non-Exempted (*) and Non-Friable Procedure

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

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

YES

NO

NA

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

Abatement Type

Amount (Specify SF or LF)

Abatement Type

Remove, Repair, Encap, Enclose

Room 211

VAT

40SF

Name of Registered Contractor

RUTGERS, THE STATE UNIVERSITY OF NJ

Cubic Yards of Waste

5 CY

Name of Registered Contractor

G.R.O.W.S. North Landfill

Copies To: Rutgers, REHS, Attn: Mike Smith and Cardno ATC, Attn: Brian Kearney

Raymond C. Pedalino

Title

SENIOR PROJECT MANAGER

Signature

July 18, 2013

City, State

100 New Ford Mill Rd, Morrisville, PA 19067

Telephone Number

215-736-1700

Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405

NJDEP # 12561

Hauler #2) Horizons Disposal Services, Inc., Trenton, NJ 08611

NJDEP # 22812

Disposal Date

07/20/13

Date

July 18, 2013

City

City, State

100 New Ford Mill Rd, Morrisville, PA 19067

Telephone Number

215-736-1700

Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405

NJDEP # 12561

Hauler #2) Horizons Disposal Services, Inc., Trenton, NJ 08611

NJDEP # 22812

Disposal Date

07/20/13

Date

July 18, 2013

City, State

100 New Ford Mill Rd, Morrisville, PA 19067

Telephone Number

215-736-1700

Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405

NJDEP # 12561

Hauler #2) Horizons Disposal Services, Inc., Trenton, NJ 08611

NJDEP # 22812

Disposal Date

07/20/13

Date

July 18, 2013

City, State

100 New Ford Mill Rd, Morrisville, PA 19067

Telephone Number

215-736-1700

Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405

NJDEP # 12561

Hauler #2) Horizons Disposal Services, Inc., Trenton, NJ 08611

NJDEP # 22812

Disposal Date

07/20/13

Date

July 18, 2013
State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project #060-13

**Date of Notification:** July 8, 2013

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

**Name of Building Owner/Operator:** RUTGERS, THE STATE UNIVERSITY OF NJ

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

**City, State, Zip Code:** PISCATAWAY, NJ 08854

**Name of Contact:** MICHAEL SMITH, ENV. HEALTH & SAFETY

**Name of Facility Where Abatement is Taking Place:** WILLETS HEALTH CENTER, BLDG# 8394

**Street Address:** DOUGLASS CAMPUS

**City:** NEW BRUNSWICK
**County:** MIDDLESEX

**Name of Monitoring Firm Hired by Bldg. Owner:** Cardno ATC
**ASCN No.:** 0098

**Street Address:** 3 TERRI LANE

**City, State, Zip Code:** BURLINGTON, NJ 08016

**Project Manager for Monitoring Firm:** BRIAN KEARNY
**Telephone Number:** 609-386-8800

**Scheduled Start Date:** 07/19/13
**Scheduled Completion Date:** 07/20/13

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

**Sq. Feet:** N/A
**# of Floors:** 3
**Bldg. Age:** 80+ years

**Current Use (prior if being demolished):** ACADEMIC

**Name of Contractor:** GREENWOOD ABATEMENT CONSULTANTS, INC.

**Street Address:** 268 MAIN STREET

**City, State, Zip Code:** BUTLER, NJ 07405

**Telephone Number:** 973-692-0477
**License Number:** 00840

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

**Street Address:** 20-21 WARGARAW ROAD

**City, State, Zip Code:** FAIRLAWN, NJ

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

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

<table>
<thead>
<tr>
<th>Room 211</th>
<th>Location Normally Used Solely by Maint./Custodial Staff?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>[YES] NO NA</td>
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</table>

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

**Room 211:** VAT
**Location:** 40SF
**Abatement Type:** Remove, Repair, Encap, Enclose

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

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

**Hauler #2:** Horizon Disposal Services, Inc., Trenton, NJ 08611
NJ DEP # 22612

**Disposal Date:** 07/20/13
**City, State:** 100 New Ford Mill Rd, Morrisville, Pa 19067
**Telephone:** 215-736-1700

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

**Copies To:** Rutgers, REHS, Attn: Mike Smith and Cardno ATC, Attn: Brian Kearney
**State of New Jersey - Notification of Asbestos Abatement**

**GAC Project # 400-13**

**Date of Notification (1)**
July 17, 2013

<table>
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<tr>
<th>Agencies Notified</th>
<th>Notification Type</th>
<th>Name of Building Owner/Operator (2)</th>
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<td>☑ EPA</td>
<td>✔ Initial Notification</td>
<td>FAIRLEIGH DICKINSON UNIVERSITY</td>
</tr>
<tr>
<td>☑ DCA</td>
<td>☑ Amended Notification</td>
<td></td>
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<tr>
<td>☑ DOL</td>
<td>☑ Emergency (including justification)</td>
<td></td>
</tr>
<tr>
<td>☑ DEP - No Longer REQUIRED</td>
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<td></td>
</tr>
<tr>
<td>☑ DOH</td>
<td>☑ Canceled</td>
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</table>

**Street Address**
10 WOODBRIDGE AVENUE

**City, State, Zip Code**
HACKENSACK, NJ 07601

**Name of Contact**
MR. DICK FRICK

**Telephone Number**

<table>
<thead>
<tr>
<th>FACILITY INFORMATION</th>
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<tbody>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
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<tr>
<td>FAIRLEIGH DICKINSON UNIVERSITY - METRO CAMPUS - BECTON HALL</td>
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<td>1000 RIVER ROAD</td>
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<td>City (5)</td>
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<td>TEANECK</td>
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<td>County (6)</td>
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<td>BERGEN</td>
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<td>County Code (7)</td>
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<td>NAME OF INSPECTOR</td>
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<td>ENVIRONMENTAL DESIGN, INC.</td>
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<td>ASCM No.</td>
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<td>Name of Contractor (9)</td>
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<td>GREENWOOD ABATEMENT CONSULTANTS, INC.</td>
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<tr>
<td>Street Address</td>
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<tr>
<td>5434 KING AVENUE - SUITE 101</td>
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<tr>
<td>City State, Zip Code</td>
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<tr>
<td>PENNSAUKEN, NJ 08109</td>
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<td>Project Manager for Monitoring Firm</td>
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<tr>
<td>JAY MURRAY</td>
</tr>
<tr>
<td>Telephone Number</td>
</tr>
<tr>
<td>609-221-0073</td>
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<td>Scheduled Start Date (10)</td>
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<td>Scheduled Completion Date (11)</td>
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<td>08/04/13</td>
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<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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<td>☑ Abatement Performed Outside of Normal Facility Hours</td>
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<td>Describe:</td>
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<tr>
<td>Facility Occupied During Entire Period of Abatement</td>
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<td>Hours MON 7AM - SAT 12 MID (24 Hrs as needed)</td>
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<td>Source of Work (Check all that apply)</td>
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<td>☑ Full Containment with Negative Pressure</td>
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<tr>
<td>☑ Mini-Enclosure</td>
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<tr>
<td>☑ Glovebag Procedure</td>
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<tr>
<td>☑ Non-Exempted (*) and Non-Friable Procedure</td>
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<tr>
<td>Location of Asbestos-Containing Material (ACM) in Facility (13)</td>
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<tr>
<td>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</td>
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<tr>
<td>YES</td>
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<td>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAC, or other miscellaneous)</td>
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<td>Amount (Specify SF or LF)</td>
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<td>Abatement Type</td>
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<td>3rd Floor Hallway</td>
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<td>☑ TSI - PIPE FITTING INSULATION</td>
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<td>Name of Reg. Waste Handler</td>
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<tr>
<td>Newark Carting, Inc.</td>
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<td>Cubic Yards of Waste:</td>
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<td>5 CY</td>
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<tr>
<td>Name of Registered Landfill</td>
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<td>G.R.O.W.S. North Landfill</td>
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<tr>
<td>Disposal Date</td>
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<td>08/04/13</td>
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<tr>
<td>City State</td>
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<tr>
<td>100 New Ford Mill Rd.</td>
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<tr>
<td>Morrisville, PA 19067</td>
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<tr>
<td>215-736-1700</td>
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<td>Notes: None</td>
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**Completed by (Print or Type)**

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<thead>
<tr>
<th>Title</th>
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<tbody>
<tr>
<td>SENIOR PROJECT MANAGER</td>
</tr>
<tr>
<td>Signature</td>
</tr>
<tr>
<td>RAYMOND C. PEDALINO</td>
</tr>
<tr>
<td>Date</td>
</tr>
<tr>
<td>July 17, 2013</td>
</tr>
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</table>

**Copies To:** EDI, Attn: Jay Murray
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)  

Date of Notification (1)  
07-24-13  

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

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

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

Street Address  
270 Marin Boulevard  

City, State, Zip Code  
Jersey City, NJ 07307  

Name of Contact  
Jim Blaney  

Telephone Number  

Name of Facility Where Abatement is Taking Place (3)  
270 Marin Boulevard  

County (6)  
Hudson  

Current Use (Prior if being demolished)  
Commercial  

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

ASCM No.  

Name of Abatement Contractor (9)  
Pinnacle Environmental Corp.  

Street Address  
200 Broad Street  

City, State, Zip Code  
Carlstadt, NJ 07072  

Telephone No.  
973-774-3311  

License No.  
201-939-6565  
00756  

Start Date (10)  
07-27-13  

Scheduled Completion Date (11)  
08-05-13  

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

Scopes of Work (Check All That Apply)  
☐ ≥3 sf or ≥3 ft  
☒ ≥160 sf or ≥260 ft  
☐ Renovation  
☒ Demolition  

OSHA Class II  
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  

Yes  
No  
N/A  

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)  

320LF  

Abatement Type  
Remove  
Repair  
Encapsulate  
Endorse  

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

Cubic Yards of Waste  
24310  

Disposal Date  
TBD  

Name of Registered Landfill  
Minerva Enterprises  

City, State  
Waynesburg, OH 44688  

Completed by  
Joseph Patrick  

Title  
Project Manager  

Signature  

Date  
07-24-13  

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

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>July 23, 2013</th>
</tr>
</thead>
</table>

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

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

**Name of Building Owner/Operator (2)**
- Rutgers The State University of NJ

**Street Address**
- Environmental Health & Safety Department
- 27 Road 1, Bldg 4086 Livingston Campus

**City, State, Zip Code**
- Piscataway, NJ 08854

**Name of Contact**
- Mike Smith - Env Health & Safety

<table>
<thead>
<tr>
<th>FACILITY INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name of Facility Where Abatement is Taking Place (3)</strong></td>
</tr>
<tr>
<td>Rutgers University - Martin Hall</td>
</tr>
</tbody>
</table>

**Street Address**
- Cook Campus

| **City** | 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**
- 609.386-8800

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

**Sq. Feet**
- 4,600

**# of Floors**
- 4

**Bldg. Age**
- 30 years

**Current Use (prior if being demolished):**

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

**Street Address**
- 268 MAIN STREET

**City, State, Zip Code**
- Butler, NJ 07405

**Project Manager**
- EMSL Inc.

**Street Address**
- 1056 Stetton Road

**City, State, Zip Code**
- Piscataway, NJ 08854

**Source of Work (Check all that apply)**
- ≥ 3 sf or ≥ 3 If
- ≥ 160 sf or ≥ 260
- Renovation
- Demolition

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

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

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

**Amount (Specify SF or LF):**
- 800 sf

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

**Location of Registered Landfill:**
- Meadowfield Landfill

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

**Hauler #2**
- Horizon Disposal Services, Inc. Trenton NJ 08611- NJDEP # 22612

**Committed by (Print or Type)**
- Raymond C. Pedalino
- SENIOR PROJECT MANAGER

**Signature**
- Raymond C. Pedalino

**Date**
- July 23, 2013

GAC # 2013-060
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 23, 2013</th>
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</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>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>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

FACILITY INFORMATION

| Name of Facility Where Abatement is Taking Place (3) | Rutgers University - Hill Hall Building 7225 |
| Street Address | Newark Campus |
| City (4) | Newark |
| County (5) | Middlesex |
| County Code (6) | |
| Name of Monitoring Firm Hired by Bldg. Owner (8) | ATC Associates |
| ASCM No. | 00098 |
| Type of Facility (4) | |
| School (K-12) | |
| Subchapter B (other than K-12) | |
| Other (i.e. private & commercial buildings, homes, etc.) | |
| Sq. Feet | NA |
| # of Floors | 7 |
| Bldg. Age | 60 plus years |
| Current Use (prior if being demolished): | |

| Name of Contractor (9) | GREENWOOD ABATEMENT CONSULTANTS, INC. |
| Street Address | 268 MAIN STREET |
| City, State, Zip Code | Butler, NJ 07405 |
| Telephone Number | 973-492-0477 |
| License Number | 00840 |
| Name of OSHA Monitor | EMSL Inc. |
| Street Address | 1056 Stelton Road |
| City, State, Zip Code | Piscataway, NJ 08854 |

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

Source of Work (Check all that apply): 
- ≥ 3 sf or ≥ 3 ft
- ≥ 160 sf or ≥ 260
- Renovation Demolition

Location of Asbestos-Containing Material (ACM) in Facility (10):
- In Location Normally Used Solely by Maint/Custodial Staff (12)
- YES
- NO
- NA

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

<table>
<thead>
<tr>
<th>Description</th>
<th>VAT</th>
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<tbody>
<tr>
<td>Amount (Specify SF or LF)</td>
<td>400 sf</td>
</tr>
<tr>
<td>Abatement Type</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Abatement Type</th>
<th>Remove</th>
<th>Repair</th>
<th>Enclose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Reg. Waste Hauler</td>
<td>Greenwood Abatement Consultants, Inc. – Butler, NJ 07405</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NJ DEP Waste Hauler ID #</td>
<td>See Below</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>40 CYDS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>Meadowhill Landfill</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disposal Date</td>
<td>August 5, 2013</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City, State</td>
<td>Route 2, Box 68</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bridgewater, NJ 08807</td>
<td>304-842-2784</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Completed by (Print or Type):
- Raymond C. Pedalino
- Title: SENIOR PROJECT MANAGER

Signature: Raymond C. Pedalino

Date: July 23, 2013

GAC # 2013-060
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 12:120)

**Date of Notification (1)**
7/24/2013

**Check #2466**
Name of Building Owner/Operator (2)
HOLY TRINITY INTERPAROCHIAL SCHOOL

**Agencies Notified**
- EPA
- DEP
- DOL
- DOH
- DCA
- Initial
- Amended
- Emergency (including justification)
- Cancellation

**Street Address**
336 First Street
City, State, Zip Code
Westfield, NJ 07090

**Name of Contact**
Keith Gibbons

**TelephoneNumber**

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3)
Holy Trinity Interparochial School

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

**Square Feet**
60,000

**# of Floors**
2

**Bldg. Age**
60+

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

**Name of Monitoring Firm Hired by Building Owner (6)**
McCabe Environmental Services

**ASCM No.**
00118

**Name of Abatement Contractor (9)**
EA Services Corporation

**Street Address**
464 Valley Brook Avenue
City, State, Zip Code
Lyndhurst, NJ 07071

**Telephone No.**
201-364-2746

**Project Manager for Monitoring Firm**
Jim Ruff

**Telephone No.**
201-295-1700

**License No.**
01074

**Scheduled Completion Date (11)**
8/12/13

**Name of OSHA Monitor**
EA Services Corporation

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

**Scope of Work (Check All That Apply)**
- 25 sf or 25 if
- 1800 sf or 1260 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

- Yes
- No
- N/A

**Gym Flr-3 separate containment area**
- x

**Mastic associate w/wood flooring**
450 SF

**Amount (Specify SF or LF)**

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

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

**Name of Registered Waste Hauler**
Freehold Carting

**NJDEP Waste Hauler ID No.**
15939

**Cubic Yards of Waste**
TBD

**Name of Registered Landfill**
Waste Management

**City, State**
Tullytown Landfill

**PO Box 5010**

**Disposal Date**
RBD

**Completed by**
Gina Salvador
Title: Office Manager

**Signature**

**Date**
7/24/2013

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

Date of Notification (1) 7/25/2013

Check#2469

Agency Notified
- EPA
- DEP [X]
- DOL
- DOH
- DOA

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

Name of Building Owner/Operator (2)
SAACRED HEART PARISH

Street Address
214 Martin Luther King Drive

City, State, Zip Code
Jersey City, NJ 07305

Name of Contact
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Sacred Heart Church

Street Address
214 Martin Luther King Drive

City (5)
Jersey City, NJ 07305

County Code (6) [STATE USE ONLY] •

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

ASCM No.

Name of Abatement Contractor (9)
EA Services Corporation

Street Address
426 69th Street

City, State, Zip Code
Guttenberg, NJ 07093

Telephone No.
201-295-1700

License No.
01074

Start Date (10)
Scheduled Completion Date (11)
7/25/2013
7/26/2013

Name of OSHA Monitor
same as above

Street Address

City, State, Zip Code

Scope of Work (Check All That Apply)
- x 23 sf or 2.3 ft
- 2180 sf or 2260 ft
- Renovation
- Demolition
- x 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]

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

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

Amount
15 LF

Abatement Type

Name of Registered Waste Hauler
Freehold Carting

NJDEP Waste Hauler ID No. 15939
Cubic Yards of Waste tbd

Name of Registered Landfill
Waste Management

City, State
Tullytown Landfill

PO Box 5010

Completed by
Gina Salvador
Title
Office Manager
Signature
Date 7/25/2013

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

Date of Notification (1)
7/26/13

Name of Building Owner/Operator (2)
Denise Deserable (Private home)

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

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

Street Address
37 Paul St

City, State, Zip Code
Franklinville NJ 08322

Name of Contact
Denise

Telephone Number

FACILITY INFORMATION

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

Street Address
37 Paul St

City (5)
Franklinville NJ 08322

County (6)
Gloucester

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
1000+

# of Floors
2

Bldg. Age
35+

Current Use (Prior if being demolished)

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

ASCM No.

Name of Abatement Contractor (9)
Pernaco Inc.

Street Address
PO Box 329

City, State, Zip Code
West Berlin NJ 08091

Project Manager for Monitoring Firm

Telephone No.
856-753-8800

License No.
00727

Name of OSHA Monitor
Same

Start Date (10)
7/29/13

Scheduled Completion Date (11)
8/1/13

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

Scope of Work (Check All That Apply)
- 23 sf or 23 ft
- 160 sf or 260 ft
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM)

TO BE ABATED
In Facility
(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)

Floor Tile

Amount (Specify
SF or LF)
700 SF

Abatement Type

Removal
Repair
Encapsulate
Endorse

Name of Registered Waste Hauler

United Containers

NJDEP Waste
Hauler ID No.
22459

Cubic Yards of Waste
3

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

City, State
Morrisville PA 19067

Disposal Date
8/1/13

Completed by
Anthony T Perna
Title President

Signature

Date
7/26/13

ASB-41 (R-06-08)

* 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)
07/25/2013

#### Name of Building Owner/Operator (2)
Bergen Regional Medical Center

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

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

#### Street Address
230 East Ridgewood Avenue

#### City, State, Zip Code
Paramus, NJ 07652

#### Name of Contact
John LaRocca

#### Telephone Number

#### Name of Facility Where Abatement is Taking Place (3)
Bergen Regional Medical Center

#### Street Address
230 East Ridgewood Avenue

#### City (5)
Paramus, NJ 07652

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

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

#### Street Address

#### City, State, Zip Code

#### Project Manager for Monitoring Firm
John Smoyer

#### Telephone No.
(609)652-1833

#### License No.
973-933-2550

#### Name of Abatement Contractor (9)
Nick Restoration LLC

#### Street Address
72 Brookside Rd

#### City, State, Zip Code
Randolph, NJ 07869

#### Name of OSHA Monitor
J&S Environmental

#### Start Date (10)
08/07/2013

#### Scheduled Completion Date (11)
08/08/2013

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

#### Scope of Work (Check All That Apply)
- ≥20 sf or ≥20 ft
- ≥160 sf or ≥260 ft
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

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

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

#### Amount (Specify SF or LF)

#### Abatement Type
- Removal
- Repair
- Encapsulate
- Endource

#### Boiler Room 2nd floor
- TSI-wrap & cut
- 15 elbows

#### Name of Registered Waste Hauler
Nick Restoration LLC

#### NJDEP Waste Hauler ID No.
33782

#### Cubic Yards of Waste
TBD

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

#### City, State
Randolph, NJ 07869

#### Disposal Date
TBD

#### City, State
Tullytown, PA

#### Completed by
Elvira Mrda

#### Title
President

#### Signature

#### Date
07/25/2013
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:90 and 12:120)

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<thead>
<tr>
<th>Date of Notification (1)</th>
<th>7-29-13</th>
</tr>
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<tbody>
<tr>
<td>Agency Notified (2)</td>
<td></td>
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</tbody>
</table>
| USEPA  
DEP  
DOL  
DOH  
DCA |         |
| Type Notification (3)   |         |
| Initial  
Amended  
Emergency (Including 
justification)  
Cancellation |         |
| Name of Building Owner/Operator (2) | SHARA ALBAMS |
| Street Address | S 7 COLUMBIA AVE |
| City, State, Zip Code | LONG BRANCH NJ 07740 |
| Name of Contact | SHARA |

FACILITY INFORMATION

| Name of Facility Whose Abatement Is Taking Place (3) | SHARA ALBAMS |
| Type of Facility (4) | SCHOOL (K-12) |
| Square Feet | 0.0 |
| # of Floors | 1 |
| | HOUSE |
| County Code (7) (STATE USE ONLY) | \_ \_ \_ |
| Name of Abatement Contractor (8) | Ace Insulation Co., Inc. |
| Street Address | 95 MONROSE RD |
| City, State, Zip Code | COLTSNECK, N.J. 07722 |
| Telephone No. | 732-394-1757 |
| License No. | 000029 |
| Name of OSHA Monitor | Ace Insulation Co., Inc. |
| Street Address | 95 MONROSE RD |
| City, State, Zip Code | COLTSNECK, N.J. 07722 |
| Scope of Work (Check all that apply) | \_ \_ \_ |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | SIDING |
| Amount (Specify SF or LF) | 1500 yd² |
| Name of Registered Waste Hauler | Ace Insulation Co. |
| NJDEP Waste Hauler ID No. | 120891 |
| Cubic Yards of Waste | 0.3 |
| Name of Registered Landfill | GROWS |
| City, State | TULLYTOWN, PA |
| Disposal Date | 8-14 |
| City, State | COLTSNECK, N.J. 07722 |
| Completed by | SUE CAILL |
| Title | OPS MANR |
| Signature | / |
| Date | 7-29-13 |

* Do not use for asbestos littering exempted activities.
**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

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

**ETS JOB # 3915/13**

**Date of Notification (1)**

7/25/2013

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

Port Authority of New York & New Jersey

**Agencies Notified**

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

**Type Notification**

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

**Street Address**

241 Erie Street, Room 236

**City, State & Zip Code**

New Jersey, NJ 07310

**Name of Contact**

Mr. Ralph Campione

**FACILITY INFORMATION**

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

Terminal B, B-2 Connector Departures Level

**Street Address**

Newark International Airport, Newark, NJ

**City (5)**

Newark

**County (6)**

Essex

**County Code (7)**


**Type of Facility (4)**

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

**Square Feet**

1.2 Mil

**# of Floors**

2

**Bldg. Age**

50+

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

Airport

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

THE PORT AUTHORITY OF NY & NJ

**ASCN No.**

ETSC Contracting, Inc.

**Street Address**

241 ERIE STREET, ROOM 236

**City, State & Zip Code**

JERSEY CITY, NJ 07310

**Name of Abatement Contractor (9)**

MR. RALPH CAMPIONE

**Telephone Number**

973-624-6898

**License Number**

00511

**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 3:30 PM - 7:00 AM
- [ ] Other - Describe:

**Scheduled Start Date (10)**

4/11/2013

**Scheduled Completion Date (11)**

12/31/2013

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

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

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

**Amount (Specify Square Feet or Linear Feet)**

**Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)**

**Terminal B- B-2 Connector, Dept. Level**

- NO
  - FIREPROOFING 5,800 SF  Removal
  - PIPE 1,200 LF  Removal

**Name of Registered Waste Hauler**

NJDEP Waste Hauler ID # 2A-456

**Cu. Yds. of Waste**

100

**Name of Registered Landfill**

Minerva Enterprises, Inc.

**City, State**

Brocklyn, NY

**Disposal Date**

TBD

**City, State**

Waynesburg, OH

**Completed By (Print or Type)**

Richie Smith

**Title**

Project Executive

**Signature**

TBD

**Date**

7/25/2013

ASB-41 JUN 95 G4667