STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:80-7 AND 12:120-7)

Date of Notification (1)  06/27/13

Name of Building Owner / Operator (2)  Kraft Foods/Mondelez

Agencies Notified
- EPA  Initial
- DEP  Amended
- DOH  Amendment #
- DOL  Emergency w/ justification
- Cancellation

Street Address
2211 Route 208 North
City, State, Zip Code
Fairlawn, New Jersey, 07410

Name of Contact  PRANAV DESAI
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Kraft Foods/Mondelez

Street Address
2211 Route 208

City (5)  Fairlawn
County (6)  Bergen
County Code (7)

Square Feet  1,000,000
# Of Floors  3
Building Age  40 +
Current Use (Prior if being demolished)
BakeryWAREHOUSE

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

AET  LVI Demolition Services Inc.

Street Address
907 Doolittle Drive
City, State, Zip Code
Bridgewater, NJ 08807

Project Mgr. For Monitoring Firm  Telephone Number
Eric Houseknecht  908-218-1109
East Hanover, NJ 07936

Scheduled Start Date (10)  07/01/13
Sched. Completion Date (11)  07/02/13

Telephone Number  973-772-3650
License Number  00680

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

Name of OSHA Monitor  LVI Demolition Services Inc.
Street Address
32 Williams Parkway
City, State, Zip Code
East Hanover, NJ 07936

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

Location of Asbestos Containing Material (ACM) (12)

Description of Material ( Specify SF or LF)
Abatement Type

<table>
<thead>
<tr>
<th>Location of Asbestos Containing Material (ACM)</th>
<th>Is Location Normally Used Solely by Maintenance/ Custodial Staff (12)</th>
<th>Description of Asbestos - Containing Material (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>BAKERY OREO 4</td>
<td>YES NO N/A</td>
<td>PIPE INSULATION</td>
<td>15 LF</td>
<td>R E M O V A L</td>
</tr>
<tr>
<td>BAKERY PRODUCTION AREA</td>
<td>YES NO N/A</td>
<td>PIPE INSULATION</td>
<td>30 LF</td>
<td>C L O S U R</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler  NJDEP Waste Hauler ID No. 4699
NEWARK CARTING

Cubic Yards of Waste  Name of Registered Landfill  I.E.S.I.

City, State  Bethlehem, PA 18105
NEWARK, NJ

Completed by (Print or Type)  Signature  Date
Title  Project Manager
Steve Stiles  06/27/13

ASB-41
STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:60-7 AND 12:120-7)

Date of Notification (1) 6/27/13

Name of Building Owner / Operator (2) Verizon
Street Address 100 Greenwood Avenue
City, State, Zip Code Jenkintown, PA, 19046

Agencies Notified
- EPA □ Initial
- DEP □ Amended
- DOH □ Amendment #
- DOL □ Emergency w/ justification
- DCA □ Cancellation

Name of Contact Alex Baylor
Telephone Number □

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3) Verizon Paulsboro NJ
Street Address 220 West Broad Street

City (5) Paulsboro
County (6) Gloucester
County Code (7) □

Square Feet □ N/A
# Of Floors □ 2
Building Age □ 50+
Current Use (Prior if being demolished) □

Name of Monitoring Firm Hired by Bldg. Owner (8) USA Environmental
ASCM No □

Name of Abatement Contractor (9) LVI Environmental Services Inc.
Street Address 462 Getty Avenue
City, State, Zip Code Clifton, NJ 07011

Project Mngr. For Monitoring Firm Mark Jenkins
Telephone Number 215-365-5810

Scheduled Start Date (10) 7/15/13
Sched. Completion Date (11) 7/19/13

Telephone Number 973-772-3660
License Number 00117

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

Name of OSHA Monitor LVI Environmental Services Inc.
Street Address 462 Getty Avenue
City, State, Zip Code Clifton, NJ 07011

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

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

<table>
<thead>
<tr>
<th>Location of Material (ACM)</th>
<th>Description of Asbestos - Containing Material (ACM)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement Ventilation RM</td>
<td>Fan Unit Insulation 55SF</td>
<td>R</td>
</tr>
<tr>
<td>Basement Ventilation RM</td>
<td>Vibration Damper Cloth 2SF</td>
<td>R</td>
</tr>
<tr>
<td>N/A</td>
<td></td>
<td>N</td>
</tr>
</tbody>
</table>

Location of ACM (Specify SF or LF)

Name of Registered Waste Hauler NJDEP Waste Hauler ID No.
Service Transport Group SW2117
58 Pylies Lane

Name of Registered Landfill Minerva Landfill
Disposal Date 8/55 Minerva Road
City, State Waynesburg, OH, 44688

Complied by (Print or Type) Marc Heim
Title Project Manager
Signature

Completed By (Print or Type) 7/25/2013
Date 06/27/13

ASB-41
NOTIFICATION OF ASPHALT ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)
05 / 25 / 13

Name of Building Owner/Operator (2)
Private Residence for angelwood holdings

Agencies Notified
☐ EPA
☐ DOLWD
☐ DOH
☐ DCA (NJAC 5:23-8)
☐ Emergency (including justification)
☐ Cancellation

Street Address
101 North Woodland St

City, State, Zip Code
Englewood NJ

Name of Contact
Chris Lombardo

FACILITY INFORMATION

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

Square Feet

# of Floors

Bldg. Age

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished)

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

Name of Abatement Contractor (9)
ALL PRO MANAGEMENT LLC

ASCM No.

Name of Abatement Contractor (9)
ALL PRO MANAGEMENT LLC

Street Address
PO Box 1224

City, State, Zip Code
Union NJ

Telephone No.
973 494 3762

License No.
1188

Name of OSHA Monitor
ALL PRO MANAGEMENT LLC

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_ 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)

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)
220 LF

Abatement Type
☐ Removal
☐ Repair
☐ Encapsulate
☐ Enclose

Name of Registered Waste Hauler
ALL PRO MANAGEMENT LLC

Cubic Yards of Waste As Needed

Name of Registered Landfill
IESI Landfill

City, State
Garfield NJ

Disposal Date
TBD

City, State
Bethlehem, PA

Completed By (Print or Type)
Zvonko Veskov
Title
President
Signature

Date
6-25-13

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

Date of Notification (1)
6/25/13

Name of Building Owner/Operator (2)
Troy Hills Board of Education

Agencies Notified

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

Type Notification

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

Street Address
292 Parsippany Road

City, State, Zip Code
Parsippany, NJ 07054

Name of Contact
Tom Cavello

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Lake Parsippany School

Street Address
225 Kingston Road

City (5)
Parsippany

County (6)
Morris

County Code (7)
STATE CODE ONLY

Current Use (Prior to being demolished)
school

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
2

Bldg. Age

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

Name of Abatement Contractor (9)
Pow/R/Save Inc.

Street Address
27 West Street

City, State, Zip Code
Bloomfield, NJ 07003

Project Manager for Monitoring Firm

Telephone No.
(973) 680-0088

License No.
357

Start Date (10)
7/15/13

Scheduled Completion Date (11)
7/18/13

Name of OSHA Monitor

Occupancy Status During Abatement (Check Only One)

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

Scope of Work (Check All That Apply)

[ ] ≥ 3 sf or ≥ 3 ft
[ ] ≥ 160 sf or ≥ 260 ft
[ ] Renovation
[ ] Demolition

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

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

Name of Registered Waste Hauler
Atlas Disposal Options

Cubic Yards of Waste
18262

Name of Registered Landfill
Grand Central

City, State

Disposal Date

City, State

Pen Argyll, PA

Completed by
Sharon Hendee

Title
sec/treas.

Signature

Date
6/25/13

ASB-41 (R-06-08)

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

**State of New Jersey**

**Date of Notification (1)**  
6/25/13

**Name of Building Owner/Operator (2)**  
Parsippany-Troy Hills Board of Education

**Agencies Notified**  
- [X] EPA  
- [X] DOH

**Type Notification**  
- [X] Initial

**Street Address**  
292 Parsippany Road

**City, State, Zip Code**  
Parsippany, NJ 07054

**Name of Contact**  
Tom Gaveglio

**Telephone Number**

### FACILITY INFORMATION

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

**Street Address**  
1 Lincoln Ave

**City (5)**  
Lake Hiawatha

**County (6)**  
Morris

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

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

**Name of Abatement Contractor (9)**  
Pow/R/Save Inc.

**Street Address**  
27 West Street

**City, State, Zip Code**  
Bloomfield, NJ 07003

**Project Manager for Monitoring Firm**

**Telephone No.**  
(973) 680-0088

**License No.**  
357

**Start Date (10)**  
7/22/13

**Scheduled Completion Date (11)**  
7/23/13

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

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

- [X] ≥3 sf or ≥3 If
- [ ] ≥160 sf or ≥260 If

- [X] Renovation
- [ ] Demolition

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

**In Facility**  
(13)

<table>
<thead>
<tr>
<th>Room 28</th>
<th></th>
</tr>
</thead>
</table>

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

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

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

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

<table>
<thead>
<tr>
<th>VAT &amp; mastic</th>
<th></th>
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<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
<th></th>
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<tbody>
<tr>
<td>750 sf</td>
<td></td>
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</table>

**Abatement Type**

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

**Name of Registered Waste hauler**

**Atlas Disposal Options**

**NJ DEP Waste Hauler ID No.**  
18262

**Cubic Yards of Waste**  

**Name of Registered Landfill**

**Grand Central**

**City, State**

**Dover, NJ**

**Disposal Date**

<table>
<thead>
<tr>
<th>City, State</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pen Argyl, PA</td>
<td>6/25/13</td>
</tr>
</tbody>
</table>

**Completed by**

**Sharon Hendee**  
Title sec/treas.

**Signature**

*Do not use this form for asbestos licensure exempted activities.*
### State of New Jersey
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:69 and 8:16)

**Date of Notification:** 6/26/13

**Name of Building Owner/Operator:** Susie Lloyd

**Street Address:** 230 Monmouth Street

**City, State, Zip Code:** Hightstown, NJ 08520

**Name of Contact:** Cheryl Fitzgerald

**Telephone Number:**

<table>
<thead>
<tr>
<th>Facility Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Facility Where Abatement is Taking Place: Residential</td>
</tr>
<tr>
<td>Street Address: 230 Monmouth Street</td>
</tr>
<tr>
<td>City: Hightstown, NJ 08520</td>
</tr>
<tr>
<td>County: Mercer</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>name of monitoring firm hired by building owner</th>
</tr>
</thead>
<tbody>
<tr>
<td>MECS</td>
</tr>
</tbody>
</table>

**Type of Facility:** Residential

**Square Feet:** 2000

**# of Floors:** 3

**Bldg. Age:** 80

**Current Use:** Residential

**Type of Abatement Contractor:** Stevens Environmental Services, Inc.

**Address:** PO Box 322

**City, State, Zip Code:** Allentown, NJ 08501

<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone No.: (609) 298-4070</td>
</tr>
</tbody>
</table>

**License No.:** 00493

**Name of OSHA Monitor:** MECS

**Street Address:** PO Box 341

**City, State, Zip Code:** Crosswicks, NJ 08515

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

- Thermal Pipe Insulation

**Amount (Specify SF or LF):** 150 LF

<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 IN Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:** Stevens Environmental

**NJDEP Waste Hauler ID No.:** 18292

**Cubic Yards of Waste:** 2 CU

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

**City:** Allentown, NJ 08501

**Disposal Date:** 7/17/12

**City:** Tullytown, PA

**Project Manager:**

<table>
<thead>
<tr>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mahlon E. Stevens</td>
</tr>
</tbody>
</table>

**Signature:**

**Date:** 6/26/13

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

Date of Notification (1)
5 / 29 / 13

Name of Building Owner/Operator (2)
Monmouth University

Type Notification
☐ Initial
☐ Amended
☐ Amendment #02
☐ Emergency (including justification)
☐ Cancellation

Street Address
400 Cedar Avenue

City, State, Zip Code
West Long Branch, NJ 07764

Name of Contact
Mr. Robert L. Cornero

FACILITY INFORMATION

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

Name of Facility Where Abatement is Taking Place (3)
Edison Science Building

Square Feet
71,894

# of Floors
3

Bldg. Age
43 years

County Code (7)/STATE USE ONLY

Current Use (Prior to being demolished)

Office/Classrooms

Name of Monitoring Firm Hired by Building Owner (8)
Ahera Consultants, Inc.

ASCM No.
0057

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

Street Address
PO Box 385

City, State, Zip Code
Oceanville, NJ 08231

Project Manager for Monitoring Firm
Donna D’Errico

Telephone No.
609-652-1833

License No.
00862

Name of OSHA Monitor
EMSL Analytical, Inc.

Street Address
3859 Sylion Boulevard

City, State, Zip Code
Hainesport, NJ 08036

Start Date (10)
6 / 10 / 13

Scheduled Completion Date (11)
6 / 24 / 13

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

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

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

Amount (Specify SF or LF)

Abatement Type

End Stage

End Stage

Location of Registered Waste Hauler
Horizon Disposal, Inc.

NJDEP Waste Hauler ID No.
22612

Cubic Yards of Waste
10

Name of Registered Landfill
GROWS Landfill

City, State
Trenton, NJ

Disposal Date
6/24/13

City, State
Morrisville, PA 19067

Completed By (Print or Type)
Kimberly A. Trumbetti
Title
Office Coordinator

Signature
Date 4/24/13

ASB-41
MAY 11

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

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

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>5 / 29 / 13</th>
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<tr>
<td>Agencies Notified:</td>
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<tr>
<td>- EPA</td>
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<td>- DOLWD</td>
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<td>- DHSS</td>
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<td>- DCA (NJAC 5:23-8)</td>
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<table>
<thead>
<tr>
<th>Type Notification</th>
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<tbody>
<tr>
<td>- Initial</td>
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<tr>
<td>- Amended Amendment #01</td>
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<td>- Emergency (including justification)</td>
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<td>- Cancellation</td>
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<table>
<thead>
<tr>
<th>Name of Building Owner/Operator</th>
<th>Monmouth University / Job # 1305-1765: Chk. #NA</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>400 Cedar Avenue</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State, Zip Code</td>
<td>West Long Branch, NJ 07764</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Mr. Robert L. Caimo</td>
</tr>
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**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place</th>
<th>Edison Science Building</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>400 Cedar Avenue</th>
</tr>
</thead>
<tbody>
<tr>
<td>City</td>
<td>West Long Branch</td>
</tr>
<tr>
<td>County</td>
<td>Monmouth</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner</th>
<th>Ahera Consultants, Inc.</th>
</tr>
</thead>
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<table>
<thead>
<tr>
<th>ASCM No.</th>
<th>0057</th>
</tr>
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<table>
<thead>
<tr>
<th>Name of Abatement Contractor</th>
<th>Asbestos and Mold Services, Corp.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>3859 Syilon Boulevard</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State, Zip Code</td>
<td>Hainesport, NJ 08036</td>
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<tr>
<td>Name of OSHA Monitor</td>
<td>EMSL Analytical, Inc.</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Telephone No.</th>
<th>609-652-1833</th>
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<table>
<thead>
<tr>
<th>Start Date</th>
<th>6 / 10 / 13</th>
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<tbody>
<tr>
<td>Scheduled Completion Date</td>
<td>6 / 23 / 13</td>
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<table>
<thead>
<tr>
<th>Occupancy Status During Abatement</th>
<th>Check only one.</th>
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</thead>
<tbody>
<tr>
<td>☒ Facility Closed/Vacated During Entire Period of Abatement</td>
<td></td>
</tr>
<tr>
<td>☒ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM - PM</td>
<td></td>
</tr>
</tbody>
</table>

| Scope of Work (Check all that apply) | |
|--------------------------------------| |
| ☒ 3 or >= 3 if | |
| ☒ 150 if or >= 260 sf | |
| ☐ Renovation | |
| ☐ Demolition | |
| ☐ Full Containment with Negative Pressure | |
| ☐ Mini-Enclosure | |
| ☐ Glovebag Procedure | |
| ☐ Non-Exempted (*) and Non-Friable Procedure | |

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

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

<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>I.e., thermal systems insulation, surfacing, VAT, or other miscellaneous</th>
</tr>
</thead>
</table>

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

| Abatement Type | Removal/Repair/Encapsulate | |
|----------------|-----------------------------||

| 1st Floor | |
|-----------||

| 1st F- 126, 127, 128, 137, 137a, 138a | |
|---------------------------------------||

| 1st Floor | Transite Pipe | 25 LF | |
|-----------|--------------|-------||
| 1st F- 126, 127, 128, 137, 137a, 138a | Textured Paint | 5,112 SF | |

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Horzino Disposal, Inc.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>NJDEP Waste Disposal ID No.</th>
<th>22812</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
<th>10</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>6/23/13</th>
</tr>
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</table>

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

<table>
<thead>
<tr>
<th>Completed By</th>
<th>Kimberly A. Trumbetti</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
<th>* Do not use this form for asbestos licensure exempted activities.</th>
</tr>
</thead>
</table>
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)  
5 / 01 / 13

Name of Building Owner/Operator (2)  
Getty Industries, LLC
Job # 1305-1760: Chk. #NA

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

Type Notification  
☐ Initial  ☐ Amended Amendment #02
☐ Emergency (including justification)  ☐ Cancellation

Street Address  
302 Main Street
Paterson, NJ 07505

City, State, Zip Code

Name of Contact  
Mr. Leo Likas
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
Getty Plaza

Street Address  
297 Getty Avenue

City (5)  
Paterson

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

Square Feet  
750,000

# of Floors  
3

Bldg. Age  
100 years

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

Current Use (Prior if being demolished)
Warehouse

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

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

Street Address  
PO BOX 316

City, State, Zip Code  
Hainesport, NJ 08036

Project Manager for Monitoring Firm  
Steve Flanagan

Telephone No.  
856-848-0800

License No.  
00862

Start Date (10)  
5 / 16 / 13
Scheduled Completion Date (11)  
7 / 20 / 13

Name of OSHA Monitor  
EMSL Analytical, Inc.

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- ___ PM- ___ AM

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 (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)

Main Warehouse Area  
Pipe Insulation  2,400 LF

Windows (8 rows)  
Window Glazing  25,000 LF

Main Warehouse Area  
Residual Pipe Insulation  2,520 LF

Main Warehouse Area  
Pipe Insulation  5,920 LF

Name of Registered Waste Hauler  
NJDEP Waste Hauler ID No. 22612

Name of Registered Landfill  
GROWS Landfill

Cubic Yards of Waste (10)

Disposal Date  
7/20/13

City, State  
Morrisville, PA 19067

Name of Registered Landfill

City, State  
Trenton, NJ

Completed By (Print or Type)  
Kimberly A. Trumbetti
Title  
Office Coordinator
Signature

Date  
6-19-13

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

Date of Notification (1) 6 / 6 / 13

Name of Building Owner/Operator (2) Brookdale Community College / Job #1306-1771: Chk. NA

Agencies Notified
☑ EPA
☑ DOLWD
☑ DHSS
☑ DCA

Type Notification
□ Initial
☑ Amended
☑ Amendment #2
☑ Emergency (including justification)
□ Cancellation

Street Address
765 Newman Springs Road

City, State, Zip Code
Lincroft, NJ 07738

Name of Contact
Mr. Richard Frank

Telephone Number

FACILITY INFORMATION

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

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

Street Address
765 Newman Springs Road

Square Feet
10,000

City (5)
Lincroft

# of Floors
2

County (6)
Monmouth

Bldg. Age
41

County Code (7) (STATE USE ONLY)

Current Use (Prior of being demolished)
Vacant

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

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

ASCA No.

Street Address
234 20th Ave.

City, State, Zip Code
Brick, NJ 08723

Project Manager for Monitoring Firm
Kelly Walton

Telephone No.
908-862-4301

Telephone No.
609-702-0400

License No.
00862

Name of OSHA Monitor
EMSL Analytical, Inc.

Start Date (10) 6 / 17 / 13

Scheduled Completion Date (11) 7 / 21 / 13

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

Time of Abatement: _______AM-_______PM/_______PM-_______AM

Scope of Work (Check all that apply)
☒ 23 sf or ≥ 23 sf
☒ 160 sf or ≥ 280 sf

☐ Renovation
☒ Demolition

□ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Fireable Procedure

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

YES NO N/A

Under Floor

Tile Sub Floor

In Ground - Outside Building

☐ Transite Duct

☐ VAT and Mastic

(2) Transite Ducts

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

Amount (Specify SF or LF)

12 LF

40 LF

Name of Registered Waste Hauler
Horizon Disposal, Inc.

NJDEP Waste Hauler ID No.
22612

Cubic Yards of Waste
6

Name of Registered Landfill
GROWS Landfill

City, State
Morrisville, PA 19067

Disposal Date
7/21/13

City, State
Trenton, NJ

Completed By (Print or Type)
Kimberly A. Trumbetti

Title
Office Coordinator

Signature

Date 6-19-13

ABB-41
MAY 11

* 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)** 6/25/13
**Name of Building Owner / Operator (2)**

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

**State of New Jersey Division of Property Management & Construction**

**Street Address**
PO Box 034

**City, State & Zip Code**
Trenton, NJ 08625-0034

**Name of Contact**
Georgette Bunch

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**
NJ Executive State House
125 West State Street

**City (5)**  Trenton  **County (6)** Mercer  **County Code (7)**

**Name of Monitoring Firm Hired by Building Owner (8)** USA Environmental
344 West State Street

**Project Manager for Monitoring Firm** William Weisgarber

**Telephone Number** 609-656-8101

**Scheduled Start Date (10)** 7/8/13  **Scheduled Completion Date (11)** 7/12/13

**Occupancy Status During Abatement**
- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Hours - Describe: 5 PM start 7/8 6PM start thereafter
- [x] Facility Occupied During Abatement

**Scope of Work (Check all that apply)**
- [x] Renovation
- [ ] Demolition

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

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

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

<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 or 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>Substation Power Room</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transite Panels</td>
<td>No</td>
<td></td>
<td>640 SF</td>
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</table>

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

**NJD EP Waste Hauler ID No.** 18750

**Cubic Yards of Waste** 12

**Name of Registered Landfill** TRRF Landfill

**City, State** Lumberton, NJ

**Disposal Date** 7/12/13

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

**Title** Opps. Coord.

**Signature**

---

**Date** 6/25/13
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

### Date of Notification (1)  
06 / 25 / 13

### Name of Building Owner/Operator (2)  
Matawan-Aberdeen Regional School District

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

### Name of Facility Where Abatement Is Taking Place (3)  
Lloyd Road Elementary

##### Lloyd Road Elementary

**Street Address**  
401 Lloyd Road

**City (5)**  
Matawan

**County (6)**  
Monmouth

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

**ASCM No.**  
00117

**Name of Abatement Contractor (9)**  
Superior Abatement Inc

**Street Address**  
2 Henderson Drive

**City, State, Zip Code**  
West Caldwell, NJ 07006

**License No.**  
00411

**Name of OSHA Monitor**  
Superior Abatement Inc

**Street Address**  
2 Henderson Drive

**City, State, Zip Code**  
West Caldwell, NJ 07006

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

- [x] 2 or more sf or ≥260 sf
- [ ] ≥260 sf or ≥260 sf
- [ ] Renovation
- [ ] Demolition
- [x] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebox Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

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

- [x] Description

### Amount (Specify SF or LF)

- [x] 250 SF

### Abatement Type

- [x] Removal
- [ ] Encapsulate
- [ ] Endure

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

- [ ] Boiler Room
- [ ] Boiler Room
- [ ] Tank Insulation
- [ ] Breaching

### Name of Registered Waste Hauler  
Service Transport Group, Inc

**City, State**  
New Castle, DE

**NJDEP Waste Hauler ID No.**  
SW2117

**Cubic Yards of Waste**  
15

**Name of Registered Landfill**  
Minerva Landfill

**Disposal Date**  
7/07/13

**City, State**  
Waynesburgh, OH

**Completed By (Print or Type)**  
Nick Petrovski

**Title**  
President

**Signature**  

**Date**  
6-25-13

---

*Do not use this form for asbestos licensure exempted activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:59 and 5:16)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>06 / 25 / 13</th>
</tr>
</thead>
</table>

Name of Building Owner/Operator (2)
Matawan-Aberdeen Regional School District

Name of Facility Where Abatement is Taking Place (3)
Strathmore Elementary

Street Address
282 Church Street
Aberdeen
County (6)
Monmouth

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

ASCM No.
00117

Name of Abatement Contractor (9)
Superior Abatement Inc

Street Address
318 12th Street
Hammonton NJ 08037

Project Manager for Monitoring Firm
Jim Proctor

Telephone No.
(609) 704-8850

Start Date (10)
07 / 13 / 13

Scheduled Completion Date (11)
07 / 14 / 13

Name of OSHA Monitor
Superior Abatement Inc

Street Address
2 Henderson Drive
West Caldwell, NJ 07006

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

Scope of Work (Check all that apply)

Boiler Room

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

Is Location Normally Used Solely by Maintenance/Custodial Staff?

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

Amount (Specify SF or LF)
40 LF

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

Name of Registered Waste Hauler
Service Transport Group, Inc

Disposal Date
7/14/13

City, State
New Castle, DE

Name of Registered Landfill
Minerva Landfill

City, State
Waynesburgh, OH

Completed By (Print or Type)
Nick Petrovski
Title
President

Signature

Date 6-25-13

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:680 and 12:129)

Date of Notification (1)
6/25/2013

Name of Building Owner/Operator (2)
Emerita Urban Renewal, LLC

Agencies Notified
☐ EPA  
☐ DEP  
☐ DOL  
☐ DOH  
☐ DCA
Type Notification
☐ Initial  
☐ Amended
☐ Amendment #  
☐ Emergency (including justification)
☐ Cancellation

Street Address
744 Broad Street, Suite 406

City, State, Zip Code
Newark, NJ 07102

Name of Contact
Moses Torgueman

Name of Facility Where Abatement is Taking Place (3)
Street Address
744 Broad Street

City (5)
Newark

County (6)
Essex

County Code (7)  

(STATE USE ONLY)

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

Square Feet
592,000

# of Floors
35

Bldg. Age
83

Office Building

Name of Monitoring Firm Hired by Building Owner (8)
EnviroVision Consultants, Inc.

ASCM No.
00079

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

Street Address
20-21 Warsaw Road, Building 35E

City, State, Zip Code
Fair Lawn, NJ 0741

Telephone No.
(973) 636-9145

License No.
01036

Street Address
1360 Clifton Avenue, Unit 365

City, State, Zip Code
Clifton, NJ 07012

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

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

In Facility

(13)

Yes No N/A

Location
Pre-Cast Roof Paneling

1,872 SF

Abatement Type

Full Containment with Negative Pressure

Mini-Enclosure

Glovebag Procedure

Non-Exempted (*) and Non-Friable Procedure

Amount (Specify SF or LF)

Removal

Repair

Encapsulate

Enclose

Retrofit

Name of Registered Waste Hauler
Atlantic Carting, LLC

NJ DEP Waste Hauler ID No.
NJ-641

Cubic Yards of Waste
30

Name of Registered Landfill
IESI Bethlehem Landfill Corp.

City, State
Bethlehem, PA

Disposal Date
TBD

Completed by
Sean Zoric

Title
President

Signature

Date
6/25/2013

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

Date of Notification (1)       June 25, 2013

Name of Building Owner/Operator (2)  Princeton Academy of the Sacred Heart

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

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

Name of Facility Where Abatement is Taking Place (3)
Princeton Academy of the Sacred Heart

Street Address
101 Drake’s Corner Road

City
Princeton

County Code (7) (STATE USE ONLY)
Mercer

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

Square feet
20,000 sf

# of Floors
2

Bldg. Age
60

Current Use (Prior if being demolished)
School

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

ASCM No.

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

Street Address
Post Office Box 315

City, State, Zip Code
Thoroughfare, New Jersey 08086

Project Manager for Monitoring Firm
Steve Flannagan

Telephone Number
856-848-0800

Scheduled Start Date (10)
7/08/13

Scheduled Completion Date (11)
7/19/13

Occupancy Status During Abatement (Check only one)
[ ] Facility Closed/Vacated During Entire Period of Abatement
[ ] Abatement Performed Outside of Normal Facility Hours
[ ] Other – Describe __Occupied________

Scope of Work (Check all that apply)
[ ] >3 sf or >3 ft
[ ] ≥160 sf or ≥260 ft
[ ] Renovation  [x ] Demolition

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

<table>
<thead>
<tr>
<th>Is Location Normally used</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>X</td>
<td>Asbestos Ceiling tiles</td>
<td>2300 sf</td>
<td>X</td>
</tr>
<tr>
<td>X</td>
<td>Asbestos Floor tiles</td>
<td>2300 sf</td>
<td>X</td>
</tr>
<tr>
<td>X</td>
<td>Asbestos Ceiling tiles</td>
<td>1440 sf</td>
<td>X</td>
</tr>
<tr>
<td>X</td>
<td>Asbestos Floor tiles</td>
<td>1440 sf</td>
<td>X</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
Guardian Contracting, Inc.

NJDEP Waste Hauler ID No
20223

Cubic Yards of Waste
40

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

City, State
Toms River, New Jersey

Disposal Date
7/22/13

Completed by (Print or Type)
Nicholas Fernicola  Title  Project Manager  Signature  Nicholas

City, State
Tullytown, Pennsylvania

Date
6/25/2013

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

Date of Notification (1)
June 25, 2013

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

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

Name of Building Owner/Operator (2)
T & H Homes

Street Address
70 East Water Street Unit 5B

City, State, Zip Code
Toms River, New Jersey 08753

Name of Contact
Bill Hoermann

Telephone Number

FACILITY INFORMATION

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

Street Address
2203 Bay Blvd.

City
Lavallette

County
Ocean

County Code (7) (STATE USE ONLY)

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

ASCM No.

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

Street Address
1889 Route 9, Unit 61

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

Telephone Number
732-349-9932

License Number
00624

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

Street Address
1056 Stelton Road

City, State, Zip Code
Piscataway, New Jersey 08854

Scope of Work (Check all that apply)

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

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

Exterior

X
Asbestos siding

1150 sf

Location Normally used Solely by Maintenance/Custodial Stuff (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
ENCAPSULE
ENCLOSURE

[ ]

Name of Registered Waste Hauler
Guardian Contracting, Inc.

NJDEP Waste Hauler ID No.
20223

Cubic Yards of Waste
3

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

City, State
Toms River, New Jersey

Disposal Date
6/27/13

City, State
Tullytown, Pennsylvania

Completed by (Print or Type)
Nicholas Fernicola
Title
Project Manager

Signature

Date
6/25/2013

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

(Pursuant to NJAC 8: 60-7 and 12: 126-7)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>06/01/2013</td>
<td>Jersey City Public School District</td>
</tr>
</tbody>
</table>

**Agencies Notified**

- [X] EPA
- [ ] Initial Notification
- [X] DOL
- [X] Amended Notification Amendment 2
- [ ] DOH
- [ ] Cancellation
- [ ] DCA
- [ ] Emergency

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

William Dickinson High School
2 Pallsades Avenue
City: Jersey City
County: Hudson
County Code: 660

**Name of Monitoring Firm**
USA Environmental Management Inc.
Street Address: 344 West State Street
Trenton, NJ 08618
Project Manager: Willie Weisinger

**Scheduled State Date (10)**

- [ ] 06/01/2013
- [2] 02/01/2013

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

- [X] Facility Closed/Vacated During Entire Period of Abatement
- [X] Abatement Performed Outside of Normal Facility
- [ ] Other - Describe: 7:00am - 3:30pm

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

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

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

- [ ] Yes
- [X] No

<table>
<thead>
<tr>
<th>Location</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rooms 333-335-337-339</td>
<td>Insulation, surfacing, VAT, or other miscellaneous</td>
</tr>
<tr>
<td>Rooms 333-335-337-339</td>
<td>Insulation, surfacing, VAT, or other miscellaneous</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Handler**
J.R. Contracting & Environmental Consulting, Inc.
City, State: Wayne NJ 07470

**Disposal Date**
City, State: Morrisville PA

**Completed By**
J.R. Contracting & Environmental Consulting, Inc.
City, State: Wayne NJ 07470

**Signature**

6/24/2013
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to N.J.A.C. 8:60 and 12:120)

<table>
<thead>
<tr>
<th>Data of Notification (1)</th>
<th>6/21/13</th>
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<td>Type Notification</td>
<td>X Initial</td>
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<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>WESTMINSTER HEIGHTS</td>
</tr>
<tr>
<td>Street Address</td>
<td>1970 Brunswick Ave. Suite #100</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>LAWRENCEVILLE, N.J. 08648</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>H MARK ISSA</td>
</tr>
<tr>
<td>FACILITY INFORMATION</td>
<td></td>
</tr>
<tr>
<td>Name of Facility Where Abatement Is Taking Place (3)</td>
<td>380 IRVINGTON AVE</td>
</tr>
<tr>
<td>City (5)</td>
<td>ELIZABETH N.J.</td>
</tr>
<tr>
<td>County (6)</td>
<td>UNION</td>
</tr>
<tr>
<td>Square Feet</td>
<td>30000</td>
</tr>
<tr>
<td># of Floors</td>
<td>5</td>
</tr>
<tr>
<td>Bldg. Age</td>
<td>75</td>
</tr>
<tr>
<td>Name of Abatement Contractor(s)</td>
<td>NOVATECH INC</td>
</tr>
<tr>
<td>Street Address</td>
<td>P.O. Box 814</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>OLD BRIDGE N.J. 08857</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>NOVATECH INC</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>973-238-7500</td>
</tr>
<tr>
<td>License No.</td>
<td>00836</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>NOVATECH INC</td>
</tr>
<tr>
<td>Scope of Work (Check all that apply)</td>
<td>X Demolition</td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</td>
<td>Kitchens</td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</td>
<td>No</td>
</tr>
<tr>
<td>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td>45,400 SF</td>
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<tr>
<td>Name of Registered Waste Hauler</td>
<td>NOVATECH INC</td>
</tr>
<tr>
<td>ID No.</td>
<td>18501</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>580</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>G.R.O.W.S</td>
</tr>
<tr>
<td>City, State</td>
<td>OLD BRIDGE N.J. 08857</td>
</tr>
<tr>
<td>Completed by</td>
<td>Ovais AHMEDA, PRESIDENT</td>
</tr>
</tbody>
</table>

*Do not use this form for asbestos licensure exempted activities.*
# State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

## GAC Project # 060-13

**Date of Notification (1)**
June 21, 2013

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

**Name of Contractor (6)**
MICHAEL SMITH, ENV.
HEALTH & SAFETY

### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place (3)**
QUAD I, HOUSES 10, 12 & 14 BLDG# 4146, 4137 & 4139

**Street Address**
LIVINGSTON CAMPUS

**City (5)**
PISCATAWAY

**County (6)**
MIDDLESEX

**County Code (7)**

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

**Sq. Feet: N/A**

**# of Floors: 4**

**Bldg. Age: 60+ years**

**Current Use (prior to if being demolished): ACADEMIC**

**Name of Agency Hiring Abatement Contractor (8)**
GREENWOOD ABATEMENT CONSULTANTS, INC.

**Street Address**
268 MAIN STREET

**City State Zip Code**
BURLINGTON, NJ 08016

**Project Manager for Monitoring Firm**
BRIAN KEARNY

**Telephone Number**
609-386-8800

**Scheduled Start Date (10)**
07/02/13

**Scheduled Completion Date (11)**
07/03/13

**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: Shift Hours: 4:00 PM - 5:00 AM

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

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

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</th>
<th>YES</th>
<th>NO</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) in Facility (13)</th>
<th>≥ 3 sf or ≥ 3 If</th>
</tr>
</thead>
</table>

### ENTRANCE VESTIBULES

<table>
<thead>
<tr>
<th>VAT</th>
<th>150 SF</th>
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</table>

**Name of Reg. Waste Hauler**
See Hauler Below #1 & 2

**NJDEP Waste Hauler ID #**

**Cubic Yards of Waste: 5 CY**

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

**Disposal Date**
07/03/13

**City State Zip Code**
100 New Ford Mill Rd, Morrisville, PA 19067
215-736-1700

**Completed by (Print or Type)**
RAYMOND C. PEDALINO

**Title**
SENIOR PROJECT MANAGER

**Signature**
Raymond C. Pedalino

**Date**
June 21, 2013

**Copies To:** Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Check #: 5436

Date of Notification (1):
06/17/13

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

Streets Address:
18 West Main Street
Brookside, NJ 07926

Name of Contact:
Thomas Kryger, Business Administrator

Agencies Notified (Type Notification):
- [X] EPA
- [X] Initial Notification
- [X] DEP
- [X] Initial Notification
- [X] DOL
- [X] Amended Notification
- [X] DOH
- [X] Cancellation
- [X] IDCA

Name of Facility Where Abatement is Taking Place (3):
Mendham Township Middle School
16 Washington Valley Road
Brookside, NJ 07926

County (6):
Morris

Project Manager for Monitoring Firm:
Nadine Bello
201-569-6708

Name of Monitoring Firm Hired by Building Owner (8):
DAI Environmental Services
300 Grand Avenue
Englewood, NJ 07631

License No.:
00012

Name of Abatement Contractor (9):
Four Strong Builders, Inc.
180 Sargeant Avenue
Clifton, NJ 07013-1935

License No.:
973-614-0377

Current Use (Prior if being demolished):
School

Square Feet:
50000

No. 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.)

Name of Registered Waste Hauler:
NJDEP Waste Hauler ID No.:
12609

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

Disposal Date:

Completed By (Print or Type) Title:
Bilyana Kulakovska Office Administrator

Date:
6/17/13

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

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

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Location Normally Used</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boiler Room</td>
<td>Boiler Rope Insulation</td>
<td>(i.e., thermal systems, surfacing, VAT, or other miscellaneous)</td>
<td>200 LF</td>
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<tr>
<td>Boiler Room</td>
<td>Ductwork Gasket Material</td>
<td></td>
<td>16 LF</td>
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</table>

Name of Registered Waste Hauler:

Disposal Date:

Signature:
B. Kryger

Date:
6/17/13

G4667
State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-13

Date of Notification (1) June 21, 2013

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

Agencies Notified
☐ EPA
☐ DCA
☐ DOH
☐ DEP - No Longer REQUIRED

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

Name of Facility Where Abatement is Taking Place (3)
FOOD SCIENCE, BLDG# 6246

Street Address
COOK CAMPUS

City (5) NEW BRUNSWICK
County (6) ESSEX

County Code (7) (State Use Only) ASCM No.
0098

Name of Monitoring Firm Hired by Bldg. Owner (3)
ATC ASSOCIATES

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

Sqd. Feet: N/A # of Floors: 5 Bldg. Age: 60+ years

Current Use (prior if being demolished): ACADEMIC

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

Street Address
268 MAIN STREET

City State Zip Code
BURLINGTON, NJ 08016

Telephone Number 609-386-8800

Name of OSHA Monitor
ENVIROVISION, INC.

3 TERRI LANE

City State Zip Code
BURLINGTON, NJ 08016

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: Shift Hours: 5:00 PM - 5:00 AM

Amount (Specify SF or LF)
1000 SF

Abatement Type
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Demolition
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) in Facility (13)
Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)
YES NO NA

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

302 SUITE, 309, 313

TRANSITE BENCH TOPS & PANELS

Name of Reg. Waste Hauler
See Hauler Below #1 & 2
NJDEP Waste Hauler ID # See Below

Cubic Yards of Waste: 30 CY

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

Disposal Date
07/15/13

City State
100 New Ford Rd. Morrisville, Pa
19067 215-736-1700

Completed by (Print or Type)
RAYMOND C. PEDALINO
Title SENIOR PROJECT MANAGER
Signature Raymond C. Pedalino
Date June 21, 2013

Copies To: Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney
State of New Jersey

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

Check # 7185

Date of Notification (1) 6/24/13

Name of Building Owner/Operator (2) Montclair State University

Agencies Notified

<table>
<thead>
<tr>
<th>Agency</th>
<th>Type of Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] EPA</td>
<td>[ ] Initial Notification</td>
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<td>[ ] DEP</td>
<td>[ ] Emergency Notification</td>
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<td>[ ] DOL</td>
<td>[ ] Amended Notification</td>
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<tr>
<td>[ ] DOH</td>
<td>[ ] Cancellation</td>
</tr>
<tr>
<td>[ ] DCA</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

Type of Notification

- Initial Notification
- Emergency Notification
- Amended Notification
- Cancellation

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Webster Hall, Montclair State University

City (5) Upper Montclair

County (6) Essex

Name of Monitoring Firm Hired by Building Owner ASCM No. Whitman Companies, Inc.

Street Address 7 Pleasant Hill Road

City, State, Zip Code Cranford, NJ 07016

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

Street Address 3 Lynn Court

City, State, Zip Code Lincoln Park, NJ 07035

Project Manager for Monitoring Firm Telephone Number

Kevin Lovely 732-390-5858

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

Scheduled Start Date (10) 6/25/13

Sched. Completion Date (11) 7/1/13

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

Location of Asbestos – Containing Material (ACM)

<table>
<thead>
<tr>
<th>Location</th>
<th>Normally Used</th>
<th>Is Location Normally Used sole Maintenance/Custodial Staff (12)</th>
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</thead>
<tbody>
<tr>
<td>Room 116</td>
<td>X</td>
<td>VAT</td>
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</table>

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

- Yes
- No
- N/A

Description of Asbestos – Containing Material (ACM)

(Specify whether ACM, thermal systems insulation, surfacing, VART, or other miscellaneous)

<table>
<thead>
<tr>
<th>Description of Asbestos – Containing Material (ACM)</th>
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<tbody>
<tr>
<td>[ ] Full Containment with Negative Pressure</td>
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<tr>
<td>[ ] Mini-Enclosure</td>
</tr>
<tr>
<td>[ ] Glovebag Procedure</td>
</tr>
<tr>
<td>[X] Non-Friable Procedure</td>
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</table>

Amount (Specify SF or LF)

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>120 SF</td>
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</table>

Name of Registered Waste Hauler

Jupiter Environmental Services

City, State, Zip Code Lincoln Park, NJ

Disposal Date 7/8/13

Name of Registered Landfill Minerva Landfill

City, State, Zip Code Waynesburg, OH

Completed By (Print or Type) Pane Repic

Title General Manager

Signature

Date 6/24/13
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50-7 and 12:1209)

Date of Notification (1): 6/24/13
Name of Building Owner/Operator (2): Montclair State University
Street Address: Normal Avenue
City, State, Zip Code: Upper Montclair, NJ 07043
Name of Contractor: Amy Ferdinand
Telephone Number:

FACILITY INFORMATION
Name of Facility Where Abatement is Taking Place (3):
Webster Hall, Montclair State University
Street Address: 1 Normal Avenue
City (5): Upper Montclair
County (6): Essex
County Code (7): (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner:
Whitman Companies, Inc.
Street Address: 7 Pleasant Hill Road
City, State, Zip Code: Cranford, NJ 07012

Project Manager for Monitoring Firm:
Kevin Lovely
Telephone Number: 732-390-5858

Scheduled Start Date (10): 6/25/13
Scheduled Completion Date (11): 7/11/13

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:

Scope of Work (Check all that apply):
[X] Demolition

[X] Renovation

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

Amount (Specify SF or LF):

Abatement Type:

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

| Room 116 | VAT | 120 SF |

Name of Registered Waste Hauler:
Jupiter Environmental Services
Hauler ID No. 04702

Cubic Yards Of Waste: 1

Name of Registered Landfill:
Minerva Landfill
City, State: Lincoln Park, NJ

Disposal Date: 7/8/13

Name of Registered Landfill:
Minerva Landfill
City, State: Waynesburg, OH

Compiled By (Print or Type):
Pane Repic
Title: General Manager
Signature:
Date: 6/24/13

ASB-41
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:90 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
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<tbody>
<tr>
<td>08/12/13</td>
<td>Fairleigh Dickinson University</td>
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### Agencies Notified
- [x] EPA
- [ ] DEP
- [ ] DOL
- [ ] DOH
- [ ] DCA

### Type Notification
- [ ] Initial
- [ ] Amended
- [x] Amendments #1
- [ ] Emergency (including justification)
- [ ] Cancellation

<table>
<thead>
<tr>
<th>Agencies Notified Type Notification</th>
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<tbody>
<tr>
<td>EPA</td>
<td>Fairleigh Dickinson University</td>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>1000 River Road</td>
<td>Tenaneck, New Jersey 07666</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>County Code (7)</th>
</tr>
</thead>
<tbody>
<tr>
<td>FDU, Becton Hall</td>
<td>Bergen</td>
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### Name of Monitoring Firm Hired by Building Owner (8)
- Environmental Design Inc.

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

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Phone No.</th>
<th>License No.</th>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>5434 King Avenue, Suite 101</td>
<td>856-610-9518</td>
<td>973-225-8400</td>
<td>J&amp;S Environmental Labs LLC</td>
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### Project Manager for Monitoring Firm
- Tom Prumo

### Start Date (10) | Scheduled Completion Date (11)
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>06/17/13</td>
<td>06/30/13</td>
</tr>
</tbody>
</table>

### Scope of Work (Check All That Apply)
- [ ] 203 sf or 203 sf
- [x] 200 sf or 2260 sf
- [x] Renovation
- [x] Demolition

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

<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) (Specify SF or LF)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st, 2nd, 3rd &amp; 4th Floor Classrooms</td>
<td>X</td>
<td>VAT &amp; Mastic (Non Friable)</td>
<td>8496 SF</td>
<td>x</td>
</tr>
<tr>
<td>2nd, 3rd &amp; 4th Floor Classrooms</td>
<td>X</td>
<td>CeilingTile&amp;GlueDots(NorFriable)</td>
<td>1810 SF</td>
<td>x</td>
</tr>
<tr>
<td>1st Floor Classroom</td>
<td></td>
<td>Fittings (Glovebag)</td>
<td>9 ea</td>
<td>x</td>
</tr>
<tr>
<td>1st, 2nd, 3rd &amp; 4th Floor Hallways</td>
<td>X</td>
<td>VAT &amp; Mastic (Non Friable)</td>
<td>4030</td>
<td>x</td>
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### Name of Registered Waste Hauler
- Lillich Corporation

<table>
<thead>
<tr>
<th>NJDEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
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<tbody>
<tr>
<td>18724</td>
<td>50</td>
<td>G.R.O.W.S Landfill</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Disposal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Woodland Park, New Jersey</td>
<td>07/01/13</td>
</tr>
</tbody>
</table>

### Completed by
- Tatiana Kalenikova

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

*Do not use this form for asbestos licensure exempted activities.*
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 5:15)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>06 / 24 / 13</td>
<td>Fairleigh Dickinson University</td>
</tr>
<tr>
<td></td>
<td>Check # 2699 $200</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial</td>
</tr>
<tr>
<td>Amended Amendment #2</td>
</tr>
<tr>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>Cancellation</td>
</tr>
</tbody>
</table>

Street Address
1000 River Road

City, State, Zip Code
Teaneck, New Jersey 07666

Name of Contact
Craig Gorscya

**FACILITY INFORMATION**

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

Street Address
1000 River Road

City (5)
Teaneck, New Jersey 07666

County (6)
Bergen

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished)
College

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

ASCM No.

Name of Abatement Contractor (9)
Lilich Corporation

Street Address
606 McBride Avenue

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

License No.
01104

Name of OSHA Monitor
J&S Environmental

Project Manager for Monitoring Firm
Tom Pruno

Telephone No.
856-616-9516

Start Date (10)
06 / 17 / 13

Scheduled Completion Date (11)
06 / 30 / 13

Occupy Status During Abatement (Check only one)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM:00-PM:00 PM:00-AM

Scope of Work (Check all that apply)
- Renovation
- Demolition

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN FACILITY
1st, 2nd, 3rd & 4th Floor Classrooms
- VAT & Mastic (Non Friable)
- VAT Mastic (Non Friable)

4th Floor Classroom
- VAT & Mastic (Non Friable)
- VAT Mastic (Non Friable)

Classrooms
- VAT & Mastic (Non Friable)

1st, 2nd, 3rd & 4th Hallways
- VAT & Mastic (Non Friable)

Name of Registered Waste Hauler
Lilich Corporation

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

City, State
Woodland Park, New Jersey

Disposal Date
07/01/13

Cubic Yards of Waste
50

Name of Registered Waste Hauler
Lilich Corporation

Waste Hauler ID No. 18724

Signature

Date
06/24/13

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

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

**Date of Notification (1)**

<table>
<thead>
<tr>
<th>Agency</th>
<th>Type Notification</th>
<th>Name of Building Owner / Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>DP</td>
<td>Initial</td>
<td>NJ DEP</td>
</tr>
</tbody>
</table>

**Street Address**

401 E State Street
Trenton NJ 08625

**Name of Contact**

Bob Martin

**Telephone Number**


**FACILITY INFORMATION**

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

Dumthwacket

**Street Address**

354 Stockton St
Princeton NJ

**City (5)**

County (6) | County Code (7)
---|---
Mercer |

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

ASCN 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**

18,000

**# of Floors**

2

**Bldg. Age**

178 yrs

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

Governor's Mansion

**Name of Abatement Contractor (9)**

Bristol Environmental, Inc.

**Street Address**

1123 Beaver Street
Bristol, PA 19007

**City, State & Zip Code**

Bristol, PA 19007

**Telephone Number**

(215)788-6040

**License Number**

00509

**Name of OSHA Monitor**

Bristol Environmental, Inc.

**Street Address**

1123 Beaver Street
Bristol, PA 19007

**City, State & Zip Code**

Bristol, PA 19007

**Name of Registered Waste Hauler**

Bristol Environmental Inc.

**Cubic Yards of Waste**

1 Cu yd

**Name of Registered Landfill**

GROWS Landfill

**City, State**

Bristol, PA

**Disposal Date**

6/25/13

**City, State**

Morrisville, PA

**Date Completed**

6/24/13

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

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

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

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

<table>
<thead>
<tr>
<th>Location Normally Used Solely by Maintenance or Custodial Staff? (12)</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td>Pipe insulation (Wrap &amp; Cut)</td>
</tr>
<tr>
<td>Basement</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Base</td>
<td></td>
<td></td>
<td>Plaster</td>
</tr>
<tr>
<td>3rd Floor above ceiling</td>
<td></td>
<td></td>
<td>Pipe Insulation</td>
</tr>
</tbody>
</table>

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

**Completed By (Print or Type)**

Gino Pizzigoni

**Title**

Project Manager

**Signature**

Gino Pizzigoni
<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>6-24-13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator</td>
<td>Cannarozzi Construction LLC</td>
</tr>
<tr>
<td>Name of Facility</td>
<td>Single Family Stone house</td>
</tr>
<tr>
<td>Street Address</td>
<td>337 West Bayview Drive</td>
</tr>
<tr>
<td>City</td>
<td>Toms River</td>
</tr>
<tr>
<td>County</td>
<td>Ocean</td>
</tr>
<tr>
<td>Name of Asbestos Abatement Contractor</td>
<td>EPC Technologies Inc</td>
</tr>
<tr>
<td>P.O. Box</td>
<td>337</td>
</tr>
<tr>
<td>New Egypt, NJ 08533</td>
<td></td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>EPC Technologies Inc</td>
</tr>
<tr>
<td>P.O. Box</td>
<td>337</td>
</tr>
<tr>
<td>New Egypt, NJ 08533</td>
<td></td>
</tr>
<tr>
<td>Start Date</td>
<td>6-26-13</td>
</tr>
<tr>
<td>Scheduled Completion Date</td>
<td>6-27-13</td>
</tr>
<tr>
<td>Scope of Work</td>
<td>Extensive Walls &amp; Siding Shingles</td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED</td>
<td>Exterior Walls &amp; Siding Shingles</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>EPC Technologies</td>
</tr>
<tr>
<td>NJ DEP Waste Hauler ID No.</td>
<td>17000</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>Waste Management of PA</td>
</tr>
<tr>
<td>City, State</td>
<td>New Egypt, NJ</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>6-27-13</td>
</tr>
</tbody>
</table>

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

Date of Notification (1)  
06/13/2013  

Name of Building Owner/Operator (2)  
Brian Harris  

Agency Notified  
EPA  
DEP  
DOL  
DOH  
DCA  

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

Street Address  
247 East Glen Avenue  

City, State, Zip Code  
Ridgewood, NJ 07450  

Name of Contact  
Brian Harris  

Telephone Number  

FACILITY INFORMATION  

Name of Facility Where Abatement is Taking Place (3)  

Street Address  
247 East Glen Avenue  

City (5)  
Ridgewood, NJ 07450  

County (6)  
Bergen  

County Code (7) (STATE USE ONLY)  

Current Use (Prior if being demolished)  
Home  

Name of Monitoring Firm Hired by Building Owner (8)  
RICI CORP  

ASCM No.  

Name of Abatement Contractor (9)  
RICI CORP  

Street Address  
41 LIBERTY STREET  

City, State, Zip Code  
Passaic, NJ 07055  

Project Manager for Monitoring Firm  
RICI CORP  

Telephone No.  
973-636-9145  

License No.  
00838  

Start Date (10)  
June 18, 2013  

Scheduled Completion Date (11)  
June 20, 2013  

Occupancy Status During Abatement (Check only one)  

Facility Closed During Entire Period of Abatement  
Abatement Performed Outside of Normal Facility Hours  
Other - Describe  

Scope of Work (Check all that apply)  

- 3 sf or < 3 ft  
- 160 sf or < 280 sf  
- Renovation  
- Demolition  
- Full Containment with Negative Pressure  
- Mini-Enclosure  
- Glovebag Procedure  
- Non-Exempted (1) and Non-Riffle Procedure  

Location of Asbestos-Containing Material (ACM)  

TO BE ABATED  

IN Facility (13)  

Yes No N/A  

Pipe Insulation  
250 LF  

Abatement Type  

Encapsulate  
Repair  
Encapsulate  

Name of Registered Waste Hauler  
RICI CORP  

NJDEP Waste Hauler ID No.  
29051  

Cubic Yards of Waste  
TBD  

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

City, State  
Passaic, NJ 07055  

Disposal Date  
TBD  

MORRISVILLE, PA  

Completed by  
RISTO TRAJKOV  

Title  
PRESIDENT  

Signature  
06/13/2013  

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>6 / 21 / 13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>E. I. Dupont</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>EPA</td>
</tr>
<tr>
<td>Type Notification</td>
<td>Initial</td>
</tr>
<tr>
<td>Amendment #</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>Cancellation</td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
<td>250 Cheesquake Road</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Parlin, NJ 08859</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Nichol Reinhold</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

FACILITY INFORMATION

| Name of Facility Where Abatement is Taking Place (3) | Building 1820 |
| Street Address | 250 Cheesquake Road |
| County Code | Middlesex |
| Square Feet | 12200 |
| # of Floors | 3 |
| Current Use (Prior if being demolished) | +/- .50 |
| Type of Facility (4) | School (K-12) | Subchapter 8 (Other than K-12) | Other (i.e., private and commercial buildings, homes, etc.) |
| Name of Monitoring Firm Hired by Building Owner (5) | Criterion Laboratories |
| ASCM No. | |
| Name of Abatement Contractor (9) | USA Environmental Management, Inc. |
| Street Address | 8436 Enterprise Avenue |
| City, State, Zip Code | Philadelphia, PA 19153 |
| Telephone No. | 215-244-1300 |
| License No. | 1158 |
| Name of OSHA Monitor | USA Environmental Management, Inc |
| Street Address | 8436 Enterprise Avenue |
| City, State, Zip Code | Philadelphia, PA 19153 |

Location of Asbestos-Containing Material (ACM)

<table>
<thead>
<tr>
<th>TO BE ABATED</th>
<th>IN Facility (13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Bldg. 1820</th>
<th>Fire Door</th>
</tr>
</thead>
</table>

Scope of Work (Check all that apply)

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

Endorsements

<table>
<thead>
<tr>
<th>Abatement Type</th>
<th>Removal</th>
<th>Repair</th>
<th>Encapsulate</th>
<th>Endorsement</th>
</tr>
</thead>
</table>

Name of Registered Waste Hauler
USA Environmental Management, Inc.

NJDEP Waste Hauler ID No. 32610
Cubic Yards of Waste 1
Name of Registered Landfill Minerva Landfill
Disposal Date 5/23/13
City, State Waynesburg, OH

Completed By (Print or Type) Dillip Kumar
Title Program Manager
Signature Date

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:68 and 12:120)  

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>June 25, 2013</th>
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</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>JEFFER</td>
</tr>
<tr>
<td>Street Address</td>
<td>112 Somerset Ave</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Breccowater, N.J. 08729</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>JEFFER</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breccowater 112 Somerset Ave</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>County Code (7) (STATE USE ONLY)</th>
<th>Somerset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Use (Prior or being demolished)</td>
<td>1800</td>
</tr>
<tr>
<td># of Floors</td>
<td>1</td>
</tr>
<tr>
<td>Bldg. Age</td>
<td>72</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ACE INSULATION CO. INC.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>YS Montrose Rd</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Colts neck, N.J. 07722</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACE INSULATION CO. INC.</td>
<td>732-294-1757</td>
</tr>
<tr>
<td>Street Address</td>
<td>YS Montrose Rd.</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Colts Neck, N.J. 07722</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>7-5-13</td>
<td>7-9-13</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
</tr>
</thead>
<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>Other – Describe: 7PM-7AM</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 ft. or 12 in. in diameter</td>
</tr>
<tr>
<td>3 ft. or 12 in. in diameter</td>
</tr>
<tr>
<td>3 ft. or 3 in. in diameter</td>
</tr>
<tr>
<td>3 ft. or 2 1/2 in. in diameter</td>
</tr>
</tbody>
</table>

**LOCATION OF ASPHALT-CONTAINING MATERIAL (ACM)**

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

<table>
<thead>
<tr>
<th>Identification of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description of ACM (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
</tr>
<tr>
<td>Abatement Type</td>
</tr>
<tr>
<td>Endorsement or Encapsulation</td>
</tr>
<tr>
<td>Repair</td>
</tr>
<tr>
<td>Removal</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler (14)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACE INSULATION CO. INC. 12286</td>
</tr>
<tr>
<td>City, State</td>
</tr>
<tr>
<td>Disposal Date</td>
</tr>
<tr>
<td>Disposal Site</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completion Date (15)</th>
</tr>
</thead>
<tbody>
<tr>
<td>6-25-13</td>
</tr>
</tbody>
</table>

**NOTICE**

- Do not use this form for asbestos incineration exempted activities.
## Notification of Asbestos Abatement

**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 5:60 and 12:120)

**Date of Notification (1):** 6/25/13

**Agency Notified:**
- DCEP
- DEP
- DOH
- DCA

**Lobby card: DCEP**

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

**109 Van Cleef Rd.**

**City, State, Zip Code:**

**Franklin Twp, N.J.**

**Name of Contact:**

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

**109 Van Cleef Rd.**

**City:**

**Franklin Twp**

**County:**

**Somerset**

**Type of Facility (4):**

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

**Square Feet:** 1200

**Occupy Status During Abatement:**

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

**Start Date (10):** 7-5-13

**Completion Date (11):** 7-23-13

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

**Ace Insulation Co. Inc.**

**Address:**

**95 Montrose Rd**

**City, State, Zip Code:**

**Colts Neck, N.J. 07722**

**License No.:** 232-94-1957 000029

**Name of OSHA Monitor:**

**Ace Insulation Co. Inc.**

**Address:**

**95 Montrose Rd**

**City, State, Zip Code:**

**Colts Neck, N.J. 07722**

**Type of Asbestos Containing Material (ACM) to be Abated:**

- Exterior
- Interior
- Roof Vent Flashing

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

<table>
<thead>
<tr>
<th>Location</th>
<th>ACM Presence</th>
<th>ACM Used Only by Maintenance Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exterior</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Interior</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Roof Vent Flashing</td>
<td>No</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**Description of ACM:**

- Insulation, surfacing, VAP, or other miscellaneous

**Amount:**

- SFR
- LF

**Name of Registered Waste Hauler:**

**Ace Insulation Co. Inc.**

**ID No:** 12086

**Waste Hauler:**

**Grows**

**Disposal Date:** 7-23-13

**City, State:**

**Junky Town, PA**

**Completed By:**

**Signature:**

**Date:** 6-25-13

---

*Do not use this form for asbestos license or affiliated activities.*
Date of Notification (1): 6/25/13

Name of Building Owner/Operator (2): D&R CANAL

Street Address: 86 Meadow Dr.
City, State, Zip Code: Franklin Twp, NJ - 07932

Name of Facility Where Abatement Is Taking Place (3): D&R Property

Street Address: 86 Meadow Dr.
City: Franklin Twp
County: Sussex County

Name of Monitoring Firm Hired by Building Owner (4): ACE INSULATION CO., INC.

Street Address: 95 Montrose Rd.
City, State, Zip Code: Colts Neck, N.J. 07722

Name of Abatement Contractor (5): ACE INSULATION CO., INC.

Street Address: 95 Montrose Rd.
City, State, Zip Code: Colts Neck, N.J. 07722

Start Date (10): 7-1-13
Scheduled Completion Date (11): 7-15-13

Occupy Status During Abatement (Check only one):
- Renovation
- Demolition
- Non-Exempted (*) and Non-Removal Procedure
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Other

Scope of Work (Check all that apply):
- 2,300 sf or 2,600 sf
- 2,600 sf or 2,900 sf

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

| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN FACILITY |
|-----------------------------|-----------------|-----------------|-----------------|
| Exterior                    | Hatch, Vent, Tab | Hatch, Vent, Tab |
| Interior                    | Hatch, Vent, Tab | Hatch, Vent, Tab |

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

<table>
<thead>
<tr>
<th>Exterior</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interior</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

Amount (Specify SF or LF): 80 SF

Location of Registered Waste Hauler:

Name: ACE INSULATION CO., INC.
City, State: Colts Neck, N.J.

Completed by:

[Signature]

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

**Date of Notification (1)**  
06/21/2013  
Name of Building Owner/Operator (2)  
JOHN STAUDINGER

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

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

**Street Address**  
41 CINDY DR.

**City, State, Zip Code**  
MANAHAWKIN N.J. 08050

**Name of Contact**  
JOHN PERRONE

**Telephone Number**

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**  
PRIVATE  
41 CINDY DR.

**City (5)**  
MANAHAWKIN  N.J 08050

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

**Square Feet**  
# of Floors  
Bldg. Age  
Current Use (Prior if being demolished)  
YES

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

**ASCM No.**

**Name of Abatement Contractor (9)**  
SHARON QUALITY CONSTRUCTION LLC.

**Street Address**  
22 VAN ORDEN PL.

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

**Telephone No.**  
201-708-4270

**License No.**  
01135

**Name of OSHA Monitor**  
Sан AIR TECHNOLOGIES LAB.

**Street Address**  
1551 - OAKBRIDGE SUITE. B

**City, State, Zip Code**  
POWATHAN VA. 23139

**Start Date (10)**  
06/24/2013  
**Scheduled Completion Date (11)**  
06/25/2013

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

**Scope of Work (Check All That Apply)**  
- [ ] ≥3,000 sf or ≥3 If
- [x] ≥150 sf or ≥260 If
- [ ] Renovation
- [x] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Containment
- [ ] Glovebag Procedure
- [ ] Non-Enclosure (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<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>
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</thead>
<tbody>
<tr>
<td>Yes</td>
<td>N/A</td>
<td>SHINGLES</td>
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**EXTERIOR SIDING**  
- [x] SHINGLES

**Name of Registered Waste Hauler**  
SHARON QUALITY CONSTRUCTION LLC.

**NUDEP Waste Hauler ID No.**  
0033967

**Cubic Yards of Waste TBD**

**Name of Registered Landfill**  
MINERVA ENTERPRISE INC.

**City, State**  
HACKENSACK, N.J.

**Disposal Date**  
TBD

**City, State**  
WAYNESBURG - OHIO

**Completed by**  
CARLOS ESQUIVEL

**Title**  
SAFETY MANAGER

**Signature**  
[Signature]

**Date**  
06/21/2013

---

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)

<table>
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<td>DEP</td>
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<td>DOL</td>
<td>Emergency</td>
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<td>DOH</td>
<td>Cancellation</td>
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<td>DCA</td>
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<td>Bridgeton Villas</td>
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<th>City (5)</th>
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<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
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<tr>
<td>Alpha Environmental Services</td>
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<tr>
<th>Street Address</th>
<th>2129 Route 33</th>
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<th>Hamilton, NJ 08610</th>
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<th>Telephone Number</th>
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<tr>
<td>ENSM Analytical</td>
<td>609-847-2956</td>
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<th>Occupancy Status During Abatement (Check only one)</th>
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<td>☑ Facility Closed/Vacated During Entire Period of Abatement</td>
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<th>Schedule Start Date (10)</th>
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<td>7/1/2013</td>
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<tr>
<th>Scope of Work (Check all that apply)</th>
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<tr>
<td>☑ ≥3 sf or ≥3 fl</td>
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<tr>
<td>☑ ≥160 sf or ≥260 sf</td>
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<tr>
<td>☑ Renovation</td>
</tr>
<tr>
<td>☑ Demolition</td>
</tr>
<tr>
<td>☑ Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>☑ Mini-Enclosure</td>
</tr>
<tr>
<td>☑ Glove Bag Procedures</td>
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<tr>
<td>☑ Non-Exempted and Non-Friable Procedure</td>
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<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)</th>
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<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)</th>
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<tr>
<td>Yes ☑ No ☑ N/A</td>
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<tr>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)</th>
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<tr>
<th>Amount (Specify SF or LF)</th>
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<th>Abatement Type</th>
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<tr>
<td>Removal</td>
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<td>Repair</td>
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<td>Encapsulate</td>
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<td>Enclosure</td>
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<tr>
<td>4</td>
<td>Grows Landfill</td>
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<td>00833330</td>
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<table>
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<tr>
<td>Morrisville, PA</td>
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<th>Completed By (Print or Type)</th>
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<tbody>
<tr>
<td>Rod Richardson</td>
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<tr>
<th>Title</th>
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<tr>
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<td>Rod Richardson</td>
<td>6/18/2013</td>
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<td>6-25-13</td>
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<tr>
<td>Name of Building Owner/Operator</td>
<td>SANFORD</td>
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<tr>
<td>Street Address</td>
<td>401 Sunset Drive So.</td>
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<tr>
<td>City, State, Zip Code</td>
<td>Berkeley Township, NJ 08721</td>
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<tr>
<td>Name of Contact</td>
<td>0272</td>
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<td>FACILITY INFORMATION</td>
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<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
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<tr>
<td>Street Address</td>
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<tr>
<td>City (5)</td>
<td>Berkeley Township</td>
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<td>County (6)</td>
<td>OCEAN</td>
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<td>Type of Facility (4)</td>
<td>■ Residence</td>
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<tr>
<td>Square Feet</td>
<td>2000</td>
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<td># of Floors</td>
<td>2</td>
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<tr>
<td>Age</td>
<td>68</td>
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<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>Ace Insulation Co. Inc.</td>
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<td>ASCM No.</td>
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<tr>
<td>Name of Abatement Contractor (9)</td>
<td>Ace Insulation Co. Inc.</td>
<td></td>
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<tr>
<td>Street Address</td>
<td>95 Montrose Rd</td>
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<tr>
<td>City, State, Zip Code</td>
<td>Colts Neck, N.J. 07722</td>
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<tr>
<td>Project Manager for Monitoring Firm</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Telephone No.</td>
<td>732-294-1757</td>
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<tr>
<td>License No.</td>
<td>00029</td>
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<td>Start Date (10)</td>
<td>7-5-13</td>
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<tr>
<td>Occupancy Status During Abatement (Check only one)</td>
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<tr>
<td>○ Facility Closed/Vacated During Entire Period of Abatement</td>
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<tr>
<td>○ Abatement Performed Outside of Normal Facility Hours</td>
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<tr>
<td>○ Other — Describe:</td>
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<tr>
<td>Scope of Work (Check all that apply)</td>
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<tr>
<td>○ 3 sq. ft or 3 sq. ft</td>
<td></td>
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<tr>
<td>○ ≥ 160 sq. ft or 280 sq. ft</td>
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<tr>
<td>○ Repainting</td>
<td></td>
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<tr>
<td>○ Demolition</td>
<td></td>
<td></td>
</tr>
<tr>
<td>○ Full Containment with Negative Pressure</td>
<td></td>
<td></td>
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<tr>
<td>○ Mini-Enclosure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>○ Gelatin Procedure</td>
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<td></td>
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<tr>
<td>○ Non-Exempted (*) and Non-Friable Procedure</td>
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<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED (13)</td>
<td>Exterior</td>
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<tr>
<td>To Location Normally Used Solely by Maintenance/Custodial Staff (12)</td>
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<tr>
<td>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems, insulation, roofing, VAT, or other miscellaneous)</td>
<td>1800</td>
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<td>Amount (Specify SP or LF)</td>
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<td>Name of Registered Waste Hauler</td>
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<tr>
<td>NJDEP Waste Hauler ID No.</td>
<td>12086</td>
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<td>Cubic Yards of Waste</td>
<td>3</td>
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<tr>
<td>Name of Registered Landfill</td>
<td>GROWS</td>
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<td>City, State</td>
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<tr>
<td>Completed by</td>
<td>George W. President</td>
<td></td>
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<tr>
<td>Signature</td>
<td>George W. President</td>
<td></td>
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<tr>
<td>Date</td>
<td>7-25-13</td>
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</tr>
</tbody>
</table>

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

Date of Notification (1)  6/24/13

Name of Building Owner/Operator (2)  PINELEADS CONSTRUCTION

Agencies Notified  
☐ EPA  ☑ DEP  ☑ DOH  ☑ DOL
☐ Other (specify):  
Type Notification  
☐ Initial  ☑ Amended  ☑ Amendment #
☐ Emergency (including justification)  ☑ Cancellation

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

Street Address  228 77TH ST

City (5)  SEA ISLE CITY

County (6)  CUC MAN

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

Name of Abatement Contractor (9)  KLEMCO INC.

ASCM No.  

Street Address  369 S. SPRUCE AVE

City, State, Zip Code  MAPLE SHADE, N.J. 08052

Name of OSHA Monitor  JAI ESPER

Project Manager for Monitoring Firm  

Telephone No.  856-510-4277  00444

Start Date (10)  6/8/13

Scheduled Completion Date (11)  7/25/13

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

Scope of Work (Check all that apply)  
☐ 23 sf or 23 ft  
☐ 160 sf or 260 ft

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

Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)  Yes ☑ No ☒  

Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, V&T, or other miscellaneous)  TRANSITE

Amount (Specify SF or LF)  2000

Abatement Type  

Name of Registered Waste Hauler  KLEMCO INC.

City, State  MAPLE SHADE, N.J

Disposal Date  

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

City, State  WOODGATE, N.J

Completed By  JOSEPH KLEM

Title  V.P

Signature  

Date  6/24/13

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

**NOTIFICATION OF ASBESTOS ABATEMENT**

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

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<td>Cancellation</td>
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<td>Street Address</td>
<td>155 N. 50</td>
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<tr>
<td>City, State, Zip Code</td>
<td>GREENFIELD, N.J. 08230</td>
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<tr>
<td>Name of Principal Contractor</td>
<td>DAVID D. REUHL</td>
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<td></td>
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<td>County (6)</td>
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<td>Building Age</td>
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<td>Project Manager for Monitoring Firm</td>
<td>JOSEPH KLEMCH</td>
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<tr>
<td>Telephone No.</td>
<td>856-779-0472</td>
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<td>License No.</td>
<td>00444</td>
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<td>JOSEPH KLEMCH</td>
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<td>City, State, Zip Code</td>
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<td>Scope of Work (Check all that apply)</td>
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<td>Facade Closed/Vacated During Entire Period of Abatement</td>
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<td>Abatement Performed Outside of Normal Facility Hours</td>
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<tr>
<td>Other - Describe</td>
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<tr>
<td>Occupancy Status During Abatement (Check only one)</td>
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<tr>
<td>Abatement</td>
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<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED</td>
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<tr>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</td>
<td>Yes No N/A</td>
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<tr>
<td>Description of Asbestos-Containing Material (ACM)</td>
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<td>Amount (Specify SF or LF)</td>
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<td>Abatement Type</td>
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<td>Name of Registered Waste Hauler</td>
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<tr>
<td>NJDEP Waste Hauler No.</td>
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<td>C.M.C., M.U.A.</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>MAPLE SHADE, N.J. 08052</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>6/28/13</td>
</tr>
<tr>
<td>City, State</td>
<td>MAPLE SHADE, N.J. 08052</td>
</tr>
<tr>
<td>Owner</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>6/28/13</td>
</tr>
</tbody>
</table>

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

**Date of Notification:**
June 26, 2013

**Name of Building Owner/Operater:**
Dellran Township Schools

**Street Address:**
52 Hartford Road

**City, State, Zip Code:**
Dellran, NJ 06078

**County Code:**
Burlington

**Square Feet:**
10,000

**Facility Information:**

**Name of Facility Where Abatement Is Taking Place:**
Dellran Middle School

**Street Address:**
806 South Chester Avenue

**City:**
Dellran, NJ 08019

**Name of Monitoring Firm Hired by Building Owner:**
Westchester Environmental, LLC

**Address:**
307 N. Walnut Street

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

**Telephone No.:**
610-431-7645

**License No.:**
003842

**Start Date:**
June 26, 2013

**Scheduled Completion Date:**
July 5, 2013

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

- [ ] Educational Institution (K-12)
- [ ] Vocational Institute
- [ ] College
- [ ] Other (i.e. private & commercial buildings, home, etc.)

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

- [ ] Asbestos or Asbestos Filled Material
- [ ] Renovation
- [ ] Demolition
- [ ] Full Enclosure with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glove Box Procedure
- [ ] Non-Enclosed (*) and Non-Encapsulated Procedure

**Description of Asbestos-Containing Material:**

- **Hallways:**
  - Fiber Glass on Pipe (Glove Bag): 10 LF
  - Fiber Glass on Pipe (Full Cont): 13 LF

**Disposal Date:**
July 25, 2013

**City, State:**
Tullytown, PA

**Name of Registered Landfill:**
Gronn Landfill

**Cubic Yards of Waste:**
3

**N.J. DEP Waste Disposal ID No.:**
22283

**Disposal Permit:**
Yes

---

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

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>Name of Building Owner/Operator</th>
</tr>
</thead>
<tbody>
<tr>
<td>06 / 25 / 13</td>
<td>Gail Knowlton</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ EPA</td>
<td>Initial</td>
<td>25 Firemont Avenue</td>
</tr>
<tr>
<td>☑ DOLWD</td>
<td>Amended</td>
<td>North Arlington, NJ 07031</td>
</tr>
<tr>
<td>☑ DHSS</td>
<td>Amendment #</td>
<td>Gail Knowlton</td>
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</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place</th>
<th>Type of Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private house</td>
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</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
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</thead>
<tbody>
<tr>
<td>25 Firemont Avenue</td>
<td>North Arlington, NJ 07031</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>County (8)</th>
<th>County Code (7)</th>
</tr>
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<tbody>
<tr>
<td>Bergen</td>
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</tr>
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</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Gr Tech LLC</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
<th>License No.</th>
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<tr>
<td></td>
<td></td>
<td>973-638-1777</td>
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<tr>
<th>Start Date</th>
<th>Estimated End Date</th>
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<td>07 / 05 / 13</td>
<td>07 / 06 / 13</td>
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<th>Occupancy Status During Abatement</th>
<th>Scope of Work</th>
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<tbody>
<tr>
<td>☑ Facility Closed/Vacated During Entire Period of Abatement</td>
<td>☑ &gt; 3 sf or &gt; 3 if</td>
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<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>Yes</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SIF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
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| Abatement Type | Clean up and decontamination
<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td></td>
<td>Full Containment with Negative Pressure</td>
</tr>
<tr>
<td></td>
<td>Mini-Enclosure</td>
</tr>
<tr>
<td></td>
<td>Glovebag Procedure</td>
</tr>
<tr>
<td></td>
<td>Tent with Negative Pressure</td>
</tr>
<tr>
<td></td>
<td>Non-Exempted (*) and Non-Friable Procedure</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NDEP Waste Hauler ID No</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gr Tech LLC</td>
<td>0033785</td>
<td>TBD</td>
<td>T.R.R.F. Inc</td>
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<table>
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<tr>
<th>Disposal Date</th>
<th>City, State</th>
<th>Date</th>
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</thead>
<tbody>
<tr>
<td>TBD</td>
<td>Wayne, NJ 07470</td>
<td>Tullytown, PA</td>
</tr>
</tbody>
</table>

**Completed By (Print or Type)**

| N. Jevtic                                      | Signature |
|                                               | 06/25/2013 |

*Do not use this form for asbestos licensure exempted activities.*
<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>6-25-2013</td>
<td>Mr. Rutledge</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
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</thead>
<tbody>
<tr>
<td>[ ] EPA</td>
<td>[X] Initial</td>
<td>16 Wood Hill Drive</td>
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<tr>
<td>[ ] DEP</td>
<td>Notification</td>
<td></td>
</tr>
<tr>
<td>[X] DOL</td>
<td>[ ] Amended</td>
<td></td>
</tr>
<tr>
<td>[X] DOH</td>
<td>Notification</td>
<td></td>
</tr>
<tr>
<td>[ ] IDCA</td>
<td>[ ] Emergency</td>
<td></td>
</tr>
<tr>
<td></td>
<td>[ ] Cancellation</td>
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</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Name of Contact</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maplewood, NJ</td>
<td>Mr. Rutledge</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Same as above</td>
<td>[ ] School (K-12)</td>
</tr>
<tr>
<td></td>
<td>[ ] Subchapter 8 (Other than K-12)</td>
</tr>
<tr>
<td></td>
<td>[X] Other (i.e., private &amp; commercial buildings, homes, etc.)</td>
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<table>
<thead>
<tr>
<th>City (5)</th>
<th>County (6) Essex</th>
<th>County Code (7) (STATE USE ONLY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Essex</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm hired by Building Owner (8)</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
<td>AZTECH MANAGEMENT, INC.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Telephone Number</th>
<th>License Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>86 Christopher St.</td>
<td>(973) 744-8800</td>
<td>00371</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>Montclair, NJ 07042</td>
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<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone Number</th>
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<tbody>
<tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
<th>Telephone Number</th>
<th>License Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
<th>Scope of Work (Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>[X] Facility Closed/Vacated During Entire Period of Abatement</td>
<td>[X] &gt;3 sf or &gt;3 lft</td>
</tr>
<tr>
<td>[ ] Abatement Performed Outside of Normal Facility Hours - Describe: Other Occupancy Status</td>
<td>[X] Renovation, Demolition</td>
</tr>
<tr>
<td>[ ] Other - Describe: Other Occupancy Status - Describe: Other Occupancy Status</td>
<td>Full Containment with Negative Pressure</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</th>
<th>Location Normally Used Solely By Maintenance/Custodial Staff (12)</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems, insulation, surfacing, VAM, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
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</thead>
<tbody>
<tr>
<td>Attic</td>
<td>X Ductwork</td>
<td>18 lft</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Basement</td>
<td>Ductwork</td>
<td>100 sf</td>
<td>X</td>
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</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>AZTECH MANAGEMENT, INC.</td>
<td>17040</td>
<td>1.5</td>
<td>G.R.O.W.S.</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>Montclair, NJ 07042</td>
<td></td>
<td>Morrisville, PA 19067</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Constantine Vivian</td>
<td>President</td>
<td></td>
<td>6-25-2013</td>
</tr>
</tbody>
</table>
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1) 9-19-12

Name of Building Owner/Operator (2) Ronald Joseph

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

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

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Same as above

Street Address
49 Warwick Street

City, State, Zip Code
East Orange, NJ,

Name of Contact
Ronald Joseph

Telephone Number

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

Square Feet
1800

Square Meters

# of Floors
2

Hldg. Age
80

Current Use (Prior if being demolished)

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

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

Address
86 Christopher St.

City, State, Zip Code
Montclair, NJ 07042

Telephone Number
(973) 744-8800

License Number
00371

Name of OSHA Monitor
N/A

City, State, Zip Code

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

Scheduled Start Date (10)
7-5-2013

Sched. Completion Date (11)
7-8-2013

Month Day Year

Month Day Year

Occurrences Performed Outside of Normal Facility
Hours - Describe: Off Hours Description

Other - Describe: Other Occupancy Description

Scope of Work (Check all that apply)
[X] > 5 sf or > 10 ft
[ ] > 160 sf or > 260 ft
[X] Renovation
[ ] Demolition

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

Location Normally Used
[ ] Solely
[ ] By Maintenance/Custodial Staff (12)

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

Amount (Specify SF or LF)

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

Basement

PIPE INSULATION

Name of Registered Waste Hauler
AZTECH MANAGEMENT, INC.

NJDEP Waste Hauler ID No.
17040

Cubic Yards
1.5

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

City, State
Montclair, NJ 07042

Disposal Date
7-9-2013

City, State
Morrisville, PA 19067

Completed By (Print or Type)
Constantine Vivian

Title
President

Signature

Date
6-25-2013
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:00 and 12:20)

Date of Notification (1)
6/25/13

Name of Building Owner/Operator (2)
Paul The VI High School

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

Type Notification
- Initial
- Amended
- Emergency (Including Justification)
- Cancellation

Street Address
901 Hopkins Rd

City, State, Zip Code
Haddonfield NJ 08033

Name of Contact
Sal

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)
Paul The VI High School

Street Address
901 Hopkins Rd

City (5)
Haddonfield NJ 08033

County (6)
Camden

County Code (7)

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

ASCM No.

Name of Abatement Contractor (9)
Pernaco Inc

Street Address
PO Box 329

City, State, Zip Code
West Berlin NJ 08031

Project Manager for Monitoring Firm

Telephone No.
Telephone No.

License No.
856-753-9800
00727

Start Date (10)
7/8/13

Scheduled Completion Date (11)
7/16/13

Occupancy Status During Abatement (Check Only One)

Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours

Other - Describe:

Scope of Work (Check All That Apply)

≥ 3 sf or ≥ 3 if

≥ 160 sf or ≥ 260 if

Renovation

Demolition

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

Name of Registered Waste Hauler
United Containers

NJDEP Waste Hauler ID No.
22459

Cubic Yards of Waste
5

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

City, State
Elm NJ

Disposal Date
7/16/13

City, State
Morrisville PA 19067

Completed by
Anthony T Perna

Title
President

Signature

Date
6/25/13

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

Date of Notification (1) 6/16/13

Agencies Notified  Type Notification
- EPA Initial
- DEP Amended
- DOL Amendment #
- DOH Emergency (Including Justification)
- DCA Cancellation

Name of Building Owner/Operator (2) Robert DiRico
Street Address 403 Cranford Road
City, State, Zip Code Cherry Hill, NJ 08002
Name of Contact Robert DiRico Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)
Residence
Street Address 403 Cranford Rd
City (5) Cherry Hill
County (6) Camden

Square Feet 1400
# of Floors 2
Bldg. Age 30 yrs

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

Name of Abatement Contractor (9) AEI2, LLC
Street Address 300 S. Lenola Road
City, State, Zip Code Maple Shade, NJ 08052

Telephone No. 609-481-2122 License No. 00689

Start Date (10) 6/25/2013 Scheduled Completion Date (11) 6/25/2013

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

Scope of Work (Check all that apply)
- ≥3 sf or ≥3 if
- ≥160 sf or ≥260 if
- Renovation Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- 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) 500 SF

Abatement Type

Name of Registered Waste Hauler AEI2, LLC
NJDEP Waste Hauler ID No. 021176

Disposal Date TBD

City, State Maple Shade, NJ TBD

Completed By Wm. Minnick Title Program Mgr.
Signature /

Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
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<tbody>
<tr>
<td>Date of Notification (1)</td>
<td>6-17-13</td>
</tr>
<tr>
<td>Agency Notified (2)</td>
<td>EPA</td>
</tr>
<tr>
<td>Name of Building Owner/Operator</td>
<td>Princeton University</td>
</tr>
<tr>
<td>Street Address</td>
<td>201 Mullica Hill</td>
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<tr>
<td>City (3)</td>
<td>Glassboro NJ 08028</td>
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<tr>
<td>County (5)</td>
<td>Gloucester</td>
</tr>
<tr>
<td>Square Feet</td>
<td>30000</td>
</tr>
<tr>
<td>Number of Floors</td>
<td>3</td>
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<tr>
<td>Reg. Age</td>
<td>70</td>
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<tr>
<td>Type of Facility (4)</td>
<td>Other (i.e., private &amp; commercial buildings, homes, etc.)</td>
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<td>Name of Monitoring Firm Hired by Building Owner (6)</td>
<td>ANI JOE LLC</td>
</tr>
<tr>
<td>ASCM No.</td>
<td></td>
</tr>
<tr>
<td>Name of Abatement Contractor (8)</td>
<td>ANI JOE LLC</td>
</tr>
<tr>
<td>Street Address</td>
<td>1212 Burlington Ave</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Burlington NJ 08016</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>6-17-13</td>
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<tr>
<td>Scheduled Completion Date (11)</td>
<td>6-30-13</td>
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<tr>
<td>Name of OSHA Monitor</td>
<td>Self</td>
</tr>
<tr>
<td>Description of Abatement (12)</td>
<td></td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN FACILITY (13)</td>
<td>6-17-13 to 6-30-13</td>
</tr>
<tr>
<td>Name of Registered Waste Handler</td>
<td>Robinson, Dr.</td>
</tr>
<tr>
<td>NDEP Waste Handler ID No.</td>
<td>26035</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>Will of PA</td>
</tr>
<tr>
<td>Completion Date</td>
<td>6-17-13</td>
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</tbody>
</table>
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:80 and 12:120)

Date of Notification (1): 6-23-13

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

Type Notification:
[ ] Initial [ ] Amended
[ ] Amendment # [ ] Emergency (Including justification) [ ] Cancellation

Street Address: 516 Lakehurst Ave

Name of Building Owner/Operator: National Park Elementary School District

City, State, Zip Code: National Park, NJ 08063

Name of Contact: Bill Collins

Telephone Number: [ ]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): National Park Elem School

Street Address: 516 Lakehurst Ave

City (5): National Park

County: [ ]

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

ASCM No: [ ]

Name of Abatement Contractor (9): Ani Joe LLC

Street Address: 122 Burlington Ave

City, State, Zip Code: Delanco, NJ 08075

Project Manager for Monitoring Firm: [ ]

Telephone No.: 828-828-0921

License No.: 01-70

Start Date (10): July 8th 2013

Scheduled Completion Date (11): July 20th 2013

Name of OSHA Monitor:

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

Scope of Work (Check all that apply):
[ ] 1,000 sf or less
[ ] 1,001 sf to 1,200 sf
[ ] 1,200 sf to 2,500 sf
[ ] 2,501 sf or more

Abatement Type:
[ ] Renovation
[ ] Demolition
[ ] Encapsulation with Negative Pressure
[ ] Enclosure
[ ] Glovebox Procedure
[ ] Non-Exempted (7) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location (12)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (13)</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAC, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>RM 15-17</td>
<td>[ ] Yes [ ] No [ ] NA</td>
<td>ACM Floor Tile</td>
<td>800</td>
</tr>
<tr>
<td>RM 14</td>
<td>[ ] Yes [ ] No [ ] NA</td>
<td>ACM Floor Tile</td>
<td>800</td>
</tr>
<tr>
<td>RM 22</td>
<td>[ ] Yes [ ] No [ ] NA</td>
<td>ACM Floor Tile</td>
<td>800</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler:

[ ]

City, State: Delanco, NJ

Cubic Yards of Waste: [ ]

Name of Registered Landfill:

[ ]

Disposal Date: July 20th 2013

Completed by: Joe Hill

Title: [ ]

Signature: [ ]

Date: 6-23-13

* Do not use this form for asbestos license carried out activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1) 06/26/13

Name of Building Owner/Operator (2) Princeton University

Agency Notified
EPA
DEP
DCA
DOH

Type Notification
x Initial
Notification
Amended
Notification
Cancellation

Street Address
P.O. box 2158
City, State, Zip Code
Princeton NJ 08543
Name of Contact
Robert Otego
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Princeton University — Lawrence Low Rise Apartments bldg 3 apt 203, 205 bldg 4 apt 201

Street Address
Alexender Road

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

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

Square Feet
10900
# of Floors
3
Bidg. Age
50+

Current Use (Prior if being demolished)
University

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

ASC No.

Name of Abatement Contractor (9)

Associated Specialty Contracting

Street Address
98 LaCrue Avenue
City, State, Zip Code
Glen Mills, PA 19342

Telephone Number
610-364-5622

Licence Number
1103

Name of OSHA Monitor
Criterion Labs

Street Address
3370 Progressive Drive
City, State, Zip Code
Bensalem PA 19020

Occupancy Status During Abatement (Check only one)

Facility Closed/Vacated During Entire Period of Abatement
x Abatement Performed Outside of Normal Facility

Hours - Describe: 8:00 AM - 5:00 PM

Renovation
Full Containment with Negative Pressure
Mini - Enclosure
Glovebag Procedure
Non-Friable Procedure

Scope of work (Check all that apply)

Demolition
x >3 sfl or >3 if
x >160 sfl or >260 if

Location of Asbestos-Containing Material (ACM)

Material (ACM) TO BE ABATED

In Facility

Location

Normally Used

Material

Insulation, surfacing, VAT, or other miscellaneous)

Description of Asbestos-Containing Material (ACM)

(Rx Specified)

Amount

SF or LF

Abatement Type

Location

Yes

No

N/A

BDL G - apt 203 - kitchen

x
door tile

80

x

BDL G - apt 205 - kitchen

x
door tile

80

x

BDL G - apt 201 - kitchen

x
door tile

80

x

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

Cubic Yards of Waste
4

Name of Registered Landfill

GROWS

City, State, Zip Code

Disposal Date
As needed

City, State, Zip Code

Completed By (Print or Type)
Mark Goshow

Title
Project Manager

Signature

Date
06/26/13

ABS-41
JUN 95