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

Date of Notification (1):
5/9/12

Name of Building Owner/Operator (2):
Marian Emmons McKeown School

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

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

Street Address:
One School Road

City, State, Zip Code:
Newton, NJ 07860

Name of Contact:
Everett Burn

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

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

Square Feet:

# of Floors:

Bldg. Age:

County Code (7) (STATE USE ONLY):

Current Use (Prior if being demolished):

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

ASCM No.:

Name of Abatement Contractor (9):
ABS Environmental Services, LLC

Street Address:
4 E Gate Drive, PO Box 483

City, State, Zip Code:
Glenwood, NJ 07418

Project Manager for Monitoring Firm:

Telephone No.:
973-764-2276

License No.:
703

Start Date (10):
6/18/12

Scheduled Completion Date (11):
7/5/12

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] 23 sf or 23 if
- [ ] 180 sf or 2260 sf
- [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) TO BE ABATED In Facility (13):

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

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

Amount (Specify SF or LF):
26 SF

Abatement Type:
- [X] Removal
- [ ] Repeat
- [ ] Encapsulate
- [ ] Enclosure

Name of Registered Abatement Contractor (10):

Name of Registered Landfill (11):
GROWS N Landfill

Cubic Yards of Waste:
10

Disposal Date:
TBD

City, State:
Morrisville PA

Freehold NJ

Name of Registered Waste Hauler (11):
NJDEP Waste Hauler ID No. 15939

Freehold Cartage

Compared by:
Andrew Scott Higgins
Title:
President
Signature:
Date:
6-19-12

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:90-7 and 12:120-7)  
Amended Notification - Friable  
Check #: 4737

Date of Notification (1)  
10/6/18/12

Name of Building Owner/Operator (2)  
Fort Lee Board of Education

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

Type Notification  
[ ] Initial Notification  
[ ] Amended Notification  
[ ] Cancellation

Street Address  
2175 Lemoine Avenue, 6th Floor
City, State, Zip Code  
Fort Lee, NJ 07024

Name of Contact  
Cheryl Balletto

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
Fort Lee School No. 1
Street Address  
250 Hoym Street
City, State, Zip Code  
Fort Lee, NJ 07024

Name of Monitoring Firm Hired by Owner (8)  
Westchester Environmental
Street Address  
307 North Walnut Street
City, State, Zip Code  
West Chester, PA 19380

Project Manager for Monitoring Firm  
Matt Abraham  
610-431-7545

Scheduled Start Date (10)  
10/6/2012
Scheduled Completion Date (11)  
10/7/2012

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

Scope of Work (Check all that apply)  
[ ] Demolition  
[ ] 33 sf or 33 sq ft  
[ ] 260 sf or 260 sq ft  
[ ] Renovation

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

Square Feet  
40,000

# of Floors  
2

Bldg. Age  
50

Current Use (Prior to Being Demolished)  
School

Name of Abatement Contractor (9)  
Four Strong Builders, Inc.
Street Address  
180 Sargeant Avenue
City, State, Zip Code  
Clifton, NJ 07013-1935

Telephone Number  
973-614-0377
License Number  
00807

Name of OSHA Monitor  
Four Strong Builders, Inc.
Street Address  
180 Sargeant Avenue
City, State, Zip Code  
Clifton, NJ 07013

Location of Asbestos-Containing Material (ACM)  
Boiler Room  
Boiler Room

Description of Asbestos-Containing Material (ACM)  
Pipe and Fitting Insulation  
Boiler Breeching Insulation

Amount (Specify SF or LF)  
225 LF  
250 SF

Location Normally Used Solely by Maintenance/Custodial Staff (12)  
Yes, No 8/7/8

Name of Registered Waste Hauler  
Four Strong Builders, Inc.

Cubic Yards of Waste  
12609

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

City, State  
Tullytown, PA

Disposal Date  

Compiled By (Print or Type)  
Bilyana Kulakovska  
Office Administrator

Signature  
6/18/12

Date  
JUN 93
**NOTIFICATION OF ASBESTOS ABATEMENT**

**State of New Jersey**

(Pursuant to NJAC 8:69-7 and 12:120-7)

**Date of Notification:** 6/29/12

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

**Type of Notification:**
- X Initial Notification
- Amended Notification #1
- Cancellation
- On Hold
- EMERGENCY NOTIFICATION

**Facility Information**

**Name of Facility Where Abatement is Taking Place:** MERCK SHARP & DOHME CORPORATION

**Street Address:** 126 E. LINCOLN AVENUE - BUILDING 71

**City:** RAHWAY, NEW JERSEY 07065

**Name of Building Owner/Operator:** MARY BETH BAKER

**Type of Facility:**
- School (K-12)
- Subchapter 9 (Other than K-12)
- X Other (ie. private & comm. blgs., homes, etc.)

**Current Use (Prior to being demolished):** COMMERCIAL OFFICE

**Project Manager for Monitoring Firm:** SPARTA, NEW JERSEY 07871

**Street Address:** 555 WEST SHORE TRAIL

**City:** RAHWAY, NEW JERSEY 07065

**Name of Monitoring Firm Hired by Building Owner:** ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.

**Telephone Number:** 973-729-5649

**ASCM No.:** 17

**Name of Abatement Contractor:** PAR ENVIRONMENTAL CORPORATION

**Street Address:** 313 SPOOK ROCK ROAD

**City:** SUFFERN, NEW YORK 10901

**License Number:** 845-389-7500

**Name of OSHA Monitor:** AMERISCI LABORATORIES INC. #11480

**Street Address:** 117 EAST 30TH STREET

**City:** NEW YORK, NEW YORK 10016

**Occupancy Status During Abatement:**
- Facility Closed/ Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe: MONDAY - FRIDAY 7AM-3:30 PM

**Scope of Work:**
- X Demolition
- X >300 SF OR LF
- X >160 SF OR LF
- X Renovation
- X Full Containment with Negative Pressure
- X Mini-Envelope
- X Glovebag Procedure
- X Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location of Asbestos-containing Material (ACM)</th>
<th>Is Location normally used solely by Maintenance/Custodial Staff (12)</th>
<th>Description of Asbestos-Containing Material (ACM) (ie. 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>THROUGHOUT</td>
<td>X</td>
<td>PIPE INSULATION &amp; ELBOWS</td>
<td>2,320 LF</td>
<td>X</td>
</tr>
<tr>
<td>THROUGHOUT</td>
<td>X</td>
<td>LAB BENCH TOPS</td>
<td>1,600 LF</td>
<td>X</td>
</tr>
<tr>
<td>THROUGHOUT</td>
<td>X</td>
<td>FLOOR TILE &amp; MASTIC</td>
<td>21,030 SF</td>
<td>X</td>
</tr>
<tr>
<td>THROUGHOUT</td>
<td>X</td>
<td>TRANSITE FUME HOOD LINING</td>
<td>800 SF</td>
<td>X</td>
</tr>
<tr>
<td>THROUGHOUT</td>
<td>X</td>
<td>CEILING TILE MASTIC DABS</td>
<td>4,045 SF</td>
<td>X</td>
</tr>
<tr>
<td>THROUGHOUT</td>
<td>X</td>
<td>MASTIC ON CORK DUCT INSULATION</td>
<td>190 SF</td>
<td>X</td>
</tr>
<tr>
<td>THROUGHOUT</td>
<td>X</td>
<td>TAP PAPER ON DUCTWORK &amp; EXTERIOR</td>
<td>1,900 SF</td>
<td>X</td>
</tr>
<tr>
<td>THROUGHOUT</td>
<td>X</td>
<td>ROOF FLASHING</td>
<td>900 SF</td>
<td>X</td>
</tr>
<tr>
<td>THROUGHOUT</td>
<td>X</td>
<td>EXTERIOR DING TRANSITE</td>
<td>600 SF</td>
<td>X</td>
</tr>
<tr>
<td>THROUGHOUT</td>
<td>X</td>
<td>WATERPROOFING</td>
<td>1,100 SF</td>
<td>X</td>
</tr>
<tr>
<td>THROUGHOUT</td>
<td>X</td>
<td>CAULK</td>
<td>50 SF</td>
<td>X</td>
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<tr>
<td>THROUGHOUT</td>
<td>X</td>
<td>PIPE INSULATION</td>
<td>70 LF</td>
<td>X</td>
</tr>
</tbody>
</table>

**Name of Registered Hauler:** FREEHOLD CARTAGE, INC.

**Telephone Number:** FREEHOLD, NEW JERSEY 07728-5010

**City:** CITY OF FREEHOLD, NEW JERSEY

**Name of Registered Landfill:** LYCOMING COUNTY RESOURCE MANAGEMENT SERVICES

**Disposal Date:** 6/20/12

**Name of Hauler:** FREEHOLD, NEW JERSEY 07728-5010

**Cubic Yards of Waste:** 60

**Name of Registered Landfill:** LYCOMING COUNTY RESOURCE MANAGEMENT SERVICES

**Address:** 447 ALEXANDER DREISK/ROUTE 15

**City:** CITY OF FREEHOLD, NEW JERSEY

**Date:** 6/20/12
**NOTIFICATION OF ASPEROS ABATEMENT**
(Pursuant to NJAC 8:58-7 and 12:120-7)

**Date of Notification (1)**
5 / 10 / 12

**Name of Building Owner/Operator (2)**
MERCK SHARP & DOHME CORPORATION

**Street Address**
126 E. LINCOLN AVENUE

**City, State, Zip Code**
RAHWAY, NEW JERSEY 07065

**Name of Contact**
MARY BETH BAKER

**Type of Facility (4)**
School (K-12)
Subchapter 8 (Other than K-12)

**Square Feet**
36,250

**Bldg. Age**
72

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**
MERCK SHARP & DOHME CORPORATION

**Street Address**
126 EAST LINCOLN AVENUE - BUILDING 71

**City (5) County (6) County Code (7)**
RAHWAY UNION

**Commercial Use**
COMMERCIAL OFFICE

**Name of Monitoring Firm Hired by Building Owner (8)**
ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.

**ASCM No.**
17

**Name of Abatement Contractor (9)**
PAR ENVIRONMENTAL CORPORATION

**Street Address**
655 WEST SHORE TRAIL
SPARTA, NEW JERSEY 07871

**City, State, Zip Code**

**License Number**
846-369-7500

**Telephone Number**
973-729-5049

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

**Name of OSHA Monitor**
AMERISO LABORATORIES INC. #11480

**Street Address**
117 EAST 30TH STREET
NEW YORK, NEW YORK 10016

**City, State, Zip Code**

**Occupancy Status During Abatement (Check only one)**
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe:
- Other - Describe: MONDAY - FRIDAY 7AM-3:30 PM

**Scope of Work (Check all that apply)**
- Demolition
- >35F OR LF
- >190 SF OR
- Renovation
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Friable Procedure

**Description of Abatement-Containing Material (ACM)**
(i.e. Thermal systems, insulation, facing, VAT, or other miscellaneous)

<table>
<thead>
<tr>
<th>Location of Asbestos-containing Material (ACM)</th>
<th>Is Location normally used solely by Staff (12)</th>
<th>Description of Abatement-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>THROUGHOUT X PIPE INSULATION &amp; ELBOWS</td>
<td>X</td>
<td>2,320 LF</td>
<td>X</td>
</tr>
<tr>
<td>THROUGHOUT X LAB BENCH TOPS</td>
<td>X</td>
<td>1,600 SF</td>
<td>X</td>
</tr>
<tr>
<td>THROUGHOUT X FLOOR TILES &amp; MASTIC</td>
<td>X</td>
<td>21,030 SF</td>
<td>X</td>
</tr>
<tr>
<td>THROUGHOUT X TRANSITE FUME HOOD LINING</td>
<td>X</td>
<td>800 SF</td>
<td>X</td>
</tr>
<tr>
<td>THROUGHOUT X CEILING TILES MASTIC DABS</td>
<td>X</td>
<td>4,045 SF</td>
<td>X</td>
</tr>
<tr>
<td>THROUGHOUT X MASTIC ON CORR DUCT INSULATION</td>
<td>X</td>
<td>150 SF</td>
<td>X</td>
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<tr>
<td>THROUGHOUT X TAR PAPER ON DUCT WORK &amp; EXTERIOR</td>
<td>X</td>
<td>1,900 SF</td>
<td>X</td>
</tr>
<tr>
<td>THROUGHOUT X ROOF FLASHING</td>
<td>X</td>
<td>2,100 SF</td>
<td>X</td>
</tr>
<tr>
<td>THROUGHOUT X EXTERIOR DOING TRANSITE</td>
<td>X</td>
<td>600 SF</td>
<td>X</td>
</tr>
<tr>
<td>THROUGHOUT X WINDOW GLAZING</td>
<td>X</td>
<td>1,100 SF</td>
<td>X</td>
</tr>
<tr>
<td>THROUGHOUT X WATERPROOFING</td>
<td>X</td>
<td>50 SF</td>
<td>X</td>
</tr>
<tr>
<td>THROUGHOUT X CAULK</td>
<td>X</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
FREEHOLD CARTAGE, INC.

**Cubic Yards of Waste**
60

**Name of Registered Landfill**
LYCOMING COUNTY RESOURCE MANAGEMENT SERVICES

**Disposal Date**
MONTGOMERY, PA 17752

**Title**
DIRECTOR OF OPERATIONS

**Date**
5/10/12
**Notification of Asbestos Abatement**

**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60-7 and 12:120-7)

**Date of Notification (1)**

| Date | 6 / 21 /12 |

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

HESS CORPORATION

**Street Address**

1 HESS PLAZA

**City, State, Zip Code**

WOODBRIDGE, NEW JERSEY 07089

**Name of Contact**

DAVID CERULO

**Contact Telephone Number**


---

**FACILITY INFORMATION**

**Type of Facility (4)**

- School (K-12)
- Subchapter 8 (Other than K-12)
- Other (ie. private & comm. bldgs., homes, etc.)

**Street Address**

1600 ROUTE 22

**City, State, Zip Code**

UNION, NEW JERSEY 07083

**Project Manager for Monitoring Firm**

MIKE NEHLSEN

**Telephone Number**

908-377-5644

**License Number**

490

**Expected State Date (10)**

| Month | Day | Year |
---|---|---|
6 | 25 | 12

**Occupancy Status During Abatement**

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

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

- Demolition
-＞3SF OR LF
-＞160 SF OR
- Renovation

---

**Post-Abatement Treatment**

- Duct Insulation
- Pipe Fittings Insulation
- Vibration Cloth
- Gaskets
- Pipe Fittings
- VAT & Mastic
- Duct Insulation
- Perimeter Condenser Tar
- VT & Mastic
- Pipe Fittings
- VAT & Mastic
- JT Compound W/ Wall Board

---

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>FLOOR MECHANICAL</td>
<td>Duct Insulation</td>
</tr>
<tr>
<td>FLOOR MECHANICAL</td>
<td>Pipe Fittings Insulation</td>
</tr>
<tr>
<td>FLOOR MECHANICAL</td>
<td>Vibration Cloth</td>
</tr>
<tr>
<td>FLOOR BOILER</td>
<td>Pipe Fittings</td>
</tr>
<tr>
<td>FLOOR BOILER</td>
<td>VAT &amp; Mastic</td>
</tr>
<tr>
<td>FLOOR BOILER</td>
<td>Duct Insulation</td>
</tr>
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<td>FLOOR MER</td>
<td>VAT &amp; Mastic</td>
</tr>
<tr>
<td>FLOOR STORAGE</td>
<td>Pipe Fittings</td>
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<tr>
<td>FLOOR STORAGE</td>
<td>VAT &amp; Mastic</td>
</tr>
<tr>
<td>FLOOR MER</td>
<td>Pipe Fittings</td>
</tr>
<tr>
<td>FLOOR MER</td>
<td>Duct Insulation</td>
</tr>
<tr>
<td>FLOOR MER</td>
<td>Pipe Fitting Insulation</td>
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<td>FLOOR OFFICE AREA</td>
<td>Pipe Fittings</td>
</tr>
<tr>
<td>FLOOR OFFICE AREA</td>
<td>Duct Insulation</td>
</tr>
<tr>
<td>FLOOR GENERATOR ROOM</td>
<td>VAT &amp; Mastic</td>
</tr>
</tbody>
</table>

**Addition to Scope**

- VAT & Mastic
- Pipe Fittings
- Coat Base Molding Mastic
- Coat Base Molding
- Joint Compound W/ Wall Board
- VAT & Mastic
- Pipe Fittings
| 7TH FLOOR-ENTIRE |  | X | JOINT COMPOUND WALL DASS | 700 SF |  |
| 7TH FLOOR-ENTIRE |  | X | PERIMETER CONDENSER TAR | 25 SF |  |
| Name of Registered Waste Hauler | NJDEP Waste Hauler ID No. | Cubic Yards of Waste | Name of Registered Landfill |
| DJM TRANSPORT, LLC | 26981 | 10 | GROWS LANDFILL |
| City, State | Disposal Date | City, State |
| KEARNY, NEW JERSEY | 06/25/12-06/15/13 | MORRISVILLE, PA |
| Completed by (Print or Type) | Title | Signature | Date |
| BENJAMIN SANCHEZ | DIRECTOR OF OPERATIONS | | 6/21/17 |

RECEIVED
JUN 2 2 2012
ASBESTOS CONTROL & LICENSING
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1) 6 / 8 / 12

Name of Building Owner/Operator (2)
HESS CORPORATION

Agencies Notified
- EPA  x Initial Notification
- DEP
- DOL
- DOH
- DCA
  Type Notification
- Initial Notification

Street Address
1 HESS PLAZA
City, State, Zip Code
WOODBRIIDGE, NEW JERSEY 07095

Name of Contact
DAVID CERULO
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
HESS PLAZA

Type of Facility (4)

- School (K-12)
- Subchapter 8 (Other than K-12)
- Other (incl. private & commrl. bldgs., homes, etc.)

City (5)
WOODBRIIDGE

County (6)
MIDDLESEX

County Code (7)
ASCM No.

STATE USE ONLY

COMMERCIAL OFFICE

Name of Abatement Contractor (8)
PAR ENVIRONMENTAL CORPORATION

Street Address
1600 ROUTE 22
City, State, Zip Code
UNION, NEW JERSEY 07083

Name of Monitoring Firm Hired by Building Owner (8)
HILLMANN ENVIRONMENTAL

License No.

Name of OSHA Monitor
QUALITY ENVIRONMENTAL

Monitored

Street Address
313 SPOOK ROCK ROAD
City, State, Zip Code
SUFFERN, NEW YORK 10901

Occupancy Status During Abatement (Check only one)
- Office
- School
- Light Manufacturing
- Heavy Manufacturing
- Other

Project Manager for Monitoring Firm
MIKE NEHLSEN

Telephone Number
908-377-5544

Abatement Performed Outside of Normal Facility Hours - Describe:
- MON. - FRI. 6 PM - 2:30 AM

Expected State Date (10)
6 / 15 / 12

Month
6
Day
15
Year
2012

Sched. Completion Date (11)
6 / 22 / 12

Month
6
Day
22
Year
2012

Scope of Work (Check all that apply)
- Demolition
- Renovation
- >300 OR LF
- >180 SF OR LF
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Stabilization
- Non-Friable Procedure

Location of
Asbestos-containing
Material (ACM)

TO BE ABATED
in Facility (13)

Is Location normally used
by Staff (12)

Yes
No
N/A

Description of AsbestosContaining Material (ACM)

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

Amount
(Specify
SF or LF)

Removal

Encapsulation

Repair

1ST FLOOR-MECHANICAL ROOM
- DUCT INSULATION
- PIPE FITTINGS INSULATION
- VIBRATION CLOTH
- GASKETS
- PIPE FITTINGS INSULATION
- DUCT INSULATION
- PIPE FITTINGS
- PIPE FITTINGS
- DUCT INSULATION
- GASKET
- PIPE FITTINGS INSULATION
- FLOOR TILE MASTIC
- PIPE FITTINGS
- PIPE FITTINGS

Name of Registered Waste Hauler
DJM TRANSPORT, LLC

Cubic Yards of Waste

Name of Registered Landfill
GROVES LANDFILL

Disposal Date
06/22/12-06/15/13

City, State
KEARNY, NEW JERSEY

Completed by (Print or Type)
BENJAMIN SANCHEZ
Title
DIRECTOR OF OPERATIONS

Signature
6/8/12
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1): June 19, 2012

Name of Building Owner/Operator (2): Petrucci Contracting

Address Information:
- Street Address: 46 E. Mountain Road
- City, State, Zip Code: Hillsborough, NJ 08844

Facility Information:
- Name of Contact: Mr. Tony Petrucci
- Telephone Number: [REDACTED]

Name of Facility Where Abatement is Taking Place (3):
- 684 Newark Ave
- City: Jersey City, NJ
- County: Hudson

County Code: [REDACTED] (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8):
- Hillman Consulting, LLC
- Street Address: 1600 Route 22 East
- City, State, Zip Code: Union, NJ 07083

Name of Abatement Contractor (9):
- The MACK Group, LLC
- Street Address: 1500 Kings HWY N, STE 209
- City, State, Zip Code: Cherry Hill, NJ 08034

Telephone No.: 908-956-1233

License No.: 00781

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

Start Date (10): 7/5/12
Scheduled Completion Date (11): 7/22/12

Location of Asbestos-Containing Material (ACM) TO BE ABATED (13):
- multi purpose room / kitchen

Location Information:
- Location Normally Used Solely by Maintenance/ Custodial Staff? (12): No
- Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous):

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

Name of Registered Waste Hauler:
- Newark Carting / Rovic
- City, State: New York, NY

Name of Registered Landfill:
- Cumberland County Landfill
- City, State: Newburg, PA

Cubic Yards of Waste: 33.2
Disposal Date: 7/22/12

Name of Completed by:
- Mike Cooper
- Title: President

Signature: [REDACTED]
Date: 8/19/12

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:69 and 12:129)

Date of Notification (1)
6/20/12

Name of Building Owner/Operator (2)
West Deptford Board Of Ed

Agencies Notified

<table>
<thead>
<tr>
<th>Agency</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
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<tr>
<td>DEP</td>
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<tr>
<td>DOL</td>
<td></td>
</tr>
<tr>
<td>DOH</td>
<td></td>
</tr>
<tr>
<td>DCA</td>
<td></td>
</tr>
</tbody>
</table>

Name of Building Owner/Operator (2)
West Deptford Board Of Ed

Street Address
675 Grove Road

City, State, Zip Code
West Deptford NJ 08066

Name of Contact
Myron Hall

TelephoneNumber

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Red Bank Elementary School

Street Address
192 Philadelphia Av

City (5)
Thorofare NJ 08096

County (6)
Gloucester

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

ASCM No.

Name of Abatement Contractor (9)
Pernaco Inc

Street Address
PO Box 329

City, State, Zip Code
West Berlin NJ 08091

Project Manager for Monitoring Firm

Telephone No.
856-753-9800

License No.
00727

Start Date (10)
7/3/12

Scheduled Completion Date (11)
7/13/12

Occupancy Status During Abatement (Check Only One)

Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours

Other – Describe: 1st or 2nd shift

Scope of Work (Check All That Apply)

<table>
<thead>
<tr>
<th>Scope of Work</th>
<th>Notes</th>
</tr>
</thead>
</table>
| ≥ 3 sf or ≥ 3 lf | Renovation
| ≥ 160 sf or ≥ 260 lf | Demolition
|                           | Repair |
|                           | Encapsulate |
|                           | Endorses |

Location of Asbestos-Containing Material (ACM)

TO BE ABATED

In Facility (13)

Room 4

Room 12

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

Yes | No | N/A | Scale 1 sf or 1 lf

Floor tile / mastic

Floor tile / mastic

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

860 sf

Amount (Specify $ or LF)

Abatement Type

Name of Registered Waste Hauler

NUDEP Waste Hauler ID No.

Cubic Yards of Waste

Disposal Date

Name of Registered Landfill

G.R.O.W.S.

City, State
Morrissette PA 19067

Completed by
Anthony T Perna

Title
President

Signature

Date
6/20/12

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
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<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>West Deptford Board Of Ed</td>
</tr>
<tr>
<td>Street Address</td>
<td>675 Grove Road</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>West Deptford NJ 08066</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Myron Hall</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place (3) | West Deptford High School |
| Street Address | 1600 Crown Point Road |
| City (5) | W. Deptford NJ 08066 |
| County (6) | Gloucester |
| Name of Monitoring Firm Hired by Building Owner (8) | N/A |

**Type of Facility (4)**

- School (K-12)
- Subchapter 6 (Other than K-12)
- Other (i.e., private & commercial buildings, homes, etc.)

**Square Feet**

| # of Floors | 2 |
| Bidg. Age | 35+ |

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

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

- Renovation
- Demolition

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

| Room 28 |
| Room 24 |

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

- Floor tile / mastic 918 sf
- Floor tile / mastic 918 sf

**Amount (Specify SF or LF)**

**Abatement Type**

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

**Name of Registered Waste Hauler**

- United Containers
- NJDEP Waste Hauler ID No. 22459

**Disposal Date**

- City, State | Morrisville PA 19067 | 7/13/12 |

**Name of Registered Landfill**

- G.R.O.W.S.

**Completed by**

- Anthony T Perna | Title | President |

*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)
6/20/12

Name of Building Owner/Operator (2)
West Deptford Board Of Ed

Agencies Notified
X EPA
DEP
DOL
X DOH
DCA

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

Street Address
675 Grove Road

City, State, Zip Code
West Deptford NJ 08066

Name of Contact
Myron Hall

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Green Fields Elementary School

Street Address
15 Hill Lane

City (6)
West Deptford NJ 08066

Square Feet
1000 +

County (6)
Gloucester

# of Floors
2

County Code (7) (STATE USE ONLY) ________

Bldg. Age
35+

Current Use (Prior if being demolished)

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

Name of Abatement Contractor (9)
Pernaco Inc

ASCM No. ________

Street Address
PO Box 329

City, State, Zip Code
West Berlin NJ 08091

Telephone No.
856-753-9800

License No.
00727

Start Date (10)
7/3/12

Scheduled Completion Date (11)
7/13/12

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

Other – Describe: 1st or 2nd shift

Name of OSHA Monitor
Pernaco Inc

Project Manager for Monitoring Firm

Telephone No.

Street Address
PO Box 329

City, State, Zip Code
West Berlin NJ 08091

Scope of Work (Check All That Apply)

≥3 sf or ≥3 if

≥160 sf or ≥260 if

Removal
Demolition

Floor tile / mastic

Location of Asbestos-Containing Material (ACM)

Location of Asbestos-Containing Material (ACM) TO BE ABATED
In Facility
Room 124

YES

Location of Asbestos-Containing Material (ACM) NORMALLY USED SOLELY BY MAINTENANCE/CUSTODIAL STAFF

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

Amount (SPECIFY SF OR LF)

860 sf

Abatement Type

Endorsement

Name of Registered Waste Hauler
United Containers

Waste Hauler ID No. 22459

Cubic Yards of Waste
3

Disposal Date
7/13/12

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

City, State
Morrisville PA 19067

Completed by
Anthony T Perna
Title
President

Signature

Date
6/20/12

* 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)
6/19/12

Name of Building Owner/Operator (2)
Port Authority of New York and New Jersey

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

Type Notification
- Initial
- Amended
- Amendment #2
- Emergency (Including Justification)
- Cancellation

Street Address
280 Kellogg St

City, State, Zip Code
Newark New Jersey

Name of Contact
Ronald Shaw

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Port Newark Marine Terminal

Street Address
121 Tyler St

City (5)
Newark New Jersey

County (6)
Essex

County Code (7)

Current Use (Prior if being demolished)
warehouse

Name of Monitoring Firm Hired by Building Owner (8)
Port Authority of New York and New Jersey

ASCM No.

Name of Abatement Contractor (9)
Tricon Enterprises Inc.

Street Address
322 Beers Street

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

Project Manager for Monitoring Firm
Uday Metha

Telephone No.
201-996-4881

License No.
01095

Start Date (10)
5/14/12

Scheduled Completion Date (11)
7/30/12

Name of OSHA Monitor
N/A

Scope of Work (Check All That Apply)

- ≥3 sf or ≥3 if
- ≥160 sf or ≥250 sf
- 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

Table:

<table>
<thead>
<tr>
<th>SEE ATTACHED</th>
<th>SEE ATTACHED</th>
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</thead>
<tbody>
<tr>
<td>x</td>
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<tr>
<td>x</td>
<td></td>
</tr>
<tr>
<td></td>
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</tbody>
</table>

Cubic Yards of Waste

Name of Registered Landfill
Grows North Landfill

Disposal Date
7/26/12

City, State, Zip Code
Morrisville P.A.

Completed by
Scott Rubin

Title
Project Manager

Signature

Date
6/19/12

* 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) June 19, 2012

Name of Building Owner/Operator (2) DeForest Demolition

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

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

Street Address 2406 Herbertsville Road

City, State, Zip Code Point Pleasant, NJ 08742

Name of Contact Date

FACILITY INFORMATION

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

Street Address 26 Pearce Avenue

City Manasquan

County (6) Monmouth

County Code (7) (STATE USE ONLY)

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

N/A

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

Street Address 1889 Route 9, Unit 61

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

Project Manager for Monitoring Firm Telephone Number

Name of OSHA Monitor E.M.S.I., Analytical

Street Address 1056 Stelton Road

City, State, Zip Code Piscataway, New Jersey 08854

Scheduled Start Date (10) 6/19/12

Scheduled Completion Date (11) 6/20/12

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)

[ ] ≥3 sf or ≥31 l f

[ X ] ≥160 sf or ≥260 l f

[ ] Renovation

[ X ] Demolition

[ ] Full Containment with Negative Pressure

[ ] Mini-Enclosure

[ ] Glovebag Procedure

[ X ] Non-Exempted (*) and NonFriable Procedure

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

Exterior [ X ] Asbestos siding

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) 1300 sf

Abatement Type

Name of Registered Waste Hauler Guardian Contracting, Inc.

NI/DEP 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 6/21/12

City, State Tullytown, Pennsylvania

Completed by (Print or Type) Nicholas Fernicola

Title Project Manager

Signature

Date 6/19/2012

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

Date of Notification (1) June 19, 2012

Name of Building Owner/Operator (2)
Syndale Corporation

Name of Facility Where Abatement is Taking Place (3)
Billiard Hall

Street Address 1651 Route 9

City Toms River
County Ocean
County Code (STATE USE ONLY) N/A

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

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

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

Square feet 10,000 sf
# of Floors 1
Bldg. Age 60

Current Use (Prior to being demolished) Billiard Hall

Project Manager for Monitoring Firm
Telephone Number

Scheduled Start Date (10) 7/2/12
Scheduled Completion Date (11) 7/6/12

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)
[ ] >3 sf or ≥3 1f
[ ] ≥160 sf or ≥260 1f
[ ] Demolition
[ X ] Renovation
[ ] Full Containment with Negative Pressure
[ ] Mini-Enclosure
[ ] Glovebox Procedure
[ X ] Non-Exempted (*) and Non-Friable Procedure

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

Exterior X

Asbestos roof flashing

Amount (Specify SF or LF) 300 sf

Abatement Type

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
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<tbody>
<tr>
<td>6-18-12</td>
<td>Princeton University</td>
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<tr>
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<th>Type Notification</th>
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<td>☑ EPA</td>
<td>Initial</td>
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<tr>
<td>□ DEP</td>
<td>Amended</td>
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<tr>
<td>□ DOL</td>
<td>Emergency (Including justification)</td>
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<tr>
<td>□ DOH</td>
<td>Cancellation</td>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>Name of Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>E.A. MacMillan Building</td>
<td>Jean Crider</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Telephone Number</th>
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<tbody>
<tr>
<td>Princeton, NJ 08544</td>
<td>(609) 239-9920</td>
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FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
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<tbody>
<tr>
<td>Vacant House</td>
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</table>

<table>
<thead>
<tr>
<th>Street Address</th>
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<tbody>
<tr>
<td>119 Pitzrandonph Road</td>
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<table>
<thead>
<tr>
<th>County Code (7)</th>
<th>Current Use (Prior if being demolished)</th>
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<tr>
<td>Mercer</td>
<td>60 yrs.</td>
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<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
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<tbody>
<tr>
<td>Pennoni Associates, Inc.</td>
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<table>
<thead>
<tr>
<th>ASCM No.</th>
<th>Name of Abatement Contractor (9)</th>
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<tbody>
<tr>
<td></td>
<td>Plymouth Environmental Co., Inc.</td>
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</table>

<table>
<thead>
<tr>
<th>Street Address</th>
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<tbody>
<tr>
<td>515 Grove Street, Suite 1B</td>
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<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
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<tbody>
<tr>
<td>Haddon Heights, NJ 08035</td>
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<table>
<thead>
<tr>
<th>Telephone No.</th>
<th>License No.</th>
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<tr>
<td>856-547-0505</td>
<td>00398</td>
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<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
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<td>6-20-12</td>
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<thead>
<tr>
<th>Occupancy Status During Abatement (Check Only One)</th>
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<tbody>
<tr>
<td>☑ Facility Closed/Vacated During Entire Period of Abatement</td>
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<tr>
<td>□ Abatement Performed Outside of Normal Facility Hours</td>
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<tr>
<td>□ Other - Describe:</td>
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</table>

Scope of Work (Check All That Apply)

| ☑ ≥3 stories or ≥300 if |
| ☑ ≥1600 sf or ≥2600 if |
| ☑ 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>
</tr>
</thead>
<tbody>
<tr>
<td>1st floor</td>
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<tr>
<td>1st floor</td>
</tr>
<tr>
<td>2nd floor</td>
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<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
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<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>-----</td>
</tr>
<tr>
<td>x</td>
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<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
</tr>
</thead>
<tbody>
<tr>
<td>floor tile &amp; mastic 270 SF</td>
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<tr>
<td>duct insulation 150 SF</td>
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<tr>
<td>duct insulation 30 SF</td>
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<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
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<th>Removal</th>
<th>Repair</th>
<th>Encapsulate</th>
<th>Endorse</th>
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<tr>
<th>Name of Registered Waste Hauler</th>
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<tbody>
<tr>
<td>Robinson Waste</td>
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<table>
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<tr>
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<tbody>
<tr>
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<tr>
<th>Name of Registered Landfill</th>
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<tbody>
<tr>
<td>GROWS, Inc.</td>
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<table>
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<th>City, State</th>
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<tr>
<td>Morrisville, PA</td>
<td>Morrisville, PA</td>
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Complied by

<table>
<thead>
<tr>
<th>Timothy E. Bryan</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vice-President</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>6-18-12</td>
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</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)**

6-18-12

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

Princeton University

**EPA**

☑ Initial

☑ Amended

☐ Amendment #

☐ Emergency (including justification)

☐ Cancellation

**Street Address**

E.A. MacMillan Building

City, State, Zip Code

Princeton, NJ 08544

**Name of Contact**

Joan Cridler

**Telephone Number**

☐

**FACILITY INFORMATION**

**Type of Facility (4)**

☒ School (K-12)

☐ Subchapter B (Other than K-12)

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

**Vacant House**

☐

**Street Address**

119 Fitzrandolph Road

**City**

Princeton

**County Code (7)**

Mercer

**County Code (7)**

☐

**Vacant House**

☐

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

☐

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

Pennoni Associates, Inc.

**Name of Abatement Contractor (9)**

Plymouth Environmental Co., Inc.

**ASPM No.**

Pennoni Associates, Inc.

**Street Address**

515 Grove Street, Suite 1B

**City, State, Zip Code**

Haddon Heights, NJ 08035

**Name of OSHA Monitor**

Plymouth Environmental Co., Inc.

**Telephone No.**

856-547-0505

**Telephone No.**

610-239-9920

**License No.**

00398

**Start Date (10)**

6-20-12

**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 Facility Hours

☒ Other — Describe:

☒ Full Containment with Negative Pressure

☐ Mini-Enclosure

☐ Glovebag Procedures

☐ Non-Exempted (X) and Non-Excitable Procedures

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

TO BE ABATED in Facility

<table>
<thead>
<tr>
<th>Location</th>
<th>Is ACM Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of ACM (i.e. thermal systems, insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF of LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Floor</td>
<td>x</td>
<td>floor tile &amp; mastic</td>
<td>270 SF</td>
<td>☒ Full Removal</td>
</tr>
<tr>
<td>1st Floor</td>
<td>x</td>
<td>duct insulation</td>
<td>150 SF</td>
<td>☒ Full Removal</td>
</tr>
<tr>
<td>2nd Floor</td>
<td>x</td>
<td>duct insulation</td>
<td>30 SF</td>
<td>☒ Full Removal</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**

Robinson Waste

**NLDEP Waste Hauler ID No.**

17304

**Cubic Yards of Waste**

2

**Name of Registered Landfill**

GROWN, Inc.

**Disposal Date**

6-22-12

**City, State**

Morrisville, PA

**Compiled by**

Timothy E. Bryan

**Title**

Vice-President

Signature

6-18-12

---

*Do not use this form for asbestos license exempted activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:130)

Date of Notification (1) 6-30-12

Agency(ies) Notified
[ ] EPA
[ ] DEP
[ ] BPU
[ ] DOH
[ ] DCA

Type of Notification
[ ] Initial
[ ] Amendment
[ ] Reclassification
[ ] Emergency (including jurisdictional)
[ ] Cancellation

Name of Building Owner/Operator (2)
TEN ACRE FOUNDATION

Address
GREAT ROAD P.O. BOX
PRINCETON NJ 08540

City, State, Zip Code
PRINCETON, USE ONLY

Name of Contractor
ACE INSULATION CO., INC.

Address
95 MOUNTAIN RD
COLES NDK, NJ 07722

City, State, Zip Code
COLES NDK, USE ONLY

Type of Facility (4)
[ ] School (K-12)
[ ] Elementary School (Other than K-12)
[ ] Other (i.e., private, commercial buildings, etc.)

Name of Occupant (5)
Bill Bunting

Address
95 MOUNTAIN RD
COLES NDK, NJ 07722

City, State, Zip Code
COLES NDK, USE ONLY

State Date (10) 6-30-12
Scheduled Completion Date (11) 7-19-12

Objection 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)
[ ] 1st or 2nd Floor
[ ] 3rd or 4th Floor

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

Description of Asbestos-Containing Material (ACM) (i.e., thermal system insulation, facing, VAT, or other miscellaneous)
FOR CORN EATING

Amount (Specify SF or T1)
3300 SF

Name of Registered Waste Handler
ACE INSULATION CO., INC.

Address
COLES NDK, NJ 07722

City, State

Completed By
Sue Gall

Date
6-20-12

NAME OF ASBESTOS INSULATION CO., INC.

* Do not use this form for asbestos licensed or exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:66 and 13:12(b)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>6-20-12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agencies Notified</td>
<td>DCA, DEP, DOH, DCA</td>
</tr>
<tr>
<td>Type Notification</td>
<td>Initial</td>
</tr>
<tr>
<td>Street Address</td>
<td>2002 OCEAN AVE (Rt. 35)</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>POINT PLEASANT BEACH, NJ</td>
</tr>
<tr>
<td>Names of Building Owner/Operator (2)</td>
<td>ANITA DIETRICKS</td>
</tr>
<tr>
<td>Phone Number</td>
<td>MIKE ZEISS</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) 
| ANITA DIETRICKS |

Street Address 
| 2002 RT 35 |

City, State, Zip Code 
| POINT PLEASANT BEACH, NJ |

Name of Monitoring Firm Hired by Building Owner (5) 

ASCM No. 
| N/A |

Name of Asbestos Contractor (8) 
| ACE INSULATION, Inc |

Street Address 
| 95 MUNROE RD |

City, State, Zip Code 
| COLTS NECK, NJ 07722 |

Scope of Work (Check all that apply) 

- □ Remov. Demolition
- □ 50 ft or less
- □ 160 ft or less
- □ 260 ft or less
- □ Voids
- □ Class I/II/III/IV/VI
- □ Class I/II/III/IV/VI

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, VAC, or other asbestos-containing)

<table>
<thead>
<tr>
<th>Amount (Specify BF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>3600 SF</td>
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</tbody>
</table>

Abatement Type

- □ Removal
- □ Repairs
- □ Enclosure

Name of Registered Waste Hauler 
| ACE INSULATION, Inc |

Name of Registered Lander
| EHRYS LABS, LTD |

Completed By 
| SAUL SCHUL |

Title of Work 
| OPERATOR |

Date 
| 6-20-12 |

* Do not use this form for asbestos in sump, exempted activities.
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)  
State of NJ Department of Corrections

<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>PO Box 11401</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended</td>
<td>Yardville, NJ 08620</td>
</tr>
<tr>
<td>DOL</td>
<td>Emergency</td>
<td></td>
</tr>
<tr>
<td>DOH</td>
<td>Cancellation</td>
<td></td>
</tr>
<tr>
<td>DCA</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Name of Facility Where Abatement is Taking Place (3)
Garden State Correctional

Street Address
Highbridge Rd. (off RT 130)

City (5)  
Yardville, NJ  
County (5)  
Mercer  
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  100000
# of Floors  1
Bldg. Age  30+

Current Use (Prior if being demolished)
Correctional

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

Street Address
120 N. Warren St

City, State & Zip Code
Trenton, NJ 08608

Name of Abatement Contractor (9)
Bristol Environmental, Inc.

Street Address
1123 Beaver Street

City, State & Zip Code
Bristol, PA 19007

Project Manager for Monitoring Firm
Jim Frisbee

Telephone Number
609-392-4200

Scheduled Start Date (10)  6/18/12
Scheduled Completion Date (11)  6/19/12

Occupancy Status During Abatement (Check only one)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Hours - 7am to 3pm
  Describe: 5:00 PM to 1:30 AM
- Facility Occupied During Abatement

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

Abatement Type

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

Medical Supervisors Office

Debris cleanup  150 SF

Textured Ceiling  150 SF

Name of Registered Waste Hauler
Bristol Environmental Inc

NJDEP Waste Hauler ID No. 18706

Cubic Yards of Waste 1 Cu yd

Name of Registered Landfill
Grows Landfill

City, State
Bristol, PA

Disposal Date  6/19/12

City, State
Morrisville PA

Completed By (Print or Type)
Gino Pizzigoni

Title
Project Manager

Signature
Gino Pizzigoni / JH

Date  6/18/12

GI 12164
Date of Notification (1)  
06/19/2012

Name of Building Owner/Operator (2)  
JOSEPH MAYER

Street Address  
333 POMPTON AVE.

City, State, Zip Code  
POMPTON LAKES N.J. 07442

Name of Contact  
JOSEPH MAYER

FACILITY INFORMATION

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

Street Address  
77- ATHERTON COURT

City (5)  
WAYNE N.J. 07470

County (6)  

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  
2,500 SF

# of Floors  
2 STORIES

Bldg. Age  
92 YEARS

Current Use (Prior if being demolished)  

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

ASCM No.  

Name of Abatement Contractor (9)  
SHARON QUALITY CONSTRUCTION LLC

Street Address  
22 VAN ORDEN PLACE

City, State, Zip Code  
HACKENSACK N.J. 07601

Telephone No.  
201-708-4270

License No.  
01135

Name of OSHA Monitor  
J&S ENVIRONMENTALSERVICES

Street Address  
2333 ROUTE 22 WEST

City, State, Zip Code  
UNION N.J. 07083

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)  

≥ 3,000 sf or ≥ 3 if

≥ 1600 sf or ≥ 250 sf

Removal

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 (9)

Is Location Normally Used Solely by Maintenance/Custodial Staff? (10)

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

Removal

Repair

Encapsulate

Enclosure

Name of Registered Waste Hauler  
SHARON QUALITY CONSTRUCTION LLC.

NJDEP Waste Hauler ID No.  
0033967

Cubic Yards of Waste  
1

Name of Registered Landfill  
TRI STATE SERVICES

City, State  
HACKENSACK N.J. 07601

Disposal Date  
06/19/2012

City, State  
BRONX N.Y. 10474

Completed by  
CARLOS ESQUIVEL

Title  
SUPERVISOR

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 12:120)  

Date of Notification (1): 6/19/12  
Name of Building Owner/Operator (2): Charlie Radice

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

Name of Building Owner/Operator (2): Charlie Radice
Street Address: 321 Martin Road, Union Township, NJ 07083

City (8): Union Township  
County (8): Union  
County Code (7): UNR

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

Square Feet:  
# of Floors: 2  
Bldg. Age: 65 +  
Current Use (Prior if being demolished): Vacant

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

Asbestos-Containing Material (ACM) 
TO BE ABATED  

Location of Asbestos-Containing Material (ACM) 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):  
- [ ] Full Containment with Negative Pressure  
- [ ] Mini-Enclosure  
- [ ] Glovebag Procedure  
- [ ] Non-Exempted (*) and Non-Friable Procedure

Scope of Work (Check All That Apply):  
- [ ] >= 3 sf or >= 3 if  
- [ ] >= 150 sf or >= 250 if  
- [ ] Renovation  
- [ ] Demolition

Name of Registered Waste Hauler: FREEHOLD CARTAGE

City, State: 10 Box 500, Freehold, NJ

Cubic Yards of Waste:  
Name of Registered Landfill: Waste Management

Disposal Date: 7/20

Completed by: Gina Salvador  
Title: Office Manager  
Signature:  
Date: 6/19/12

* Do not use this form for asbestos license exempted activities.
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:50 and 12:120)

D&S Proj. #: MS 12-219

Date of Notification (1)
01/16/11

Agencies Notified

☐ EPA
☐ DEP
☐ DOL
☐ DOH
☐ DCA

Type Notification

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

Name of Building Owner/Operator (2)
RAUL PONTI

Street Address
9 LLEWELLYN ROAD

City, State, Zip Code
SUMMIT, NJ

Name of Contact
RAUL PONTI

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
RAUL PONTI

9 LLEWYLLLEN ROAD

City (5)
SUMMIT

County (6)
UNION

County Code (7) (State use only)

Current Use (Prior if being demolished)

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

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

Street Address
20 California Ave.

City, State, Zip Code
Paterson, NJ 07503

Telephone Number
973-345-8020

License Number
01169

Name of OSHA Monitor
D & S Restoration, Inc.

Street Address
20 California Avenue

City, State, Zip Code
Paterson, NJ 07503

Start Date (10)
06/25/12

Sched. Completion Date (11)
07/06/12

Occupancy Status During Abatement (Check only one)

☐ Facility closed/vacated during entire period of abatement.
☐ Abatement performed outside of normal facility hours—Describe:
☒ Other—Describe: NORMAL HOURS

Scope of Work (check all that apply)

☒ >3 sf or >3 if

☐ <3 sf or <3 if

☐ ≥160 sf or ≥260 if

☐ 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)

PIECE INSULATION

Amount (Specify SF or LF)
30 L FT

Full Containment winegade pressure

Mini-enclosure

Glovesbag procedure

Non-Exempted (*) and Non-riable procedure

Registered Waste Hauler
D & S RESTORATION, INC.

NJ/DEP Hauler ID#
13506

Cubic Yards of Waste
1 YD

Name of Registered Landfill
TULLYTOWN, RESOURCE RECOVERY

City, State
PATERNON, NJ 07503

Complited by (Print or Type)
BOGDAN JOLDZIC

Signature

Date
06/19/12
DOL - 10 DAY

RAUL PONTI

9 LLEWELLYN ROAD
SUMMIT, NJ

RAUL PONTI

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

RAUL PONTI

Street Address

9 LLEWELLYN ROAD

City (9) UNION

County Code (7) (State use only)

SUMMIT

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

Type of Facility (4)

□ School (K - 12)
□ Subchapter B (Other than K-12)
□ Other (Private/Commercial Bldgs., Premises, etc.)

□ Square Feet

□ # of Floors

□ Blg. Age

□ Current Use

□ Prior if being demolished

□ Name of Abatement Contractor (9)

D & S RESTORATION, INC.

Street Address

20 California Ave.

City, State, Zip Code Paterson, NJ 07503

Telephone Number 074-145-8020

License Number 01169

□ Name of OSHA Monitor

D & S Restoration, Inc.

□ Street Address

20 California Ave.

City, State, Zip Code Paterson, NJ 07503

□ Scope of Work (check all that apply)

□ > 2,000 sq ft or > 2 bl

□ Renovation

□ > 1,000 sq ft or > 260 bl

□ Demolition

□ Description of asbestos-containing material (ACM) to be abraded in facility (10)

□ Location normally used solely by maintenance/custodial staff (12)

□ Certification of staff member trained in asbestos management (11)

□ Description of asbestos-containing material (ACM)

□ Amount (Specify SF or LF) 30 LF

□ Remover

□ Repair

□ Encapsulate

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

Date of Notification (1): 06/28/12

Name of Building Owner/Operator (2): ANNE ESSNER
Street Address: 2 VAN BEUREN ROAD
City, State, Zip Code: MORRIS TWP., NJ

Name of Contact: ANNE ESSNER

AGENCY INFORMATION

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

Type Notification:
- Initial
- Amendment
- Emergency
- Cancellation

Facility Information

Name of Facility where Abatement is Taking Place (3):
ANNE ESSNER

Street Address:
2 VAN BEUREN ROAD

City:
MORRIS TWP.

County:
MORRIS

Name of Monitoring Firm Hired by Bldg. Owner (6):

ASCM No.:

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

Street Address:
20 California Ave.

City, State, Zip Code:
PATerson, NJ 07503

Telephone Number:
973-345-8020

License Number:
00655

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):

Occupancy Status During Abatement (Check only one):

Facility closed/evacuated during entire period of abatement.

Abatement performed outside of normal facility hours.

Other—Describe: NORMAL HOURS

Scope of Work (check all that apply):

> 300 sf or > 3 if

Rennovation

> 1600 sf or > 2800 sf

Demolition

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

<table>
<thead>
<tr>
<th>Basement</th>
<th>Pipe Insulation</th>
<th>80 LFT</th>
</tr>
</thead>
</table>

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:
06/29/12

Completed by (Print or Type):
Bogdan Joldzic

Title:
PRESIDENT

Signature:

Date:
06/19/12

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)**  
| 0 | 16 | 11 | 19 | 11 |

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

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

**Type Notification**  
- [X] Initial  
- [ ] Amendment

**Street Address**  
2 VAN BEUREN

**City, State, Zip Code**  
MORRIS TWP., NJ

**Name of Contact**  
ANNE ESSNER

**Facility Information**

**Name of Facility where Abatement is Taking Place (3)**  
ANNE ESSNER

**Street Address**  
2 VAN BEUREN ROAD

**City (5)**  
MORRIS

**County (6)**  
MORRIS

**County Code (7)**  
(Make use only)

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

**Type of Facility (4)**  
- [ ] School (K - 12)  
- [ ] Subchapter 8 (Other than K-12)  
- [X] Other (Private/Commercial Bldgs., Homes, etc.)

**Square Feet**  
**# of Floors**  
**Bldg. Age**  
**Current Use**

**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

**Occupancy Status During Abatement (Check only one)**  
- [ ] Facility closed/vacated during entire period of abatement.  
- [X] Abatement performed outside of normal facility hours.  
- [ ] Other: Describe

**Other: Describe**  
NORMAL HOURS

**Scope of Work (Check all that apply)**  
- [X] >3 sf or >3 If  
- [X] Renovation  
- [ ] Demolition

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

| BASEMENT | PIPE INSULATION | 80 L FT |

**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**  
TULLYTOWN, PA

**Disposal Date**  
06/29/12

**Completed by (Print or Type)**  
BOGDAN JOLDAZIC  
**Title**  
PRESIDENT

**Date**  
06/19/12

---

*Do not use this form for asbestos license exempted activities.
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:50 and 12:120)

Date of Notification (1)
10 6 11 12

Name of Building Owner/Operator (2)
MARY DELA HUNT
Name of Contact
MARY DELA HUNT

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
MARY DELA HUNT
Street Address
343 WALNUT STREET
City (5)
NUTLEY
County (6)
ESSEX
County Code (7) (State use only)

Name of Monitoring Firm Hired by Bidg Owner (8)
ASCM No.
D & S RESTORATION, INC.
Street Address
20 California Ave.
City, State, Zip Code
Paterson, NJ 07503
Phone Number

Start Date (10)
06/30/12
Scheduled Completion Date (11)
07/06/12

Occupancy Status During Abatement (Check only one)

Scope of Work (check all that apply)

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

BASEMENT
BASEMENT BOILER

Registered Waste Hauler
D & S RESTORATION, INC.
City, State
PATERSON, NJ 07503
Disposal Date
07/02/12

Name of Registered Landfill
TULLYTOWN, RESOURCE RECOVERY
City, State
TULLYTOWN, PA
Date
06/19/12

* Do not use this form for asbestos licensure exempted activities.
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:56 and 12:120)

**Date of Notification (1)**
6/19/2012

**Name of Building Owner/Operator (2)**
Pasccack Valley Regional High School-District

**Street Address**
48 Akers Avenue

**City, State, Zip Code**
Montvale, NJ 07645

**Name of Contact**
Bill Faheny

**FACILITY INFORMATION**

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

**Street Address**
200 Piemont Ave

**City**
Hillsdale

**County Code (7)**
Bergen

**Name of Monitoring Firm Hired by Building Owner (8)**
Health & Safety Services Inc

**ASCM No.**
00117

**Name of Abatement Contractor (9)**
GL Group, Inc

**Street Address**
140 Hamburg Turnpike

**City, State, Zip Code**
Bloomingdale, NJ 07403

**Telephone No.**
609-704-8850

**License No.**
01084

**Name of OSHA Monitor**
GL Group, Inc

**Street Address**
140 Hamburg Turnpike

**City, State, Zip Code**
Bloomingdale, NJ 07403

**Start Date (10)**
7-23-2012

**Scheduled Completion Date (11)**
7-28-2012

**Occupancy Status During Abatement (Check Only One)**
- [x] Facilities Closed/Vacated During Entire Period of Abatement
- [ ] Other - Describe:

**Scope of Work (Check All That Apply)**
- [x] 33 sf or 33 if
- [x] 150 sf or 250 if
- [ ] Renovation
- [x] Demolition

**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>Cafeteria Courtyard</td>
<td>X</td>
</tr>
<tr>
<td>Facilities Storage Room</td>
<td>X</td>
</tr>
<tr>
<td>Facilities Storage Room</td>
<td>X</td>
</tr>
</tbody>
</table>

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

- ACM Transite: 700 SF
- Wrap / Cut ACM Pipe: 8 LF
- Wrap / Cut ACM Elbows: 40 PC

**Name of Registered Waste Hauler**
GL Group, Inc

**City, State**
Bloomingdale, NJ

**Completed by**
Elena Solakov

**Title**
President

**Signature**

**Date**
06/19/2012

**Print Form**

---

*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)**
06/19/2012

**Name of Building Owner/Operator (2)**
Pascack Valley Regional High School District

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

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

**Street Address**
48 Akers Avenue

**City, State, Zip Code**
Montvale, NJ 07645

**Name of Monitoring Firm Hired by Building Owner (8)**
Health & Safety Services Inc

**ASCW No.**
00117

**Name of Abatement Contractor (9)**
GL Group, Inc

**Street Address**
140 Hamburg Turnpike

**City, State, Zip Code**
Bloomingdale, NJ 07403

**Project Manager for Monitoring Firm**
Jinn

**Telephone No.**
609-704-8850

**License No.**
01084

**Start Date (10)**
07-03-2012

**Scheduled Completion Date (11)**
7-09-2012

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

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

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

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

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

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

**Amount (Specify SF or LF)**

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

**Name of Registered Waste Hauler**
GL Group, Inc

**NJDEP Waste Hauler ID No.**
0033034

**Cubic Yards of Waste**
TBD

**Name of Registered Landfill**
GROWS

**City, State**
Bloomingdale, NJ

**Disposal Date**
TBD

**Completed by**
Elena Solakov

**Title**
President

**Signature**

**Date**
06-19-2012

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

**State of New Jersey - Notification of Asbestos Abatement**  
(Furnished to N.J.A.C. 8:60-7 and 12:120-7)

**GAC Project # 060-12**  
**Client Project #**

**Date of Notification (1):** June 19, 2012

**Name of Building Owner/Operator (2):** RUTGERS, THE STATE UNIVERSITY OF NJ

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

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

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

**Telephone Number:**

**Name of Facility Where Abatement is Taking Place (3):** BUSCH CENTRAL HEATING PLANT, BLDG# 3540

**Type of Facility (4):**

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

**Sq. Feet:** N/A  
**# of Floors:** 2  
**Bldg. Age:** 60+ years

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

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

**Street Address:** 268 MAIN STREET

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

**Telephone Number:** 609-386-8800  
**License Number:** 00840

**Project Manager for Monitoring Firm:** BRIAN KEARNY

**Scheduled Start Date (10):** 06/29/12  
**Occupancy Status During Abatement (Check only one):**

- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours - Describe: Shift Hours: 3:00 PM – 5:00 AM

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

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

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

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

- [x] ≥ 3 sf or ≥ 3 ft²
- [ ] ≥ 160 sf or ≥ 260
- [ ] ≥ 3 sf or ≥ 3 ft²

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

- [x] TSI – Pipe Insulation
  - [ ] Location Normally Used Solely by Maint./Custodial Staff (12)
  - [ ] YES
  - [ ] NA

**Amount (Specify SF or LF):** 9 LF

**Abatement Type:**

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

**Completed by (Print or Type):** RAYMOND C. PEDALINO  
**Title:** SENIOR PROJECT MANAGER

**Signature:**

**Date:** June 19, 2012

---

**Copies To:** Rutgers, REHS, Attn: Mike Smith  
and ATC, Attn: Brian Kearney
State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

Date of Notification (1)

June 20, 2012

Agencies Notified

☐ EPA
☐ DCA
☒ DEP (no longer required)
☐ DOH

Notification Type

☐ Initial Notification
☐ Amended Certification
☒ Emergency (including justification)
☐ Cancelled

Name of Building Owner/Operator (2)

New Jersey Turnpike Authority

Street Address

581 Main Street, PO Box 5042

City, State, Zip Code

Woodbridge, NJ 07095

Name of Contact:

Mark Connors/ CIO AECOM

Telephone Number

Type of Facility (4)

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

Sq. Feet: NA
# of Floors: NA
Bldg. Age: 60 years

Current Use (prior if being demolished):

OVERPASS/BRIDGE

Name of Contractor (5)

GREENWOOD ABATEMENT CONSULTANTS, INC.

Street Address

258 MAIN STREET

City State, Zip Code

Butler, NJ 07405

Project Manager for Monitoring Firm

Mark Connors

732-672-7519

Type of Work:

☐ Source Control
☐ Removal
☒ Abatement

Scheduled Start Date (10)

June 21, 2012

Scheduled Completion Date (11)

June 30, 2012

Occupancy Status During Abatement (Check only one)

Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours -

Describe Exterior Excavation Area Work Hours:

7:30am-5pm (Schedule subject to change depending on weather and traffic conditions, etc.)

Source of Work (Check all that apply)

☐ > 3 s.f. or ≥ 3 ft
☒ > 160 s.f or ≥ 260

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

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

YES

No

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

Amount (Specify SF or LF)

Abatement Type

☐ Full Containment with Negative Pressure
☐ Min Enclosure
☐ Glovebag Procedure
☐ Wrap & Cut
☒ Non-Exempted (*) and Non-Friable Procedure

NJTPK, Underside of the Florence Columbus Rd Bridge

Transite Conduit (underground)

3500 LF

Name of Registered Landfill

GROWS Landfill

Disposal Date

June 30, 2012

Hauler #1)

Greenwood Abatement Consultants, Inc. - Butler, NJ 07405

NJ DEP # 12561

Hauler #2)

MXI Express, Inc. Maumee Express, Inc.

297 Zimmerman Lane, Langhorne, PA

Completed by (Print or Type)

Raymond C. Pedalino

Title

SENIOR PROJECT MANAGER

Signature

Raymond C. Pedalino

Date

June 20, 2012
**State of New Jersey - Notification of Asbestos Abatement**

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

**Name of Building Owner/Operator:**
- **New Jersey Turnpike Authority**
  - **Address:** 661 Main Street, PO Box 5043
  - **City:** Woodbridge, **State:** NJ, **ZIP Code:** 07095
  - **Telephone Number:**

**Date of Notification:**
- **June 20, 2012**

**Name of Facility Where Abatement Is Taking Place:**
- **NJTPK - Underside of the Florence-Columbus Rd Bridge**
  - **With Part 48.7 to 50.3**

**Street Address:**
- **NJTPK Florence-Columbus Road Bridge**

**City:**
- **Burlington**

**Name of Contractor:**
- **GREENWOOD ABATEMENT CONSULTANTS, INC.**
  - **Address:** 260 MAIN STREET
  - **City:** Butler, **State:** NJ, **ZIP Code:** 07405

**Project Manager for Monitoring Firm:**
- **Mark Connors**
  - **Telephone Number:** 732-872-7519

**Scheduled Start Date (10):**
- **June 21, 2012**

**Scheduled Completion Date (11):**
- **June 30, 2012**

**Location of Asbestos-Containing Material (ACM) in Facility (13):**
- **NJTPK, Underside of the Florence-Columbus Rd Bridge**
  - **Transite Conduit (underground)**
  - **3600 LF**

**Amount (Square FT or LF):**
- **10**

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

**Hauler #2:**
- **MXI Express, Inc. Maximo Express, Inc.**
  - **297 Zimmerman Lane, Lehigh, PA**

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

**Signature:**
- **Raymond C. Pedalino**

**Date:**
- **June 20, 2012**
### Notification of Asbestos Abatement

**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:80 and 12:28A)

**Date of Notification (1)**
06/20/2012

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

**Type of Notification**
- Initial
- Amended
- Emancipation
- Cancellation

**Name of Building Owner/Operator (2)**
Sayreville B.O.E.

**Street Address**
150 Lincoln Street

**City, State, Zip Code**
Sayreville, NJ 08872

**Name of Contact**
Dante Pantaliano

**Telephone Number**

### FACILITY INFORMATION

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

**Street Address**
800 Washington Rd.

**City (5)**
Sayreville

**County (6)**
Middlesex

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

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

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

**Square Feet**

**# of Floors**

**Age**

### Management Information

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

**Address**
5900 Atlantic Ave.

**City, State, Zip Code**
Ventnor City, NJ 08406

**Project Manager for Monitoring Firm**
Ken Bolton

**Telephone No.**
609-823-5600

**License No.**
00704

### Monitoring and Oversight

**Start Date (9)**
06/22/2012

**Scheduled Completion Date (11)**
06/23/2012

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

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

- 2360 sf of 2260 sf

### Location of Asbestos-Containing Material (ACM) To Be Abated

**In Facility (15)**

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

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

**Amount (Specify SF or LF)**

### Abatement Type

**Removal**

**Disposal**

**Ends**

**Exposure**

**End Date**

### Newark Carting, Inc.
**NJDEP Waste Hauler ID No.**
05409

**Cubic Yards of Waste**
GROWS

**Name of Registered hauler**
GROWS

**City, State, Zip Code**
Newark, NJ

**Disposal Date**

**Completed by**
Voytek Roszkowski

**Title**
President

**Signature**

**Date**
06/20/2012

---

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

(Pursuant to NJAC 8:62 and 12:120)

**State of New Jersey**

**Date of Notification (1):** 06/20/2012

**Name of Building Owner/Operator:**

- **Company:** VMC Company, Inc.
- **Address:** 206 Piaget Ave, Clifton, NJ 07011

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

- **School:** Walnut St. Elem. School
- **Street Address:** 80 Walnut St.
- **City:** Toms River
- **County:** Ocean

**Name of Abatement Contractor (8):**

- **Company:** VMC Company, Inc.
- **Address:** 206 Piaget Ave, Clifton, NJ 07011

**Name of Contact:**

- **Robert Romano**

**FACILITY INFORMATION**

- **Type of Facility (4):** School (K-12)
- **Square Feet:**
- **# of Floors:**
- **Bldg. Age:**

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

- **2,350 sf or 3,300 sf**
- **Removal**
- **Demolition**

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

**Nurse Office:**

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

- **Yes**
- **No**
- **N/A**

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

- **Pipe Insulation**
- **Amount (Specify SF or LF):** 9 LF

**Name of Registered Waste Hauler:**

- **Newark Carting, Inc.**
- **Hauler ID No.:** 08405

**Name of Registered Landfill:**

- **GROWS**

**City, State:**

- **Newark, NJ**

**Disposal Date:**

- **City, State:**
- **Morrisville, PA**

**Completed by:**

- **Voytek Roszkowski**
- **Title:** President

**Signature:**

- **Date:** 06/20/2012

*Do **not** use this form for asbestos sampling exempted activities.*
Date of Notification: 09/20/2012

Name of Building Owner/Operato: Toms River Regional Schools
Street Address: 1144 Hooper Ave
City, State, Zip Code: Toms River, NJ 08753
Name of Contact: Robert Romano

Facility Information:
- Type of Facility: School (K-12)
- Square Feet: 640
- Floors: 3
- Age: 0

Name of Monitoring Firm: Birdsell Services Group
ASCN No.: 123456

Name of Abatement Contractor: VMC Company, Inc.
Street Address: 208 Placido Ave
City, State, Zip Code: Clifton, NJ 07011
Telephone No.: 973-253-8828
License No.: 00704

Project Manager for Monitoring Firm: Patrick Guilmette
Telephone No.: 888-335-2774

Start Date: 06/20/2012
Scheduled Completion Date: 06/21/2012

Occupancy Status During Abatement:
- Facility Closed: Yes
- Abatement Performed Outside of Normal Facility Hours: Yes
- Other: -

Scope of Work:
- Renovation: Yes
- Demolition: No

Description of Asbestos-Containing Material (ACM):
- Location: Hallway
- Normal Use: Yes
- Maintenance/Custodial Staff: No
- Description: Pipe Insulation
- Amount: 6 LF

Abatement Type:
- Full Containment with Negative Pressure: Yes
- Non-Exempted (C) and Non-Fireable Procedure: Yes

Name of Registered Waste Hauler: Newark Carting, Inc.
NJDEP Waste Hauler ID No.: 05409

Name of Registered Landfill: GROWS
City, State: Morrisville, PA
Disposal Date: 06/20/2012

Completed by: Voytek Roszkowski
Title: President
Signature: 

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

**NOTIFICATION OF ASBESTOS ABATEMENT**

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

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<thead>
<tr>
<th>Date of Notification (1)</th>
<th>June 19, 2012</th>
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<tbody>
<tr>
<td>Agencies Notified</td>
<td>Hess Corporation</td>
</tr>
<tr>
<td>EPA</td>
<td></td>
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<tr>
<td>DEP</td>
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<td>DOH</td>
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<td>DCA</td>
<td>Emergency</td>
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<td>Cancellation</td>
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<tr>
<td>Name of Building Owner / Operator (2)</td>
<td>Hess Corporation</td>
</tr>
<tr>
<td>Street Address</td>
<td>Ona Hess Plaza</td>
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<tr>
<td>City, State &amp; Zip Code</td>
<td>Woodbridge, NJ 07095</td>
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<tr>
<td>Name of Contact</td>
<td>John Philbin</td>
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**FACILITY INFORMATION**

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<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Hess Corporation</th>
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<tbody>
<tr>
<td>Street Address</td>
<td>123 Derousse Ave.</td>
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<td>City (5)</td>
<td>Pennsauken</td>
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<td>County (6)</td>
<td>Camden</td>
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<td>County Code (7)</td>
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<table>
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<tr>
<th>Type of Facility (4)</th>
<th>School (K-12)</th>
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<td>Subchapter B (Other than K-12)</td>
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<tr>
<td></td>
<td>Other (i.e. private &amp; commercial buildings, homes, etc.)</td>
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<table>
<thead>
<tr>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
<th>Current Use (Prior if being demolished)</th>
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<tr>
<td></td>
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<td></td>
<td>Exterior</td>
</tr>
<tr>
<td></td>
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<td>Name of Abatement Contractor (9)</td>
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<td>Bristol Environmental, Inc.</td>
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<td>Street Address</td>
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<tr>
<td></td>
<td></td>
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<td>1123 Beaver Street</td>
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<td>City, State &amp; Zip Code</td>
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<td>Bristol, PA 19007</td>
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<td>00509</td>
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<td>Name of OSHA Monitor</td>
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<td>Bristol Environmental Inc.</td>
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<td>1123 Beaver Street</td>
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<td>Bristol, PA 19007</td>
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<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dave Turowsky</td>
<td>800-969-6AET</td>
</tr>
</tbody>
</table>

| Scheduled Start Date (10) | 7/2/2012 |
| Scheduled Completion Date (11) | 7/6/2012 |

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
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<tbody>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
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<tr>
<td>Abatement Performed Outside of Normal Hours – Describe: Exterior Removal/Not on site 7/4/2012</td>
</tr>
<tr>
<td>Facility Occupied During Abatement: 7am – 3:30pm</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
<th>Renovation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Demolition</td>
</tr>
<tr>
<td>≥3 sf or ≥3 ft</td>
<td></td>
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<tr>
<td>≥160 sf ≥260 ft</td>
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<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)</th>
<th>N/A</th>
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<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)</th>
<th>Yes</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pipe Insulation (1LF@ various areas)</td>
<td>63 LF</td>
</tr>
<tr>
<td>Pipe fitting Insulation</td>
<td>2 ea</td>
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<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
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<tbody>
<tr>
<td>Service Transport Inc.</td>
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<tr>
<td>City, State</td>
</tr>
<tr>
<td>New Castle, Delaware</td>
</tr>
<tr>
<td>Completed By (Print or Type)</td>
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<tr>
<td>Gino Pizzigoni</td>
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<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
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<tbody>
<tr>
<td>GROWS Landfill</td>
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<tr>
<td>City, State</td>
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<tr>
<td>Morrisville, PA</td>
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<th>Disposal Date</th>
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<td>GINO</td>
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<tr>
<td>Date</td>
<td>6/19/12</td>
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</table>

GI 12166
# State of New Jersey
## NOTIFICATION OF ASPEROS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

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

### Name of Building Owner/Operator (2)
Archdiocese of Newark

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

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

### Street Address
11 Clinton Ave
Newark, NJ

### City, State, Zip Code
Newark, NJ

### Name of Contact
Tom McCue

### Telephone Number

### Name of Facility Where Abatement is Taking Place (3)
St. Henry School

### Street Address
82 W 28th St

### City (5)
Bayonne

### County (6)
Hudson

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

### Current Use (Prior if being demolished)

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

### ASCN No.
00108

### Name of Abatement Contractor (9)
F. G. St Louis & Son Inc

### Street Address
164 Valley Brook
Linden NJ

### City, State, Zip Code
Paterson, NJ

### Telephone No.
973-345-2221

### License No.
200-021

### Project Manager for Monitoring Firm
Jim Pule

### Telephone No.
973-345-2221

### Start Date (10)
7/2/12

### Scheduled Completion Date (11)
7/10/12

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

### Scope of Work (Check all that apply)
☐ 2 3/4 or 3 1/2
☐ 2 160 sf or 260 sf

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

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

### Amount (Specify SF or LF)

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

<table>
<thead>
<tr>
<th>Location Description</th>
<th>ACM Material</th>
</tr>
</thead>
<tbody>
<tr>
<td>Educational Office</td>
<td>Floor Tiler - Most 200 SF</td>
</tr>
</tbody>
</table>

### Name of Registered Waste Hauler
Eastern Waste

### N/DEP Waste Hauler ID No.
Dep 5117

### Cubic Yards of Waste

### Name of Registered Landfill
TRE Landfill

### City, State
Tullytown, PA

### Disposal Date

### Complied by
Michael Gres

### Title
Res.

### Signature

### Date
6/18/12

*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) 06/04/12

Name of Building Owner/Operator (2) Princeton University

Agency Notified
EPA
DEP
DCA
DOH

Type Notification
Initial
Amended
Notification
Cancellation

Street Address
P.O. box 2158
City, State, Zip Code
Princeton NJ 08543

Name of Contact
Robert Otero

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Princeton University - Lawrence Low Rise Apartments

Street Address
Alexander Road

City (5) Princeton
County (6) County Code (7) (STATE USE ONLY) ASCM No.

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

Name of Abatement Contractor (9) Associated Specialty Contracting

Type of Facility (4)
School (K12) x
Subchapter 8 (Other than K12)
Other (i. e. Private & commercial buildings, homes, etc.)

Square Feet 60000
# of Floors 8
Bldg. Age 50+

Current Use (Prior if being demolished) University

Street Address
515 Grove St Suite 1B

City, State, Zip Code Haddon Heights NJ

Project Manager of Monitoring Firm Alan Lloyd

Telephone Number 856-547-0505

Scheduled Start Date (10) 06/14/12
Sched. Completion Date (11) 07/22/12

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

Hours - Describe: 9:00 AM - 4:00 PM

Other - Describe:

Scope of work (Check all that apply)
Demolition
Renovation

Full Containment with Negative Pressure

Mini - Enclosure
Glovebag Procedure
Non-Fireable Procedure

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

Location
Asbestos-Containing Material (ACM)

Description
Solely by Maintenance/Custodial Staff

In Facility (13)

Location
Is
Yes

Bldg 1
X

floor tile

0.5 SF

x

Bldg 2

floor tile

0.5 SF

x

Bldg 3

floor tile

0.5 SF

x

Bldg 4

floor tile

0.5 SF

x

Name of Registered Waste Hauler

NJDEP Waste Hauler ID No.

Cubic Yards of Waste

Name of Registered Landfill

Horizon Disposal

GROWS

City, State

Trenton NJ

Disposal Date As needed

City, State

Morrisville PA

Completed By (Print or Type)
Mark Goshow

Title Project Manager

Signature

Date 07/19/13

ABS-41 JUN 95

G4667
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:1-20-7)

Date of Notification: 06/04/12
Name of Building Owner/Operator: Princeton University

Agency Notified: EPA, DEP, DCA, DOH
Type Notification: Initial, Amended

Street Address: P.O. Box 2158
City, State, Zip Code: Princeton, NJ 08543
Name of Contact: Robert Otero

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place: Princeton University -- Lawrence Low Rise Apartments
Street Address: Alexander Road
City: Princeton
County: ASCM No.

Name of Monitoring Firm Hired by Building Owner: Pennoni Associates Inc
Street Address: 515 Grove Street Suite 1B
City, State, Zip Code: Haddon Heights NJ
Project Manager of Monitoring Firm: Alan Lloyd
Telephone Number: 856-547-8505

Scheduled Start Date: 06/14/12
Scheduled Completion Date: 07/22/12
Month/Day/Year: Month/Day/Year

Occupancy Status During Abatement: Facility Closed/Vacated During Entire Period of Abatement
Abatement Performed Outside of Normal Facility
Hours - Describe: 9:00 AM - 4:00 PM
Other - Describe:

Scope of work: Demolition, Renovation, Abatement Type: Full Containment with Negative Pressure

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specified SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>In Facility (1)</td>
<td>Used Solely</td>
<td></td>
</tr>
<tr>
<td>Staff (12)</td>
<td>by Maintenance/Custodial</td>
<td></td>
</tr>
<tr>
<td>Yes No</td>
<td>floor tile</td>
<td>0.5 SF</td>
</tr>
<tr>
<td>5th Floor</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>6th Floor</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>7th Floor</td>
<td>x</td>
<td>x</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler: NJDEP Waste Hauler ID No.
Cubic Yards of Waste: 1
Name of Registered Landfill: GROWS

City, State: Trenton, NJ
Disposal Date: As needed
City, State: Morristown, NJ

Completed By: Project Manager
Title: Project Manager
Signature: [Signature]
Date: 07/10/12

ABS-41
JUN 95

G4667
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:12-7)

Date of Notification (1)
06/04/12

Agency Notified
EPA
DEP
DCA
DOH

Type Notification
Initial
Notification
Amended
Notification
Cancellation

Name of Building Owner/Operator (2)
Princeton University

Street Address
P.O. box 2158

City, State, Zip Code
Princeton NJ 08543

Name of Contact
Robert Otego

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Princeton University — Dean Mathey Apartments

Street Address
Lake Ave & Harrison Streets

City (5)
Princeton

County (6)

County Code (7)

(State Use Only)

Name of Monitoring Firm Hired by Building Owner (9)
Pennaoni Associates Inc

ASCM No.

Name of Abatement Contractor (9)
Associated Specialty Contracting

Street Address
98 LaCrue Avenue

City, State, Zip Code
Glen Mills, PA 19342

Telephone Number
610-364-9622

Licence Number
1103

Name of OSHA Monitor
Criterion Labs

Street Address
3370 Progressive Drive

City, State, Zip Code
Bensalem PA 19020

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

Scheduled Start Date (10)
06/14/12

Sched. Completion Date (11)
07/22/12

Month/Day/Year

Month/Day/Year

Abatement Performed Outside of Normal Facility
Hours - Describe: 7:00 AM - 4:00 PM

Scope of work (Check all that apply)
Demolition
x >3 sf or >3 if
>160 sf or >260 if

Renovation
x Full Containment with Negative Pressure
x Mini - Enclosure
x Gloving Procedure
x Non-Viable Procedure

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

Location Description of Amount

Asbestos-Containing Material (ACM)

 Normally Used (ie. Thermal systems SF or LF)

 Solely by Maintenance/ LSF

 Castodial Staff

South Bldg Stairwell # 1 drywall 2 SF

South Bldg Stairwell # 2 drywall 2 SF

North Bldg Stairwell # 1 drywall 2 SF

North Bldg Stairwell # 2 drywall 2 SF

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

Horizon Disposal

City, State
Trenton NJ

Disposal Date
As needed

City, State
Morrisville PA

Completed By (Print or Type)
Mark Goshow

Title
Project Manager

Signature

Name of Registered Landfill

Date
6/19/12
**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:60-7 and 12:1-20-7)

**Date of Notification (1)**
06/04/12

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

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

**Type Notification**
- Initial
- Amended
- Notification
- Cancellation

**Street Address**
P.O. box 2158

**City, State, Zip Code**
Princeton NJ 08543

**Name of Contact**
Robert Otego

**Telephone Number**

---

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**
Princeton University — Dean Mathey Apartments

**Type of Facility (4)**
- School (K12)
- Subchapter 8 (Other than K12)
- Other (i.e. Private & commercial buildings, homes, etc.)

**Square Feet**
60000

**# of Floors**
8

**Bldg. Age**
50+

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

**Street Address**
Lake ave & Harrison Streets

**City**
Princeton

**County**

**County Code (7)**

**STATE USE ONLY**

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

**ASCM No.**

**Name of Abatement Contractor (9)**
Associated Specialty Contracting

**Street Address**
98 LaCrue Avenue

**City, State, Zip Code**
Glen Mills, PA 19342

**Telephone Number**

**Licence Number**
610-364-9622

**Name of OSHA Monitor**

**Criterion Labs**

**Street Address**
3370 Progressive Drive

**City, State, Zip Code**
Bensalem PA 19020

**Scoping (Check all that apply)**
- Demolition
- Renovation
- Full Containment with Negative Pressure
- Mini - Enclosure
- Glovebag Procedure
- Non-Friable Procedure

**Location of**

*Asbestos - Containing Material (ACM)*

**TO BE ABATED**

- In Facility

**Location Normally Used**

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

**Amount (Specify SF or LF)**

**Location of Location of**

**Asbestos - Containing Material (ACM)**

**TO BE ABATED**

**In Facility**

(13)

**West Bldg**

**Location**

**Location**

**Description of**

**Amount**

<table>
<thead>
<tr>
<th>Location</th>
<th>Location</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>West Bldg</td>
<td>x drywall</td>
<td>2 SF</td>
<td>x</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**

**Horizon Disposal**

**Hauler ID No.**

**Cubic Yards of Waste**

**Name of Registered Landfill**

**GROWS**

**City, State**

**Trenton NJ**

**Disposal Date**

**As needed**

**City, State**

**Morrisville PA**

**Completed By (Print or Type)**

**Mark Goshow**

**Title**

**Project Manager**

**Signature**

**Date**

6/18/12

**ABS-41**

**JUN 95**

G4667