State of New Jersey NOTIFICATION OF
ASBESTOS ABATEMENT (Pursuant to NJAC
8:66 and 12:120)

Date of Notification: June 13, 2013
Name of Building Owner/Operator: Town Of Mantoloking

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

Street Address:
340 Drum Point Road (Yogi Plaza) 2nd Floor
City, State, Zip Code:
Brick, New Jersey
Name of Contact:
Larry Plevier

FACILITY INFORMATION

name of Facility Where Abatement is Taking Place:
915 East Avenue
Type of Facility:
- School (K-12)
- Subchapter 8 (Other than K-12)
- X Other (i.e., private & commercial buildings, homes, etc.)
Square Feet:
2000
# of Floors:
2
Bldg. Age:
50

County Code (STATE USE ONLY):

Current Use (Prior if being demolished):
Residential

County:
Ocean

Name of Monitoring Firm Hired by Building Owner:
Environmental Tactics
ASCM No.:

Name of Abatement Contractor:
Tricon Enterprises Inc

Street Address:
64 Broad Street
City, State, Zip Code:
Matawan, NJ 07747

Telephone No.:
(732) 292-2217

Project Manager for Monitoring Firm:
Thomas P. Geiger

Scheduled Completion Date:
07/15/2013

Start Date:
06/14/2013

Name of OSHA Monitor:
n/a

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 ft
- ≥ 160 sf or ≥ 260 ft
- Renovation
- X Demolition

Description of Asbestos-containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous):
2000 SF

Location of Asbestos-containing Material (ACM) TO BE ABATED
- Entire House
- X Miscellaneous

Location Normally Used Solely by Maintenance/Custodical Staff:
- Yes
- No
- N/A

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

Abatement Type:
- X

Name of Registered Waste Hauler:
Atlantic Carting Inc.

NJDEP Waste Hauler ID No.:
26085

Cubic Yards of Waste:
30

Name of Registered Landfill:
ISEE PA Bethlehem Landfill 2336 Apple butter Rd

City, State:
Bethlehem P.A. 10915
Disposal Date:
6/21/2013

Completed by:
Edgar Bastidas
Title:
Project Manager
Signature:
Date:
06/12/2013

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

Date of Notification: June 13, 2013
Name of Building Owner/Operator: Town Of Mantoloking

Agencies Notified: EPA, DEP, DOL, DOH, DCA
Type of Notification: Initial, Amended, Emergency (includingjustification), Cancellation
Street Address: 340 Drum Point Road (Yogi Plaza) 2nd Floor
City, State, Zip Code: Brick, New Jersey

Name of Contact: Larry Plevier
Telephone No.: [ ]

FACILITY INFORMATION
name of Facility Where Abatement is Taking Place: 934 East Avenue
Street Address: 934 East Avenue
City: Mantoloking
County: [ ]
Ocean: [ ]

County Code (STATE USE ONLY): [ ]

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

Square Foot: 2000
# of Floors: 2
Bldg. Age: 50

Current Use: [ ] Residential

Name of Monitoring Firm Hired by Building Owner: Environmental Tactics
Environmental Tactics
ASCM No.: [ ]

Name of Abatement Contractor: Tricon Enterprises Inc

Street Address: 322 Beers St
City, State, Zip Code: Keyport N.J. 07735

Telephone No.: [ ]
License No.: 01095

Project Manager for Monitoring Firm: Thomas P. Geiger
Telephone No.: (732) 2902217

Start Date: 06/14/2013
Scheduled Completion Date: 07/15/2013

Name of OSHA Monitor: [ ]

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

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

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

Location of Asbestos-Containing Material (ACM)

TO BE ABATED
In Facility

(13)

Yes No N/A

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

Entire House

x Miscellaneous

2000 SF

x

Name of Registered Waste Hauler:
Atlantic Carting Inc.
NJDEP Waste Hauler ID No. 25085
Cubic Yards of Waste: 30
Name of Registered Landfill:
IESE PA Bethlehem Landfill 2335 Apple butter Rd

City, State: [1141 Rte. 23 Wayne N.J. 07470]
Disposal Date: 06/21/2013
City, State: Bethlehem P.A. 10815

Completed by:
Edgar Bastidas
Title: Project manager
Signature: [ ]
Date: 06/12/2013

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

**Date of Notification:**
June 13, 2013

**Name of Building Owner/Operator:**
Town Of Mantoloking

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

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

**Street Address:**
340 Drum Point Road (Yogi Plaza) 2nd Floor

**City, State, Zip Code:**
Brick, New Jersey

**Name of Contact:**
Larry Plevier

**FACILITY INFORMATION**

**name of Facility Where Abatement is Taking Place:**
990 East Avenue

**Type of Facility:**
- School (K-12)
- Subchapter 9 (Other than K-12)
- Other (i.e., private & commercial buildings, homes, etc.)

**Square Feet:**
2000

**# of Floors:**
2

**Bldg. Age:**
50

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

**County Code:**

**Name of Monitoring Firm Hired by Building Owner:**
Environmental Tactics

**ASCM No.:**

**Name of Abatement Contractor:**
Tricon Enterprises Inc

**Street Address:**
64 Broad Street

**City, State, Zip Code:**
Keyport, N.J. 07735

**Project Manager for Monitoring Firm:**
Thomas P. Geiger

**Telephone No.:**
(732) 792-2227

**License No.:**
01095

**Start Date:**
06/14/2013

**Completion Date:**
07/15/2013

**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):**
- ≥3 sf or ≥3 if
- ≥160 sf or ≥260 if
- Renovation
- Demolition

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Entire House</td>
<td>X Miscellaneous</td>
<td>2000 SF</td>
<td>x</td>
<td></td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:**
Atlantic Carting Inc.

**NJDEP Waste Hauler ID No.:**
26085

**Cubic Yards of Waste:**
30

**Name of Registered Landfill:**
ISEE PA Bethlehem Landfill 2335 Apple butter Rd

**Disposal Date:**
6/21/2013

**City, State:**
Bethlehem P.A. 10815

**Completed by:**
Edgar Bastidas

**Title:**
Project Manager

**Signature:**

**Date:**
06/12/2013

---

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

Date of Notification (June 13, 2013)

Name of Building Owner/Operator (2)
Town of Mantoloking

Agencies Notified
☑ EPA
☑ DEP
☑ DOL
☑ DOH
DCA

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

Street Address
340 Drum Point Road (Yogi Plaza) 2nd Floor

City, State, Zip Code
Brick, New Jersey

Name of Contact
Larry Plevier

FACILITY INFORMATION

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

City (5)
Mantoloking

County (6)
Ocean

County Code (7)

Square Feet
2000

# of Floors
2

Bldg. Age
50

Current Use (Prior if being demolished)
Residential

Name of Facility Where Abatement is Taking Place (3)
954 Ocean Avenue

Name of Monitoring Firm Hired by Building Owner (6)
Environmental Tactics

ASCN No.
Tricon Enterprises Inc

Street Address
64 Broad street

City, State, Zip Code
Matawan, N.J. 07747

Street Address
322 Beers St

City, State, Zip Code
Keyport N.J. 07735

Project Manager for Monitoring Firm
Thomas P. Geiger

Telephone No.
(732) 290-2217

Telephone No.
732-739-1200

License No.
01095

Start Date (10)
06/14/2013

Scheduled Completion Date (11)
07/15/2013

Name of OSHA Monitor
n/a

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)
☑ ≥3 sf or ≥3 ft
≥160 sf or ≥260 ft
☑ Demolition
Renovation

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)
2000 SF

Abatement Type

Location of Name of Registered Waste Hauler
Asbestos-Containing Material (ACM)
NJ DEP Waste
Hauler ID No. 26085

Cubic Yards
30 of Waste

Name of Registered Landfill
IESE PA Bethlehem Landfill 2335 Apple butter RdI

City, State
Bethlehem, PA 10815

Disposal Date
06/21/2013

Completed by
Edgar Bastidas

Title
Project Manager

Signature

Completed

Date
06/12/2013

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

**Date of Notification:** June 13, 2013

**Name of Building Owner/Operator:** Town Of Mantoloking

**Street Address:** 340 Drum Point Road (Yogi Plaza) 2nd Floor

**City, State, Zip Code:** Brick, New Jersey

**Name of Contact:** Larry Plevier

**Telephone Number:**

### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place:**
- 1014 Ocean Avenue

**Street Address:**
- 1014 Ocean Avenue

**City:** Mantoloking

**County:** Ocean

**Square Feet:** 2000

**# of Floors:** 2

**Bldg. Age:** 50

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

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

**Name of Monitoring Firm Hired by Building Owner:** Environmental Tactics

**ASCM No.:**

**Name of Abatement Contractor:**
- Tricon Enterprises Inc

**Street Address:**
- 64 Broad street

**City, State, Zip Code:** Matawan, NJ. 07747

**Telephone No.:**
- (732) 2302217

**License No.:** 01095

**Start Date:** 06/14/2013

**Scheduled Completion Date:** 07/15/2013

**Occupancy Status During Abatement:** Facility Closed/Vacated During Entire Period of Abatement

**Other – Describe:**

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

- Renovation
- Demolition
- Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- X Non-Exempted (X) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>TO BE ABATED</th>
<th>Normally Used Solely by Maintenance/Custodial Staff?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Entire House</td>
<td>No</td>
</tr>
</tbody>
</table>

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

- Miscellaneous: 2000 SF

### Name of Registered Waste Hauler

- Atlantic Carting Inc.

### Cubic Yards of Waste

- 30

### Name of Registered Landfill

- ISSA PA Bethlehem Landfill 2335 Apple butter Rd

### Disposal Date

- 06/21/2013

### City, State

- Bethlehem P.A. 10815

### Completed by

- Edgar Bastidas

### Title

- Project manager

### Signature

- [Signature]

### Date

- 06/12/2013

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State of New Jersey NOTIFICATION OF
ASBESTOS ABATEMENT (Pursuant to NJAC 8:50 and 12:120)

Date of Notification: June 13, 2013

Name of Building Owner/Operator (2):
Town Of Mantoloking

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

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

Street Address:
340 Drum Point Road (Yogi Plaza) 2nd Floor

City, State, Zip Code:
Brick, New Jersey

Name of Contact:
Larry Plevier

FACILITY INFORMATION

name of Facility Where Abatement is Taking Place (3):
1099 Ocean Avenue

Street Address:
1099 Ocean Avenue

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

City (5):
Mantoloking

Square Feet:
2000

County (6):
Ocean

# of Floors:
2

County Code (7) (STATE USE ONLY):

Current Use (Prior if being demolished):
Residential

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

Name of Abatement Contractor (9):
Tricon Enterprises Inc

ASCM No.:

Street Address:
64 Broad street

City, State, Zip Code:
Matawan, NJ. 07747

Telephone No.:
(732) 2902217

License No.:
01095

Telephone No.:
732-739-1200

Start Date (10):
06/14/2013

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

Scheduled Completion Date (11):
07/15/2013

Other - Describe:

Name of OSHA Monitor:
n/a

Street Address:
322 Beers St

City, State, Zip Code:
Keyport N.J. 07735

Scope of Work (Check All That Apply):

<table>
<thead>
<tr>
<th>X</th>
<th>23 sf or ≥3 if</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥160 sf or ≥260 if</td>
<td></td>
</tr>
</tbody>
</table>

Renovation
Demolition

Containment with Negative Pressure
Mini-Enclosure
Glovecbag Procedure

X Non-Exempted (X) and Non-Friabile Procedure

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

| Location Normally Used Soxely by Maintenance/ Custodial Staff? |
|-------------------------|------------------|
| Yes | No | N/A |

Entire House

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

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000 SF</td>
</tr>
</tbody>
</table>

Is Location Normally Used Soxely by Maintenance/ Custodial Staff?

Abatement Type

Completion of Work:

Name of Registered Waste Hauler:
Atlantic Carting Inc.

Name of Registered Landfill:
IESE PA Bethlehem Landfill 2335 Apple butter Rd.

Waste Hauler ID No.: 26085

Cubic Yards of Waste: 30

Disposal Date:
6/21/2013

City State:
Bethlehem, PA. 18015

Completed by:
Edgar Bastidas
Title:
Project manager

Signature:

Date:
06/12/2013

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

Date of Notification (3)  
June 13, 2013

Name of Building Owner/Operator (2)  
Town Of Mantoloking

Agencies Notified  
X EPA  
X DEP  
X DOL  
X DOH  
DCA

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

Street Address  
340 Drum Point Road (Yogi Plaza) 2nd Floor

City, State, Zip Code  
Brick, New Jersey

Name of Contact  
Larry Plevier

Telephone Number

FACILITY INFORMATION

name of Facility Where Abatement is Taking Place (3)  
1112 Ocean Avenue

Street Address  
1112 Ocean Avenue

City (5)  
Mantoloking

County (6)  
Ocean

County Code (7)  
(STATE USE ONLY)

Current Use (Prior if being demolished)  
Residential

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

ASCM No.  
Name of Abatement Contractor (9)  
Tricon Enterprises Inc

Street Address  
64 Broad Street

City, State, Zip Code  
Matawan, NJ. 07747

City, State, Zip Code  
Keyport N.J. 07735

Project Manager for Monitoring Firm  
Thomas P. Geiger

Telephone No.  
(732) 292-2217

Telephone No.  
732-739-1200

License No.  
01095

Start Date (10)  
06/14/2013

Scheduled Completion Date (11)  
07/15/2013

Name of OSHA Monitor  
n/a

Occupancy Status During Abatement (Check Only One)  
X Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours  
Other –

Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  
2000 SF

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

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

Is Location Normally Used Solely by Maintenance/Custodial Staff?  
N/A

Amount (Specify SF or LF)  
2000 SF

Abatement Type  
Renovation

Decontamination with Negative Pressure

Containment with Negative Pressure

Mini-Enclosure

Glovebag Procedure

X Non-Exempted (X) and Non-Friable Procedure

Name of Registered Waste Hauler  
Atlantic Carting Inc.

NJDEP Waste Hauler ID No.  
26985

Cubic Yards of Waste  
30

Name of Registered Landfill  
IESE PA Bethlehem Landfill 2335 Apple butter Rd.

Disposal Date  
6/21/2013

City, State  
Bethlehem P.A. 10815

Completed by  
Edgar Bastidas

Title  
Project Manager

Signature

Date  
06/12/2013

ASB-41 (R-08-08)

* 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: June 13, 2013
Name of Building Owner/Operator: Town Of Mantoloking

Agencies Notified: EPA, DOH, DCA
Type Notification: Initial
Street Address: 340 Drum Point Road (Yogi Plaza) 2nd Floor
City, State, Zip Code: Brick, New Jersey 08723
Name of Contact: Larry Plevier

FACILITY INFORMATION

name of Facility Where Abatement is Taking Place: 1409 Ocean Avenue
Type of Facility: Other (i.e. private & commercial buildings, homes, etc.)

City: Mantoloking
County: Ocean
County Code: 07

Project Manager for Monitoring Firm: Thomas P. Geiger
Telephone No.: (732) 290-2217

Start Date: 06/14/2013
Scheduled Completion Date: 07/15/2013

Scope of Work (Check All That Apply):
- Renovation
- Demolition

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

Entire House

Name of Registered Waste Hauler: Atlantic Carting Inc.

completed by

Edgar Bastidas

Title: Project manager

Date: 06/12/2013

Name of OSHA Monitor: n/a
Name of Abatement Contractor: Tricon Enterprises Inc
Name of Registered Landfill: IESE PA Bethlehem Landfill 2335 Apple butter Rd
Disposal Date: 06/21/2013

Cubic Yards of Waste: 30
Name of Registered Waste Hauler: NJDEP Waste Hauler ID No. 26085

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

Amount (Specify SF or LF):

Abatement Type:

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

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

**Date of Notification**: June 13, 2013
**Name of Building Owner/Operator**: Town Of Mantoloking

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

**Street Address**: 340 Drum Point Road (Yogi Plaza) 2nd Floor
**City, State, Zip Code**: Brick, New Jersey

**Name of Contact**: Larry Plevier

**Telephone Number**: 

---

## FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place**: 1517 Ocean Avenue

**Street Address**: 1517 Ocean Avenue

**City**: Mantoloking

**County**: Ocean

<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>Residential</td>
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</table>

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

**Name of Abatement Contractor**: Tricon Enterprises Inc

**Street Address**: 64 Broad street

**City, State, Zip Code**: Matawan, NJ. 07747

**Project Manager for Monitoring Firm**: Thomas P. Geiger

<table>
<thead>
<tr>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>(732) 2922217</td>
<td>01095</td>
</tr>
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</table>

**Start Date**: 06/14/2013
**Scheduled Completion Date**: 07/15/2013

**Occupancy Status During Abatement**:
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours

**Scope of Work** (Check All That Apply):
- Renovation
- Demolition

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

<table>
<thead>
<tr>
<th>TO BE ABATED</th>
<th>Location Normally Used Solely by Maintenance/Custodial Staff?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Entire House</td>
<td>Yes, No N/A</td>
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**Description of Asbestos-Containing Material (ACM)**

<table>
<thead>
<tr>
<th>Description of ACM</th>
<th>Amount (Specify SF or LF)</th>
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<td>2000 SF</td>
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**Abatement Type**

<table>
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<th>Type</th>
<th>Removal</th>
<th>Repair</th>
<th>Encapsulate</th>
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<tr>
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<td></td>
<td></td>
<td>x</td>
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</tbody>
</table>

**Name of Registered Waste Hauler**

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</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>Atlantic Carting Inc.</td>
<td>26085</td>
<td>30</td>
<td>IESE PA Bethlehem Landfill 2335 Apple butter Rdl</td>
</tr>
</tbody>
</table>

**City, State**: 1141 Rte. 23 Wayne N.J. 07470

**Disposal Date**: 06/21/2013
**City, State**: Bethlehem P.A. 10815

**Completed by**: Edgar Bastidas
**Title**: Project manager

**Signature**: 

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*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 (June, 2013)

Name of Building Owner/Operator (2)
Town Of Mantoloking

Agencies Notified

Type Notification

X EPA
X DEP
X DOL
X DOH
DCA
Initial
Amended
Amendment #
Emergency (including justification)
Cancellation

Street Address
340 Drum Point Road ( Yogi Plaza) 2nd Floor

City, State, Zip Code
Brick, New Jersey

Name of Contact
Larry Plevier

FACILITY INFORMATION

name of Facility Where Abatement is Taking Place (3)
1211 Bay Avenue

Street Address
1211 Bay Avenue

City (6)
Mantoloking

County (6)
Ocean

County Code (7) (STATE USE ONLY) ___

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

Square Feet
2000

# of Floors
2

Bldg. Age
50

Current Use (Prior if being demolished)
Residential

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

Name of Abatement Contractor (9)
Tricon Enterprises Inc

Street Address
64 Broad Street

City, State, Zip Code
Matawan, N.J. 07747

Street Address
322 Beers St

City, State, Zip Code
Keyport N.J. 07735

Project Manager for Monitoring Firm
Thomas P. Geiger

Telephone No.
(732) 2902217

Telephone No.
732-739-1200

License No.
01095

Start Date (10)
06/14/2013

Scheduled Completion Date (11)
07/15/2013

Name of OSHA Monitor
n/a

Occupancy Status During Abatement (Check Only One)
X Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Faculty Hours

Other – Describe: ______________

Scope of Work (Check All That Apply)
X≥3 sf or ≥3 ft
≥150 sf or ≥260 ft

Renovation

Demolition

Containment with Negative Pressure

Mini-Enclosure

Glovebag Procedure

X Non-Exempted (X) 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 AsbestosContaining Material (ACM)
(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)

Amount (Specify SF or LF)
2000 SF

Abatement Type

Removal

Repair

Encapsulate

Endure

Name of Registered Waste Hauler
Atlantic Carting Inc.

NJDEP Waste Hauler ID No.
26086

Cubic Yards of Waste
30

Name of Registered Landfill
IESE PA Bethlehem Landfill 2335 Apple butter Rd

City, State
 Bethlehem, PA. 10615

Disposal Date
6/21/2013

City, State
1141 Rte. 23 Wayne N.J. 07470

Name of Contact
Larry Plevier

Completed by
Edgar Bastidas

Title
Project manager

Signature

Date
06/12/2013

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

**Date of Notification:** June 13, 2013

**Name of Building Owner/Operator:** Town Of Mantoloking

**Street Address:** 340 Drum Point Road (Yogi Plaza) 2nd Floor

**City, State, Zip Code:** Brick, New Jersey

**Name of Contact:** Larry Plevier

**Telephone Number:**

### FACILITY INFORMATION

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

- **Square Feet:** 2000
- **# of Floors:** 2
- **Bldg. Age:** 50
- **Current Use (Prior if being demolished):** Residential

- **Name of Monitoring Firm Hired by Building Owner:** Environmental Tactics
- **Environmental Tactics**

- **Name of Abatement Contractor:** Tricon Enterprises Inc

- **Telephone No.:** 732-739-1200
- **License No.:** 01095

- **Start Date:** 06/14/2013
- **Scheduled Completion Date:** 07/15/2013

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

- **Scope of Work (Check All That Apply):**
  - Renovation
  - Demolition

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
<th>Purpose of Material</th>
<th>Description of Asbestos Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Entire House</td>
<td>Miscellaneous</td>
<td>2000 SF</td>
<td>x</td>
<td></td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:** Atlantic Carting Inc.

**City, State:** 1141 Rte. 23 Wayne N.J. 07470

**NJDEP Waste Hauler ID No.:** 26085

**Cubic Yards of Waste:** 30

**Name of Registered Landfill:** IESE PA Bethlehem Landfill 2335 Apple butter Rd.

**Disposal Date:** 6/21/2013

**City, State:** Bethlehem, PA 10815

**Completed by:** Edgar Bastidas

**Title:** Project manager

**Signature:**

**Date:** 06/12/2013

---

*Do not use this form for asbestos licensure exempted activities.*
Date of Notification (10)
June 13, 2013

Name of Building Owner/Operator (2)
Town Of Mantoloking

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

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

Street Address
340 Drum Point Road (Yogi Plaza) 2nd Floor

City, State, Zip Code
Brick, New Jersey

Name of Contact
Larry Plevier

FACILITY INFORMATION

name of Facility Where Abatement is Taking Place (3)
1070 Barnegat Avenue

Street Address
1070 Barnegat Avenue

City (5)
Mantoloking

County (6)
Ocean

County Code (7)

Current Use (Prior if being demolished)
Residential

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

ASCM No.

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

Square Feet
2000

# of Floors
2

Bldg. Age
50

Name of Abatement Contractor (9)
Tricon Enterprises Inc

Street Address
322 Beers St

City, State, Zip Code
Keyport N.J. 07735

Project Manager for Monitoring Firm
Thomas P. Geiger

Telephone No.
(732) 2992217

Telephone No.
732-739-1200

License No.
01095

Start Date (10)
06/14/2013

Scheduled Completion Date (11)
07/15/2013

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 Normal Facility Hours

Other – Describe:

Scope of Work (Check All That Apply)
- 23 sf or 2.3 ft
- ≥ 100 sf or ≥ 260 ft

Renovation

Demolition

Containment with Negative Pressure

Mini-Enclosure

Glovebag Procedure

X Non-Exempted (X) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM)

TO BE ABATED
In Facility

(13)

Is Location Normaly 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)

2000 SF

Abatement Type

Removal
Repair
Encapsulate
Enclose

Name of Registered Waste Hauler
Atlantic Carting Inc.

NJDEP Waste Hauler ID No.
26085

Cubic Yards of Waste
30

Name of Registered Landfill
IESE PA Bethlehem Landfill 2335 Apple butter Rd

City, State
Bethlehem, P.A. 10815

Disposal Date
9/21/2013

Completed by
Edgar Bastidas
Title
Project manager

Signature

Date
06/12/2013

* Do not use this form for asbestos licensure exempted activities.
Date of Notification: June 13, 2013
Name of Building Owner/Operator: Town Of Mantoloking
Street Address: 340 Drum Point Road (Yogi Plaza) 2nd Floor
City, State, Zip Code: Brick, New Jersey
Name of Contact: Larry Plevier

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place: 1073 Barnegat Avenue
Street Address: 1073 Barnegat Avenue
City: Mantoloking
County: Ocean
County Code (STATE USE ONLY):

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

Square Feet: 2000
# of Floors: 2
Bldg. Age: 50
Current Use (Prior if being demolished): Residential

Name of Monitoring Firm Hired by Building Owner: ASCM No.
Environmental Tactics: ASCM No.

Name of Abatement Contractor: Tricon Enterprises Inc
Street Address: 322 Beers St
City, State, Zip Code: Keyport N.J. 07735

Project Manager for Monitoring Firm: Thomas P. Geiger
Telephone No. (732) 2992217

Start Date: 06/14/2013
Scheduled Completion Date: 07/15/2013

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

Scope of Work (Check All That Apply):
- Renovation
- Demolition

Is Location Normally Used Solely by Maintenance/Custodial Staff?

Abatement Type:
- Removal
- Repair
- Encapsulate
- Endorse

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

<table>
<thead>
<tr>
<th>Description of Asbestos Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surfaceing, VAT, or other miscellaneous</td>
<td>2000 SF</td>
<td></td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler: Atlantic Carting Inc.
NJDEP Waste Hauler ID No.: 26085

City, State: 1141 Rte. 23 Wayne N.J. 07470
Disposal Date: 6/21/2013
City, State: Bethlehem P.A. 10815
Completed by: Edgar Basidas
Title: Project manager
Signature:
Date: 06/12/2013

*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:** June 13, 2013

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

**Type Notification:** Initial

**Street Address:**
340 Drum Point Road (Yogi Plaza) 2nd Floor

**City, State, Zip Code:**
Brick, New Jersey

**Name of Contact:**
Larry Plevier

**Name of Building Owner/Operator:**
Town Of Mantoloking

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place:**
1111 Barneget Avenue

**City:**
Mantoloking

**County:** Ocean

**Square Feet:**
2000

**# of Floors:**
2

**Bidg. Age:**
50

**Current Use:**
Residential

**Name of Monitoring Firm Hired by Building Owner:**
Environmental Tactics

**ASCM No.:**

**Name of Abatement Contractor:**
Tricon Enterprises Inc

**Street Address:**
64 Broad Street

**City, State, Zip Code:**
Matawan, NJ. 07747

**Telephone No.:**
(732) 290-2217

**License No.:**
01095

**Start Date:**
06/14/2013

**Scheduled Completion Date:**
07/15/2013

**Name of OSHA Monitor:**
n/a

**Occupy Status During Abatement:**
Facility Closed/Vacated During Entire Period of Abatement

**Abatement Performed Outside of Normal Facility Hours:**
Other – Describe:

**Scope of Work:**
- Renovation
- Demolition

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

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Entire House</td>
<td>Yes</td>
</tr>
</tbody>
</table>

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

**Amount (Specify SF or LF):**
2000 SF

**Containment with Negative Pressure:**

**Mini-Enclosure:**

**Glovebox Procedure:**

**X Non-Exempted (X) and Non-Friable Procedure:**

**Name of Registered Waste Hauler:**
Atlantic Carting Inc.

**NJDEP Waste Hauler ID No.:**
268085

**Cubic Yards of Waste:**
30

**Name of Registered Landfill:**
IESE PA Bethlehem Landfill 2335 Apple butter Rd

**Disposal Date:**
6/21/2013

**City, State:**
Matawan, NJ. 07747

**Completed by:**
Edgar Bastidas

**Title:**
Project manager

**Signature:**

**Date:**
06/12/2013

*Do not use this form for asbestos licensure exempted activities.*
State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 6:80 and 12:120)

Date of Notification: June 13, 2013

Name of Building Owner/Operator: Town Of Mantoloking

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

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

Street Address: 340 Drum Point Road (Yogi Plaza) 2nd Floor

City, State, Zip Code: Brick, New Jersey

Name of Contact: Larry Plevier

FACILITY INFORMATION

name of Facility Where Abatement is Taking Place: 1112 Barnegat Avenue

Street Address: 1112 Barnegat Avenue

City: Mantoloking

County: Ocean

County Code: (STATE USE ONLY)

Current Use (Prior if being demolished): Residential

Name of Monitoring Firm Hired by Building Owner: Environmental Tactics

Name of Abatement Contractor: Tricon Enterprises Inc

Street Address: 64 Broad street

City, State, Zip Code: Matawan, NJ 07747

Project Manager for Monitoring Firm: Thomas P. Geiger

Telephone No.: (732) 2922217

License No.: 01095

Start Date: 06/14/2013

Scheduled Completion Date: 07/15/2013

Occupancy Status During Abatement: Facility Closed/Vacated During Entire Period of Abatement

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

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

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

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>

Entire House

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

Amount (Specify SF or LF): 2000 SF

Abatement Type

Name of Registered Waste Hauler: Atlantic Carting Inc.

City, State: Matawan, NJ 07747

Name of Registered Landfill: ISEE PA Bethlehem Landfill 2335 Apple butter Rd.

Disposal Date: 6/21/2013

City, State: Bethlehem, PA 10816

Completed by: Edgar Bastidas

Signature:

Date: 06/12/2013

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

**Date of Notification:** June 13, 2013

**Name of Building Owner/Operator:** Town Of Mantoloking

**Street Address:** 340 Drum Point Road (Yogi Plaza) 2nd Floor

**City, State, Zip Code:** Brick, New Jersey

**Name of Contact:** Larry Plevier

---

**FACILITY INFORMATION**

**name of Facility Where Abatement is Taking Place:** 1116 Barnegat Avenue

**Street Address:** 1116 Barnegat Avenue

**City:** Mantoloking

**County:** Ocean

**Square Feet:** 2000

**# of Floors:** 2

**Bldg. Age:** 50

**Type of Facility:** Residential

**Current Use:** Prior if being demolished

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

**Environmental Tactics:**

<table>
<thead>
<tr>
<th>Environmental Tactics</th>
<th>ASCM No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASCM No.</td>
<td></td>
</tr>
</tbody>
</table>

**Name of Abatement Contractor:** Tricon Enterprises Inc

**Street Address:** 322 Beers St

**City, State, Zip Code:** Keyport N.J. 07735

**Project Manager for Monitoring Firm:** Thomas P. Geiger

**Telephone No.:** (732) 2902217

**License No.:** 01095

**Start Date:** 06/14/2013

**Scheduled Completion Date:** 07/15/2013

**Occupancy Status During Abatement:**

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

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

- Renovation
- Demolition
- 2000 SF

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

- Entire House

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

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

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

- Cubic Yards of Waste: 30

**Amount (Specify SF or LF):** 2000 SF

**Abatement Type:**

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

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

- Entire House

**Name of Registered Waste Hauler:** Atlantic Carting Inc.

**NJDEP Waste Hauler ID No.:** 26085

**Cubic Yards of Waste:** 30

**Name of Registered Landfill:** IESE PA Bethlehem Landfill 2335 Apple butter Rd

**Disposal Date:** 6/21/2013

**Name:** Edgar Bastidas

**Title:** Project Manager

**Date:** 06/12/2013

---

*Do not use this form for asbestos licensure exempted activities.
# STATE OF NEW JERSEY

## NOTIFICATION OF ASBESTOS ABATEMENT

(PURSUANT TO NJAC 8:60-7 AND 12:120-7)

### Date of Notification (1)
- 6 / 17 / 13

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

### Street Address
- 100 Greenwood Avenue

### City, State, Zip Code
- Jenkintown, PA. 19046

### Name of Contact
- Alex Baylor

### Telephone Number
- 

### FACILITY INFORMATION

### Name of Facility Where Abatement is Taking Place (3)
- Verizon Atlantic City Central Office

### Street Address
- 1609 Pacific Avenue

### City (5) County (6) County Code (7)
- Atlantic City Atlantic

### Square Feet
- N/A

### # Of Floors
- 2

### Building Age
- 50+

### Current Use (Prior if being demolished)
- 

### Name of Monitoring Firm Hired by Bldg. Owner (8)
- USA Environmental

### Street Address
- 6436 Enterprise Avenue

### City, State, Zip Code
- Philadelphia, PA. 19153

### Project Mgr. For Monitoring Firm
- Mark Jenkins

### Telephone Number
- 215-365-5810

### Scheduled Start Date (10)
- 7 / 1 / 13

### Sched. Completion Date (11)
- 7 / 10 / 13

### Occupancy Status During Abatement (Check Only 1)
- ☑ Facility Closed/Vacated During Entire Period of Abatement
- ☑ Abatement Performed Outside of Normal Facility Hours - Describe: MON-FRI. 7:00AM-3:30PM
- ☑ Other - Describe: 

### Scope of Work (Check All That Apply)
- ☑ Demolition
- ☑ Renovation
- ☑ Full Containment with Negative Pressure
- ☑ Mini - Enclosure
- ☑ Glovebag Procedure
- ☑ Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Description</th>
<th>Abatement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement Mech Room</td>
<td>Floor tile and mastic</td>
<td>☑</td>
</tr>
<tr>
<td>Basement Storage Room</td>
<td>Floor tile and mastic</td>
<td>☑</td>
</tr>
<tr>
<td>Basement Boiler Room</td>
<td>Floor tile and mastic</td>
<td>☑</td>
</tr>
<tr>
<td>Basement Stairwell @ Boiler RM</td>
<td>Floor tile and mastic</td>
<td>☑</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>NJDEP Waste Hauler ID No. SW2117</td>
<td>Cubic Yards of Waste</td>
</tr>
<tr>
<td>Service Transport Group</td>
<td>55 Pyles Lane</td>
<td>Minerva Landfill</td>
</tr>
<tr>
<td>City, State</td>
<td>New Castle, DE.</td>
<td>Disposal Date 7/25/2013</td>
</tr>
<tr>
<td>City, State</td>
<td>9855 Minerva Road</td>
<td>Wayne, OH, 44688</td>
</tr>
</tbody>
</table>

### Completed by (Print or Type)
- Marc Heim

### Title
- Project Manager

### Signature
- [Signature]

### Date
- 06/17/13
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:20)

State of New Jersey

Date of Notification (1): 6/13/13
Name of Building Owner/Operator (2): MRS. CARMELA STEFANO

Agencies Notified
( ) EPA
(X) DEP
(X) DOB
(X) DOH
( ) DCA

Type Notification
( ) Initial Notification
( ) Amendment
( ) Emergency Notification
( ) Cancellation

Street Address: 81 HARBOUR KEY ROAD
City, State, Zip Code: UNION CITY, NJ 07087
Name of Contact: CARMELA
Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): RESIDENTIAL
Type of Facility (4):
( ) School (K-12)
( ) Subchapter 8 (Other than K-12)
(X) Other (i.e., private & commercial buildings, homes, etc.)

Street Address: 911 17TH STREET
City & State (5): UNION CITY, NJ
County (6): HUDSON
County Code (7): (STATE USE ONLY)
Square Feet: NA
# of Floors: 1
Bldg. Age: NA
Current Use (Prior if being demolished): VACANT

Name of Monitoring Firm Hired by Building Owner (8):
ENVIRONMENTAL CONSULTING GROUP, LLC
ASCM No.: NA
Name of Abatement Contractor (9):
S/M Enterprise of NJ, Inc.
Street Address:
PO BOX 8466
HALEDON, NJ 07538
City, State, Zip Code:
Prospect Park, NJ 07508
Project Manager for Monitoring Firm:
FERNANDO VILLA
Telephone No.: 973-418-4036
License No.: 00641

Start Date (10): 6/13/13
Scheduled Completion Date (11): 6/14/13
Name of OSHA Monitor:
S/M Enterprise of New Jersey, Inc.
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 l f
( ) ≥ 160 sf or ≥ 260 l f
(X) Renovation
( ) Demolition
(X) Full Containment with Negative Pressure
Wrapping
( ) Glovebag Procedure
( ) Non-Friable Procedure

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

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

Yes No N/A

Is Location

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

Amount (Specify SF or LF)

BASEMENT X PIPE INSULATION 100 LF

Location of Registered Waste Hauler:
NEWARK CARTING, INC.
Disposal Date: 6/20/13

Cubic Yards of Waste:

Name of Registered Waste Hauler ID No.:
18693
NIDEP waste

Name of Registered Landfill:
IESI

City, State:
PO BOX 5670, NEWARK NJ 07105
Disposal Date:
City, State:

COMPLETION DATE: 6/13/13

Name of Registered Waste Hauler:
NEWARK CARTING, INC.
Disposal Date:

Cubic Yards of Waste:

Name of Registered Waste Hauler ID No.:
18693
NIDEP Waste

Name of Registered Landfill:
IESI

City, State:
PO BOX 5670, NEWARK NJ 07105
Disposal Date:
City, State:

Completed By:
MIKE ALTADOUKA
Title:
PRESIDENT
Signature:

Date:
6/13/13
# State of New Jersey
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 12:11D)

### TRANSFORMATION ENTERPRISES

#### Name of Building Owner/Operator:

<table>
<thead>
<tr>
<th>Name of Building Owner/Operator</th>
<th>Telephone Number</th>
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<tbody>
<tr>
<td>TRANSFORMATION ENTERPRISES</td>
<td></td>
</tr>
<tr>
<td>601 W. CLARK LANDING RD.</td>
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#### Address:

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
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</thead>
<tbody>
<tr>
<td>601 W. CLARK LANDING RD.</td>
<td>EAG HARBOUR N.J. 08215</td>
</tr>
</tbody>
</table>

### Name of Contact:

<table>
<thead>
<tr>
<th>Name of Contact</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

#### Address:

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>EAG HARBOUR N.J. 08215</td>
</tr>
</tbody>
</table>

### FACILITY INFORMATION

#### Type of Facility:

- School (K-12)
- Subchapter B (Other than K-17)
- Other (i.e., private & commercial buildings, homes, etc.)

<table>
<thead>
<tr>
<th>Square Feet</th>
<th># of Floors</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>1200</td>
<td>2</td>
<td>20YT</td>
</tr>
</tbody>
</table>

#### Current Use:

- Vacant (Prior was being demolished)

### Name of Facility Where Abatement is Taking Place:

- Residence

120 11TH ST, SOUTH

#### Name of Building Owner:

<table>
<thead>
<tr>
<th>Name of Building Owner</th>
<th>N/A</th>
</tr>
</thead>
</table>

#### Name of Abatement Contractor:

<table>
<thead>
<tr>
<th>Name of Abatement Contractor</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>KLAXON INC.</td>
<td>856-777-0422</td>
</tr>
</tbody>
</table>

#### Address:

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>369 S. SPURRIE AVE</td>
<td>MAPLE SHADE N.J. 08052</td>
</tr>
</tbody>
</table>

#### License No.:

<table>
<thead>
<tr>
<th>License No.</th>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>1047-422</td>
<td>JOSEPH KRAMER</td>
</tr>
</tbody>
</table>

#### Phone Manager for Monitoring Party:

<table>
<thead>
<tr>
<th>Phone No.</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>856-777-0422</td>
</tr>
</tbody>
</table>

#### Scheduled Completion Date:

7/9/13

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

<table>
<thead>
<tr>
<th>ACM</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td>TRANSULITE 1500 (X)</td>
</tr>
</tbody>
</table>

#### Location of ACM Normally Used by Maintenance/Custodial Staff:

<table>
<thead>
<tr>
<th>Location of ACM Normally Used by Maintenance/Custodial Staff (List All ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>X TRANSULITE 1500</td>
</tr>
</tbody>
</table>

#### Location of ACM Normally Used by Maintenance/Custodial Staff (List All ACM):

<table>
<thead>
<tr>
<th>Location of ACM Normally Used by Maintenance/Custodial Staff (List All ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>X TRANSULITE 1500</td>
</tr>
</tbody>
</table>

### Name of Responsible Person for Waste Disposal:

<table>
<thead>
<tr>
<th>Name of Responsible Person for Waste Disposal</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>JOSEPH KRAMER</td>
<td></td>
</tr>
</tbody>
</table>

#### Date:

6/25/2023

---

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

Date of Notification (1): 6/27/13

Name of Building Owner/Operator (2):

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

Type of Notification: 
- [ ] New
- [ ] Amend
- [ ] Emergency (including justification)
- [ ] Cancellation

Name of Facility Where Abatement is Taking Place (3):
- [ ] RESIDENTIAL
- [ ] COMMERCIAL

Street Address: 2309 N. MARINE AVE.

City: OCEAN CITY

County: CAPE MAY

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

Project Manager for Monitoring Firm (9):

Telephone No. (11):

Scheduled Completion Date (11):
- [ ] 6/27/13

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

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

Description of Asbestos-Containing Material (ACM) (13):

Amount (Specify SF or LF):

Name of Registered Waste Hauler (15):

City/State:

Disposal Date (17):

Name of Registered Landfill:

Signed by:

Date:

* 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)

Date of Notification (1) 06 14 13

Name of Building Owner/Operator (2)
Kenny Gerard

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

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

Street Address
20 Longacre Drive

City, State, Zip Code
Livingston, NJ 07039

Name of Contact
Kenny Gerard

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Private house

Street Address
20 Longacre Drive

City (5)
Livingston, NJ 07039

County (5)
Essex

County Code (7) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.
Name of Abatement Contractor (9)
Gr Tech LLC

Street Address
576 Valley Rd #283

City, State, Zip Code
Wayne, NJ 07470

Project Manager for Monitoring Firm

Telephone No.
973-638-1777

License No.
01127

Start Date (10)
06 24 13

Scheduled Completion Date (11)
06 25 13

Name of OSHA Monitor
Envirovision Consultants, Inc

Street Address
20-21 Wagaw Road, Bldg. #35 E

City, State, Zip Code
Fair Lawn, NJ 07410

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

Time of Abatement: AM AM PM PM AM

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

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, V.A.T., or other miscellaneous)

Amount (Specify TIF or LF)

Abatement Type

Clean up and decontamination
Full Containment with Negative Pressure
Mini-Enclosure
Gloves Bag Procedure ☑ Tent with Negative Pressure
Non-Exempted (1) and Non-Friable Procedure

Basement
☐ ☐ ☒ Pipe insulation
045 LF

Basement
 ☐ ☐ ☒ Boiler insulation
24 SF

Name of Registered Waste Hauler
Gr Tech LLC

NJDEP Waste Hauler ID No.
0033785

Cubic Yards of Waste
TBD

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

Disposal Date
TBD

City, State
Tullytown, PA

Completed By (Print or Type)
N. Jevic

Title
Owner

Signature

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

**State of New Jersey**

**Pursuant to N.J.A.C. 51:10 and 13:1A-25**

**Date of Notification:** 06/12/13

**Identification No.** CH#2865

**$200 DIOL 10-DAY**

**Name of Building Owner/Operator:**

Oak Knoll School of the Holy Child

**Street Address:** 44 Blackburn Road

City, State, Zip Code: Summit, New Jersey 07901

**Name of Contact:** John Daura

**FACILITY INFORMATION**

**Type of Facility (4):**

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

**Square Feet:** 20,800

**# of Floors:** 2

**Building Age:** 55+

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

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

Oak Knoll School of the Holy Child, Grace Hall

**T&M Associates**

**Address:** 1 Tindall Road

City, State, Zip Code: Aillington, New Jersey 07748

**Telephone No.:** 732-871-4000

**License No.:** 01104

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

**Street Address:** 808 McBride Avenue

**City, State, Zip Code:** Woodland Park, New Jersey 07424

**Environmental Lebes LLC**

**Address:** 2333 Route 22 West

**City, State, Zip Code:** Union, New Jersey 07083

**Name of OSHA Monitor:** J&S Environmental Lebes LLC

**Schedule Completion Date:** 06/24/13

**Facility Status During Abatement (Check Only One):**

- 1. Facility Closed/Replaced During Entire Period of Abatement
- 2. Abatement Performed Outside of Normal Facility Hours
- 3. Other - Describe: 8PM Start

**Type of Work (Check All That Apply):**

- 1. Abatement
- 2. Demolition
- 3. Renovation
- 4. Full Containment with Negative Pressure
- 5. Mini-Enclosure
- 6. Glovebag Procedure
- 7. Non-Exempted (*) and Non-Priate Procedure

**Description of Asbestos-Containing Material (ACM) (12):**

- **Amount (Specify 6P or LF):**

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

  **Location:**

  - Basement
  - X
  - Thermal System Insulation
  - 375 LF

  - Basement
  - X
  - Pipe Fitting Insulation
  - 35 LF

**Identification No.** CH#2865

**Cubic Yards of Waste:** 18724

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

**City, State:** Morrisville, Pennsylvania

**Disposal Date:** 06/26/15

**Completed by:** Illeana Kalerikova

**Title:** Vice President

**Signature:**

**Date:** 06/12/13

---

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

(Pursuant to NJAC 8:68 and 12:120-)

State of New Jersey

DATE OF NOTIFICATION:

06 / 05 / 2013

AGENCIES NOTIFIED:

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

TYPE OF NOTIFICATION:

[ ] Initial
[ ] Amended
[ ] Emergency (Including Justification)
[ ] Cancellation

NAME OF BUILDING OWNER/OPERATOR:

Ramapo College of New Jersey

ADDRESS:

505 Ramapo Valley Road

City, State, Zip Code:

Mahwah NJ 07430

NAME OF CONTACT:

Dan Connolly

TELEPHONE NUMBER:

FACILITY INFORMATION:

NAME OF FACILITY WHERE ABATEMENT IS TAKING PLACE:

Ramapo College of New Jersey

STREET ADDRESS:

505 Ramapo Valley Road

CITY (5):

Mahwah

COUNTY (6):

Bergen

COUNTY CODE (7):

STATE USE ONLY

NAME OF MONITORING FIRM HIRED BY BUILDING OWNER:

USA Environmental Management Inc

STREET ADDRESS:

344 West State Street

TRENTON, NJ 08618

PROJECT MANAGER FOR MONITORING FIRM:

Name:

Willie Weisgerber

TELEPHONE NUMBER:

609-656-8001

SCHEDULED STATE DATE:

06 / 06 / 05

SCHEDULED COMPLETION DATE:

06 / 08 / 05

OCCUPANCY STATUS DURING ABATEMENT (CHECK ONLY ONE):

[ ] Facility Closed/Abandoned During Entire Period of Abatement

[ ] Abatement Performed Outside of Normal Facility Hours

[ ] Other - Describe:

NAME OF ABATEMENT CONTRACTOR:

J.R. Contracting & Environmental Consulting, Inc.

STREET ADDRESS:

1141 Route 23

City, State, Zip Code:

Wayne NJ 07470

TELEPHONE NUMBER:

973 628-9500

LICENSE NO.:

00408

NAME OF OSHA MONITOR:

Enviro Vision Consultants, Inc.

STREET ADDRESS:

20-21 Wagarsaw Road, Bldg. #34A

City, State, Zip Code:

Fair Lawn NJ 07410

CURRENT USE (Prior to being demolished):

[ ] School (K-12)

[ ] Subchapter 8 (Other than K-12)

[ ] Other (i.e., private & commercial buildings, homes, etc.)

SQUARE FEET:

# OF FLOORS:

Bldg. Age:

SCOPE OF WORK (Check all that apply):

[X] Removal

[ ] Renovation

[ ] Demolition

[ ] Non-Exempted (*) and Non-Friable Procedure

[ ] Full Containment With Negative Pressure"

[ ] Mini-Enclosure

[ ] Glovebag Procedure

LOCATION OF ASBESTOS-CONTAINING MATERIAL (ACM) TO BE ABATED:

Location:

Pipe Insulation

Amount:

600 LF

DESCRIPTION OF ASBESTOS-CONTAINING MATERIAL (ACM) (i.e., thermal systems, insulation, surfacing, VAT, or other miscellaneous):

[a]fir

ASBESTOS-ABATEMENT TYPE:

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E

NAME OF REGISTERED WASTE HAULER:

NJDEP Waste Hauler ID No.:

17819

CUBIC YARDS OF WASTE:

NAME OF REGISTERED LANDFILL:

G.R.O.W.S

DISPOSAL DATE:

City, State:

Murrsville PA

WAYNE NJ 07470

COMPLETED BY (PRINT OR TYPE):

Jerry Bijelonic

PROJECT MANAGER

SIGNATURE:

DATE:

6/5/2013

* Do not use this term for asbestos-tire-exempted activities

04607
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1)

Agency Notified Type of Notification
[X] EPA 
[X] Initial Notification
[X] DOL 
[ ] Amended Notification Amendment
[X] DOH 
[ ] Cancellation
[X] DCA 
[ ] Emergency

Name of Building Owner/Operator (2)

Jersey City Public School District

Street Address
346 Clairmont Avenue

City, State, Zip Code
Jersey City, NJ 07305

Name of Contact
Dianne Petolino

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

William Dickinson High School

Street Address
2 Palisades Avenue

City (5) 
Hudson

County Code (7)

County (6)

[STATE USE ONLY]

Name of Monitoring Firm Hired by Building Owner (8)

USA Environmental Management Inc.

Street Address
344 West State Street

Trenton, NJ 08618

Project Manager for Monitoring Firm

Willie Weitgarber 609-686-8101

Scheduled State Date (10)


Scheduled Completion Date (11)


Occupancy Status During Abatement (Check only one)

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

[X] Abatement Performed Outside of Normal Facility

[X] Other - Describe:

7:00a.m. - 3:30p.m.

Scope of Work (Check all that apply)

[X] Demolition

[X] Renovation

Full Containment With Negative Pressure

Mini-Enclosure

Glovebag Procedure

Non Exempted (*) and Non-Frangible Procedure

Location of Asbestos-Containing Material (ACM)

TO BE ABATED in Facility (13)

Is Location Normally Used Solely by
Location Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)

Amount (Specify SF or LF)

Rooms 331-333-335-336-337-338

Yes No N/A

Rooms 331-333-335-336-337-338

[X] VAT

4254 SF

Rooms 331-333-335-336-337-338

[X] Lab Tops

150 SF

Rooms 331-333-335-336-337-338

[X] Glue Daubs

50 SF

Name of Registered Waste Hauler

NJDEP Waste Hauler II No. 17819

Cubic Yards of Waste

Name of Registered Landfill

J.R. Contracting & Environmental Consulting, Inc.

City, State
Wayne NJ 07470

Completed by (Print or Type) Title

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

**Date of Notification (1)**: 06/12/13

**Name of Building Owner/Operator (2)**: Gannet Fleming Project Development Corp

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ EPA</td>
<td>□ Initial</td>
</tr>
<tr>
<td>□ DOHWD</td>
<td>□ Amended</td>
</tr>
<tr>
<td>□ DHSS</td>
<td>□ Amendment #1</td>
</tr>
<tr>
<td>□ DCA (NJAC 5:23-8)</td>
<td>□ Emergency (including justification)</td>
</tr>
<tr>
<td></td>
<td>□ Cancellation</td>
</tr>
</tbody>
</table>

**Street Address**: One Cragwood Road, Suite 205
**City, State, Zip Code**: South Plainfield, New Jersey 07080
**Name of Contact**: Greg Marone
**Telephone Number**: [Redacted]

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**: Ingerdon Incorporated
**Street Address**: 10 Finderne Avenue
**City (5)**: Bridgewater, New Jersey 09007
**County (6)**: Somerset

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

**Current Use (Prior if being demolished)**: Manufacturing Company

<table>
<thead>
<tr>
<th>Square Feet</th>
<th>No. of Floors</th>
<th>Bldg. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>25,000</td>
<td>2</td>
<td>55+</td>
</tr>
</tbody>
</table>

**Name of Monitoring Firm Hired by Building Owner (8)**: Accredited Environmental Tech., Inc.
**ASCM No.**: 0021

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

**Street Address**: 606 McBride Avenue
**City, State, Zip Code**: Woodland Park, New Jersey 07424

**Project Manager for Monitoring Firm**: Eric Houseknecht
**Telephone No.**: 908-296-1132

**Start Date (10)**: 06/14/13
**Scheduled Completion Date (11)**: 06/17/13

**Occupancy Status During Abatement (Check only one)**
- [Redacted]

**Scope of Work (Check all that apply)**
- □ Renovation
- □ Demolition
- □ Full Containment with Negative Pressure
- [Redacted]

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

<table>
<thead>
<tr>
<th>Labs: 2151, 2153, 2155, 2157</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Yes</td>
</tr>
<tr>
<td>□ No</td>
</tr>
<tr>
<td>□ N/A</td>
</tr>
<tr>
<td>VAT &amp; Mastic</td>
</tr>
<tr>
<td>2240 SF</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**

<table>
<thead>
<tr>
<th>Lillich Corporation</th>
</tr>
</thead>
<tbody>
<tr>
<td>NJDEP Waste Hauler ID No. 18724</td>
</tr>
<tr>
<td>Disposal Date: 06/18/13</td>
</tr>
<tr>
<td>City, State: Morrisville, Pennsylvania</td>
</tr>
</tbody>
</table>

**Completed By (Print or Type)**

<table>
<thead>
<tr>
<th>Tatiana Kalenikova</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vice President</td>
</tr>
</tbody>
</table>

**Signature**

*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)

Date of Notification (1) 08 / 03 / 13
Name of Building Owner/Operator (2) Gannet Fleming Project Development Corp
Check # 2668 $200

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

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

FACILITY INFORMATION

Street Address
One Cragwood Road, Suite 205
City, State, Zip Code
South Plainfield, New Jersey 07080

Telephone Number

Name of Facility Where Abatement is Taking Place (5)
Ingredion Incorporated

Street Address
10 Finderne Avenue
City (5)
Bridgewater, New Jersey 09907

County (6)
Somerset
County Code (7) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)
Accredited Environmental Tech., Inc.
ASCN No. 0021

Name of Abatement Contractor (9)
Lillich Corporation

Street Address
220 Church Street
City, State, Zip Code
Bridgewater, New Jersey 08807

Project Manager for Monitoring Firm
Eric Houseknecht
Telephone No. 908-296-1132

License No. 01104

Street Address
606 McBride Avenue
City, State, Zip Code
Woodland Park, New Jersey 07424

Name of OSHA Monitor
J&S Environmental

Occupancy Status During Abatement (Check only one)
☐ Facility Closed/Vacated During Entire Period of Abatement
☒ Abatement Performed Outside of Normal Facility Hours - Describe
Time of Abatement: AM-4PM/ PM-12AM

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

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>
</tr>
</thead>
<tbody>
<tr>
<td>Labs2151,2153,2155,2157,2159,2161</td>
<td>☒ Yes ☐ No ☐ N/A</td>
</tr>
<tr>
<td>Labs2151,2153,2155,2157,2159,2161</td>
<td>☒ Yes ☐ No ☐ N/A</td>
</tr>
<tr>
<td>Labs2151,2153,2155,2157,2150,2161</td>
<td>☒ Yes ☐ No ☐ N/A</td>
</tr>
<tr>
<td>Labs2151,2153,2155,2157,2159,2161</td>
<td>☒ Yes ☐ No ☐ N/A</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Description of ACM</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>VAT &amp; Mastic</td>
<td>2240 SF</td>
</tr>
<tr>
<td>Transite Wall Panels</td>
<td>5760 SF</td>
</tr>
<tr>
<td>Transite Table Tops</td>
<td>666 SF</td>
</tr>
<tr>
<td>Fume Hoods</td>
<td>4 ea</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
Lillich Corporation
NJDEP Waste Hauler ID No. 18724

Cubic Yards of Waste 15

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

City, State
Woodland Park, New Jersey

Disposal Date 06/18/13
City, State
Morristown, Pennsylvania

Completed By (Print or Type)
Tatiana Kalinikova
Title Vice President

Signature

Date 6/13/13

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:68 and 12:129)  

**Date of Notification:** 6/13/13  
**Name of Building Owner/Operator:** Mr. Vincent Salva  
**Street Address:** 215 Nreeland Ave  
**City, State, Zip Code:** Leonia, NJ 07605  
**Telephone Number:**  

**FACILITY INFORMATION**  
**Name of Facility Where Abatement is Taking Place:** Mr. Salva  
**Street Address:** 215 Nreeland Ave  
**City:** Leonia  
**County:** Bergen  
**Type of Facility:** Residence  
**Square Foot:** 1800  
**No. of Floors:** 2  
**Bldg. Age:** 50 yrs  

**Name of Monitoring Firm Hired by Building Owner:**  
**Address:**  
**Name of Abatement Contractor:** Best Removal Inc  
**Address:** 450 S. River St  
**City, State, Zip Code:** Hackensack, N.J. 07601  
**License No.:** 00388  
**Telephone No.:** 201-329-7444  

**Start Date:** 7/8/13  
**Scheduled Completion Date:** 7/9/13  
**Name of OSHA Monitor:** Omega Environmental Inc  
**Address:** 280 Huyler St  
**City, State, Zip Code:** South Hackensack, N.J. 07606  

**Scope of Work:**  
- Removal/Decontamination
- Grease Trap Removal
- Boiler Replacement
- Piping System Replacement
- Electrical System Replacement
- HVAC System Replacement
- Fire Sprinkler System Replacement
- Plumbing System Replacement
- Structural System Replacement
- Exterior Envelope System Replacement
- Interior Envelope System Replacement
- Non-Exempted (R) and Non-Exempted (D) Procedures

**Location of Asbestos-Containing Material (ACM)**  
- Asbestos Insulation  
- Other Miscellaneous  

**Name of Registered Waste Hauler:** Best Removal Inc  
**ID No.:** 17109  
**Cubic Yards of Waste:** 1429  
**Name of Registered Landfill:** Minerva Enterprises  
**City, State:** Hackensack, N.J. 07601  
**Disposal Date:** 7/9/13  

**Completed by:** J. Maiorano  
**Title:** Estimator  
**Signature:**  

**Date:** 6/13/13  

---  

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

Date of Notification (1) 6/3/2013

Name of Building Owner/Operator (2) Mr. Joseph Porcile

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

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

Street Address
402 Kearny Avenue

City, State, Zip Code
Kearny, NJ 07032

Name of Contact
Joseph Porcile

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Department of Health @ Town of Kearny

Street Address
645 Kearny Avenue

City (5)
Kearny, NJ 07032

County (6)
Hudson

Current Use (Prior to being demolished)
Department of Health

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
1

Bldg. Age
60+

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

ASCM No.

Name of Abatement Contractor (9)
EA Service Corporation

Street Address
280 Hyuler Street

City, State, Zip Code
South Hackensack, NJ 07606

Street Address
426 69th Street

City, State, Zip Code
Guttenberg, NJ 07093

Project Manager for Monitoring Firm

Telephone No.
201-489-8700

Telephone No.
201-295-1700

License No.
01074

Start Date (10)
6/14/13

Scheduled Completion Date (11)
6/17/2013

Name of OSHA Monitor
Same as above

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-Removable

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement Boiler Room</td>
<td>x</td>
<td>Pipe Fittings</td>
<td>120 LF</td>
<td>x</td>
</tr>
<tr>
<td>Basement Boiler Room</td>
<td>x</td>
<td>Insulation on exhaust breaching</td>
<td>20 LF</td>
<td>x</td>
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</table>

Name of Registered Waste Hauler
Freehold Carting

Cubic Yards of Waste
159939

Name of Registered Landfill
Waste Management

Disposal Date

City, State
Tullytown Landfills

Completed by
Gina Salvador
Title
Office Manager
Signature

Date
6/12/2013

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

**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 4:68 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>6/13/13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency Notified (2)</td>
<td>EPA</td>
</tr>
<tr>
<td>Type Notification</td>
<td>Initial</td>
</tr>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>ESTATE OF MARY PHILBRICK JONES</td>
</tr>
<tr>
<td>Street Address</td>
<td>SS ESSEX RD</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>SUMMIT, N.J. 07901</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>MS. D. LUPTON</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place (3) | ESTATE OF MARY PHILBRICK JONES |
|Street Address| SS ESSEX RD |
|City (5) | SUMMIT |
|County (6) | UNION |
|County Code (7) (STATE USE ONLY) | |
|Current Use (Prior if being demolished) | Residence |

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (3)</th>
<th>ASCM No.</th>
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</thead>
<tbody>
<tr>
<td>Street Address</td>
<td></td>
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<tr>
<td>City, State, Zip Code</td>
<td></td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td></td>
</tr>
<tr>
<td>Telephone No. (9)</td>
<td>201-329-7444</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>Best Removal Inc</td>
</tr>
<tr>
<td>Street Address</td>
<td>450 S. River St</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Hackensack, N.J. 07601</td>
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<tr>
<td>Project Manager for Monitoring Firm</td>
<td></td>
</tr>
<tr>
<td>Telephone No. (9)</td>
<td>201-329-7444</td>
</tr>
<tr>
<td>License No. (9)</td>
<td>00388</td>
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<tr>
<td>Start Date (10)</td>
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<td>Scheduled Completion Date (11)</td>
<td>7/2/13</td>
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<td>Occupancy Status During Abatement (Check only one)</td>
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<td>Abatement Performed Outside of Normal Facility Hours</td>
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<tr>
<td>Scope of Work (Check all that apply)</td>
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<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED (12)</td>
<td>BASEMENT</td>
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<tr>
<td>Location Normally Used Solely by Maintenance/ Custodial Staff</td>
<td>Thermal system insulation</td>
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<tr>
<td>Description of Asbestos-Containing Material (ACM) (Specify thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td>245 LF</td>
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<tr>
<td>Amount (Specify SF or LF)</td>
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<td>Asbestos Abatement Type</td>
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<td>ID No.</td>
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<tr>
<td>Cubic Yards of Waste</td>
<td>2/24</td>
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<tr>
<td>Name of Registered Landfill</td>
<td>Minerva Enterprises</td>
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<tr>
<td>City, State</td>
<td>Hackensack, N.J. 07601</td>
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<tr>
<td>Disposal Date</td>
<td>7/2/13</td>
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<tr>
<td>Name of Registered Waste Hauler</td>
<td>Best Removal Inc</td>
</tr>
<tr>
<td>City, State</td>
<td>Waynesburg, Oh</td>
</tr>
<tr>
<td>Completed by</td>
<td>J. Maiorano</td>
</tr>
<tr>
<td>Title</td>
<td>Estimator</td>
</tr>
<tr>
<td>Signature</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>6/13/13</td>
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</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)

Date of Notification (1)

06 / 13 / 13

Name of Building Owner/Operator (2)

Arne Olsen

Agencies Notified

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

Type Notification

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

Name of Facility Where Abatement is Taking Place (3)

Private house

Street Address

286 South Irving Street

City, State, Zip Code

Ridgewood, NJ 07450

County (5)

Bergen

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)

ASCN No.

Gr Tech LLC

Name of Abatement Contractor (9)

Street Address

576 Valley Rd #283

City, State, Zip Code

Wayne, NJ 07470

Project Manager for Monitoring Firm

Telephone No.

973-638-1777

License No.

01127

Start Date (10)

06 / 22 / 13

Scheduled Completion Date (11)

06 / 23 / 13

Occupy Status During Abatement (Check only one)

☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours - Describe

Time of Abatement: AM PM AM

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 SIF or LF)

Abatement Type

Clean up and decontamination

Full Containment with Negative Pressure

Mini-Enclosure

Glovebag Procedure

Tent with Negative Pressure

Non-Exempted (*) and Non-Friable Procedure

Basement

Pipe insulation

165 LF

Name of Registered Waste Hauler

NDEP Waste Hauler ID No

0033785

Cubic Yards of Waste

TBD

Name of Registered Landfill

T.R.R.F. Inc

City, State

Wayne, NJ 07470

Completed By (Print or Type)

N.Jevtic

Title

Owner

Signature

Date

06/13/2013

(*) Do not use this form for asbestos licensors exempted activities.
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<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
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<td>ESTATE OF VAUGHN HAGEDORN</td>
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<th>Name of Monitoring Firm Hired by Building Owner (9)</th>
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<td>Best Removal Inc</td>
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<th>ASCM No.</th>
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<th>Name of Abatement Contractor (9)</th>
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<th>Name of OSHA Monitor</th>
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<tbody>
<tr>
<td>Omega Environmental Inc</td>
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<tbody>
<tr>
<td>280 Huyler St</td>
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<th>City, State, Zip Code</th>
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<tr>
<td>South Hackensack, N.J. 07606</td>
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<tr>
<th>Name of Registered Waste Handler</th>
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<tr>
<td>Best Removal Inc</td>
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<tr>
<th>NJ/DEP Waste Hauler</th>
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<td>Minerva Enterprises</td>
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<td>Waynesburg, Oh</td>
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<table>
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<td>Best Removal Inc</td>
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<tr>
<th>Location of Asbestos-Containing Material (ACM)</th>
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<tr>
<td>Thermal System Insulation (155 LF)</td>
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<td>Thermal System Insulation</td>
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<td>Thermal System Insulation</td>
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<table>
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<tr>
<th>Estimator</th>
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</thead>
<tbody>
<tr>
<td>J. Maiorano</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
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<tr>
<th>Date</th>
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<tbody>
<tr>
<td>6/13/13</td>
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</tbody>
</table>

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

Date of Notification (1)
06/12/13 CK#2688 $200

Name of Building Owner/Operator (2)
Fairleigh Dickinson University

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

Type Notification

Street Address
1000 River Road

City, State, Zip Code
Teaneck, New Jersey 07666

Name of Contact
Craig Gorsczya

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)
FDU, Becton Hall

Street Address
1000 River Road

City (5)
Teaneck, New Jersey 07666

County (6)
Bergen

County Code (7) (STATE USE ONLY)

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

Name of Abatement Contractor (9)
Lilich Corporation

Street Address
5434 King Avenue, Suite 101

City, State, Zip Code
Pennsauken, New Jersey 08109

Project Manager for Monitoring Firm
Tom Pruno

Telephone No.
856-616-8516

Start Date (10)
08/17/13

Scheduled Completion Date (11)
06/30/13

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

Scope of Work (Check All That Apply)

☐ =3 sf or ≤6 sq ft
☐ ≥160 sf or ≥260 sq 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)

Amount (Specify SF or LF)

Abatement Type

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

1st,2nd,3rd & 4th Floor Classrooms

VAT & Mastic (Non Friable)

8496 SF

2nd, 3rd & 4th Floor Classrooms

Ceiling Tile & Glue Dots (Non Friable)

1810 SF

1st Floor Classroom

Fittings (Glovebag)

9 ea

1st,2nd,3rd & 4th Floor Hallways

VAT & Mastic (Non Friable)

4080

Name of Registered Waste Hauler
Lilich Corporation

NJDEP Waste Hauler ID No.
18724

Cubic Yards of Waste
50

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

City, State
Woodland Park, New Jersey

Disposal Date
07/01/13

City, State
Morrisville, Pennsylvania

Completed by
Tatiana Kalenikova
Title
Vice President

Signature

Date
06/12/13

* Do not use this form for asbestos licensure exempted activities.
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<th>Date of Notification (1)</th>
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<th>Ck#</th>
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<td>Name of Building Owner/Operator (2)</td>
<td>Fairleigh Dickinson University</td>
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<td>DEP</td>
<td>DOH</td>
<td>DCA</td>
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<td>Amended</td>
<td>Amendment #</td>
<td>Emergency (Including justification)</td>
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<td>Street Address</td>
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<tr>
<td>City, State, Zip Code</td>
<td>Teaneck, New Jersey 07666</td>
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<tr>
<td>Name of Contact</td>
<td>Craig Gosczya</td>
<td></td>
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<tr>
<td>FACILITY INFORMATION</td>
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<td>Name of Facility Where Abatement is Taking Place (3)</td>
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<td>City (5)</td>
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<td>County (6)</td>
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<td>Name of Monitoring Firm Hired by Building Owner (6)</td>
<td>Environmental Design Inc.</td>
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<tr>
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<tr>
<td>Street Address</td>
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<tr>
<td>City, State, Zip Code</td>
<td>Pennsauken, New Jersey 08109</td>
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<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Tom Pruno</td>
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<tr>
<td>Telephone No.</td>
<td>856-616-9516</td>
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<td>Scheduled Completion Date (11)</td>
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<td>Occupancy Status During Abatement (Check Only One)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other – Describe: 9 PM Start</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scope of Work (Check All That Apply)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>≥3 sf or ≥3 if</td>
<td>Renovation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>≥160 sf or ≥260 sf</td>
<td>Demolition</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (12)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff? (13)</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td>VAT &amp; Mastic (Non Fiable)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td>8496 SF</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abatement Type</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>Lilich Corporation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NUEP Waste Hauler ID No.</td>
<td>18724</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>40</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disposal Date</td>
<td>06/28/13</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>City, State</td>
<td>Woodland Park, New Jersey 07424</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>G.R.O.W.S Landfill</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>City, State</td>
<td>Morrisville, New Jersey</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Completed by</td>
<td>Tatiana Kalenikova</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Title</td>
<td>Vice President</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Signature</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>06/05/13</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**(Pursuant to NJAC 8:34-4 and 12:11O-1)**

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>G/12/13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Elizabeth B'e</td>
</tr>
<tr>
<td>Agency/Office (3)</td>
<td>EPA</td>
</tr>
<tr>
<td>Type Notification</td>
<td>Initial</td>
</tr>
<tr>
<td>Street Address</td>
<td>50 N. Broad</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Elizabeth, NJ 07207</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Mr. Milanes</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place (5) | Warehouse |
| Street Address | 177 S. Broad |
| City | Elizabeth |
| County | Union |
| Name of Monitoring Firm Used by Building Owner | ACM H'e, Detail Associates, 00012 |
| Street Address | 300 Grand Ave |
| City, State, Zip Code | Englewood, NJ |
| POC Manager/Monitoring Firm | Anthony Valentine |
| Telephone | 914-670-0709 |
| Telephone No. | 973-345-2222 |
| License No. | 00021 |

**Start Date (9) | 6/15/13**

**Scheduled Completion Date (11) | 6/10/13**

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

- [ ] 25 or less
- [ ] 51 to 100
- [ ] 101 to 200
- [ ] Full Containment with Negative Pressure
- [ ] Wet-Encapsulation
- [ ] Handbag Pressure
- [ ] Non-Encapsulated or Non-Four Procedure

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

<table>
<thead>
<tr>
<th>Location Normally Used Daily by Maintenance/Custodial Staff (12)</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tin Room Area</td>
<td>Asbestos Insulation</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Handler**

<table>
<thead>
<tr>
<th>Name</th>
<th>Eastern Waste</th>
</tr>
</thead>
</table>

**Date of Notification**

**Signature**

*Do not use this form for asbestos Lawrence exempted activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N/JAC 8:30 and 8:12D)

Date of Notification: 6/13/13

Name of Building Owner/Operator: MRS. LITZCHY

Address: 151 OAKLAND ROAD
City, State, Zip Code: MAPLEWOOD, NJ 07040

Name of Facility Where Abatement is Taking Place: LITZCHY

Type of Facility: School (K-12)

Name of Abatement Contractor: A. Mac Contracting Inc.

Name of Monitoring Firm: ASCM Inc.

Street Address: 106 Lowell Road
City, State, Zip Code: Glen Rock, N.J. 07452

Telephone No.: 201-262-5841
License No.: 100186

Project Manager for Monitoring Firm: Omega Environmental Services Inc.

Start Date: 6/13/13

Scheduled Completion Date: 6/14/13

Name of OSHA Monitor: R. McDonald

Scope of Work: (Check All That Apply)
- Asbestos-containing Material (ACM) To Be Abated
- Renovation
- Demolition

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

- BASMENT

Amount of Asbestos-Containing Material (ACM): 35 cf

Name of Registered Wastewater Hauler: Rovi Transport

Cubic Yards of Waste: 5

Name of Registered Landfill: PA Bethlehem Landfill Corp.
**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:30 and 12:128)

---

**Date of Notification:** 8/10/13

**Name of Building Owner/Operator:** 316 BROADWAY REALITY LLC

**Address:** 316 BROADWAY

**City, State, Zip Code:** KEYSER, WV 26326

**Name of Contact:** BOB H

---

**Facility Information**

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

**Square Feet:** 1500

**# of Floors:** 2

**Building Age:** 60

---

**Monitoring Firm:**

**ASCI No.:**

**Name of Abatement Contractor:**

**Address:** 105 Lowell Road

**City, State, Zip Code:** GLEN ROCK, NJ 07452

**Telephone No.:** 201-262-5841

**License No.:** 00156

---

**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 ft or 33 ft
- [ ] 100 ft or 200 ft
- [ ] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedures
- [ ] Non-Exempted (*) and Non-Fireable Procedure

---

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

<table>
<thead>
<tr>
<th>Year</th>
<th>No.</th>
<th>MAA</th>
</tr>
</thead>
<tbody>
<tr>
<td>04075162</td>
<td>X</td>
<td>554656</td>
</tr>
</tbody>
</table>

**Amount (Specify SF or LF):** 4850 LF

---

**Name of Registered Waste Hauler:**

Rovic Transport

**Waste Hauler ID No.:** 20765

**Public Yards of Waste:**

**Name of Registered Landfill:**

IESI PA Bethlehem Landfill Corp.

**City, State:** Bethlehem, PA 18015

---

**Disposal Date:** 8/11/13

**Completed by:**

R. McDonald

**Signature/Date:**

President

---

*Do not use this form for asbestos licensure exempted activities.*
<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Notification</td>
<td>3/12/13</td>
</tr>
<tr>
<td>Name of Building Owner/Operator</td>
<td>Hanover Acquisitions, LLC</td>
</tr>
<tr>
<td>Address</td>
<td>153 Fort Lee Road</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>RI, New Jersey 07666</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Marc Schlusser</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
<tr>
<td>Name of Facility Where Asbestos is Taking Place</td>
<td>Formerly Berlex Labs</td>
</tr>
<tr>
<td>Address</td>
<td>110 East Hanover Ave.</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Morris, NJ 07646</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner</td>
<td>A. Marc Contracting Inc.</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td></td>
</tr>
<tr>
<td>Telephone No.</td>
<td></td>
</tr>
<tr>
<td>License No.</td>
<td>001066</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>Omega Environmental Services Inc.</td>
</tr>
<tr>
<td>Address</td>
<td>260 Hyker Street</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Hackensack, NJ 07606</td>
</tr>
<tr>
<td>Scope of Work (Check All That Apply)</td>
<td>Pneumatic Demolition</td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED</td>
<td>Throughout</td>
</tr>
<tr>
<td>Description of ACM</td>
<td>Pipe Elbows, Lab Hoods, Roofing, Boiler</td>
</tr>
<tr>
<td>Amount (Linear ft or SF)</td>
<td>2740 SF x</td>
</tr>
<tr>
<td>Type of Asbestos</td>
<td></td>
</tr>
<tr>
<td>Name of Registered Waste Handler</td>
<td></td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td></td>
</tr>
<tr>
<td>Name of Registered Waste Handler</td>
<td></td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td></td>
</tr>
<tr>
<td>Disposal Date</td>
<td>5/23/13</td>
</tr>
</tbody>
</table>

*Do not use this form for asbestos removal as exempted activities.*
<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>3/12/13</th>
</tr>
</thead>
</table>
| Name of Building Owner(s) | HANOVER ACQUISITIONS, LLC
|                          | HANOVER RUBINSTEIN, LLC |
| Address | 153 FORT LEE ROAD |
| City, State, Zip Code | TEANECK, NJ 07666 |
| Name of Contact | MARC SCHLUSSEL |

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement(s) Taking Place (5)</th>
<th>FORMALLY BERLEX LABS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>110 EAST HANOVER AVE.</td>
</tr>
<tr>
<td>City</td>
<td>CEDAR KNOLLS</td>
</tr>
<tr>
<td>State</td>
<td>MORRIS</td>
</tr>
</tbody>
</table>

| Square Feet | 8470 |
| Number of Floors | 2 |
| Label | 60 |

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (8)</th>
<th>A. MAC Contracting Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>105 LOWELL ROAD</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>GLEN ROCK, N.J. 07452</td>
</tr>
</tbody>
</table>

| Telephone No. | 201-382-8941 |
| License No. | 00168 |

<table>
<thead>
<tr>
<th>Name of Abatement Contractor</th>
<th>OMEGA ENVIRONMENTAL SERVICES INC.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>280 HUYLER STREET</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>HACKENSACK, NJ 07601</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Plan</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>201-382-8941</td>
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</table>

| Start Date (10) | 3/26/13 |
| Scheduled/Completion Date (11) | 6/26/13 |

<table>
<thead>
<tr>
<th>Compliance of Asbestos Containing Material (ACM) Included (13)</th>
<th>Window Caulk</th>
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</thead>
<tbody>
<tr>
<td>Amount</td>
<td>3067 F</td>
</tr>
<tr>
<td>ASBESTOS TYPE</td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Compliance of Asbestos Containing Material (ACM) Included (13)</th>
<th>Pipe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amount</td>
<td>387 F</td>
</tr>
<tr>
<td>ASBESTOS TYPE</td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Compliance of Asbestos Containing Material (ACM) Included (13)</th>
<th>Floor Tile</th>
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</thead>
<tbody>
<tr>
<td>Amount</td>
<td>16,645 F</td>
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<tr>
<td>ASBESTOS TYPE</td>
<td>X</td>
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</table>

<table>
<thead>
<tr>
<th>Compliance of Asbestos Containing Material (ACM) Included (13)</th>
<th>Mastic</th>
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<tbody>
<tr>
<td>Amount</td>
<td>7420 F</td>
</tr>
<tr>
<td>ASBESTOS TYPE</td>
<td>X</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Name of Registered Waste Handler</th>
<th>Rovia Transport</th>
</tr>
</thead>
<tbody>
<tr>
<td>NDBP Waste Generator ID No.</td>
<td>20789</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>3.40</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>3/26/13</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
<th>IBSI PA Bethlehem Landfill Corp.</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State, Zip Code</td>
<td>BETHLEHEM, PA 18015</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Completed by</th>
<th>R. MCDONALD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>President</td>
</tr>
</tbody>
</table>

* Do not use this form for asbestos removal exempted activities.
<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>3/12/13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner</td>
<td>HANOVER ACQUISITIONS, LLC/HANOVER RIDGEVALE, LLC</td>
</tr>
<tr>
<td>Address</td>
<td>153 FORTE LEE ROAD, TEANECK, NJ 07666</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>MARC SCHNUELSE</td>
</tr>
<tr>
<td>City</td>
<td>TEANECK, NJ 07666</td>
</tr>
<tr>
<td>County</td>
<td>MORRIS</td>
</tr>
<tr>
<td>Scope of Work</td>
<td>LAB DEMOLITION</td>
</tr>
<tr>
<td>Description of Asbestos Containing Material (ACM)</td>
<td>PIPE ELBOWS, LAB HOOPS, ROOFING, BOILER</td>
</tr>
<tr>
<td>Location of ACM (Check All That Apply)</td>
<td>THROUGHOUT</td>
</tr>
<tr>
<td>Name of Registered Waste Handler</td>
<td>IESI PA Bethlehem Landfill Corp.</td>
</tr>
<tr>
<td>Compliance Officer</td>
<td>R. McDonald</td>
</tr>
</tbody>
</table>

*Do not use this form for explosive demolition or excavated activities.*
<table>
<thead>
<tr>
<th>Location of Activity (Including Material (42))</th>
<th>In Location Used Only by Radioactive Material (42)</th>
<th>Description of Activity Causing Material (40)</th>
<th>Amount (quantity of or #)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>THROUGHOUT</td>
<td>X</td>
<td>WINDOW GLASS</td>
<td>3068#</td>
<td></td>
</tr>
<tr>
<td></td>
<td>X</td>
<td>PIPE</td>
<td>3971#</td>
<td></td>
</tr>
<tr>
<td></td>
<td>X</td>
<td>FLOOR TILE</td>
<td>23,706#</td>
<td></td>
</tr>
<tr>
<td></td>
<td>X</td>
<td>MASTIC</td>
<td>14,750#</td>
<td></td>
</tr>
</tbody>
</table>

*Do not use this form for radioactive sources identified as low level.*
<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>6/13/13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator</td>
<td>SEVEN MILL CUSTOM HOMES</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>EPA</td>
</tr>
<tr>
<td>Type Notification</td>
<td>Final</td>
</tr>
<tr>
<td>Street Address</td>
<td>P.O. BOX 455</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>STONE HARBOR, N.J. 08247</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>CHARLES</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
<tr>
<td>FACILITY INFORMATION</td>
<td></td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place</td>
<td>RESIDENCE</td>
</tr>
<tr>
<td>Street Address</td>
<td>274 64TH S.</td>
</tr>
<tr>
<td>City</td>
<td>AVALON</td>
</tr>
<tr>
<td>County</td>
<td>CAPE MAY</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner</td>
<td>N/A</td>
</tr>
<tr>
<td>ASCM No</td>
<td></td>
</tr>
<tr>
<td>Name of Abatement Contractor</td>
<td>KLEMCO INC.</td>
</tr>
<tr>
<td>Street Address</td>
<td>369 S. SPRUCE AVE.</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>MAPLE SHADE, N.J. 08052</td>
</tr>
<tr>
<td>Telephone No</td>
<td>856-779-0444</td>
</tr>
<tr>
<td>License No</td>
<td>00444</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>JOSEPH KLEMM</td>
</tr>
<tr>
<td>Street Address</td>
<td>369 S. SPRUCE AVE.</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>MAPLE SHADE, N.J. 08052</td>
</tr>
<tr>
<td>Start Date</td>
<td>6/27/13</td>
</tr>
<tr>
<td>Scheduled Completion Date</td>
<td>7/13/13</td>
</tr>
<tr>
<td>Occupancy Status During Abatement</td>
<td>FACILITY CLEARED OF ASBESTOS</td>
</tr>
<tr>
<td>Description of Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility</td>
<td>SIDING</td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED</td>
<td>SIDING</td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance/ Custodial Staff</td>
<td>Yes</td>
</tr>
<tr>
<td>Amount of ACM (Specify SF or LF)</td>
<td>1500 SF</td>
</tr>
<tr>
<td>Description of ACM</td>
<td>TRANSITE</td>
</tr>
<tr>
<td>Asbestos-Containing Material (ACM)</td>
<td>TRANSITE</td>
</tr>
<tr>
<td>CUMULATIVE COUNT</td>
<td></td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>KLEMCO INC.</td>
</tr>
<tr>
<td>NUSEP Waste Hauler D No</td>
<td>12904</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>5</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>C.M.C.M.U.B.</td>
</tr>
<tr>
<td>City, State</td>
<td>MAPLE SHADE, N.J. 08052</td>
</tr>
<tr>
<td>Completion Date</td>
<td>6/18/13</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) 6/11/2013
Name of Building Owner/Operator (2) George Bendinger

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

Type of Notification
- Initial

Street Address
10 Shurs Lane
Philadelphia PA 19127

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

City (5)
Woodbury NJ

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 1050

Current Use (Prior if being demolished) Vacant

Name of Abatement Contractor (9) Ricco Construction Corp.

Project Manager for Monitoring Firm

Start Date (10) 6/27/13
Scheduled Completion Date (11) 6/28/13

Name of OSHA Monitor Andrew Ricco

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exterior</td>
<td>Yes</td>
<td>siding</td>
<td>1000 SF</td>
<td>X</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
Ricco Construction Corp.

Cubic Yards of Waste 10

Name of Registered Landfill
Salem County

City, State Bellmawr NJ

Disposal Date TED

Completed by Andrew Ricco
Title Owner

Print Form

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)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>6/13/13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>EARTHTECH CONTRACTING</td>
</tr>
<tr>
<td>Street Address</td>
<td>155 R., SO.</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>GREENFIELD, N.J.</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>J. R. O'MALLEY</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>732-543-5150</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FACILITY INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
</tr>
<tr>
<td>Address</td>
</tr>
<tr>
<td>City, State</td>
</tr>
<tr>
<td>Current Use (Prior to being demolished)</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
</tr>
<tr>
<td>Address</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
</tr>
<tr>
<td>Telephone No.</td>
</tr>
<tr>
<td>License No.</td>
</tr>
</tbody>
</table>

| Start Date (10) | 6/24/13 |
| Scheduled Completion Date (11) | 7/3/13 |
| Type of Facility (4) | Other (private and commercial buildings) |
| County Code (1) | VACANT |
| Square Feet | # of Floors |
| Loading Status During Abatement | |
| Abatement Performed Outside of Normal Facility Hours | |
| Scope of Work (Check all that apply) | |
| Renovation | Demolition |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED | SIDING |
| Name of Registered Waste Hauler | KLEINER JR. INC. |
| NJDEP Waste Hauler ID No. | 13904 |
| Disposal Date | PLEASANTVILLE, N.J. 6/13/13 |

| Amount (Specify SF or LF) | 13,000 Sq. ft. |
| Name of Registered Landfill | A.C.U.A. |
| Cubic Yards of Waste | 129.04 |

* 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): 6/13/13

Name of Building Owner/Operator (2): CARTEX TECH CONTRACTING

Street Address: 155 Mt. St. 50

City, State, Zip Code: OCEAN CITY, N.J. 08230

Name of Contact: Bruce M. Burr

FACILITY INFORMATION

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

City: OCEAN CITY

County: CAPS MAY

Facility Address: CARFIELD PLACE

County Code (7) (STATE USE ONLY): 1000

Square Feet: 2000

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

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

Scope of Work (Check all that apply):
- Demolition
- Remodeling
- Full Containment with Negative Pressure
- Mitigation
- Glovebox Procedure
- Non-Exempted (1) and Non-Flexible Procedure

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

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

Amount (Specify SF or LF):

Disposal Date: 6/13/13

Name of Registered Waste Hauler: KLEMCO INC.

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

COMPONENTS

SIDIING X TRANSITE 12004 X

Name of Registered Waste Hauler: KLEMCO INC.

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

Compl. By: JOSEPH KLEMM

Signature: JOSEPH KLEMM

* Do not use this form for asbestos removal remedial activities.
**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

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

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>June 12, 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agencies Notified</td>
<td>[ ] EPA</td>
</tr>
<tr>
<td></td>
<td>[ ] DEP</td>
</tr>
<tr>
<td></td>
<td>[x] DOL</td>
</tr>
<tr>
<td></td>
<td>[ ] DOH</td>
</tr>
<tr>
<td></td>
<td>[x] DCA</td>
</tr>
<tr>
<td></td>
<td>[ ] Initial Notification</td>
</tr>
<tr>
<td></td>
<td>[x] Amended Notification</td>
</tr>
<tr>
<td></td>
<td>[ ] Emergency (including justification)</td>
</tr>
<tr>
<td></td>
<td>[ ] Cancellation</td>
</tr>
<tr>
<td>Name of Building Owner/Operator</td>
<td>Bridgewater-Raritan Regional School District a 2(8)</td>
</tr>
<tr>
<td>Street Address</td>
<td>836 Newmans Lane</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Bridgewater, NJ 08807</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Raymond Ruth</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place | Crim School |
| City | Bridgewater |
| County | Somerset |
| County Code | (STATE USE ONLY) |
| Square feet | 240,000 sf |
| # of Floors | 2 |
| Bldg. Age | 43 |
| Type of Facility | School (k12) |
| Name of Abatement Contractor | Guardian Contracting, Inc. |
| Street Address | 1889 Route 9, Unit 61 |
| City, State, Zip Code | Toms River, New Jersey 08755-1271 |
| Name of OSHA Monitor | B.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 |
|                      | [x] Mini-Enclosure |
|                      | [ ] Glovebag Procedure |
|                      | [x] Non-Exempted (*) and Non-Friable Procedure |

| Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility | Boiler room |
| Is Location Normally used Solely by Maintenance/Custodial Staff | YES |
| Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Asbestos breeching insulation |
| Amount (Specify SF or LF) | 30 sf |
| Abatement Type | [x] |
| Name of Registered Waste Hauler | Guardian Contracting, Inc. |
| NUIDEP 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 | 7/9/13 |
| Name of Registered Waste Hauler | Guardian Contracting, Inc. |
| NUIDEP 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 | 7/9/13 |
| Completed by (Print or Type) | Nicholas Fernicola |
| Title | Project Manager |
| Signature | Nicholas Fernicola |
| Date | 6/12/2013 |

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

**Date of Notification (1)**  
June 13, 2013

**Name of Building Owner/Operator (2)**  
South Brunswick Board of Education  

**Street Address**  
4 Executive Drive

**City, State, Zip Code**  
Monmouth Junction, New Jersey 08852

**Name of Contact**  
Paul Bennett

### FACILITY INFORMATION

- **Name of Facility Where Abatement is Taking Place (3)**  
  Crossroads South School
- **Street Address**  
  195 Major Road
- **City**  
  Monmouth Junction
- **County (6)**  
  Middlesex
- **County Code (7) (STATE USE ONLY)**  
  ASCM No. 00004
- **Name of Monitoring Firm Hired by Building Owner (8)**  
  Briggs Associates
- **Telephone Number**  
  609-298-5520
- **Scheduled Start Date (10)**  
  6/26/13
- **Scheduled Completion Date (11)**  
  7/1/13
- **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 <31 ft
  - ≥160 sf or ≥260 square feet
  - Renovation
  - Demolition

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

- **Location**  
  - Boiler Room
  - Stage area
  - Theater crawlspace
- **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, \text{VAT}, or other miscellaneous)
- **Amount (Specify SF or LF)**  
  - Boiler Room: 8 fittings
  - Stage area: 6 fittings
  - Theater crawlspace: 4 fittings

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

**Telephone Number**  
732-349-9932

**License Number**  
00624

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

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

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

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

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

**Disposal Date**  
7/2/13

**Completed by (Print or Type)**  
Nicholas Fernicola

**Title**  
Project Manager

**Signature**  
[Signature]

**Date**  
6/13/2013

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

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

**Date of Notification:** June 12, 2013

**Name of Building Owner/Operator:**

- Bridgewater-Raritan Regional School District

**Street Address:**

- 836 Newmans Lane

**City, State, Zip Code:**

- Bridgewater, NJ 08807

**Name of Contact:**

- Raymond Ruth

**Telephone Number:**

- [ ]

---

**FACILITY INFORMATION**

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

- Hamilton School

**Street Address:**

- Hamilton Lane

**City:**

- Bridgewater

**County:**

- Somerset

**County Code:**

- ASCM No. 00004

**Type of Facility:**

- School (k-12)

**Square Feet:**

- 240,000 sf

**# of Floors:**

- 2

**Bldg. Age:**

- 43

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

- School

**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:**

- [ ]

**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

**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):**

- 30 sf

**Boiler room:**

- Asbestos breaching insulation

**Boiler room:**

- 8 fittings

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

- (13)

**Name of Registered Waste Hauler:**

- Guardian Contracting, Inc.

**Disposal Date:**

- 7/2/13

**Name of Registered Landfill:**

- T.R.R.F.

**City, State:**

- Toms River, New Jersey

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

- Nicholas Fernicola

**Title:**

- Project Manager

**Signature:**

- [ ]

**Date:**

- 6/12/2013

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

Date of Notification (1)
05/03/13

Name of Building Owner/Operator (2)
Ramapo College of New Jersey

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

Type Notification
☑ Initial  ☐ Amended
☐ Amendment #01  ☐ Emergency (including justification)
☐ Cancellation

Street Address
505 Ramapo Valley Road
City, State, Zip Code
Mahwah, NJ 07430

Name of Contact
Gina Mayer-Costa

Name of Facility Where Abatement is Taking Place (3)
Academic Building-Core 1 (A Wing)

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

Square Feet
350,000 +

# of Floors
4

Bidg. Age
43

County (5)
Bergen

County Code (7)
(CITY USE ONLY)

Current Use (Prior if being demolished)
Education Building

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

ASCM No.
00112

Name of Abatement Contractor (9)
Pyramid Contracting Corp.

Street Address
344 West State Street
City, State, Zip Code
Trenton, NJ 08618

Telephone No.
609-656-8101

License No.
01099

Name of OSHA Monitor
J&S Environmental Laboratories LLC

Project Manager for Monitoring Firm
Mr. William Weiglber, Jr.

Street Address
163 Sargeant Avenue
City, State, Zip Code
Clifton, NJ 07013

Telephone No.
973-689-6281

Start Date (10)
06/17/13

Scheduled Completion Date (11)
07/19/13

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

Scope of Work (Check All That Apply)
☒ 23 sf or 23 sf
☒ 160 sf or 260 sf
☒ Renovation
☒ Demolition

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

Is Location Normally Used Solely by Maintenance/ Custodial Staff? (13)
Yes ☒  No ☐ N/A ☐

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

Amount (Specify SF or LF)

Abatement Type

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (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>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Floor between A-Wing &amp; Library</td>
<td>x</td>
<td>Sprayed-On Fireproofing</td>
<td>25 SF</td>
<td>x</td>
</tr>
<tr>
<td>2nd Floor between A-Wing &amp; Library</td>
<td>x</td>
<td>Sprayed-On Fireproofing</td>
<td>25 SF</td>
<td>x</td>
</tr>
<tr>
<td>Mech. Penthouse, Lower-Upper Level</td>
<td>x</td>
<td>Sprayed-On Fireproofing</td>
<td>50 SF</td>
<td>x</td>
</tr>
<tr>
<td>Core 1-A Wing and Mech. Penthouse</td>
<td>x</td>
<td>Duct (Wrap &amp; Cut Procedure)</td>
<td>1,500 SF</td>
<td>x</td>
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</table>

Name of Registered Waste Hauler
Pyramid Contracting Corp.

NJDEP Waste Hauler ID No.
32613

Cubic Yards of Waste
1

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

City, State
Clifton, New Jersey

Disposal Date
07/05/13

City, State
Morrisville, Pennsylvania

Completed by
Dino Golcov

Title
General Manager

Signature

Date
06/12/13

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>05/30/13</th>
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<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Ramapo College of New Jersey</td>
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<tr>
<td>Agencies Notified</td>
<td>EPA, DEP, DOL, DOH, DCA</td>
</tr>
<tr>
<td>Type Notification</td>
<td>Initial</td>
</tr>
<tr>
<td>Street Address</td>
<td>505 Ramapo Valley Road</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Mahwah, NJ 07430</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Gina Mayer-Costa</td>
</tr>
</tbody>
</table>

#### FACILITY INFORMATION

- **Name of Facility Where Abatement is Taking Place (3)**: Academic Building-Core 1 (A Wing)
- **Street Address**: 505 Ramapo Valley Road
- **City**: Mahwah
- **County**: Bergen
- **USA Environmental Management, Inc.**: ASCM No. 00112
- **Name of Abatement Contractor (9)**: Pyramid Contracting Corp.
- **Type of Facility (4)**: Subchapter 8 (Other than K-12)
- **Square Feet**: 350,000 +
- **# of Floors**: 4
- **Bidg. Age**: 43
- **Current Use (Prior to being demolished)**: Education Building

#### Project Manager for Monitoring Firm
- **Mr. William Weisgarber, Jr.**
- **Telephone No.**: 609-656-8101

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

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

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

<table>
<thead>
<tr>
<th>Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Floor between A-Wing &amp; Library</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2nd Floor between A-Wing &amp; Library</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mechanical Penthouse, Lower Level</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mechanical Penthouse, Upper Level</td>
<td>x</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

- Sprayed-On Fireproofing
- Amount (Specify SF or LF): 25 SF
- Abatement Type: Removal

#### Name of Registered Waste Hauler
- Pyramid Contracting Corp.
- NJDEP Waste Hauler ID No.: 32613
- Cubic Yards of Waste: 1
- Name of Registered Landfill: G.R.O.W.S. Landfill
- Disposal Date: 06/29/13
- City, State: Morristown, Pennsylvania

#### Completed by
- Dimo Golcev
- Title: General Manager
- Signature: [Signature]
- Date: 05/30/13

*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)
04/08/2013

Name of Building Owner/Operator (2)
The Prudential Insurance Company of Americas

Agency Notified
☐ EPA 
☐ DEP 
☐ DOL 
☐ DOH 
☐ DCA

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

Street Address
751 BROAD STREET FIFTH FLOOR

City, State, Zip Code
NEWARK, NEW JERSEY 07102

Name of Contact
MR. RICHARD HUMMERS

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Street Address
19-31 CEDAR STREET

City (5)
NEWARK

County (6)
ESSEX

County Code (7) (STATE USE ONLY) _____

Square Feet
7,500

# of Floors
1

Bldg. Age

Current Use (Prior if being demolished)
VACANT (PRIOR USE COMMERCIAL)

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

Name of Monitoring Firm Hired by Building Owner (5)
ENVIRONMENTAL HEALTH INVESTIGATIONS INC.

ASCN No. 00104

Name of Abatement Contractor (9)
PAL ENVIRONMENTAL SERVICES

Street Address
655 WEST SHORE TRAIL

City, State, Zip Code
SPARTA, NJ 07871

Telephone No. 973-729-5649

License No. 00853

Project Manager for Monitoring Firm
BILL KERBEL

Start Date (10)
04/22/2013

Scheduled Completion Date (11)
07/22/2013

Occupy Status During Abatement (Check Only One)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other – Describe: BUILDING IS VACANT & SCHEDULED FOR DEMOLITION

Scope of Work (Check All That Apply)
☐ ≥30 sf or ≥3 ft
☐ ≥160 sf or ≥260 ft
☐ Renovation
☐ Demolition

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)

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

Amount (Specify SF or LF)

Abatement Type

Full Containment with Negative Pressure ☐

Mini-Enclosure ☐

Glovebag Procedure ☐

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

Endorsement

Endorsement

Name of Registered Waste Hauler
ATC/TST

Cubic Yards of Waste
50

Name of Registered Landfill
MINERVA ENTERPRISES

Disposal Date
4/25/2013

City, State
WAYNESBURG, OH 44688

Completed by
ANN ALLI

Title
ADMINISTRATIVE

Signature

Date
04/08/2013

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 5:16)**

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 / 11 / 13</td>
<td>Carteret Board of Education</td>
</tr>
</tbody>
</table>

<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>599 Roosevelt Blvd</td>
</tr>
<tr>
<td>□ DOLWD</td>
<td>□ Amended</td>
<td></td>
</tr>
<tr>
<td>□ DHSS</td>
<td>□ Amendment #</td>
<td></td>
</tr>
<tr>
<td>□ DCA (NJAC 5:23-8)</td>
<td>□ Emergency (including justification)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Cancellation</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carteret High School Stadium</td>
<td>60,000</td>
<td>1</td>
<td>50</td>
</tr>
</tbody>
</table>

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

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>County Code (7) (STATE USE ONLY)</th>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Middlesex County</td>
<td>R K Occupational &amp; Environmental Analy.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ASCM No.</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>00090</td>
<td>Luzon Inc.</td>
</tr>
</tbody>
</table>

**Street Address**

<table>
<thead>
<tr>
<th>Philadelphia, NJ 08865</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>403 St. James Avenue</td>
<td>8451 Executive Ave.</td>
</tr>
</tbody>
</table>

**City, State, Zip Code**

<table>
<thead>
<tr>
<th>Phillipsburg, NJ 08865</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Philadelphia, Pa. 19153</td>
<td>8451 Executive Avenue</td>
</tr>
</tbody>
</table>

**Telephone No.**

<table>
<thead>
<tr>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>908 454 6316</td>
<td>267-284-1050</td>
</tr>
</tbody>
</table>

**Name of OSHA Monitor**

<table>
<thead>
<tr>
<th>Joseph Maronski</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Start Date</th>
<th>Scheduled Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 / 27 / 13</td>
<td>7 / 09 / 13</td>
</tr>
</tbody>
</table>

**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: 7:00AM-3:30PM PM 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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Football Stadium</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler Service Transport Group**

<table>
<thead>
<tr>
<th>NJDEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>SW2117</td>
<td>40 CYS.</td>
<td>Minerva Landfill</td>
</tr>
</tbody>
</table>

**Completed By (Print or Type)**

<table>
<thead>
<tr>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Manager</td>
<td>Piyush Patel</td>
</tr>
</tbody>
</table>

**Date**

<table>
<thead>
<tr>
<th>Date</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/11/13</td>
<td>Piyush Patel</td>
</tr>
</tbody>
</table>

*Do not use this form for asbestos licensure exempted activities.*
Date of Notification (1) 06 / 13 / 13

Name of Building Owner/Operator (2)
The State of New Jersey-The Department of Transportation

Agencies Notified
- EPA
- DEP
- DCA (NJAC 5:16)
- DHSS
- DCA (NJAC 5:23-8)
  - Type Notification
    - Initial
    - Amended
    - Amendment #
    - Emergency (including justification)
    - Cancellation

Street Address
1035 Parkway Ave-CN600
City, State, Zip Code
Trenton, NJ 08625
Name of Contact
James Britton
Telephone Number

Name of Facility Where Abatement is Taking Place (3)
Bridge No. 11-Bell Road (CR658) over I-295
Street Address
Bridge No. 11-Bell Road (CR658) over I-295
City (5)
Mount Ephraim
County (6)
Camden

Name of Monitoring Firm Hired by Building Owner (8)
ATC Associates Inc. Bromley Corp Center
ASCM No.
Name of Abatement Contractor (9)
Diamond Huntbach Construction Corporation
Street Address
Three Terri Lane
City, State, Zip Code
Burlington, NJ 08016

Project Manager for Monitoring Firm
John R Lutz
Telephone No.
609-386-8800

Start Date (10) 06 / 27 / 13
Scheduled Completion Date (11) 07 / 31 / 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: 7AM-4PM/4PM-7AM

Scope of Work (Check all that apply)
- ≥3 sf or ≥3 if
- ≥160 sf or ≥200 sf

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>6&quot; X 12&quot; mounting plates</td>
<td>No</td>
<td>Caulking</td>
<td>288 LF</td>
<td>X</td>
</tr>
<tr>
<td>8&quot; Gas Main</td>
<td>No</td>
<td>Tar Dipped Pipe Wrap</td>
<td>255 LF</td>
<td>X</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>Diamond Huntbach Construction</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of Registered Waste Hauler ID No.</td>
<td>19689</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>City, State</td>
<td>Philadelphia, PA 19124</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Completed By (Print or Type)</td>
<td>Charles F. Imbimbo</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Title
Project Manager
Signature

* 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)
6/12/13

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

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

Type Notification
- Initial
- Amended
- Amendment #
- Emergency (Including Justification)

Street Address
188 County Highway 609

City, State, Zip Code
Cape May Ct House NJ 08210

Name of Contact
James Owens

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Cape May County Technical School District

Street Address
188 County Highway 609

City (5)
Cape May Ct House NJ 08210

County (6)
Cape May

County Code (7) (STATE USE ONLY)

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

Square Feet
1000+

# of Floors
1+

Bldg. Age
35+

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

ASCM No.

Name of Abatement Contractor (9)
Pernaco Inc.

Street Address
515 Grove Street

City, State, Zip Code
Haddon Heights NJ 08035

Project Manager for Monitoring Firm
Alan Lloyed

Telephone No.
865-656-2675

License No.
00727

Start Date (10)
6/19/13

Scheduled Completion Date (11)
6/24/13

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)
- 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?
Yes
No
N/A

Rooms 131 &138
x

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

Amount (Specify SF or LF)
3500 Sf

Abatement Type
Repair
Encapsulation
Endorsement

Name of Registered Waste Hauler
EarthTeck

NJDEP Waste Hauler ID No. 16429

Cubic Yards of Waste
15

Name of Registered Landfill
CMCMUA

City, State
Ocean View

Disposal Date
6/24/13

City, State
Woodbine NJ 08270

Completed by
Anthony T Perna
Title
President

Signature

Date
6/12/13

ASB-41 (R-06-08)

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