NOTIFICATION OF ABATEMENT
(Pursuant to NJAC 8:99 and 12:120)

Date of Notification (1) 6.9.12

Name of Building Owner/Operator (2)

Name of Facility Where Abatement is Taking Place (3)

Type of Facility (4)

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

Square Feet 8,000

No. of Floors 1

Bldg. Age 1968

Current Use (Prior to being demolished)

Name of Abatement Contractor (9)

Name of OSHA Monitor

Asbestos-containing Material (ACM) to be Abated

Location of

In Facility

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

Description of

Amount

Abatement Type

Full Containment with Negative Pressure

Removal

□ Yes

□ No

□ N/A

□ Floor tile

490 sf

□ Wall tile

470 sf

□ Insulation

310 sf

□ Flooring

1,620 sf

Name of Registered Waste Hauler

Rovic Transport

NJDEP Waste Hauler ID No. 20765

Cubic Yards of Waste 40

Name of Registered Landfill

IESI PA Bethlehem Landfill Corp.

City, State, Zip Code Bethlehem, PA 18015

Completed by

R. McDonald

Title President

Signature

Date 6.9.12

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

Date of Notification (1)
06/18/2016

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

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

Name of Building Owner/Operator (2)
JEFF TOONGEL

Street Address
127 ERLEDON ROAD

City, State, Zip Code
TENAFLY, NJ 07678

Name of Contact
JEFF TOONGEL

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

JEFF TOONGEL

Street Address
127 ERLEDON ROAD

City (5)
TENAFLY

County (6)
BERGEN

County Code (7)
(State use only)

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

Square Feet

# of Floors

Bldg. Age

Current Use (Prior if being demolished)

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

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

Street Address
20 California Ave.

City, State, Zip Code
Paterson, NJ 07503

Telephone Number
973-345-8020

License Number
00159

Name of OSHA Monitor
D & S Restoration, Inc.

Street Address
20 California Avenue

City, State, Zip Code
Paterson, NJ 07503

Start Date (10)
08

Sched. Completion Date (11)
08

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

Scope of Work (check all that apply)
☒ >3 sf or >3 lf
☐ Renovation
☐ >160 sf or >260 lf
☐ 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)
PIPE INSULATION

Amount (Specify SF or LF)
70 L FT

R E M O V E R E N C A P

Name of Registered Waste Hauler

Registered Waste Hauler
D & S RESTORATION, INC.

NJDEP Hauler ID#
13506

Cubic Yards of Waste
1 YD

Name of Registered Landfill
TULLYTOWN, RESOURCE RECOVERY

City, State
PATerson, NJ 07503

Disposal Date
06/28/12

City, State
TULLYTOWN, PA

Completed by (Print or Type)
BOGDAN JOLDZIC

Title
PRESIDENT

Signature

Date
06/28/12

* Do not use this form for asbestos licensure exempted activities.
Date of Notification (1): 06/19/2012


Street Address: 1655 US HWY 9
City, State, Zip Code: Old Bridge, NJ 08857
Name of Contact: Bernadette Poppell

Facility Information

Name of Facility Where Abatement Is Taking Place (3): Apartments Bldg.
Street Address: 1 A-D Poplar Lane
City (6): Old Bridge,
County (6): Middlesex

Name of Monitoring Firm Hired by Building Owner (8): N/A
Name of Abatement Contractor (9): DIA General Construction, Inc.

Street Address: 1350 Clifton, Avenue, PMB Suite 218
City, State, Zip Code: Clifton, NJ 07012

Project Manager for Monitoring Firm: Telephone No.

Start Date (10): 06/29/2012
Scheduled Completion Date (11): 06/30/2012

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

Scope of Work (Check all that apply):
☐ >3 sf or >3 if
☐ >160 sf or >260 if
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Governing 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):

Pipe/Elbow Insulation 200 LF

Abatement Type:

Removal ☐ Repair ☐ Encapsulate ☐ Endorse ☐

Amount (Specify SF or LF): 200 LF

Endorse:

Name of Registered Waste Handler:

Service Transport Group:
NJDEP Waste Hauler ID No. 20970

Cubic Yards of Waste: 4

Name of Registered Landfill: Minerva Landfill

City, State: Waynesburg, OH 44688

Disposal Date: 06/30/2012

Completed By: Krutarth Jagad
Title: President

Signature: Date: 06/19/2012

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>06 / 18 / 12</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ EPA</td>
<td>☑ Initial</td>
</tr>
<tr>
<td>☐ DOL/WD</td>
<td>☐ Amended</td>
</tr>
<tr>
<td>☐ DHSS</td>
<td>☐ Emergency (including justification)</td>
</tr>
<tr>
<td>☐ DCA (NJAC 5:23-8)</td>
<td>☐ Cancellation</td>
</tr>
</tbody>
</table>

| Name of Building Owner/Operator (2) | East Brunswick Board of Education  
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>CK # 2129 $200</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>760 State Route 18</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State, Zip Code</td>
<td>East Brunswick, New Jersey 08816</td>
</tr>
</tbody>
</table>

| Name of Contact | James Michael Smith Sr  
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement Is Taking Place (3)</th>
<th>East Brunswick High School</th>
</tr>
</thead>
</table>
| Street Address | 380 Cranbury Road  
|----------------|-------------------|
| City (6) | East Brunswick, New Jersey 08816  
| County (6) | Middlesex  
| County Code (7) |  
| Current Use (Prior if being demolished) | High School |

| Name of Monitoring Firm Hired by Building Owner (8) | Environmental Design Inc  
|----------------------------------------------------|---------------------------|
| Street Address | 5354 King Avenue  
| City, State, Zip Code | Pennington, New Jersey 08861  
| Project Manager for Monitoring Firm | Tom Pruno  
| Telephone No. | 856-616-9516  

| Start Date (10) | 07 / 02 / 12  
| Scheduled Completion Date (11) | 07 / 20 / 12  

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

| Name of Abatement Contractor (9) | Lillich Corporation  
| Street Address | 606 McBride Avenue  
| City, State, Zip Code | Woodland Park, New Jersey 07424  
| Project Manager | J&S Environmental  
| Telephone No. | 973-225-8400  
| License No. | 01104  

| Name of OSHA Monitor | J&S Environmental  
| Street Address | 2333 Route 22 West  
| City, State, Zip Code | Union, New Jersey 07083  

| Scope of Work (Check all that apply) | ☑ Renovation  
|--------------------------------------|-------------------|

| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | L1, L2, L5  
|--------------------------------------------------------------------------------|-------------------|

| Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | ☑ Yes  
|------------------------------------------------------------------------|-------------------|

| Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Transite Table Tops (Non Friable)  
|-----------------------------------------------------------------------------------------------------------------|-------------------|

| Amount (Specify SF or LF) | 93 SF  
|---------------------------|-------------------|

| Abatement Type | ☑ Removal  
|----------------|-------------------|

Name of Registered Waste Hauler | Lillich Corporation  
| NJDEP Waste Hauler ID No. | 18724  
| Cubic Yards of Waste | 10  
| Name of Registered Landfill | G.R.O.W.S.  
| City, State | Woodland Park, New Jersey  
| Disposal Date | 07/21/12  
| City, State | Morrisville, Pennsylvania  

| Completed By (Print or Type) | Tatiana Kalenikova  
| Title | Vice President  
| Signature |  
| Date | 4/17/12  

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

#### NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 6:16)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>06 / 18 / 12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Oak Knoll School of the Holy Child</td>
</tr>
<tr>
<td>Check # 2130 $200</td>
<td></td>
</tr>
</tbody>
</table>

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

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

- **Street Address**
  - 44 Blackburn Road

- **City, State, Zip Code**
  - Summit, New Jersey 07901

- **Name of Contact**
  - John Daura

#### FACILITY INFORMATION

- **Name of Facility Where Abatement is Taking Place (3)**
  - Oak Knoll School of the Holy Child, Connelly Hall

- **Square Feet**
  - 15,000

- **# of Floors**
  - 2

- **Bldg. Age**
  - 55+

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

- **County (6)**
  - Union

- **County Code (STATE USE ONLY)**
  - 01

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

- **Name of Monitoring Firm Hired by Building Owner (6)**
  - Birdsall Services Group

- **ASCM No.**
  - 12345

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

- **Street Address**
  - 65 Jackson Drive

- **City, State, Zip Code**
  - Cranford, New Jersey 07016

- **Project Manager for Monitoring Firm**
  - Kevin Burns

- **Telephone No.**
  - 908-497-8900

- **Current Status of Monitoring Firm**
  - Scheduled Completion Date (11)
  - 07 / 01 / 12

- **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

- **Scope of Work (Check all that apply)**
  - ☑ ≥3 sf or ≥2 If
  - ☑ ≥160 sf or ≥260 If
  - ☑ Renovation
  - ☑ Demolition

- **Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)**
  - Boiler Room
  - ☑ AirCell/Pipe Insulation & Fitting Insulation
  - 150 LF

- **Name of Registered Waste Hauler**
  - Lillich Corporation

- **NJDEP Waste Hauler ID No.**
  - 18724

- **Cubic Yards of Waste**
  - 4

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

- **City, State**
  - Woodland Park, New Jersey 07424

- **Disposal Date**
  - 07/02/12

- **City, State**
  - Morrisville, Pennsylvania

- **Completed By (Print or Type)**
  - Tatiana Kalenikova

- **Title**
  - Vice President

- **Signature**
  - [Signature]

- **Date**
  - 6/13/12

---

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

**Date of Notification (1)**

6/15/12

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

Janice Behnke

**Street Address**

21 Marion Rd.

**City, State, Zip Code**

Montclair, NJ 07043

**Name of Contact**

Janice Behnke

**Telephone Number**

1-908-292-6767

**FACILITY INFORMATION**

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

Private

**Street Address**

21 Marion Rd.

**City (5) City**

Montclair

**County (6) County**

Essex

**County Code (7) County Code**

(NJ USE ONLY)

**Square Feet**

2200

**# of Floors**

3

**Bldg. Age**

75

**Type of Facility (4)**

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

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

Residence

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

ASCN No.

N/A

**Street Address**

N/A

**Name of Abatement Contractor (9)**

AZTECH MANAGEMENT, Inc.

**Street Address**

86 Christopher St.

**City, State, Zip Code**

Montclair, NJ 07042

**Telephone Number**

(973) 744-8800

**License Number**

00371

**Name of OSHA Monitor**

N/A

**Street Address**

N/A

**City, State, Zip Code**

N/A

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

[ ]Facility Closed/Vacated During Entire Period of Abatement

[ ]Abatement Performed Outside of Normal Facility Hours - Describe: "OFTIMELESS Descript" [ ]Other - Describe: "Other Occupancy Descript" [ ]Full Containment with Negative Pressure

[ ]Modified Mini-Enclosure

[ ]Glovebag Procedure

[ ]Non-Friable Procedure

**Location of Asbestos-Containing Material (ACM) (10)**

<table>
<thead>
<tr>
<th>Location</th>
<th>Normally Used</th>
<th>By Maintenance/Custodial Staff (12)</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>Yes</td>
<td>Beam insulation 18 sf</td>
<td>Beam insulation</td>
</tr>
</tbody>
</table>

**Location of Asbestos-Containing Material (ACM) TO BE ABATED (11)**

<table>
<thead>
<tr>
<th>Location</th>
<th>Normally Used</th>
<th>By Maintenance/Custodial Staff (12)</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>Yes</td>
<td>Beam insulation 18 sf</td>
<td>Beam insulation</td>
</tr>
</tbody>
</table>

**Amount (Specify SF or Lf)**

18 sf

**Name of Registered Waste Hauler**

AZTECH MANAGEMENT, INC.

**NJDEP Waste Hauler ID No.**

17040

**Cubic Yards of Waste**

0.5

**Name of Registered Landfill**

G.R.O.W.S.

**City, State**

Morrisville, PA 19067

**Disposal Date**

6/15/12

**Completed By (Print or Type) Title**

Constantine Vivian President

**Signature**

6/15/12
## State of New Jersey
### NOTIFICATION OF ASBESTOS ABATEMENT

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

**Date of Notification (1)**
06/18/2012

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

### FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement Is Taking Place (3)</th>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private House</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>County Code (7) (STATE USE ONLY)</th>
<th>Current Use (Prior if being demolished)</th>
</tr>
</thead>
<tbody>
<tr>
<td>121 Thompson Ave</td>
<td>Morris</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Nick Restoration LLC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>72 Brookside Rd</td>
<td>973 933-2550</td>
<td>01133</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Randolph, NJ 07869</td>
<td>J&amp;S Environmental</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Occupancy Status During Abatement (Check only one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>06/28/12</td>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>renovations</td>
<td>Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>demolition</td>
<td>Mini-Enclosure</td>
</tr>
<tr>
<td></td>
<td>Glovebag Procedure</td>
</tr>
<tr>
<td></td>
<td>Non-Exempted (*) and Non-Friable Procedure</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>TO BE ABATED IN Facility</td>
<td>(i.e., thermal systems insulation, facing, VAV, or other miscellaneous)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Cubic Yards of Waste</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nick Restoration LLC</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>TBD</td>
<td>G.R.O.W.S</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed By</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elvira Mrda</td>
<td>President</td>
<td></td>
<td>06/18/2012</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)
06/18/12

Name of Building Owner/operator (2)
South Orange / Maplewood School District

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

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

Street Address
525 Academy Street
City, State, Zip Code
Maplewood, NJ 07040

Name of Contact
Bill Kyle
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
South Mountain Elementary School

Street Address
444 West South Orange Avenue
City (5)
South Orange, NJ 07079

County (6)
Essex County

Name of Monitoring Firm Hired by Building Owner
AHERA Consultants, Inc

Name of Abatement Contractor (8)
Nick Restoration LLC

ASCM No.

Name of OSHA Monitor
J&S Environmental

Street Address
72 Brookside Rd
City, State, Zip Code
Randolph, NJ 07869

License No.
001133

Square Feet

# of Floors

Bldg. Age

Occupancy Status During Abatement (Check only one)
☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other - Describe: 3:30pm-11:30 pm

Start Date (10)
06/29/2012
Scheduled Completion Date (11)
06/30/2012

Scope of Work (Check all that apply)
☒ ≥ 3 sf or ≥ 33 ft
☒ ≥ 150 sf or ≥ 260 lf
☒ Renovation
☒ Demolition
☒ Full Containment with Negative Pressure
☒ Mini-Enclosure
☒ Glovebag Procedure
☒ Non-Exempted (*) and Non-Friable Procedure

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

Yes No N/A

TSD-

Amount (Specify SF or LF)
8 LF

Abatement Type

Name of Registered Waste Hauler
Nick Restoration LLC

Cubic Yards of Waste
TBD

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

City, State
Randolph, NJ 07869

Disposal Date
TBD

City, State
Tullytown, PA

Completed By
Elvira Mirda
Title
President

Signature

Date
06/18/2012

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

Date of Notification (1)
6/15/12

Name of Building Owner/Operator (2)
Sherry Woocher

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

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

Street Address
4 Woodhill Drive
City, State, Zip Code
Maplewood, NJ 07040

Name of Contact
Sherry Woocher
Telephone Number

FACILITY INFORMATION

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

Street Address
4 Woodhill Drive
City (5)
Maplewood
County (6)
Essex

County Code (7)
N/A

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

ASCM No.

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

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

License No.
#00575

Telephone No.
973-345-8685

Name of OSHA Monitor
D&S Abatement, Inc.

Start Date (10)
7/02/12

Scheduled Completion Date (11)
7/03/12

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

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

Location of Asbestos-Containing Material (ACM)

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>basement</td>
<td>[X]</td>
<td>pipe insulation</td>
<td>40 LF</td>
<td>[x] Removal</td>
</tr>
<tr>
<td>garage</td>
<td>[X]</td>
<td>pipe insulation</td>
<td>6 LF</td>
<td>[x] Repair</td>
</tr>
<tr>
<td>basement</td>
<td>[X]</td>
<td>floor tile &amp; mastic</td>
<td>300 Sq</td>
<td></td>
</tr>
</tbody>
</table>

Amount of Waste
NJDEP Waste Hauler ID No.
#20996

Cubic Yards of Waste
TBD

Name of Registered Landfill
Waste Management of PA

Disposal Date
TBD

City, State
Totowa, NJ

Tullytown, PA

Completed by
Deanna Brikusam
Title
Project manager
Signature

Date
6/15/12

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

Date of Notification (1)
6/15/12

Name of Building Owner/Operator (2)
Carolyn Thoemmes

Agencies Notified
☐ EPA
☐ DEP
☐ DOI
☐ DOH
☐ DCA

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

Street Address
21 Inwood Road

City, State, Zip Code
Essex Fells, NJ 07021

Name of Contact
Carolyn Thoemmes

Telephone Number

FACILITY INFORMATION

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

Street Address
21 Inwood Road

City (5)
Essex Fells

County (6)
Essex

County Code (7)

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

ASCM No.

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

Street Address
11 Rosengren Avenue

City, State, Zip Code
Totowa, NJ 07512

Project Manager for Monitoring Firm

Telephone No.

Telephone No.
973-345-8685

License No.
#00675

Name of OSHA Monitor
D&S Abatement, Inc.

Street Address
11 Rosengren Avenue

City, State, Zip Code
Totowa, NJ 07512

Start Date (10)
7/05/12

Scheduled Completion Date (11)
7/07/12

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

Scope of Work (Check All That Apply)
☐ ≥ 2 sf or ≥ 21 ft
☐ ≥ 160 sf or ≥ 260 ft
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

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

in Facility (13)

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

<table>
<thead>
<tr>
<th>Is Location</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>Yes</td>
<td>thermal systems insulation, surfacing, VAT, or other miscellaneous</td>
<td>235 LF</td>
<td>Removal</td>
</tr>
<tr>
<td>No</td>
<td>contaminated pipes</td>
<td>150 LF</td>
<td>Repair</td>
</tr>
</tbody>
</table>

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

NJ/DEP Waste Hauler ID No.
#20996

Cubic Yards of Waste
TBD

Name of Registered Landfill
Waste Management of PA

City, State
Totowa, NJ

Disposal Date
TBD

City, State
Tullytown, PA

Completed by
Deanna Brikusnin

Title
Project manager

Signature

Date
6/15/12

* 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)**
6/15/12

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

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

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

**Street Address**
58 Fairmount Avenue

**City, State, Zip Code**
North Arlington, NJ 07031

**Name of Contact**
Michael Miassek

**Telephone Number**

**FACILITY INFORMATION**

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

**Street Address**
58 Fairmount Avenue

**City**
North Arlington

**County**
Bergen

**County Code** (STATE USE ONLY)

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

**ASCM No.**

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

**Street Address**
11 Rosengren Avenue

**City, State, Zip Code**
Totowa, NJ 07512

**Project Manager for Monitoring Firm**

**Telephone No.**

**Telephone No.**
973-345-8685

**License No.**
#00675

**Start Date (10)**
6/29/12

**Scheduled Completion Date (11)**
6/30/12

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

**Scope of Work (Check All That Apply)**
- X 23 sf or 23 if
- ≥150 sf or ≥260 if
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

- In Facility (13)
- basement

**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)
pipe insulation

**Amount (Specify SF or LF)**
120 LF

**Abatement Type**
- Removal
- Repair
- Encapsulate
- Endorse

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

**Cubic Yards of Waste**
TBD

**Name of Registered Landfill**
Waste Management of PA

**City, State**
Totowa, NJ

**Disposal Date**
TBD

**City, State**
Tullytown, PA

**Completed by**
Deanna Bruskas

**Title**
Project Manager

**Signature**

**Date**
6/15/12

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

**Date of Notification**: 6-19-2012
**Name of Building Owner/Operator**: L. Markowski
**Address**: 184 Hillcrest Avenue, Leonia, NJ 07605

**Name of Facility Where Abatement is Taking Place**: L. Markowski
**Street Address**: 184 Hillcrest Avenue
**City**: Leonia
**State**: NJ
**Zip Code**: 07605
**County**: Bergen
**Current Use**: Residence

**Name of Asbestos Contractor**: Best Removal Inc.
**Address**: 450 South River St, Hackensack, NJ 07606
**Telephone No.**: 201-329-7444
**license No.**: 00388
**Name of OSHA Monitor**: Omega Environmental Services
**Address**: 280 Huyler St, South Hackensack, NJ 07606

**Start Date**: 6-29-2012
**Scheduled Completion Date**: 6-30-2012
**Occupancy Status During Abatement**: Facility Closed/Unoccupied During Entire Period of Abatement

**Scope of Work**: Renovation

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Description</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>Thermal Insulation</td>
<td>95 LF</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**: Best Removal Inc.
**NJDEP Waste Hauler ID No.**: 17109
**Cubic Yards of Waste**: 114 YD.
**Name of Registered Landfill**: Minerva Enterprises Inc.
**City**: Waynesburg, OH.
**State**: OH

**Commissioner**: R. Veldran
**Signature**: R. Veldran
**Date**: 6-19-2012

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

**Date of Notification (1)**  
09/15/12

**Name of Building Owner/Operator (2)**  
EMSA Energy LLC

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

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

**Street Address**  
3145 Bordentown Avenue, Suite D

**City, State, Zip Code**  
Parlin, NJ 08859

**Name of Contact**  
Riste Trajanoski

**Telephone Number**

---

**FACILITY INFORMATION**

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

**Street Address**  
627 East Ridgewood Avenue

**City (5)**  
Ridgewood

**County (6)**  
Bergen

**County Code (7)**  
(State Use Only)

**Square Feet**  
10,000 +

**# of Floors**  
2

**Bldg. Age**  
50+

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

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

**ASCM No.**

**Name of Abatement Contractor (9)**

Pyramid Contracting Corp.

**Street Address**  
163 Sargeant Avenue

**City, State, Zip Code**  
Clifton, NJ 07013

**Telephone No.**

**License No.**

973-689-6281

01099

**Start Date (10)**  
06/25/12

**Scheduled Completion Date (11)**  
07/25/12

**Occupy Status During Abatement (Check Only One)**

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

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

TO BE ABATED
In Facility

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

- Yes
- No
- N/A

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

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

**Amount (Specify SF or LF)**

3,100 SF

**Abatement Type**

- Full Containment with Negative Pressure
- Endoskeleton
- Non-Exempted (*) and Non-Friable Procedure

**Exterior Windows-Thoroughout Bldg**

X Window Glazing

3,100 SF

**Name of Registered Waste Hauler**

Pyramid Contracting Corp.

**NJDEP Waste Hauler ID No.**

32613

**Cubic Yards of Waste**

20

**Name of Registered Landfill**

G.R.O.W.S., Inc.

**City, State, Zip Code**

Morrisville, Pennsylvania

**Disposal Date**

07/25/12

**Completed by**

Dimo Golcev

**Title**

General Manager

**Signature**

Date

06/15/12

---

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to N.J.A.C. 8:80 and 12:120)

Date of Notification (1)  6/19/12

Agency Notified  Type Notification
- EPA  Initial
- DEP  Amended #
- DOL  Emergency
- DOH  Cancellation
- DCA

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

Street Address  132 New Road
City, State & Zip Code  Tabernacle, NJ 08088
Name of Contact  Business Administration  
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  Tabernacle ES
Street Address  141 New Road

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

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

Square Feet  # of Floors  Bldg. Age

Current Use (Prior if being demolished)
School

Name of Monitoring Firm Hired by Building Owner (8)  Coastal Environmental
Street Address  PO Box 167
City, State & Zip Code  Hammonton, NJ 08037

Project Manager for Monitoring Firm  Cathy Ledden  
Telephone Number  609-820-9312

Scheduled Start Date (10)  6/28/12  
Scheduled Completion Date (11)  7/3/12

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

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

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

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

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

Amount (Specify SF or LF)  2,270 SF

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

Rooms 300 & 302  
-  

Name of Registered Waste Hauler  AbateTech, Inc.
NJDEP Waste Hauler ID No.  18750
Cubic Yards of Waste  12  
Name of Registered Landfill  TRRF Landfill
Disposal Date  7/3/12
City, State  Westmont, NJ 18108

Completed By (Print or Type)  Gwen Trumbetti  
Title  Office Coord.
Signature  Date  6/19/12
### Notification of Asbestos Abatement

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

#### Date of Notification (1)
6/18/12

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

#### Type Notification
- [X] Initial
- [ ] Amended #9
- [ ] Emergency
- [ ] Cancellation

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

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

#### Name of Contact
Robert Ortega, P.E.

### FACILITY INFORMATION

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

**Street Address**
One Washington Road

#### City (5)
- Princeton

#### County (6)
- Mercer

#### County Code (7)
- [ ] ASCM No.

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

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

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

**Project Manager for Monitoring Firm**
Mike Keehn

**Telephone Number**
609-386-8800

**Scheduled Start Date (10)**
10/17/11

**Scheduled Completion Date (11)**
7/31/12

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

#### Describe:

#### Scope of Work (Check all that apply)
- [ ] ≥ 3 sf or ≥ 3 If
- [X] ≥ 160 sf ≥ 260 If
- [ ] Renovation
- [X] Demolition
- [X] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glove Bag Procedures
- [ ] Non-Exempted and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Work Area #</th>
<th>Level A</th>
<th>Level B</th>
<th>Level C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work Area #1</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>Work Area #2</td>
<td>No</td>
<td>Yes</td>
<td>N/A</td>
</tr>
<tr>
<td>Work Area #3</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Work Area #4</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

#### Is Location Normally Used Solely by Maintenance or Custodial Staff? (14)

<table>
<thead>
<tr>
<th>Work Area #1</th>
<th>Level A</th>
<th>Level B</th>
<th>Level C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Work Area #1 Level A</th>
<th>Description</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Floor tile &amp; Mastic</td>
<td>400 SF</td>
<td></td>
</tr>
</tbody>
</table>

#### Abatement Type

<table>
<thead>
<tr>
<th>Work Area #1 Level A</th>
<th>Description</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Floor tile &amp; Mastic</td>
<td>39,600 SF</td>
<td></td>
</tr>
<tr>
<td>Pipe/Fitting Insulation</td>
<td>4,500 LF</td>
<td></td>
</tr>
<tr>
<td>Joint Compound &amp; drywall</td>
<td>8,500 SF</td>
<td></td>
</tr>
<tr>
<td>Pipe/Fitting Insulation</td>
<td>100 LF</td>
<td></td>
</tr>
<tr>
<td>Floor tile &amp; Mastic</td>
<td>1,780 SF</td>
<td></td>
</tr>
<tr>
<td>Floor tile &amp; Mastic</td>
<td>1,083 SF</td>
<td></td>
</tr>
</tbody>
</table>

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

**City, State**
Lumberton, NJ

**Disposal Date**
7/31/12

**Name of Registered Landfill**
TRRF Landfill

**City, State**
Tullytown, PA

**Completed By (Print or Type)**
Gwen Trumbetti

**Title**
Opps. Coord.

**Signature**

**Date**
6/18/12
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1)  
6/18/12

Name of Building Owner / Operator (2)  
Princeton University

Agencies Notified Type Notification
- EPA Initial
- DEP Amended #9
- DOL Emergency
- DOH Cancellation
- DCA

Name of Contact  
Robert Ortego, P.E.

FACILITY INFORMATION

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

Street Address  
One Washington Road

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

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

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

Square Feet  

# of Floors  

Bldg. Age  

Current Use (Prior if being demolished)  
University Library

Name of Abatement Contractor (9)  
AbateTech, Inc.

Street Address  
PO Box 25

City, State & Zip Code  
Burlington, NJ 08016

Project Manager for Monitoring Firm  
Mike Keehn

Telephone Number  
609-388-8800

Scheduled Start Date (10)  
10/17/11

Scheduled Completion Date (11)  
7/31/12

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

Scope of Work (Check all that apply)  
- ≥3 sf or ≥3 lf
- ≥160 sf ≥250 lf
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glove Bag Procedures
- Non-Exempted and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)  
FLOOR TILES & MASONRY (Full Containment)

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

Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)  
- Radiator Liner 120 SF
- Pipe Insulation 50 LF

Amount (Specify SF or LF)  
450 SF

Abatement Type  

Name of Registered Waste Hauler  
AbateTech, Inc.

City, State  
Lumberton, NJ

NJDEP Waste Hauler ID No.  
18750

Cubic Yards of Waste  
4

Disposal Date  
7/31/12

Name of Registered Landfill  
TRRF Landfill

City, State  
Tullytown, PA

Completed By (Print or Type)  
Gwen Trumbetti

Title  
Opps. Coord.

Signature  

Date  
6/18/12
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1)
6/18/12

Name of Building Owner / Operator (2)
Princeton University

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

Type Notification
☐ Initial
☒ Amended #9
☐ Emergency
☐ Cancellation

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

Street Address
One Washington Road

City (5)
Princeton

County (6)
Mercer

County Code (7)

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

ASCM No.

Name of Abatement Contractor (9)
AbateTech, Inc.

Street Address
Bromley Corporate Center 3 Terri Lane, Suite 12

City, State & Zip Code
Burlington, NJ 08016

PO Box 25

City, State & Zip Code
Lumberton, NJ 08048

Project Manager for Monitoring Firm
Mike Keehn

Telephone Number
609-386-8800

Scheduled Start Date (10)
10/17/11

Scheduled Completion Date (11)
7/31/12

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

Describe:

Scope of Work (Check all that apply)
☐ 3sf or ≥3 lf
☒ 160 sf ≥250 lf
☐ Demolition
☐ Renovation

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

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

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

Amount (Specify SF or LF)
300 SF

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

Name of Registered Waste Hauler
AbateTech, Inc.

State
NJ

Was DEP Waste Hauler ID No. 18750

Cubic Yards of Waste
4

Name of Registered Landfill
TRRF Landfill

City, State
Lumberton, NJ

Disposal Date
7/31/12

City, State
Tullytown, PA

Completed By (Print or Type)
Gwen Trumbetti

Title
Opps. Coord.

Signature
6/18/12
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1)  6/18/12

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>☒ EPA</td>
<td>Initial</td>
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<tr>
<td>☐ DEP</td>
<td>Amended</td>
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<td>☐ DOL</td>
<td>Emergency</td>
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<tr>
<td>☐ DOH</td>
<td>Cancellation</td>
</tr>
<tr>
<td>☐ DCA</td>
<td></td>
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</tbody>
</table>

Name of Building Owner / Operator (2)
Kennedy Health Facilities

<table>
<thead>
<tr>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 Regulus Drive</td>
</tr>
<tr>
<td>City, State &amp; Zip Code</td>
</tr>
<tr>
<td>Turnersville, NJ 08012</td>
</tr>
</tbody>
</table>

Name of Contact
George Lodish

FACILITY INFORMATION
Name of Facility Where Abatement is Taking Place (3)
Kennedy Memorial Hospital
Street Address
18 East Laurel Rd.

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

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

Square Feet  # of Floors  Bldg. Age

Current Use (Prior if being demolished)
Hospital

Name of Monitoring Firm Hired by Building Owner (8)
Criterion Laboratories, Inc.
Street Address
3370 Progress Drive
City, State & Zip Code
Bensalem, PA 19020

Project Manager for Monitoring Firm
Michael Panepresso

Telephone Number 215-244-1300

Scheduled Start Date (10)  6/18/12
Scheduled Completion Date (11)  6/22/12

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

Scope of Work (Check all that apply)
☒ ≥3 sf or ≥3 If
☒ ≥160 sf ≥260 If
☒ Renovation
☒ Demolition

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

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

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

Amount (Specify SF or LF)  50 SF

Abatement Type

Scope of Work

Pharmacy Intern Restrooms  ☐  ☐  ☐

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

Name of Registered Waste Hauler
AbateTech, Inc.
NJDEP Waste Hauler ID No. 18750

Disposal Date  6/22/12

Name of Registered Landfill
TRRF Landfill
City, State
Lumberton, NJ
Tullytown, PA

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

Date  6/18/12