State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:80 and 12:120)

Date of Notification (1) 06/22/2012

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

Type of Notification
- Initial
- Amended
- Amendment # 1
- Emergency (including justification)
- Cancellation

Name of Building Owner/Operator (2)
Park Ridge BOE

Street Address
2 Park Ave

City, State, Zip Code
Park Ridge, NJ 07656

Name of Contact
Nick Ruhle

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
West Ridge Elementary School

Street Address
18 South First Street

City (5)
Park Ridge

County (6)
Bergen

County Code (7)
00127

Type of Facility (4)
- High School

Square Feet
40000+

# of Floors
1

Bldg. Age
50+

Current Use (Prior if being demolished)
High School

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

Name of Abatement Contractor (9)
GL Group, Inc

Street Address
140 Hamburg Tpke

City, State, Zip Code
Bloomingdale, NJ 07403

Telephone No.
610-431-7545

License No.
201-710-9725

Name of OSHA Monitor
GL Group, Inc

Project Manager for Monitoring Firm
Matthew Abrahms

Start Date (10) 07/03/2012

Scheduled Completion Date (11) 07/09/2012

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

Scope of Work (Check All That Apply)
- ≥ 1600 sf or ≥ 2600 sf
- Renovation
- Demolition

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

Boys Restroom
Girls Restroom

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

Name of Registered Waste Hauler
GL Group, Inc

CUbic Yards of Waste
TBD

Name of Registered Landfill
GROWS

City, State
Bloomingdale, NJ 07403

Disposal Date
TBD

Completion Date
06/22/2012

Elena Solakov Title President

Signature

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

Date of Notification (1)
06/20/2012

Name of Building Owner/Operator (2)
Park Ridge BOE

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

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

Street Address
2 Park Ave

City, State, Zip Code
Park Ridge, NJ 07656

Name of Contact
Nick Ruhle

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
West Ridge Elementary School

Street Address
18 South First Street

City (5)
Park Ridge

County (6)
Bergen

County Code (7) (STATE USE ONLY)

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

ASCM No.
00127

Name of Abatement Contractor (9)
GL Group, Inc

Street Address
307 North Walnut Street

City, State, Zip Code
West Chester, PA 19380

Project Manager for Monitoring Firm
Matthew Abrahams

Telephone No.
610-431-7545

License No.
01084

Name of OSHA Monitor
GL Group, Inc

Street Address
140 Hamburg Tpke

City, State, Zip Code
Bloomington, NJ 07403

Start Date (10)
07/03/2012

Scheduled Completion Date (11)
07/09/2012

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

Scope of Work (Check All That Apply)
- 23 sq ft or 23 sf
- 2160 sq ft or 2260 sq ft
- Renovation Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Room # 9</td>
<td>X</td>
<td>2 Pipe Insulation Elbows</td>
<td>1.5LF</td>
</tr>
<tr>
<td>Room # 11</td>
<td>X</td>
<td>1 Pipe Insulation Elbow</td>
<td>0.66LF</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
GL Group, Inc

NJ/DEP Waste Hauler ID No.
0033034

Cubic Yards of Waste
TBD

Name of Registered Landfill
GROWS

City, State
Morrisville, PA

Completed by
Elena Solakov

Title
President

Signature

Date
06/20/2012

* 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)**
06/20/2012

**Name of Building Owner/Operator (2)**
Park Ridge BOE

---

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

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

**Street Address**
2 Park Ave

**City, State, Zip Code**
Park Ridge, NJ 07656

**Name of Contact**
Nick Ruhle

---

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**
West Ridge Elementary School

**Street Address**
18 South First Street

**City (5)**
Park Ridge

**County (6)**
Bergen

**County Code (7)** (STATE USE ONLY)
____

**Square Feet**
40000+

**# of Floors**
1

**Bldg. Age**
50+

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

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

**ASCM No.**
00127

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

**Street Address**
307 North Walnut Street

**City, State, Zip Code**
West Chester, PA 19380

**Telephone No.**
610-431-7545

**Telephone No.**
201-710-9725

**License No.**
01084

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

---

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

**Scheduled Completion Date (11)**
07/09/2012

**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: Sub-B Unoccupied

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

---

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

<table>
<thead>
<tr>
<th>In Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Location 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>Room # 9</td>
<td>X</td>
<td>2 Pipe Insulation Elbows</td>
<td>1.5LF</td>
</tr>
<tr>
<td>Room # 11</td>
<td>X</td>
<td>1 Pipe Insulation Elbow</td>
<td>0.66LF</td>
</tr>
</tbody>
</table>

---

**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**
Bloomington, NJ 07403

**Disposal Date**
TBD

**City, State**
Morrisville, PA

**Completed by**
Elena Solakov

**Title**
President

**Signature**

**Date**
06/20/2012

---

* Do not use this form for asbestos licensure exempted activities.
STATE OF NEW JERSEY DEPARTMENT OF LABOR NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1) 06/21/2012

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

Notification Type
(X) Initial Notification
( ) Amended Certification
( ) Emergency Notification (including justification)
( ) Cancelled

Name of Building Owner/Operator (2)
570 BROAD ST., LLC

Street Address
570 BROAD ST.

City, State, Zip Code
NEWARK, NJ 07102

Name of Contact
JOSH WERTENTHEIL
Tel. Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Commercial Property: 570 BROAD

Street Address
570 BROAD ST.

City (5) COUNTY (6) COUNTY CODE (7) (State Use Only)
NEWARK ESSEX

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

ASCM No.
N/A

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

Sq. Feet: 200,000 # of Floors: 14 Bldg. Age: 50

Current Use (prior if being demolished)

Name of Contractor (9)
Industrial Safety and Environmental Solutions, Inc. (ISES, Inc.)

Street Address
3300 Hudson Avenue

City State Zip Code
Union City, NJ 07087

Name of Project Manager for Monitoring Firm
David Camacho

Telephone Number
(201) 325-0055

License Number
01124

Name of OSHA Monitor
ISES, Inc.

Street Address
3300 Hudson Avenue

City State Zip Code
Union City, NJ 07087

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

Describe:

Source of Work (Check all that apply)

[X] ≥ 3 SF or ≥ 3 LF
[ ] ≥ 160 SF or ≥ 260 LF

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

Glove-bag Procedure

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

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

NO
NA

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

Amount (Specify SF or LF)

Abatement Type


5th and 6th Floors

[X] TSI Fittings

~ 80 LFT

[X]

Name of Reg. Waste Hauler
Newark Carting

NJDEP Waste Hauler ID #
04509

Cubic Yards of Waste
10

Name of Reg. Landfill
Cumberland County Landfill

Disp. Date
06/11/2012

City, State
Newburg, PA 17242

Completed by (Print or Type) Title
David Camacho General Manager

Signature

Date
06/21/2012
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:59 and 12:120)

Date of Notification (1) 06/22/2012

Name of Building Owner/Operator (2)
MATRIX DEVELOPMENT GROUP

Name of Facility Where Abatement is Taking Place (3)
UNIT G

Type of Facility (4)

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

Facility Information

Street Address
259 PROSPER PLAINS RD
CRANBURY, NJ 08881

Sq. Feet 4,000 # of Floors 1

Bldg. Age 50

Current Use (or prior if being demolished) VACANT

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

Describe

Other -

Source of Work (Check all that apply)

( ) Demolition
( ) Renovation
( ) Full Containment with Negative Pressure
( ) Glovebag Procedure

Location of Asbestos-Containing Material (ACM) in Facility (11)

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

YES NO NA

Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other misc.)

Amount (Specify SF or LF) Abatement Type

Rem Reg Encap Etch

THROUGHOUT X VAT & MASTIC 2400 SF X
THROUGHOUT X TRANSITE 200 SF X
THROUGHOUT X FLOOR MASTIC 2400 SF X
THROUGHOUT X FITTINGS PIPE INSULATION 50 EA X

Name of Reg. Waste Hauler
NJ DEP Waste Hauler ID #
17235

Cubic Yards of Waste
Approx. 5

Name of Reg. Landfill
BFI Imperial

City, State
Hazleton, PA

Disp. Date
TBD

City, State
Imperial, PA

Mail to: NJDEP-DSHW-BRRTP
401 E. State St., PO 414
Trenton, NJ 08625-0414

Telephone 809-984-6520

Signature

C:\WORD\MYDOCS\ASBESTOS
9/18/00
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1) 6/11/2012

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

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

Name of Building Owner/Operator (2)
MATRIX DEVELOPMENT GROUP

Street Address
3 CENTER DRIVE, MONROE TOWNSHIP

City, State, Zip Code
CRANBURY, NJ 08831

Name of Contact
RICHARD JOHNSON

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
UNIT "G"

Street Address
258 PROSPECT PLAINS RD

City (5)
CRANBURY

County (6)
MIDDLESEX

County Code (7) (State Use Only)

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

Sq. Feet 4,000 # of Floors 1

Bldg. Age 50

Current Use (prior if being demolished) VACANT

Name of Monitoring Firm
HILLMAN CONSULTING, LLC

Telephone Number
9086870300

Name of Contractor (5)
Alliance Environmental Systems

Street Address
550 East Union Street

City State Zip Code
West Chester, PA 19382

Telephone Number
610-701-8000

License Number
00508

Name of OSCA Monitor
HILLMAN CONSULTING, LLC

Street Address
1600 RT 22 SUITE 107

City State Zip Code
UNION NJ 07083

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

Describe
Other

Source of Work (Check all that apply)
( ) Demolition
( ) Renovation
(X) Large Proj. (>160 SF or >260 LF ACM)
( ) SM Proj. (>25<160 SF or >10<260 LF ACM)
( ) Minor Proj. (<25 SF or <10 LF ACM)
( ) Full Containment with Negative Pressure
( ) Mini-Enclosure
( ) Glovebag Procedure

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

Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other misc.)

Amount (Specify SF or LF)

Abatement Type


THROUGHOUT

YES

X

Vat & mastic

2400 SF

X

THROUGHOUT

X

TRANSITE

200 SF

X

X

FLOOR MASTIC

2400 SF

X

X

PIPE INSULATION

50 EA

X

50 LF

X

Name of Req. Waste Hauler
NJDEP Waste Hauler ID # 17235

Cubic Yards of Waste
Approx. 5

Name of Req. Landfill
BFI Imperial

City State

Hazelton, PA

Comp. Date
TBD

City State

Imperial, PA

Mail to:
NJDEP-DSHW-BRRTP
401 E. State St., PO 414
Trenton, NJ 08625-0414

Telephone 609-984-6620

C:WORD\IMYDOCS\ASBESTOS
9/18/00
---

**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

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

---

**Date of Notification (1):**

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

**Agency Notified:**

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

**Type Notification:**

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

**Street Address:**

1030 Shelton Pk.

**City, State, Zip Code:**

Piscataway, NJ 08854

---

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

Sunoco

**FACILITY INFORMATION**

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

- **Square Feet:** 1834
- **# of Floors:** 1
- **Bldg. Age:** 29
- **Current Use (Prior if being demolished):** Service Station

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

Micelutech Contracting Corp

**Name of Monitoring Firm Hired by Building Owner (9):**

Arcturus Env

**ASCM No.:** N/A

---

**Project Manager for Monitoring Firm:**

Frank Tramaglino

**Telephone No.:** 973-398-9455

---

**Start Date (10):**

02/11/12

**Scheduled Completion Date (11):**

11/11/12

---

**Name of OSHA Monitor:**

Nicolás Linarex

---

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Description of ACM</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oven</td>
<td>Stucco Ceiling</td>
<td>1216 SF</td>
</tr>
<tr>
<td>Bathrooms</td>
<td>Joint Compound</td>
<td>160 SF</td>
</tr>
</tbody>
</table>

---

**Name of Registered Waste Hauler:**

Vision Transport

**NJDEP Waste Hauler ID No.:**

22343

**Cubic Yards of Waste:**

20

**Name of Registered Landfill:**

Hunterdon County Landfill

---

**City, State:**

Kaieeny, NJ

**Disposal Date:**

6/26/12

---

**Printed by:**

Vincent Azzarelli

**Title:** President

---

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

Date of Notification (1) 6/19/12

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

Type Notification
- Initial
- Amended #4
- Emergency
- Cancellation

Name of Building Owner / Operator (2)
Rider University

Street Address
2083 Lawrenceville Road

City, State & Zip Code
Lawrenceville, NJ 08648

Name of Contact
Phil Voorhees

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Rider University – Centennial House

2083 Lawrenceville Road

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

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

Street Address
515 Grove Street Suite 1B

Haddon Heights, NJ 08035

Project Manager for Monitoring Firm
Alan Lloyd

Telephone Number
856-547-0505

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

Square Feet # of Floors Bldg. Age

Current Use (Prior if being demolished)

Boiler Room

Name of Abatement Contractor (9)
AbateTech, Inc.

Street Address
30 Maple Ave

Lumberton, NJ 08048

Telephone Number
609-265-2107

License Number
00529

Name of OSHA Monitor

EMSL Analytical

Street Address
107 Haddon Ave.

City, State & Zip Code
Westmont, NJ 08108

Occupancy Status During Abatement (Check only one)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Hours
  Describe: 6/19 4PM - 12 Midnight, 6/20 9AM-5PM, 6/21 & 6/22 7AM-3PM
- Facility Occupied During Abatement

Scope of Work (Check all that apply)

- ≥3 sf or ≥3 if
- ≥160 sf ≥260 if
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glove Bag Procedures
- Non-Exempted and Non-Friable Procedure

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

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, VAC or other miscellaneous)

Amount (Specify SF or LF)

Abatement Type

Boiler Room

Tank Insulation

150 SF

Rope Packing

96 SF

AbateTech, Inc.

NJDEP Waste Hauler ID No.
18750

Cubic Yards of Waste
14

Name of Registered Landfill
TRRF Landfill

City, State
Lumberton, NJ

Tullytown, PA

Completed By (Print or Type)
Gwen Trumbetti

Title
Off. Coord.

Signature

Date
6/19/12
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1) 6/19/12

Name of Building Owner / Operator (2) Rider University

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

Name of Facility Where Abatement is Taking Place (3)
Rider University – Centennial House

Street Address
2083 Lawrenceville Road
City, State & Zip Code
Lawrenceville, NJ 08648

Name of Contact
Phil Voorhees

FACILITY INFORMATION

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

Square Feet # of Floors Bldg. Age

Current Use (Prior if being demolished)
Boiler Room

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

ASCM No.

Name of Abatement Contractor (9)
AbateTech, Inc.

Street Address
515 Grove Street Suite 1B
City, State & Zip Code
Haddon Heights, NJ 08035

Project Manager for Monitoring Firm
Alan Lloyd

Telephone Number 856-547-0505

Name of OSHA Monitor
EMSL Analytical

Street Address
107 Haddon Ave.
City, State & Zip Code
Westmont, NJ 08108

Occupancy Status During Abatement (Check only one)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Hours
  Describe: 6/19 4PM -12 Midnight, 6/20 9AM-5PM, 6/21 & 6/22 7AM-3PM
- Facility Occupied During Abatement

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

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

Is Location Normally Used Solely by Maintenance 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

Boiler Room

Boiler Room

Rib Packing Material 8 SF
Transite Panels 12 SF

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

Location of Registered Waste Hauler

Name of Registered Landfill
AbateTech, Inc.
TRRF Landfill

City, State
Lumberton, NJ
City, State
Tullytown, PA

Disposal Date 6/22/12

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

Signature Date 6/19/12
Date of Notification (1) 6/22/12

Name of Building Owner / Operator (2) Princeton University

Street Address
Trustees of Princeton University E.A. MacMillan Bldg.

City, State & Zip Code
Princeton, NJ 08544

Name of Contact Robert Ortego, P.E.

Telephone Number

FACILITY INFORMATION

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

Street Address
One Washington Road

City (5) Princeton

County (6) Mercer

County Code (7)

Type of Facility (4)

School (K-12)

Subchapter 8 (Other than K-12)

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

Square Feet

# of Floors

Bldg. Age

Current Use (Prior if being demolished)

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

Street Address
Bromley Corporate Center 3 Terri Lane, Suite 12

City, State & Zip Code
Burlington, NJ 08016

Name of Abatement Contractor (9)
AbateTech, Inc.

Street Address
PO Box 25

City, State & Zip Code
Lumberton, NJ 08048

Telephone Number
609-256-2107

License Number
00529

Name of OSHA Monitor
EMSL Analytical

Street Address
108 Haddon Ave.

City, State & Zip Code
Westmont, NJ 08108

Scheduled Start Date (10) 7/2/12

Scheduled Completion Date (11) 7/6/12

Occupy Status During Abatement (Check only one)

Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Hours

Facility Occupied During Abatement

Scope of Work (Check all that apply)

≥3 sf or ≥3 ft

≥160 sf or 280 ft

Renovation

Demolition

Full Containment with Negative Pressure

Mini-Enclosure

Glove Bag Procedures

Non-Exempted and Non-Friable Procedure

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

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

Removal

Repair

Encapsulation

Pipe Insulation 20 LF (wrap & cut)

Various Locations Throughout 1st Floor

Pipe Insulation

Asbestos-Containing Material

Other Asbestos-Containing Material

Name of Registered Waste Hauler
AbateTech, Inc.

NJDOT Waste Hauler ID No. 18750

Cubic Yards of Waste 4

Name of Registered Landfill TRRRF Landfill

City, State Lumberton, NJ

Disposal Date 7/6/12

City, State Tullytown, PA

Completed By (Print or Type) Gwen Trumpetty

Title Opps. Coord.

Signature

Date 6/22/12
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

State of New Jersey

Date of Notification: 6/21/12

Name of Building Owner / Operator:
JC Penney Corporation

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

Type Notification:
- Initial
- Amended #1
- Emergency
- Cancellation

Address:
6501 Legacy Drive
Plano, TX 75024

Street Address:
507 East Main Street
Lumberton, NJ 08048

City, State & Zip Code:

Name of Contact:
Richard Marnik

Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place:
JC Penney

250 Woodbridge Center Drive

City:
Woodbridge

County:
Middlesex

County Code:

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

Square Feet:

# of Floors:
Bldg. Age:

Current Use (Prior if being demolished):
Department Store

Name of Monitoring Firm Hired by Building Owner:
Hillman Consulting, LLC

Street Address:
1600 Route 22 East
Union, NJ 07083-1597

City, State & Zip Code:

Telephone Number:
908-956-1233

Name of Abatement Contractor:
AbateTech, Inc.

Street Address:
PO Box 25
Lumberton, NJ 08048

City, State & Zip Code:

Telephone Number:
609-265-2107

License Number:
006529

Name of OSHA Monitor:
EMSL Analytical

Street Address:
108 Haddon Ave.
Westmont, NJ 08108

City, State & Zip Code:

Occupancy Status During Abatement:
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Hours
  Describe: 10PM - 8AM
- Facility Occupied During Abatement

Scope of Work:
- Renovation
- Demolition

Location of Asbestos-Containing Material (ACM) TO BE ABATED:
Levi Pad, Lee Pad, JCP Brand Pad

Is Location Normally Used Solely by Maintenance or Custodial Staff?:

Yes
No
N/A

Description of Asbestos-Containing Material (ACM):
2 X Floor tile & Mastic

Amount (Specify SF or LF):
1,500 SF

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

Name of Registered Waste Hauler:
AbateTech, Inc.

Waste Hauler ID No.:
18750

Cubic Yards of Waste:
4

Name of Registered Landfill:
TRRF Landfill

Disposal Date:
6/27/12

City, State:
Tullytown, PA

Completed By:
Gwen Trumbetti

Title:
Opps. Coord.

Signature:

Date:
6/21/12
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to N.J.A.C. 8:60 and 12:120)  

1206-4995  
Check #4240

Date of Notification (1) 6/22/12

Name of Building Owner / Operator (2)
JC Penney Corporation

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

Type Notification  
- Initial
- Amended #2
- Emergency
- Cancellation

Name of Facility Where Abatement is Taking Place (3)
JC Penney

Street Address
250 Woodbridge Center Drive

City (5)  
Woodbridge

County (6)  
Middlesex

County Code (7)  

Name of Monitoring Firm Hired by Building Owner (8)
Hillman Consulting, LLC

ASCM No.  

Name of Monitoring Firm Hired by Building Owner (8)
Hillman Consulting, LLC

Street Address
1600 Route 22 East

City, State & Zip Code  
Union, NJ 07083-1597

Project Manager for Monitoring Firm
Thomas Rubino

Telephone Number  
908-956-1233

Scheduled Start Date (10) 6/25/12

Scheduled Completion Date (11) 6/29/12

Occupancy Status During Abatement (Check only one)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Hours
  Describe: 10PM - 8AM
- Facility Occupied During Abatement

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)
Levi Pad, Lee Pad, JCP Brand Pad

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

2 X Floor tile & Mastic  
1,500 SF

Amount (Specify SF or LF)  

Abatement Type

Name of Registered Waste Hauler  
AbateTech, Inc.

NJDEP Waste Hauler ID No.  18750

Cubic Yards of Waste  
4

Name of Registered Landfill  
TRRF Landfill

City, State  
Lumberton, NJ

Completed By (Print or Type)  
Gwen Trumbetti

Title  
Opps. Coord.

Signature

Date 6/22/12
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

State of New Jersey

Date of Notification (1) 6/22/12

Name of Building Owner / Operator (2)
Pleasantville Public Schools

Agencies Notified

- EPA
- DEP
- DOL
- DCH
- DCA

Type Notification

- Initial
- Amended #1
- Emergency
- Cancellation

Street Address
801 Mill Road
Pleasantville, NJ 08232

Name of Contact
Business Administrator

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Decatur Early Childhood Center

Street Address
115 West Decatur Ave.

City (5)
Pleasantville

County (6) Atlantic

County Code (7)

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

Street Address
307 North Walnut Street
West Chester, PA 19380

Project Manager for Monitoring Firm
Matt Abraham

Telephone Number
610-431-7545

Scheduled Start Date (10) 6/25/12
Scheduled Completion Date (11) 7/31/12

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

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

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

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

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

Amount (Specify SF or LF)

Abatement Type

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

Name of Registered Waste Hauler
AbateTech, Inc.

City, State
Lumberton, NJ

Disposal Date
7/31/12

Name of Registered Landfill
TRRF Landfill

City, State
Tullytown, PA

Completed By (Print or Type)
Gwen Trumbetti

Title
Office Coord.

Signature
6/22/12
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to N.J.A.C. 8:60 and 12:120)

**Date of Notification (1)** 6/20/12  
**Name of Building Owner / Operator (2)**  
Rider University  

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>_</th>
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<td>DOL</td>
<td>Emergency</td>
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<td>DOH</td>
<td>Cancellation</td>
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</table>

**Street Address**  
2083 Lawrenceville Road  
**City, State & Zip Code**  
Lawrenceville, NJ 08648  
**Name of Contact**  
Phil Voorhees  
**Telephone Number**

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**  
Rider University - Centennial House  

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pennoni Associates, Inc.</td>
<td></td>
</tr>
</tbody>
</table>

**Street Address**  
515 Grove Street Suite 1B  
**City, State & Zip Code**  
Haddon Heights, NJ 08035  

**Project Manager for Monitoring Firm**  
Alan Lloyd  
**Telephone Number**  
856-547-0505

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

**Occupancy Status During Abatement (Check only one) (12)**  
☐ Facility Closed/Vacated During Entire Period of Abatement  
☐ Abatement Performed Outside of Normal Hours  
Describe: 6/19 4PM - 11 Midnight, 6/20 9AM - 5PM, 6/21 & 4/22 7AM - 3PM  
☐ Facility Occupied During Abatement

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

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

<table>
<thead>
<tr>
<th>Boiler Room</th>
<th>Tank Insulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>REMOVED</td>
<td>REMOVED</td>
</tr>
</tbody>
</table>

**Amount (Specify SF or LF)**  
150 SF  
**Abatement Type**

**Name of Registered Waste Hauler**  
AbateTech, Inc.  
**NJDEP Waste Hauler ID No.**  
18750  
**Cubic Yards of Waste**  
14  
**Name of Registered Landfill**  
TRRF Landfill  
**City, State**  
Lumberton, NJ  
**Disposal Date**  
6/22/12  
**City, State**  
Tullytown, PA  
**Completed By (Print or Type)**  
Gwen Trumbetti  
**Title**  
Off. Coord.  
**Signature**

Signature  
Date  6/20/12
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 02 / 13 / 12

Name of Building Owner/Operator (2) Boonton Board of Education

Agencies Notified
- EPA
- DEP
- DCA (NJAC 5:16)
- DHSS
- DCA (NJAC 5:23-B)

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

Name of Facility Where Abatement is Taking Place (3) John Hill School

Street Address 435 Lathrop Ave.

City (5) Boonton, NJ 07005

County (6) Morris

Name of Monitoring Firm Hired by Building Owner (6) EnviroVision Consultants, Inc.

ASCM No. 00079

Name of Abatement Contractor (9) SMAC Corp.

Street Address 27 EAST 33RD STREET

City, State, Zip Code PATERNERS NJ 07514

County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) School

Square Feet 45,028 # of Floors 3 Bldg. Age 1922

Project Manager for Monitoring Firm Guillermo M. Morales

Telephone No. 973-636-9145

Name of OSHA Monitor EMSL ANALYTICAL, INC

Street Address 1056 SHELTON AVE

City, State, Zip Code PISCATAWAY NJ 08854

Start Date (10) 02 / 23 / 12

Scheduled Completion Date (11) 09 / 24 / 12

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

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

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

Ground Floor

Decontamination - Cleaning 5000 SF

Name of Registered Waste Hauler SMAC Corp

NJDEP Waste Hauler ID No. 18590

Cubic Yards of Waste 40 Yards

Name of Registered Landfill Grows Landfill

City, State 27 E 33rd Street, Paterson, NJ - 07514

Disposal Date 08/24/2012

Name of Contact John Kasternakis

Telephone Number

Completed By (Print or Type) Borce Gjorsoski

Title President

Signature Date 06/22/2012

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

| Date of Notification (1) | 6-22-12 | Name of Building Owner/Operator (2) | JOE TOSA 
|--------------------------|----------|----------------------------------|----------------- 
| Agency/Notify (3) | [ ] EPA | Street Address | 17 ROBIN HOOD LANE 
| [ ] DEP | [ ] Amended | City, State, Zip Code | CHATHAM 
| [ ] DOH | [ ] Emergency (including identification) | [ ] County Code | EMIL 
| [ ] DCA | [ ] Cancellation | [ ] Current Use (If not being demolished) | HOUSE 

| Name of Facility Where Abatement is Taking Place (5) | JOE TOSA | Type of Facility (4) | [ ] CIB
d(C) | [ ] Other (i.e., private & commercial buildings, homes, etc.) 
<table>
<thead>
<tr>
<th></th>
<th></th>
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<th></th>
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</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>17 ROBIN HOOD LANE</td>
<td>Scheduled Completion Date (11)</td>
<td>7-11-12</td>
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<tr>
<td>City</td>
<td>CHATHAM</td>
<td></td>
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<tr>
<td>County</td>
<td>MORRIS</td>
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</table>

| Name of Monitoring Firm Hired by Building Owner (6) | [ ] ACM No. | Name of Abatement Contractor (7) | AGE INSULATION E & E 
|---------------------------------------------|------------|---------------------------------|----------------- 
| Street Address | 95 MANIACI RD | Street Address | COLTS NECK, N.J. 
| City, State, Zip Code | COLTS NECK, N.J. | City, State, Zip Code | COLTS NECK, N.J. 
| Telephone No. | 734-934-1757 | License No. | 2009 

| Start Date (10) | 7-3-12 | Name of CPA Monitor | AGE INSULATION E & E 
|-----------------|--------|-------------------|----------------- 
| Scheduled Completion Date (11) | 7-11-12 | 

Facility Closed/Empty During Entire Period of Abatement: [ ] Yes [ ] No [ ] NIA 
Other - Describe: 

Scope of Work (Check all that apply): 

<table>
<thead>
<tr>
<th>[ ] of or &lt; 50 ft</th>
<th>[ ] 50 ft or &gt; 200 ft</th>
<th>Renovation</th>
<th>Demolition</th>
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<tbody>
<tr>
<td>[ ] jets</td>
<td>[ ] Yes</td>
<td>[ ] No</td>
<td>[ ] Compliance with Negative Pressure</td>
</tr>
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</table>

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 (Square ft or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>OUTDOORS</td>
<td>SIDING</td>
<td>130 sq ft</td>
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</table>

Name of Registered Waste Handler: 

<table>
<thead>
<tr>
<th>Name of Registered Waste Handler</th>
<th>NJDEP Waste Handler ID No.</th>
<th>Collected Date</th>
<th>Name of Registered Landfill</th>
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<tbody>
<tr>
<td>AGE INSULATION E &amp; E</td>
<td>12086</td>
<td>7-11-12</td>
<td>CURTIS LANDFILL</td>
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<tr>
<td>COLTS NECK, N.J.</td>
<td>07227</td>
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Completed By: 

<table>
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<tr>
<th>Name of Completed By</th>
<th>Date</th>
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<tbody>
<tr>
<td>RICK MULL</td>
<td>6-22-12</td>
</tr>
</tbody>
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* Do not use this form for asbestos licensure exempted activities.
**Notices of Asbestos Abatement**

**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to N.J.A.C. 8:29 and 12:12b)

**Agency**

☐ EPA
☐ DEP
☐ DOL
☐ DOH
☐ DCA

**Type of Notification**

☐ Initial
☐ Amended
☐ Amendment # __

**Address**

565 Lathrop Avenue

**City**

Boonton
NJ 07005

**Telephone Number**

[Redacted]

**Name of Building Owner/Operator**

New Jersey Firemen's Home

**Street Address**

565 Lathrop Avenue

**City**

Boonton

**County Code**

[Not shown]

**Building Age**

64

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

Rumbling Home

**Facility Information**

**Type of Facility**

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

**Square Feet**

6000

**Floor(s)**

3

**Occupancy Status During Abatement**

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

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

☐ 23 sf or less
☐ 241 sf or less
☐ 330 sf or less
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Groove/Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boiler rooms</td>
</tr>
<tr>
<td>Boiler rooms</td>
</tr>
</tbody>
</table>

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

- Thermal systems insulation
- Pipe insulation

**Amount**

- 35 sf
- 34 LF

**Abatement Type**

☐ Total Removal
☐ Partial Removal

**Name of Registered Waste Hauler**

[Redacted]

**Cubic Yards of Waste**

3

**Disposal Date**

6/25/12

**Completed by**

R. McDonald

**Title**

President

**Signature**

[Redacted]

**Date**

6/22/12

---

*Do not use this form for asbestos removal exempted activities.*
State of New Jersey
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1)

| 0 | 6 | 1 | 2 | 1 | 2 |

Agencies Notified

[X] EPA
[X] DEP
[X] NJDEP
[X] IDOL
[X] IDOH
[X] DCA

Type Notification

[ ] Initial Notification
[X] Amended Notification
[ ] Cancellation

Name of Building Owner/Operator (2)
Ringwood Board of Education
Street Address
121 Carleton Road
City, State, Zip Code
Ringwood, NJ 07456
Name of Contact
Warren C. Mitchell

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Eleanor G. Hewitt Intermediate School
Street Address
266 Sloatsburg Road
City (5)
Ringwood, NJ 07456
County (6)
Passaic
County Code (7)

40,000
Area
# of Floors
2
Bldg. Age
50

Type of Facility (4)

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

Square Foot
License Number
973-614-0377
900807

Current Use (Prior if 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

Geiser Feajaro, SPM
Project Manager for Monitoring Firm
201-489-8700

Scheduled Start Date (10)
06/18/12
Scheduled Completion Date (11)
06/30/12

Occupancy Status During Abatement (Check only one)

[X] Facility Closed/Vacated During Entire Period

Abatement Performed Outside of Normal Facility Hours - Describe:

[X] Renovation

Scope of Work (Check all that apply)

[ ] Demolition

[X] 160 sf of 2260 sf

[X] Full Containment with Negative Pressure

[X] Glovebag Procedure

[X] Non-Friable Procedure

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

Basement & Crawl Space

Pipe Insulation

750 LF

1st Floor

VAT and mastic

2,987 SF

1st Floor - Heating Units

Mastic on Heating Units

180 SF

Bathroom Chases

Pipe Insulation

250 LF

Name of Registered Waste Hauler

Four Strong Builders, Inc.
NJDEP Waste Hauler ID No.
12609

Cubic Yards of Waste

Name of Registered Landfill

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

City, State

Clifton, NJ

Disposal Date

6/22/12

Completed By (Print or Type) Title

Bilyana Kulakowska Office Administrator

Signature

Date

JUN 95
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 12:120)

Check #6559

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<td>Name of Building Owner / Operator (2)</td>
<td>Bank of America</td>
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<td>Agencies Notified</td>
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<td>EMERGENCY</td>
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<td>DEP</td>
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<td>DOH</td>
<td>Amendment #</td>
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<tr>
<td>DCA</td>
<td>Cancellation</td>
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<tr>
<td>Street Address</td>
<td>6050 Bergenline Avenue</td>
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<tr>
<td>City, State &amp; Zip Code</td>
<td>West New York, NJ 07093</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Jim Kalafsky</td>
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<tr>
<td>TELEPHONE NUMBER</td>
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**FACILITY INFORMATION**

<table>
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<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Bank of America</th>
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<tbody>
<tr>
<td>Street Address</td>
<td>6050 Bergenline Avenue</td>
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<td>City (5)</td>
<td>West New York</td>
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<td>County (6)</td>
<td>Bergen</td>
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<td>Name of Monitoring Firm HIred by Building Owner (8)</td>
<td>Environmental Testing Consultants, LLC</td>
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<td>ASCM No.</td>
<td>Synatech, Inc.</td>
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<tr>
<td>Street Address</td>
<td>One Mall Drive, Suite 404</td>
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<tr>
<td>City, State &amp; Zip Code</td>
<td>Cherry Hill, NJ 08002</td>
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<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Howard Zenobi</td>
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<tr>
<td>Telephone Number</td>
<td>856-482-1311</td>
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<td>Scheduled Start Date (10)</td>
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<td>Scheduled Completion Date (11)</td>
<td>June 24, 2012</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check only one)</td>
<td></td>
</tr>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
<td></td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Hours</td>
<td></td>
</tr>
<tr>
<td>Other – Describe:</td>
<td></td>
</tr>
<tr>
<td>Facility Occupied During Abatement</td>
<td></td>
</tr>
<tr>
<td>Scope of Work (Check all that apply)</td>
<td></td>
</tr>
<tr>
<td>≥23 sf or ≥ 50 lf</td>
<td></td>
</tr>
<tr>
<td>≥160 sf or ≥260 lf</td>
<td></td>
</tr>
<tr>
<td>Renovation</td>
<td></td>
</tr>
<tr>
<td>Demolition</td>
<td></td>
</tr>
<tr>
<td>Full Containment with Negative Pressure</td>
<td></td>
</tr>
<tr>
<td>Mini-Enclosures</td>
<td></td>
</tr>
<tr>
<td>Glovebag Procedure</td>
<td></td>
</tr>
<tr>
<td>Non-Exempted(*) and Non-Friable Procedure</td>
<td></td>
</tr>
<tr>
<td>Type of Facility (4)</td>
<td></td>
</tr>
<tr>
<td>School (K-12)</td>
<td></td>
</tr>
<tr>
<td>Subchapter 8 (Other than K-12)</td>
<td></td>
</tr>
<tr>
<td>Other (i.e., private &amp; commercial buildings, home, etc.)</td>
<td></td>
</tr>
<tr>
<td>Square Feet</td>
<td>10,000</td>
</tr>
<tr>
<td># of Floors</td>
<td>1</td>
</tr>
<tr>
<td>Bldg. Age</td>
<td>66</td>
</tr>
<tr>
<td>Current Use (Prior if being demolished)</td>
<td>Bank</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>Synatech, Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td>Little Egg Harbor, NJ 08087</td>
</tr>
<tr>
<td>City, State &amp; Zip Code</td>
<td>Little Egg Harbor, NJ 08087</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>609-296-6916</td>
</tr>
<tr>
<td>License Number</td>
<td>00517</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>Synatech, Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td>829 Radio Road</td>
</tr>
<tr>
<td>City, State &amp; Zip Code</td>
<td>Little Egg Harbor, NJ 08087</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)</td>
<td>Spray-on Ceiling Plaster</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td>72 SF</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>Grows Landfill</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City, State</td>
<td>Morrisville, PA</td>
<td></td>
<td></td>
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<tr>
<td>Disposal Date</td>
<td>June 25, 2012</td>
<td></td>
<td></td>
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**Completed By**

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diane Aloia</td>
<td>Executive Administrator</td>
<td>[Signature]</td>
</tr>
</tbody>
</table>

*Do not use this form for asbestos license examination activities.*
## State of New Jersey

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:60 and 12:129)

### FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Bank of America</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>6050 Bergenline Avenue</td>
</tr>
<tr>
<td>City</td>
<td>West New York</td>
</tr>
<tr>
<td>County</td>
<td>Bergen</td>
</tr>
</tbody>
</table>

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

- [x] Renovation
- [x] Demolition

### Type of Facility (4)

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

### Square Feet

- 10,000

### Scope of Work

- [x] 23 or > 50 ft
- [ ] 2160 sf or >2800 ft

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

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

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

### Amount (Specify SF or LF)

- 72 SF

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

- Inside Vault, Outside the Vault at access panel in Hallway, Ceiling at rear insurance, Teller Line (3 areas), Stairs to basement at back corner/emergency exit door at Teller Line, Asst. Manager's office on 1st Fl.

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

- Bank of America

### Name of Abatement Contractor (8)

- Synatech, Inc.

### Street Address

- 628 Radio Road

### City & State & Zip Code

- Little Egg Harbor, NJ 08087

### Name of OSHA Monitor

- Synatech, Inc.

### License Number

- 068817

### Name of Registered Waste Hauler

- Synatech, Inc.

### City, State

- Little Egg Harbor, NJ 08087

### Completed By

- Diana Adams

### Signature

- June 22, 2012

---

*This document is for the authorized personnel designated to receive this notification.*
**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:60-7 and 12:120-7)

**Name of Building Owner/Operator:**

Michael Marshall

**Street Address:**

12 High St.

**City, State, Zip Code:**

Bloomfield NJ 07003

**Name of Contact:**

Beth Flom

---

**FACILITY INFORMATION**

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

Private

12 High St.

**City:**

Bloomfield

**County:**

Essex

**Name of Monitoring Firm hired by Building Owner:**

ASCIR No.

N/A

**Name of Abatement Contracting Firms (Specify Name and Address):**

AZTECH MANAGEMENT, Inc.

86 Christopher St.

Montclair, NJ 07042

**Telephone Number:**

(973) 744-8800

**License Number:**

00371

**Occupancy Status During Abatement (Specify All that apply):**

- [X] Full Containment with Negative Pressure
- [X] Mini-Enclosure
- [X] Glovebox Procedure
- [X] Non-Friable Procedure

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

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

**Amount (Specify SP or LF):**

**Located at:**

- [X] Pipe Insulation 8 lf

---

**Name of Registered Waste Hauler:**

AZTECH MANAGEMENT, INC.

17040

**Disposal Date:**

7/5/12

G.R.O.W.S.

City, State:

Montclair, NJ 07042

Morristown, PA 19067

**Completed By:**

Constantine Vivian

Title:

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

Date of Notification (1) 5/30/12

Name of Building Owner/Operator (2) Chris Grosselfinger

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

Type Notification [X] Initial Notification
[ ] Amended Notification
[ ] Emergency
[ ] Cancellation

Street Address 104 Mill Rd.
City, State, Zip Code Morristown, NJ 07960

Name of Contact Chris Grosselfinger

FACILITY INFORMATION

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

Street Address 104 Mill Rd.

City (5) Morristown
County (6) Morris
County Code (7) (STATF USE ONLY) N/A

Square Feet 2700
# of Floors 3
Bldg. Age 75

Current Use (Prior if being demolished) Residence

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

Name of Abatement Contractor (9) AZTECH MANAGEMENT, INC.

Project Manager for Monitoring Firm N/A

Telephone Number N/A

Scheduled Start Date (10) 7/3/12
Sched. Completion Date (11) 7/5/12

Occuqancy Status During Abatement (Check only one)
[x] Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours - Describe: Off-Hours Description
[ ] Other - Describe: Other Occupancy Description

Scope of Work (Check all that apply)
[x] Full Containment with Negative Pressure
[ ] Mini-Enclosure
[ ] Glovebag Procedure
[ ] Non-Friable Procedure

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>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>Pipe Insulation</td>
<td>120 LF</td>
<td>X</td>
</tr>
<tr>
<td>Basement</td>
<td>Boiler insulation</td>
<td>30 SF</td>
<td>X</td>
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</tbody>
</table>

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.

Waste Hauler ID No. 17040

City, State Montclair, NJ 07042

Disposal Date 7/6/12
City, State Morrisville, PA 19067

Completed By (Print or Type) Constantine Vivian
Title President

Signature 6/22/12
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)  
6/20/2012

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

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

Name of Building Owner/Operator (2)  
PRIVATE RESIDENCE

Street Address  
180 ELBO LANE

City, State, Zip Code  
MT. LAUREL, NJ

Name of Contact  
DAVID D'ANDREA

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
PRIVATE RESIDENCE

Street Address  
180 ELBO LANE

City, State, Zip Code  
MT. LAUREL, NJ

County  
BURLINGTON

County Code (7)  (STATE USE ONLY)  
08691

Current Use (Prior if being demolished)  
AMERICA SERVICES

Name of Abatement Contractor (9)  
CREAM RIDGE ENVIRONMENTAL INC.

Project Manager for Monitoring Firm  
AMERICA SERVICES

Telephone No.  
609-890-7110

License No.  
00676

Name of OSHA Monitor  
AMERICA SERVICES

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

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

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

Location of Registered Waste Hauler  
NJDEP Waste Hauler ID No.

Name of Registered Landfill  
GROWS

City, State  
BELLMAWR, NJ

Disposal Date  
6/20/2012

Completed By  
DAVID D'ANDREA

Title  
PRESIDENT

Signature  
David D'Andrea

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

Date of Notification (1)
6/15/12

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

Type Notification
[X] Initial Notification
[X] Amended Notification
[X] Emergency
[X] Cancellation

Name of Building Owner/Operator (2)
Mindy Gensler

Street Address
359 Wyoming Ave.
City, State, Zip Code
Millburn, NJ 07041

Name of Contact
Mindy Gensler

FACILITY INFORMATION

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

Street Address
359 Wyoming Ave.
City (5) Millburn
County (6) Essex
County Code (7) (STATE USE ONLY)

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

ASCM No. 67

Name of Abatement Contractor (9)
AZTECH MANAGEMENT, INC.

Street Address
86 Christopher St.
City, State, Zip Code
Montclair, NJ 07042

Telephone Number
(973) 744-8800
License Number
00371

Scheduled Start Date (10) 7/2/12
Sched. Completion Date (11) 7/3/12

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

Scope of Work (Check all that apply)
[X] >3 sf or >31 lf
[ ] >160 sf or >260 lf
[X] Renovation
[ ] Demolition

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

Is Location Normally Used Solley By Maintenance/ Custodial Staff (12)
No

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

Amount (Specify SF or LF)

Abatement Type
[X] Full Containment with Negative Pressure
[ ] Mini-Enclosure
[X] Glovebag Procedure
[ ] Non-Friable Procedure

Basement

X Pipe Insulation

Name of Registered Waste Hauler
AZTECH MANAGEMENT, INC.

NJDEP Waste Hauler ID No.
17040

Cubic Yards of Waste
0.50

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

City, State
Montclair, NJ 07042

Disposal Date
7/5/12

City, State
Morrisville, PA 19067

Completed By (Print or Type)
Constantine Vivian
Title President

Signature Date
6/15/12
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
10/4/12

Name of Building Owner/Operator (2)
SUSAN SULLIVAN

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

Name of Facility where abatement is taking place (3)
SUSAN SULLIVAN

Street Address
98 RIVERSIDE DRIVE
Cranford, NJ 07016

City, State, Zip Code
Cranford, NJ 07016

County
Union

County Code (7)
(State use only)

Name of Monitoring Firm Hired by Bldg. Owner (6)
D & S RESTORATION, INC.

Street Address
20 California Ave.
Paterson, NJ 07503

City, State, Zip Code
Paterson, NJ 07503

Type of Facility (4)
Other (Private/Commercial Bldgs. Homes, etc.)

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

Street Address
20 California Ave.
Paterson, NJ 07503

City, State, Zip Code
Paterson, NJ 07503

License Number
01169

Scope of Work (check all that apply)
≥3 sf or ≥2 lf
Renovation
≥100 sf or ≥260 lf
Demolition

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

Description of asbestos-containing material (ACM)
PIPE INSULATION

Amount (Specify SF or LF)
130 LF

Registered Waste Hauler
D & S RESTORATION, INC.

NJDEP Hauler ID #
13506

Cubic Yards of Waste
2 YDS

TULLY TOWN, RESOURCE RECOVERY

City, State
Tullytown, PA

Name of Registered Landfill
TULLY TOWN, RESOURCE RECOVERY

City, State
Tullytown, PA

Completed by (Print or Type)
BOGDAN JOLDZIC

Title
PRESIDENT

Date
04/23/12

Signature

* 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 | 1 | 2 | 3 |

Name of Building Owner/Operator (2)
JOHN UNDERHILL

Street Address
5 FIELD ROAD

City, State, Zip Code
BEDMINSTER, NJ

Name of Contact
JOHN UNDERHILL

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

JOHN UNDERHILL

Street Address
5 FIELD ROAD

City (5)  County (6)  County Code (7)
BEDMINSTER  SOMERSET

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

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 00159

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 to if being demolished)

Start Date (10)  Sched. Completion Date (11)
07/09/12  07/20/12

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 lf  ☒ Renovation
☒ >160 sf or >260 lf  ☐ Demolition

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

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<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
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<tbody>
<tr>
<td>MAIN BASEMENT</td>
<td>X</td>
<td>X</td>
<td>N/A</td>
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<tr>
<td>BASEMENT BOILER RM</td>
<td>X</td>
<td>X</td>
<td>N/A</td>
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<tr>
<td>STORAGE RM</td>
<td>X</td>
<td>X</td>
<td>N/A</td>
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<tr>
<td>FIRST FLOOR</td>
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Description of asbestos-containing material (ACM)

<table>
<thead>
<tr>
<th></th>
<th>Amount (Specify SF or LF)</th>
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<tbody>
<tr>
<td>PIPE INSULATION</td>
<td>195 L FT</td>
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<td>PIPE INSULATION</td>
<td>48 L FT</td>
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<td>PIPE INSULATION</td>
<td>22 L FT</td>
</tr>
<tr>
<td>PIPE INSULATION</td>
<td>36 L FT</td>
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</table>

Registered Waste Hauler
D & S RESTORATION, INC.

NJDEP Hauler ID# 13506

Cubic Yards of Waste 4 YDS

Name of Registered Landfill
TULLYTOWN, RESOURCE RECOVERY

City, State
PATERSON, NJ 07503

Disposal Date 07/10/12

Completed by (Print or Type)
BOGDAN JOLDZIC

Title PRESIDENT

Signature Date

07/10/12 06/21/12

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

Date of Notification (1): 6/21/12

Name of Building Owner / Operator (2): Rutgers University

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

Type Notification:  
- Initial
- Amended
- Emergency
- Cancellation

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

Street Address:  
101 Cooper Street

City (5):  
Camden

County (6):  
Camden

County Code (7):  
N/A

Type of Facility (4):  
Academic

Square Feet:  
N/A

No. of Floors:  
2

Bldg. Age:  
80+ years

Current Use (Prior if being demolished):  
Academic

Name of Monitoring Firm Hired by Building Owner (8): ASCM No. 00098

ATC

Street Address:  
3 Terri Lane

City, State & Zip Code:  
Burlington Township, NJ 08016

Project Manager for Monitoring Firm: Brian Kearney

Telephone Number:  
609-386-8800

Scheduled Start Date (10):  
7/3/12

Scheduled Completion Date (11):  
7/9/12

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:  
  4:00 PM – 5:00 AM
- Facility Occupied During Abatement

Scope of Work (Check all that apply):  
- ≥3 sf or ≥3 lf
- ≥150 sf ≥250 lf
- Renovation
- Demolition

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

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):  
10 SF

Abatement Type:

Room 101  
- Miscellaneous/Window Caulk

Name of Registered Waste Hauler: Service Transport Inc.

Cubic Yards of Waste:  
JUDEF Waste Hauler ID No. 20990

Disposal Date: Minerva Landfill

City, State: New Castle, DE  
Waynesburg, OH

Completed By (Print or Type): Gino Pizzigoni

Title: Project Manager

Signature: Gino Pizzigoni

Date: 6/21/12

GT 12168
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 6:60 and 5:16)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>6/21/12</th>
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<table>
<thead>
<tr>
<th>Agencies Notified</th>
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<tr>
<td>[x] DOL</td>
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<tr>
<td>[x] DOH</td>
</tr>
<tr>
<td>[ ] DCA</td>
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<table>
<thead>
<tr>
<th>Type Notification</th>
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</thead>
<tbody>
<tr>
<td>[x] Initial</td>
</tr>
<tr>
<td>[ ] Amended</td>
</tr>
<tr>
<td>[ ] Amendment #</td>
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<td>[ ] Emergency</td>
</tr>
<tr>
<td>[ ] Justification</td>
</tr>
<tr>
<td>[ ] Cancellation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr. Yankell</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>405 East 2nd Street</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Moorestown, NJ 08057</th>
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**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
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</thead>
<tbody>
<tr>
<td>Residence</td>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>405 East 2nd Street</th>
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</table>

<table>
<thead>
<tr>
<th>City (5)</th>
<th>Moorestown</th>
</tr>
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<table>
<thead>
<tr>
<th>County (6)</th>
<th>Burlington</th>
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<table>
<thead>
<tr>
<th>County Code (7)</th>
<th>(STATE USE ONLY)</th>
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<table>
<thead>
<tr>
<th>Current Use (Prior to being demolished)</th>
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</thead>
<tbody>
<tr>
<td>residence</td>
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<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>MECS</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>ASCM No.</th>
<th>Stevens Environmental Services, Inc.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stevens Environmental Services, Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>PO Box 322</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Allentown, NJ 08501</th>
</tr>
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<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
</tr>
</thead>
<tbody>
<tr>
<td>William Weisgarber Jr.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone No.</th>
<th>(609) 259-9688</th>
</tr>
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<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>7/9/12</th>
</tr>
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<th>Scheduled Completion Date (11)</th>
<th>7/10/12</th>
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<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
</tr>
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<tbody>
<tr>
<td>[ ] Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>[ ] Abatement Performed Outside of Normal Facility Hours</td>
</tr>
<tr>
<td>[x] Other - Describe: 8 AM-4:30 PM</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] ≥3 sf or ≥3 if</td>
</tr>
<tr>
<td>[ ] ≥180 sf or ≥280 if</td>
</tr>
<tr>
<td>[x] Renovation</td>
</tr>
<tr>
<td>[x] Demolition</td>
</tr>
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</table>

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

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
</tr>
</thead>
<tbody>
<tr>
<td>[x] Yes</td>
</tr>
<tr>
<td>[ ] No</td>
</tr>
<tr>
<td>[ ] N/A</td>
</tr>
</tbody>
</table>

<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>pipe insulation 100 LF</td>
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<table>
<thead>
<tr>
<th>Abatement Type</th>
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<tbody>
<tr>
<td>[x] Encapsulate</td>
</tr>
<tr>
<td>[ ] Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>[ ] Mini-Enclosure</td>
</tr>
<tr>
<td>[ ] Glovebag Procedure</td>
</tr>
<tr>
<td>[ ] Non-Exempted (*) and Non-Exemptible Procedure</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stevens Environmental Services, Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NJDEP Waste Hauler ID No.</th>
<th>18292</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
<th>2 CU</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
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</thead>
<tbody>
<tr>
<td>T.R.R.F., Inc. Landfill</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Allentown, NJ</th>
</tr>
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<table>
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<tr>
<th>Disposal Date</th>
<th>7/10/12</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Tullytown, PA</th>
</tr>
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<table>
<thead>
<tr>
<th>Completed By</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mahlon E. Stevens</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Title</th>
<th>Project Manager</th>
</tr>
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<tbody>
<tr>
<td></td>
<td></td>
</tr>
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<table>
<thead>
<tr>
<th>Signatures</th>
<th>Date</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>6/21/12</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>06/08/2012</td>
<td>Golda Och Academy</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>122 Gregory Avenue</td>
<td>West Orange, NJ 07086</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>County (6)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Essex</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>$$\Box$$ School (K-12)</td>
</tr>
<tr>
<td>$$\square$$ Subchapter 8 (Other than K-1 2)</td>
</tr>
<tr>
<td>$$\square$$ Other (i.e., private &amp; commercial buildings, homes, etc.)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>25,000 SF</td>
<td>2</td>
<td>70+</td>
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</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>AET, Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valiant Associates, LLC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>145 Mill Street</td>
<td>Paterson, NJ 07501</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>908-296-1132</td>
<td>973-85-3-574</td>
</tr>
<tr>
<td>01108</td>
<td></td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valiant Associates, LLC</td>
</tr>
</tbody>
</table>

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<td>Paterson, NJ 07501</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>Mini-Enclosure</td>
</tr>
<tr>
<td>Govebag Procedure</td>
</tr>
<tr>
<td>Non-Exempted (*) and Non-Firable Procedure</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minerva Landfill</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Castle, DE</td>
<td>07/10/2012</td>
<td>Minerva Landfill</td>
</tr>
</tbody>
</table>

Completed By: Miodrag Stamenovic |
Title: Project Manager |
Signature: [Signature]

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

Date of Notification (1)  6/22/12  

Name of Building Owner/Operator (2)  Joe Longo  

Agencies Notified  
- EPA  
- DEP  
- DOH  
- DCA  
Type Notification  
- Initial  
- Amended  
- Emergency (including justification)  
- Cancellation  

Name of Contact  
Joe Longo  

FACILITY INFORMATION

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

Street Address  1103 Route 130  

City (5)  North Brunswick  

County (5)  Middlesex  

Name of Monitoring Firm Hired By Building Owner (8)  MECS  

Name of Abatement Contractor (9)  Stevens Environmental Services, Inc.  

County Code (7)  (STATE USE ONLY)  

Current Use (Prior to being demolished) residence  

Square Feet  

# of Floors  

Bldg. Age  

Name of OSHA Monitor  MECS  

Street Address  PO Box 341  

City, State, Zip Code  Crosswicks, NJ 08515  

Project Manager for Monitoring Firm  William Weissgarder Jr.  
Telephone No.  (609) 298-4070  

Start Date (10)  7/11/12  

Scheduled Completion Date (11)  7/12/12  

Occupancy Status During Abatement (Check only one)  
- Facility Closed/ Vacated During Entire Period of Abatement  
- Abatement Performed Outside of Normal Facility Hours  
- Other - Describe:  8AM - 4:30PM  

Scope of Work (Check all that apply)  
- ≥300 sf or ≥300 sf  
- ≥160 sf or ≥280 sf  
- Renovation  
- Demolition  

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

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

Yes  
No  
N/A  

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

Amount (Specify SF or LF)  50 LF  

Abatement Type  

- Removal  
- Repair  
- Encapsulate  
- Enclosure  
- Non-Exempted (*) and Non-Friable Procedure  

Name of Registered Waste Hauler  Stevens Environmental Services Inc.  

City, State  Allentown, NJ  

Waste Hauler ID No.  18292  

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

City, State  Tullytown, PA  

Disposal Date  7/12/12  

Signature  Mahlon E. Stevens  
Title  Project Manager  

Completed By  

Date  6/22/12  

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

**State of NJ**

**Notification of Asbestos Abatement**

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

---

### Date of Notification (1)

- 01/12/11

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

- GEORGE SHUTTLEWORTH

### Street Address

- 25 PINE GROVE AVENUE

### City, State, Zip Code

- SUMMIT, NJ 07901

### Name of Contact

- GEORGE SHUTTLEWORTH

### Current Use (Prior if being demolished)

- D & S RESTORATION, INC.

### Project Manager for Monitoring Firm

- D & S RESTORATION, INC.

### Start Date (10)

- 06/30/12

### Sched. Completion Date (11)

- 07/12/12

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

- Facility closed/vacated during entire period of abatement.

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

- Renovation

### Description of asbestos-containing material (ACM) (Specify SF or LF)

<table>
<thead>
<tr>
<th>Material</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PIPE INSULATION</td>
<td>94.1 FT</td>
</tr>
<tr>
<td>BARE HEATING PIPES</td>
<td>60.5 FT</td>
</tr>
</tbody>
</table>

### Full Containment/Encapsulation

- Full Containment

### Name of Registered Landfill

- TULLY TOWN, RESOURCE RECOVERY

### Disposal Date

- 07/02/12

### Completed by (Print or Type)

- BOGDAN JOLDZIC

### Title

- PRESIDENT

### Signature

- 06/20/12

---

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 / 17 / 12</td>
<td>Princeton University-Office of Design and Construction</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
</tr>
</thead>
<tbody>
<tr>
<td>✔ EPA</td>
</tr>
<tr>
<td>✔ DOLWD</td>
</tr>
<tr>
<td>✔ DHSS</td>
</tr>
<tr>
<td>✔ DCA (NJAC 5.23-8)</td>
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</table>

<table>
<thead>
<tr>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>✔ Initial</td>
</tr>
<tr>
<td>✔ Amended</td>
</tr>
<tr>
<td>✔ Amendment #2-6/22/12</td>
</tr>
<tr>
<td>✔ Emergency (including justification)</td>
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<tr>
<td>✔ Cancellation</td>
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<table>
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<tr>
<td>200 Elm Dr.</td>
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<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
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<tr>
<td>Princeton, NJ 08544</td>
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<table>
<thead>
<tr>
<th>Name of Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Robert Ortega</td>
</tr>
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<table>
<thead>
<tr>
<th>FACILITY INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
</tr>
<tr>
<td>Princeton University-Firestone Library</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
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<tbody>
<tr>
<td>Washington Rd</td>
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<table>
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<td>Princeton</td>
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<table>
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<tbody>
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<table>
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<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>Square Feet</th>
</tr>
</thead>
<tbody>
<tr>
<td># of Floors</td>
</tr>
<tr>
<td>Bldg. Age</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ATC Associates Inc.</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>ASCM No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Abatement Contractor (9)</td>
</tr>
<tr>
<td>BRISTOL ENVIRONMENTAL, INC.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
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<tbody>
<tr>
<td>1123 BEAVER STREET</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
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</thead>
<tbody>
<tr>
<td>BRISTOL, PA 19007</td>
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</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
</tr>
</thead>
<tbody>
<tr>
<td>Michael Kehn</td>
</tr>
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<table>
<thead>
<tr>
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<tr>
<td>609-386-8800</td>
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<table>
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<tbody>
<tr>
<td>215-789-6040</td>
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<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>BRISTOL ENVIRONMENTAL, INC.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
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<tbody>
<tr>
<td>1123 BEAVER STREET</td>
</tr>
</tbody>
</table>

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<tr>
<th>City, State, Zip Code</th>
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</thead>
<tbody>
<tr>
<td>BRISTOL, PA 19007</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>✔ 3 sf or ≥3 lf</td>
</tr>
<tr>
<td>✔ 150 sf or ≥260 lf</td>
</tr>
<tr>
<td>✔ Renovation</td>
</tr>
<tr>
<td>✔ Demolition</td>
</tr>
</tbody>
</table>

<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>Pipe insulation and fittings</td>
</tr>
<tr>
<td>Valve Packing</td>
</tr>
<tr>
<td>Pipe Saddles</td>
</tr>
<tr>
<td>Floor tile and mastick</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>575 LF</td>
</tr>
<tr>
<td>60 SF</td>
</tr>
<tr>
<td>30 Es</td>
</tr>
<tr>
<td>160 SF</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>Mini-Enclosure</td>
</tr>
<tr>
<td>Glovebag Procedure</td>
</tr>
<tr>
<td>Non-Exempted (*) and Non-Friable Procedure</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>BRISTOL ENVIRONMENTAL, INC.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NJDEP Waste Hauler ID No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>18706</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
</tr>
</thead>
<tbody>
<tr>
<td>6000000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>G.R.O.W.S. NORTH LANDFILL</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>BRISTOL, PA 19007</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/20/12</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brian Scafaro</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Estimator</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brian Scafaro</td>
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</tbody>
</table>

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

Date of Notification (1)
5 / 17 / 12

Name of Building Owner/Operator (2)
Princeton University-Office of Design and Construction

Street Address
200 Elm Dr.

City, State, Zip Code
Princeton, NJ 08544

Name of Contact
Robert Ortega

FACILITY INFORMATION

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

Type of Facility (4)

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

Square Feet

# of Floors

Bidg. Age

Current Use (Prior if being demolished)
Library

County Code (7)/STATE USE ONLY

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

Name of Abatement Contractor (9)
BRISTOL ENVIRONMENTAL, INC.

ASCM No.

Street Address
Three Terri Center

City, State, Zip Code
Burlington, NJ 08016

Telephone No.
609-386-8800

License No.
215-788-6040

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL, INC.

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

Start Date (10)
6 / 8 / 12

Scheduled Completion Date (11)
6 / 28 / 12

Occupancy Status During Abatement (Check only one)

□ Facility Closed/Vacated During Entire Period of Abatement
□ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-__PM/___PM-12:00AM

Scope of Work (Check all that apply)

□ ≥3 sf or ≥3 if
□ ≥160 sf or ≥260 if
□ Renovation
□ Demolition
□ Full Containment with Negative Pressure
□ Mini-Enclosure
□ Glovebag Procedure
□ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM)

TO BE ABATED
IN Facility

□ Yes
□ No
□ N/A

West Fan Room

□ Pipe Insulation and fittings
□ Valve Packing
□ Pipe Saddles
□ Floor tile and mastic

West Fan Room

West Corridor A level

Name of Registered Waste Hauler
BRISTOL ENVIRONMENTAL, INC.

NJDEP Waste Hauler ID No.
18706

Cubic Yards of Waste

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

City, State
MORRISVILLE, PA 19067

Completed By (Print or Type)
Brian Scafeiro

Title
Estimator

Signature

Date
5/31/12
# State of New Jersey
## NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:18) 

### Date of Notification (1)

<table>
<thead>
<tr>
<th>5</th>
<th>17</th>
<th>12</th>
</tr>
</thead>
</table>

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

- Princeton University-Office of Design and Construction

### Street Address

- 200 Elm Dr.
- Princeton, NJ 08544

### Name of Contact

- Robert Ortega
- Telephone Number: 

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

- Princeton University-Firestone Library

### Street Address

- Washington Rd
- Princeton, NJ 08544

### County (6)

- MERCER

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

- ATC Associates Inc.

### Street Address

- Three Terri Center
- Burlington, NJ 08016

### Project Manager for Monitoring Firm

- Michael Keehn
- Telephone No.: 609-386-8800

### Start Date (10)

- 6 / 1 / 12

### Scheduled Completion Date (11)

- 6 / 21 / 12

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

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00 AM - PM / PM - 12:00 AM

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

- ≥ 3 sf or ≥ 3 if
- ≥ 160 sf or ≥ 260 sf
- Renovation
- Demolition

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos-Containing Material (ACM), i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>West Fan Room</td>
<td>Yes</td>
<td>Pipe Insulation and fittings</td>
<td>575 LF</td>
<td></td>
</tr>
<tr>
<td>West Fan Room</td>
<td>No</td>
<td>Valve Packing</td>
<td>60 SF</td>
<td></td>
</tr>
<tr>
<td>West Fan Room</td>
<td>No</td>
<td>Pipe Saddles</td>
<td>30 SF</td>
<td></td>
</tr>
<tr>
<td>West Corridor A level</td>
<td>No</td>
<td>Floor tile and mastic</td>
<td>160 SF</td>
<td></td>
</tr>
</tbody>
</table>

### Name of Registered Waste Hauler

- BRISTOL ENVIRONMENTAL, INC.

### NJDEP Waste Hauler ID No.

- 18705

### Cubic Yards of Waste

### Name of Registered Landfill

- G.R.O.W.S. NORTH LANDFILL
- MORRISVILLE, PA 19067

### City, State

- BRISTOL, PA 19007

### Disposal Date

- 5/17/12

### Completed By (Print or Type)

- Brian Scafiro
- Title: Estimator

### Signature

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>6/8/12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner / Operator (2)</td>
<td>Old Bridge Township Board of Education</td>
</tr>
<tr>
<td>Street Address</td>
<td>Patrick Torre Administration Bldg, County Route 516</td>
</tr>
<tr>
<td>City, State &amp; Zip Code</td>
<td>Matawan, NJ 07747</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Mr. Frank Frazzitta</td>
</tr>
</tbody>
</table>

FACILITY INFORMATION

| Name of Facility Where Abatement is Taking Place (3) | Jonas Salk MS |
| Street Address | 155 West Greystone Road |
| City (5) | Old Bridge |
| County (6) | Middlesex |
| County Code (7) |  |

Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection
Street Address | 120 North Warren Street |
City, State & Zip Code | Trenton, NJ 08601 |
Project Manager for Monitoring Firm | Ryan Broadwater |
Telephone Number | 609-392-4200 |

Scheduled Start Date (10) | ON HOLD |
Scheduled Completion Date (11) |  |

Occupancy Status During Abatement (Check only one)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Hours – 7am to 3pm
- Facility Occupied During Abatement

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

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

<table>
<thead>
<tr>
<th>Boiler Room</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

Location of

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

<table>
<thead>
<tr>
<th>Boiler Room</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

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

Amount (Specify SF or LF)

Boiler Rib Insulation | 80 SF
Breeching | 24 SF
Header/Flange Insulation | 40 SF
Rope/Gasket Insulation | 10 SF

Name of Registered Waste Hauler Service Transport Inc.
City, State | New Castle, DE |
Disposal Date | 6/29/12 |

Completed By (Print or Type) Gino Pizzigoni
Title | Project Manager |
Signature | [Signature]

Name of Registered Landfill Minerva Landfill
City, State | Waynesburg, Ohio |

Date | 6/8/12 |

GI 12161
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1) 6/8/12

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

Agency Notified Type Notification
☐ EPA
☐ DEP
☐ DOL 5174 Initial
☐ DOH 5183 Amended
☐ DCA 5147 Emergency
☐ Cancellation

Facility Information

Name of Facility Where Abatement is Taking Place (3)
Jonas Salk MS
Street Address
155 West Greystone Road

City (5) County (6) County Code (7)
Old Bridge Middlesex

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

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

Square Feet # of Floors Bldg. Age
50000 1 40+

Current Use (Prior if being demolished)

School

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 Telephone Number
Ryan Broadwater 609-392-4200

Supervision Start Date (10) Scheduled Completion Date (11)
6/25/12 6/29/12

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:
☒ Facility Occupied During Abatement

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

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

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

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

Amount (Specify SF or LF)

Boiler Room
☐ Yes ☐ No ☐ N/A
Boiler Rib Insulation
80 SF

Breeching
24 SF

Header/Flange Insulation
40 SF

Rope/Gasket Insulation
10 SF

Name of Registered Waste Hauler
Service Transport Inc.

Cubic Yards of Waste
4 Cu Yd

Name of Registered Landfill
Minerva Landfill

City, State
Waynesburg, Ohio

Completed By (Print or Type)
Gino Pizzigoni

Title Project Manager

Signature

Date 6/8/12
# NOTIFICATION OF ASBESTOS ABATEMENT

**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

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

**Date of Notification (1)**

6 / 7 / 12

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

VORNADO REALTY TRUST

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

MONMOUTH MALL - JC PENNEYS

**Street Address**

888 SEVENTH AVENUE

**City, State, Zip Code**

NEW YORK, NY 10019

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

COMMERCIAL

**Type of Facility (4)**

☐ School (K-12)

☐ Subchapter 8 (Other than K-12)

☐ Other (i.e., private and commercial buildings, homes, etc.)

**Square Feet**

# of Floors

Bldg. Age

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

HILLMAN CONSULTING LLC

**ASCM No.**

BRISTOL ENVIRONMENTAL, INC.

**Street Address**

1600 ROUTE 22 EAST

UNION, NJ 07083

**Telephone No.**

215-788-6040

00509

**License No.**

BRISTOL ENVIRONMENTAL, INC.

**Project Manager for Monitoring Firm**

THOMAS RUBINO

**Telephone No.**

908-888-7800

**Name of OSHA Monitor**

BRISTOL ENVIRONMENTAL, INC.

**Start Date (10)**

ON HOLD

**Scheduled Completion Date (11)**

7 / 6 / 12

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

☐ Facility Closed/Vacated During Entire Period of Abatement

☑ Abatement Performed Outside of Normal Facility Hours - Describe

Time of Abatement: AM PM 10:00AM-8:00AM

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

☐ ≥3 sf or ≥3 ft

☐ ≥160 sf or ≥260 ft

☐ Renovation

☐ Demolition

☐ Full Containment with Negative Pressure

☐ Mini-Enclosure

☐ Glovebag Procedure

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

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

IN Facility

(13)

**Is Location 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)**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>FLOOR TILE/MASTIC</td>
<td>12500 SF</td>
<td>☐ ☐ ☐ ☐</td>
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<tr>
<td>FLOOR TILE/MASTIC</td>
<td>1000 SF</td>
<td>☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td>VAT/MASTIC</td>
<td>2200 SF</td>
<td>☐ ☐ ☐ ☐</td>
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</table>

**Name of Registered Waste Hauler**

SERVICE TRANSPORT GROUP

NJDJ Waste Hauler ID No. 20990

**Cubic Yards of Waste**

MINERVA LANDFILL

**Name of Registered Landfill**

MAY 11

**Disposal Date**

City, State

NEW CASTLE, DE 19720

**Completed By (Print or Type)**

PATRICK T. DeCARO

**Title**

Estimator

**Signature**

Patrick T. DeCaro

**Date**

6/21/12

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

### Date of Notification (1)
6 / 7 / 12

### Agencies Notified
- [x] EPA 5247
- [x] DOLWD 5230
- [x] DHSS 5233
- [x] DCA (NJAC 5:23-8)

### Name of Building Owner/Operator (2)
VORNADO REALTY TRUST

### Street Address
888 SEVENTH AVENUE

### City, State, Zip Code
NEW YORK, NY 10019

### Name of Contact

### Name of Facility Where Abatement is Taking Place (3)
MONMOUTH MALL - JC PENNEYS

### Street Address
ROUTES 35 & 36

### City (5)
EATONTOWN, NJ 07724

### County (6)
MONMOUTH

### Name of Monitoring Firm Hired by Building Owner (8)
HILLMAN CONSULTING LLC

### ASCM No.

### 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
THOMAS RUBINO

### Telephone No.
908-688-7800

### Start Date (10)
6 / 21 / 12

### Scheduled Completion Date (11)
7 / 6 / 12

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

### Square Feet

### # of Floors

### Bldg. Age

### COUNTY INFORMATION

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

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

### Occupancy Status During Abatement (Check only one)
- [x] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: __AM_/PM/10:00PM-8:00AM

### Scope of Work (Check all that apply)
- [x] Renovation
- [x] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

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

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

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

### Amount (Specify SF or LF)

### Abatement Type

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>WOMENS ARIZONA-LOWER LEVEL</td>
<td>[x] Yes</td>
<td>FLOOR TILE/MASTIC</td>
<td>12500 SF</td>
<td>[x]</td>
</tr>
<tr>
<td>LEVI - LOWER LEVEL</td>
<td>[x] Yes</td>
<td>FLOOR TILE/MASTIC</td>
<td>1000 SF</td>
<td>[x]</td>
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<tr>
<td>KIDS SHOES - LOWER LEVEL</td>
<td>[x] Yes</td>
<td>FLOOR TILE/MASTIC</td>
<td>2200 SF</td>
<td>[x]</td>
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</tbody>
</table>

### Name of Registered Waste Hauler
SERVICE TRANSPORT GROUP

### NJDEP Waste Hauler ID No. 20990

### City, State
NEW CASTLE, DE 19720

### Disposal Date

### Name of Registered Landfill
MINERVA LANDFILL

### City, State
WAYNESBURG, OH

### Completed By (Print or Type)
PATRICK T. DeCARO

### Title
Estimator

### Signature

### Date
6/7/12

---

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