State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 6 / 6 / 13

Name of Building Owner/Operator (2) Brookdale Community College / Job # 1305-1771: Chk. #3187

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

Type Notification
☑ Initial
☐ Amended
Amendment #_____

☑ Emergency (Including Justification)
☐ Cancellation

Street Address
765 Newman Springs Road

City, State, Zip Code
Lincroft, NJ 07738

Name of Contact
Mr. Richard Frank

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Brookdale CC - Gorman Hall

Street Address
765 Newman Springs Road

City (5)
Lincroft

County (6)
Monmouth

County Code (7)/(STATE USE ONLY)

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

ASCM No.

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

Street Address
3859 Sylon Boulevard

City, State, Zip Code
Hainesport, NJ 08036

License No.
00862

Telephone No.
609-702-0400

Telephone No.
908-862-4301

Project Manager for Monitoring Firm
Kelly Walton

Start Date (10) 6 / 17 / 13

Scheduled Completion Date (11) 6 / 21 / 13

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

Scope of Work (Check all that apply)
☐ ≥ 3 ft or ≥ 3 If
☐ ≥ 160 sf or ≥ 280 If
☑ Renovation
☐ Demolition

Negative Pressure Enclosure

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
Enclosure

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

Yes
No
N/A

Under Floor

Tile Sub Floor

In Ground - Outside Building

Transite Duct

VAT and Mastic

(2) Transite Ducts

Transite Duct

VAT and Mastic

Transite Duct

Cubic Yards of Waste
5

Name of Registered Waste Hauler
Horizon Disposal, Inc.

NJ/DEP Waste Hauler ID No. 22612

Disposal Date
6/21/13

Name of Registered Landfill
GROWS Landfill

City, State
Trenton, NJ

City, State
Morrisville, PA 18067

Completed By (Print or Type) Kimberly A. Trumbetti
Title Office Coordinator
Signature
Date 6/21/13

ASB-41
MAY 11

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

**State of NJ**

**Notification of Asbestos Abatement**

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

---

**Date of Notification (1)**

2013-06-11

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

ANTHONY JAUGA

**Agency Notified**

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

**Type Notification**

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

**Street Address**

80 CHESTNUT STREET

**City, State, Zip Code**

MIDLAND PARK, NJ

**Name of Contact**

ANTHONY JAUGA

**Telephone Number**

---

**Facility Information**

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

ANTHONY JAUGA

**Street Address**

80 CHESTNUT STREET

**County (5)**

BERGEN

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

---

**Type of Facility (4)**

- [ ] School (K - 12)
- [ ] Subchapter 8 (Other than K-12)
- [X] Other (Private/Commercial Rigs/Homes, etc.)

**Square Feet**

**# of Floors**

**Bldg. Age**

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

---

**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

---

**Start Date (10)**

06/22/13

**Sched. Completion Date (11)**

07/05/13

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

- [ ] Facility closed/vacated during entire period of abatement.
- [ ] Abatement performed outside of normal facility hours.
  
  **Describe:**
  
  [X] Other-Describe: NORMAL HOURS

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

- [ ] Renovation
- [ ] Demolition

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is location normally used solely by maintenance/custodial staff</th>
<th>Description of asbestos-containing material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>[X]</td>
<td>PIPE INSULATION</td>
<td>32 FT</td>
</tr>
<tr>
<td>Basement</td>
<td>[X]</td>
<td>BARE HEATING PIPES(RECLEAN)</td>
<td>100 FT</td>
</tr>
</tbody>
</table>

**Registered Waste Hauler**

**NJDEP Hauler ID#**

13506

**Cubic Yards of Waste**

2 YDS

**Name of Registered Landfill**

TULLYTOWN, RESOURCE RECOVERY

**City, State**

**Disposal Date**

06/24/13

**Date**

06/05/13

**Completed by (Print or Type)**

BOGDAN JOLDZIC

**Title**

PRESIDENT

---

**Disposal of Asbestos-aware Activities**

(Any asbestos-aware activities must be noted here."

---

**Additional Notes:**

---

---
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 5:60 and 12:120)

Date of Notification (1) 06/06/2013

Name of Building Owner/Operator (2) White Township Board of Education

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

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

Street Address
565 County Road 519
City, State, Zip Code
Belvidere NJ 07823

Name of Contact
Dawn Huff

Name of Facility Where Abatement is Taking Place (3)
White Township Consolidated School

Street Address
565 County Road 519
City (5)
Belvidere

County (6)
Warren

County Code (7) (STATE USE ONLY)

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

ASCM No.
0090

Name of Abatement Contractor (9)
Bako Construction & Restoration, Inc.

Street Address
403 St. James Avenue
City, State, Zip Code
Phillipsburg, NJ 08865

Telephone No.
908 454 6316

License No.
00666

Project Manager for Monitoring Firm
Jon Gilbert

Scheduled Completion Date (11) 07/06/2013

Start Date (10) 06/24/2013

Name of OSHA Monitor
Bako Construction & Restoration, Inc.

Street Address
265 Route 46 Ste 3D
City, State, Zip Code
Totowa NJ 07512

Occuancy 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 or 3 sf
- 2 or 3 sf
- 160 sf or 280 sf

Location of Asbestos-Containing Material (ACM)

<table>
<thead>
<tr>
<th>Location of ACM TO BE ABATED</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of ACM (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rooms 200,210,220,230,240 &amp; 250</td>
<td>x</td>
<td>Window Caulk</td>
<td>1136 LF</td>
<td>x</td>
</tr>
<tr>
<td>Rooms 200,210,220,230,240 &amp; 250</td>
<td>x</td>
<td>Transite Facia</td>
<td>360 SF</td>
<td>x</td>
</tr>
<tr>
<td>Rooms 300,310,320,330,540 &amp; 660</td>
<td>x</td>
<td>Window Caulk</td>
<td>548 LF</td>
<td>x</td>
</tr>
<tr>
<td>Rooms 300,310,320,330,540 &amp; 660</td>
<td>x</td>
<td>Transite Facia</td>
<td>265 SF</td>
<td>x</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
Bako Construction & Restoration, Inc.

NJDEP Waste Hauler ID No.
20889

Disposal Date
07/08/2013

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

City, State
Totowa NJ

Completed by
Goran Kojic

Title
Project Manager

Signature

Date
06/06/2013

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

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>Name of Building Owner/Operator</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>06 / 05 / 13</td>
<td>St. Clare's Health Systems</td>
<td>400 Blackwell Street</td>
<td>Dover, NJ 07801</td>
</tr>
</tbody>
</table>

**Name of Facility Where Abatement is Taking Place**  
St. Clare's Hospital - Dover Campus

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Type of Facility</th>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>School (K-12)</td>
<td>100,000</td>
<td>4</td>
<td>47</td>
</tr>
<tr>
<td>Subchapter 8 (Other than K-12)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (i.e., private and commercial buildings, homes, etc.)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Environmental Health Investigations</td>
<td>00104</td>
<td>Superior Abatement Inc</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>665 West Shore Trail</td>
<td>Sparta, NJ 07871</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>John A. Sokolsky</td>
<td>(973) 651-2039</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date</th>
<th>Scheduled Completion Date</th>
</tr>
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<tbody>
<tr>
<td>06 / 05 / 13</td>
<td>06 / 21 / 13</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work</th>
<th>Description of Asbestos-Containing Material</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] ≥23 sf or ≥23 lf</td>
<td>[ ] Renovation</td>
<td>[ ] Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>[ ] ≥160 sf or ≥2600 sf</td>
<td>[ ] Demolition</td>
<td>[ ] Mini-Enclosure</td>
</tr>
<tr>
<td>[ ] Full Enclosure</td>
<td>[ ] Glovebag Procedure</td>
<td>[ ] Non-Exempted (*) and Non-Friable Procedure</td>
</tr>
<tr>
<td>[ ] Non-Friable</td>
<td>[ ] Non-Exempted</td>
<td>[ ] Non-Friable</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>TO BE ABATED IN Facility (13)</td>
<td>Yes</td>
<td>Normaly Used Solely by Maintenance/Custodial Staff? (12)</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>Description of Asbestos-Containing Material (ACM) (i.e., thermal insulation, surfacing, VAT, or other miscellaneous)</td>
</tr>
<tr>
<td></td>
<td>N/A</td>
<td>Amount (Specify SF or LF)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Center Wing Sleep Room</th>
<th>VAT &amp; Mastic</th>
<th>225 SF</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler Service Transport Group, Inc</th>
<th>NJDEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SW2117</td>
<td>5</td>
<td>Minerva Landfill</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Castle, DE</td>
<td>6/21/13</td>
<td>Waynesburgh, OH</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nick Petrovski</td>
<td>President</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>ASB-41 MAY 11</th>
</tr>
</thead>
<tbody>
<tr>
<td>6-6-12</td>
<td>* Do not use this form for asbestos licensure exempted activities.</td>
</tr>
</tbody>
</table>
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1)
6/3/13

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

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

Type Notification
☐ Initial
☐ Amended #1
☐ Emergency
☐ Cancellation

Name of Facility Where Abatement is Taking Place (3)
Seton Hall University- A&S Hall Steam Line

Street Address
400 South Orange Ave.

City, State & Zip Code
South Orange, NJ 07079

Name of Contact
Leon Vanemalebrooke

Telephone Number

FACILITY INFORMATION

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

Square Feet
10,000
# of Floors
2
Bldg. Age
90

Current Use (Prior if being demolished)
University

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

ASCM No.

Name of Abatement Contractor (9)
AbateTech, Inc.

Street Address
280 Huyler Street

City, State & Zip Code
South Hackensack, NJ 07606

Project Manager for Monitoring Firm
Geiser Fajardo

Telephone Number
201-489-8700

License Number
609-265-2107

Scheduled Start Date (10)
6/5/13

Scheduled Completion Date (11)
6/19/13

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

Describe:

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

☒ Renovation
☒ Demolition

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

Exterior Steam Line

Is Location Normally Used Solely by Maintenance or 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

Endoscope

Removal

Encapsulate

Repair

Endoscope

Name of Registered Waste Hauler
AbateTech, Inc.

NJDEP Waste Hauler ID No.
18750

Cubic Yards of Waste
12

Name of Registered Landfill
TRRF Landfill

City, State
Lumberton, NJ

Disposal Date
6/19/13

City, State
Tullytown, PA

Completed By (Print or Type)
Gwen Trumbetti

Title
Office Coord.

Signature

Date
6/3/13
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 6 / 6 / 13

Name of Building Owner/Operator (2) DPMC

Job # 1304-4634 Check #

Agencies Notified
- EPA
- DOLWD
- DHSS
- DCA
  (NJAC 5:23-8)
Type Notification
- Initial
- Amended
- Amendment #3
- Emergency (including justification)
- Cancellation

Street Address
33 West State Street 9th Floor PO Box 034
City, State, Zip Code
Trenton, NJ 08625

Name of Contact
Georgette Bunch
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)
Hunterdon Developmental Center

County (6)
Hunterdon

County Code (7) [STATE USE ONLY]

Name of Abatement Contractor (9)
AbateTech, Inc.

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

ASCM No.

Name of Site Manager for Monitoring Firm
Jim Gullardi

Telephone No.
609-314-1683

Current Use (Prior to being demolished)
Developmental Center

Start Date (10) 5 / 8 / 13

Scheduled Completion Date (11) 6 / 28 / 13

Name of OSHA Monitor
EMSL Analytical

Street Address
1253 North Church Street
City, State, Zip Code
Mooresown, NJ 08057

License No.
00529

Project Manager for Monitoring Firm
Jim Gullardi

Telephone No.
609-265-2107

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

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

TO BE ABATED IN Facility (13)

Chiller Room

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

Chiller Room

Name of Registered Waste Hauler
AbateTech, Inc.

NJDEP Waste Hauler ID No.
18750

Cubic Yards of Waste
6

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

City, State
Lumberton, NJ

Disposal Date
6/26/13

City, State
Tullytown, PA

Completed By (Print or Type)
Gwendolyn Trumbetti
Title
Operations Coordinator

Signature
Date 6/6/13

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

**Date of Notification (1)**  
6/5/13

**Name of Building Owner / Operator (2)**  
Seton Hall University

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

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

**Name of Building Owner / Operator (2)**  
Seton Hall University

**Street Address**  
400 South Orange Ave.

**City, State & Zip Code**  
South Orange, NJ 07079

**Name of Contact**  
Michael Marconi

**Telephone Number**

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**  
Seton Hall University - Aquinas Hall

**Street Address**  
400 South Orange Ave.

**City (5)**  
South Orange

**County (6)**  
Essex

**County Code (7)**

**Square Feet**  
10,000

**# of Floors**  
2

**Bldg. Age**  
90

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

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

**Street Address**  
280 Huyler Street

**City, State & Zip Code**  
South Hackensack, NJ 07606

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

**Street Address**  
PO Box 25

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

**Telephone Number**  
201-489-8700

**License Number**  
609-295-2107

**Name of OSHA Monitor**  
EMSL Analytical

**Street Address**  
108 Haddon Ave.

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

**Scheduled Start Date (10)**  
6/7/13

**Scheduled Completion Date (11)**  
6/21/13

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

**Describe:**  
6 PM Start

**Facility Occupied During Abatement**  

**Scope of Work (Check all that apply)**
- [x] ≥3 sq ft or ≥3 lf
- [ ] ≥160 sq ft ≥260 lf
- [x] Renovation
- [ ] Demolition

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

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

- [ ] Yes
- [ ] No
- [ ] N/A

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

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

**Amount (Specify SF or LF)**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Floor tile &amp; Mastic</td>
<td>750 SF</td>
</tr>
<tr>
<td>Fire Doors</td>
<td>20 total</td>
</tr>
</tbody>
</table>

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

**NJDEP Waste Hauler ID No.**  
18750

**Cubic Yards of Waste**  
6

**Name of Registered Landfill**  
TRRF Landfill

**City, State**  
Lumberton, NJ

**Disposal Date**  
6/21/13

**Completed By (Print or Type)**  
Gwen Trumbetti  
City, State  
Lumberton, NJ

**Signature**

**Date**  
6/5/13
## State of New Jersey
### NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:18)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>6 / 6 / 13</th>
</tr>
</thead>
</table>

| Name of Building Owner/Operator (2) | Ms. Brenda O. Kyle |

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ EPA</td>
<td>□ Initial</td>
<td>1437 Canopy Oaks Drive</td>
</tr>
<tr>
<td>□ DOLWD</td>
<td>□ Amended</td>
<td>City, State, Zip Code</td>
</tr>
<tr>
<td>□ DHSS</td>
<td>□ Emergency (including justification)</td>
<td>Orange Park, FL 32065</td>
</tr>
<tr>
<td>□ DCA (NJAC 5:23-8)</td>
<td>□ Cancellation</td>
<td>Name of Contact</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ms. Brenda O. Kyle</td>
</tr>
</tbody>
</table>

### FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Residential Property - SHED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>209 Regency Road</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Edgewater Park</td>
</tr>
<tr>
<td>County</td>
<td>Burlington</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>naam</td>
<td>NA</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Street Address</th>
<th>3859 Sylon Boulevard</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State, Zip Code</td>
<td>Hainesport, NJ 08036</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>Telephone No.</td>
<td>609-702-0400</td>
</tr>
<tr>
<td></td>
<td>License No.</td>
<td>00862</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 / 17 / 13</td>
<td>6 / 17 / 13</td>
</tr>
</tbody>
</table>

| Occupancy Status During Abatement (Check only one) | | Full Containment with Negative Pressure |
|---------------------------------------------------|-----------------------------|
| ☑ Facility Closed/Vacated During Entire Period of Abatement | ☑ Renovation |
| ☑ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM-PM/PM-AM |
| ☑ Non-Exempted (*) and Non-Friable Procedure |

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
<th>☑ Full Containment with Negative Pressure</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ ≥3 sf or ≥3 ft</td>
<td>☑ Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>≥160 sf or ≥260 if</td>
<td>☑ Full Containment with Negative Pressure</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>IN Facility (13)</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>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Asbestos Shingles</td>
<td>(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td>300 SF</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJDEP Waste Hauler ID No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Horizons Disposal, Inc.</td>
<td>22912</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cubic Yards of Waste (5)</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>GROWS Landfill</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kimberly A. Trumbetti</td>
<td>Office Coordinator</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/17/13</td>
<td>Morrisville, PA 19067</td>
</tr>
</tbody>
</table>

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

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:60 and 5:16)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>5 / 28 / 13</th>
</tr>
</thead>
</table>

**Name of Building Owner/Operator:** O'Buck Estate

<table>
<thead>
<tr>
<th>Street Address</th>
<th>26 Woodland Avenue</th>
</tr>
</thead>
</table>

| City, State, Zip Code | Fords, NJ 08863 |

**Name of Contact:** Mr. Dick Gassert

<table>
<thead>
<tr>
<th>Telephone Number</th>
<th></th>
</tr>
</thead>
</table>

#### FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Residential Property</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>26 Woodland Avenue</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City (5)</th>
<th>Fords</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>County (6)</th>
<th>Middlesex</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>County Code (7) (STATE USE ONLY)</th>
<th></th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>Current Use (Prior to being demolished)</th>
<th>Residential</th>
</tr>
</thead>
</table>

| Square Feet | 980 |

<table>
<thead>
<tr>
<th># of Floors</th>
<th>1</th>
</tr>
</thead>
</table>

| Bldg. Age | 65 |

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>Horizon Environmental</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>ASCM No.</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
<th>Asbestos and Mold Services, Corp.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>3859 Sylon Boulevard</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Hainesport, NJ 08036</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>License No.</th>
<th>00862</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
<th>EMSL Analytical, Inc.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>200 U.S. Route 130 North</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Cinnaminson, NJ 08077</th>
</tr>
</thead>
</table>

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

- [x] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM - PM - PM - AM

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

- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure
- [ ] Renovation
- [ ] Demolition
- [ ] 255 sf or 256 sf
- [ ] 1600 sf or 260 sf

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

**Location:**

- Basement
- 2nd 1/2 of Basement

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

- [x] 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>Floor Tile and Mastic</td>
<td>600 SF</td>
</tr>
<tr>
<td>Floor Tile and Mastic</td>
<td>340 SF</td>
</tr>
</tbody>
</table>

#### Name of Registered Waste Hauler

<table>
<thead>
<tr>
<th>Horizon Disposal, Inc.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>NJDEP Waste Hauler ID No.</th>
<th>22612</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
<th>5</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
<th>GROWS Landfill</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Trenton, NJ</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>6/10/13</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Morrisville, PA 19067</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
<th>Kimberly A. Trumbetti</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Signature</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>6-6-13</th>
</tr>
</thead>
</table>

---

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

## Pursuant to NJAC 8:60 and 5:16

**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**

### Date of Notification (1)  
**6 / 6 / 13**

### Name of Building Owner/Operator (2)  
**Nitta Casings**

#### Job # 1306-1770 Chk. #3186

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

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

### Street Address  
141 Southside Avenue, PO Box 858

### City, State, Zip Code  
Somerville, NJ 08876

### Name of Contact  
Gary Seibel

### Telephone Number

### FACILITY INFORMATION

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

### Street Address  
**141 Southside Avenue**

### City (5)  
**Somerville**

### County (6)  
**Somerset**

### County Code (7) (STATE USE ONLY)  
**92000**

### Current Use (Prior if being demolished)  
**52**

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

### Square Feet  
**92000**

### # of Floors  
**1**

### Bldg. Age  
**52**

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

### ASCM No.  
**Horizon Environmental**

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

### Street Address  
**PO Box 316**

### City, State, Zip Code  
**Thorofores, NJ 08086**

### Project Manager for Monitoring Firm  
**Dave Flannigan**

### Telephone No.  
**886-848-0800**

### Street Address  
**3859 Sylvon Boulevard**

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

### Telephone No.  
**609-702-0400**

### License No.  
**00862**

### Start Date (10)  
**6 / 20 / 13**

### Scheduled Completion Date (11)  
**6 / 28 / 13**

### Name of OSHA Monitor  
**EMSL Analytical, Inc.**

### Occupancy Status During Abatement (Check only one)  
- [ ] Facility Closed/Vacated During Entire Period of Abatement  
- [x] Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM-____ PM/____ PM-____ AM

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

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

<table>
<thead>
<tr>
<th>Boiler Room</th>
<th>Gasket Material from 4 ovens</th>
<th>800 LF</th>
</tr>
</thead>
</table>

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

### Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  
- [x] Full Containment with Negative Pressure  
- [ ] Mini-Enclosure  
- [ ] Glovebag Procedure  
- [x] Non-Exempted (*) and Non-Friable Procedure

### Amount (Specify SF or LF)  
**800 LF**

### Abatement Type

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

### Name of Registered Waste Hauler  
**Horizon Disposal, Inc.**

### NJDEP Waste Hauler ID No.  
**22612**

### Cubic Yards of Waste  
**4**

### Name of Registered Landfill  
**GROWS Landfill**

### City, State  
**Morrisville, PA 19067**

### Disposal Date  
**6/28/13**

### Completed By (Print or Type)  
**Kimberly A. Trumbetti**

### Title  
**Office Coordinator**

### Signature

### Date  
**6/28/13**

---

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