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

Date of Notification (1)
05/30/13

Name of Building Owner/Operator (2)
Khubani Enterprises

Agencies Notified

☐ EPA
☐ DEP
☐ DOL
☐ DOH
☐ DCA

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

Street Address
2 Daniel Road

City, State, Zip Code
Fairfield, NJ, 07004

Name of Contact
Martin Katz

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
81 Two Bridges

Street Address
81 Two Bridges Rd

City (5)
Fairfield

County (8)
Essex

County Code (7)

Square Feet
60,000

# of Floors
2

Bldg. Age
30+

Current Use (Prior if being demolished)
Abandoned

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)
Indian Arrow Industries

Street Address
730 Broadway

City, State, Zip Code
Paterson, NJ, 07514

Project Manager for Monitoring Firm

Telefon No.

License No.

Name of OSHA Monitor
Indian Arrow Industries

Street Address
730 Broadway

City, State, Zip Code
Paterson, NJ, 07514

Scope of Work (Check All That Apply)

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

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

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

In Facility

2nd Floor

☐ Yes
☐ No
☐ N/A

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)

Royfing ACM

Amount
100 SF

Abatement Type

☐ Removal
☐ Repair
☐ Encapsulate
☐ Endure

Name of Registered Waste Hauler
Atlantic Carting

NJDEP Waste Hauler ID No.
26985

Cubic Yards of Waste
40

Name of Registered Landfill
Waste Management Inc

City, State
Tullytown PA

Disposal Date
TBD

Completed by
Goran Igev

Title
Secretary

Signature

Date
05/30/13

ASB-41 (R-06-08)

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

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

**Date of Notification (1)**
10 15 1/13 0 1/13

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

**Street Address**
5 WEST MAIN STREET

**City, State, Zip Code**
FARMINGDALE, NJ 07727

**Name of Contact**
SUZANNE SHEA

**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>SUZANNE SHEA</td>
<td>□ School (K-12)</td>
</tr>
<tr>
<td></td>
<td>□ Subchapter 8 (Other than K-12)</td>
</tr>
<tr>
<td></td>
<td>□ Other (Private/Commercial Bldgs. indoors, etc.)</td>
</tr>
</tbody>
</table>

**Square Feet**

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

**Project Manager for Monitoring Firm**

**Phone Number**

**Start Date (10)**
06/13/13

**Sched. Completion Date (11)**
06/28/13

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

- [x] Normal Hours
- [ ] Other - Describe: NORMAL HOURS

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

- [ ] >3 SF or >1 LF
- [x] Renovation
- [ ] >160 SF or >260 LF
- [ ] Demolition

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

<table>
<thead>
<tr>
<th>Basement</th>
<th>IP INSULATION</th>
<th>260 L FT</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
</table>

**Registered Waste Hauler**

**Disposal Date**
06/14/13

**Name of Registered Landfill**
TULLYTOWN, RESOURCE RECOVERY

**City, State**
PATerson, NJ 07503

**City, State**
PATerson, NJ 07503

**Completed by (Print or Type)**
BOGDAN JOLZIC

**Title**
PRESIDENT

**Signature**

**Date**
05/30/2013

*Do not use this form for asbestos licensure exempted activities.*
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to N.J.A.C. 7:26-2.12)

Date of Notification (1)    Name of Building Owner/Operator (2)
06/04/2013              Exxon-Mobil Technology Corp.

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

Notification Type
( x ) Initial Notification
( ) Amended Certification
( ) Cancelled

Street Address
600 Billingsport Road
Paulsboro, NJ 08066

City, State, Zip Code
Paulsboro, NJ 08066

Name of Contact
Bill Nelson
Tel. Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Exxon-Mobil Technology

Street Address
600 Billingsport Road

City (5)                  County (6)             County Code (7)
Paulsboro                 Gloucester            (State Use Only)

Name of Monitoring Firm Hired by Bldg. Owner (8)
ASCM No.
Environmental Management International

Type of Facility (4)
( ) School (K-12)
( ) Subchapter 8 (other than K-12)
( ) Other (i.e. private & commercial blgd., homes, etc.)
Sq. Ft. 8,660      # of Floors 1
Bldg. Age 89
Current Use (prior if being demolished) R&D, Admin.

Name of Contractor (9)
NCM Demolition and Remediation, LP

Street Address
305 Turner Industrial Way

City State, Zip Code
Aston, PA 19014

Project Manager for Monitoring Firm
Ray Giordano
Telephone Number
610-277-0405

Scheduled Start Date (10)
07/09/2013

Scheduled Completion Date (11)
07/11/2013

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

Describe segregated area, no other trades:

Other - Describe:

Source of Work (Check all that apply)
( ) Demolition    ( ) Renovation
( ) Large Proj. >160 SF or >250 LF ACM   ( ) M Proj. (>25<160 SF or >10 <250 LF ACM)
( ) Full Containment with Negative Pressure   ( ) Mini-Enclosure   ( ) Glovebag Procedure

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

Guard Shack Bldg, 30 X NO NA VAT/Mastic 684 SF X

Name of Reg. Waste Hauler
NUDEP Waste Hauler ID #
20990

Cubic Yards of Waste
1 cyds

Name of Reg. Landfill
Imperial Landfill

Service Transport Group

City, State

Disp. Date
07/12/2013

Completed by (Print or Type)
Russell King

Title
Project Manager

Signature

Date
06/04/2013
### Notification of Demolition or Renovation

**X. Description of Planned Demolition or Renovation Work and Methods to be Used:** Removal and Disposal of 664 sq ft of VAT/Mastic from connecting rooms within Building 39 Guard Shack

**XI. Description of Engineering Controls and Work Practices to be Used to Control Emissions of Asbestos at the Demolition or Renovation Site:** Regulate work area, negative pressure enclosure with decontamination unit, wet material, and double bag.

### XII. Waste Transporter#1 Service Transport Group

<table>
<thead>
<tr>
<th>Address</th>
<th>58 Pyles Lane</th>
</tr>
</thead>
<tbody>
<tr>
<td>City</td>
<td>New Castle</td>
</tr>
<tr>
<td>County</td>
<td>New Castle</td>
</tr>
<tr>
<td>State</td>
<td>DE</td>
</tr>
<tr>
<td>Zip</td>
<td>19720</td>
</tr>
<tr>
<td>Contact</td>
<td>Randy Bridges</td>
</tr>
<tr>
<td>Telephone</td>
<td>302-776-5939</td>
</tr>
</tbody>
</table>

### Waste Transporter#2 Same as #1

<table>
<thead>
<tr>
<th>Address</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>City</td>
<td></td>
</tr>
<tr>
<td>County</td>
<td></td>
</tr>
<tr>
<td>State</td>
<td></td>
</tr>
<tr>
<td>Zip</td>
<td></td>
</tr>
<tr>
<td>Telephone</td>
<td></td>
</tr>
</tbody>
</table>

### XIII. Waste Disposal Site Imperial Landfill

<table>
<thead>
<tr>
<th>Address</th>
<th>11 Boggs Road</th>
</tr>
</thead>
<tbody>
<tr>
<td>City</td>
<td>Imperial</td>
</tr>
<tr>
<td>County</td>
<td>Allegheny</td>
</tr>
<tr>
<td>State</td>
<td>PA</td>
</tr>
<tr>
<td>Zip</td>
<td>15126</td>
</tr>
<tr>
<td>Contact</td>
<td>Brent Bowker</td>
</tr>
<tr>
<td>Telephone</td>
<td>724-690-0900</td>
</tr>
</tbody>
</table>

### XIV. If the Demolition was Ordered by a Government Agency, Please Identify the Agency Below:

<table>
<thead>
<tr>
<th>Name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Authority</td>
<td></td>
</tr>
</tbody>
</table>

### XV. For Emergency Renovations:

**DATE and HOUR of Emergency:** (MM/DD/YY) (HH:MM)

**Description of Sudden, Unexpected Event:**

Exploration of how the event caused unsafe conditions, or a serious disruption of industrial operations

### XVI. Description of Procedures to Be Followed in the Event that Unexpected Asbestos is Found, or that Previously Non-Detachable Asbestos Material Becomes Crumbled, Pulverized or Reduced to Powder

Segregate area, wet materials, post signs, alert generator

### XVII. I Certify that an Individual, Trained in the Provisions of this Regulation (40 CFR, Part 61, Subpart M) Will be On-Site During the Demolition or Renovation, and that Evidence that the Required Training has Been Accomplished by this Person will be Available for Inspection During Normal Business Hours

(Required one (1) year after promulgation)

**Signature of Owner/Operator**

**Date:** 05/04/13

### XVIII. I Certify that the Above Information is Correct

**Signature of Owner/Operator**

**Date:** 05/04/13
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
6/4/2013

Name of Building Owner/Operator (2)
IMTT - Bayonne

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

Type Notification
☐ Initial
☐ Amended
☐ Amendment #007
☐ Emergency (including justification)

Street Address
250 East 22nd Street

City, State, Zip Code
Bayonne, New Jersey 07002

Name of Contact
Aubrey Hotard

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
IMTT - Bayonne

Street Address
250 East 22nd Street

City (5)
Bayonne

County (6)
Hudson

County Code (7) (STATE USE ONLY) 00079

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

ASCM No. 00079

Name of Abatement Contractor (9)
Insulations, Inc.

Street Address
20-21 Wagaraw Road, Bldg. 34A

City, State, Zip Code
Fair Lawn, New Jersey 07410

Project Manager for Monitoring Firm
Guillermo Morales

Telephone No. 973-636-9145

Start Date (10)
6/7/2013

Scheduled Completion Date (11)
6/7/2013

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

Scope of Work (Check All That Apply)
☒ ≥2 sf or ≥23 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

(13)

Yes No N/A

Tank 4001 X

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

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

Amount (Specify SF or LF)

Name of Registered Waste Hauler
Freehold Cartage

NJ DEP Waste Hauler ID No. S-2265

Cubic Yards of Waste <25 cy

Name of Registered Landfill
IESI

Disposal Date
6/30/2013

City, State
Bristolton, PA

Completed by
Aubrey Hotard

Title
Corporate Safety Director

Signature
Date 6/4/2013

* Do not use this form for asbestos licensure exempted activities.
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to N.J.A.C. 7:26-2.12)

Date of Notification (1)  
09/01/2013

Name of Building Owner/Operator (2)  
AT&T

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

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

Street Address  
200 Laurel Avenue Room A2-8A09

City, State, Zip Code  
Middletown, NJ, 07748

Name of Contact  
Jeff Onori

Tel. Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
AT&T

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

Sq. Feet 300,000

# of Floors 4

Bldg. Age 50+

Current Use (prior if being demolished) phone co.

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

Name of Contractor (9)  
NCM Demolition and Remediation, LP

ATC Associates

Street Address  
3 Terri Lane

City, State, Zip Code  
Burlington, NJ

City, State, Zip Code  
Brea, CA 92821

Project Manager for Monitoring Firm  
John Lutz

Telephone Number  
609-396-8890

Telephone Number  
484-480-8531

License Number  
01066

Scheduled Start Date (10)  
09/18/2013

Scheduled Completion Date (11)  
06/18/2013

Name of OSHA Monitor  
EMSL Analytical

Street Address  
107 Haddon Ave

City, State, Zip Code  
Westmont, NJ 08108

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

(X) Abatement Performed Outside of Normal Facility Hours -

Describe ________________

Other - Describe -

Source of Work (Check all that apply)  
( ) Demolition  
( ) Renovation  
( ) Large Proj. (>180 SF or >260 LF ACM)  
(X) SM Proj. (>25<160 SF or >10 <260 LF ACM)  
( ) Minor Proj. (<25 SF or <10 LF ACM)

(X) Full Containment with Negative Pressure  
( ) Mini-Enclosure  
( ) Glovebag 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 ACM (i.e. 
thermal systems insulation, 
surfacing, V&T, or other 
miscell.)  

Amount (Specify SF or LF)  

Abatement Type  

2rd Floor Turbine Room X  

Soundproofing Panels 80 SF

Name of Reg. Waste Hauler  
NJ/DEP Waste Hauler ID #

Cubic Yards of Waste  
Minerva Landfill

Service Transport Group, Inc.

Disp. Date  
06/18/2013

City, State  
Waynestown, OH

Completed by (Print or Type)  
Russell King

Title  
Project Manager

Signature  

Date  
09/01/2013