STATE OF NEW JERSEY DEPARTMENT OF LABOR NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1)
02/28/2012

Name of Building Owner/Operator (2)
Anthony Kruger

Street Address
762 Black Oak Ridge Rd.
MAR 2 2012

City, State, Zip Code
Wayne, NJ 07470

Name of Contact
Anthony Kruger

FACILITY INFORMATION
Name of Facility Where Abatement is Taking Place (3)
Residential Property

Street Address
1514 Bergenline Avenue

City (5) County (6) City Code (7)
Union City Hudson

Project Manager for Monitoring Firm
N/A

Telephone Number
N/A

Scheduled Start Date (10)
03/10/2012

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

Source of Work (Check all that apply)
( ) Demolition
( ) Full Containment with Negative Pressure
( ) Small Project (<25 SF or <10 LF ACM)
( ) Mini-Enclosure
( ) Large Project (>160 SF or >260 LF ACM)
( ) 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 or Custodial Staff? (12)
YES NO N/A

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

Amount (Specify SF or LF)

Abatement Type

Basement Boiler Room Area
X TSI Insulation

Name of Reg. Waste Hauler
Vision Transport

NJDEP Waste Hauler ID #
22393

Cubic Yards of Waste
1

Disp. Date
03/11/2012

Name of Reg. Landfill
Cumberland County Landfill

Cty. State
2 Fish House Road, Kearny, NJ 07032

Completed by (Print or Type)
David Camacho

Title
General Manager

Signature
02/28/2012
**STATE OF NEW JERSEY DEPARTMENT OF LABOR NOTIFICATION OF ASBESTOS ABATEMENT**

**Date of Notification (1)**

02/28/2012

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

Marie Acierno

**Name of Contact:**

Marie Acierno

**FACILITY INFORMATION**

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

Residential Property

**Street Address:**

7400 1st Avenue

**City:**

North Bergen

**County:**

Hudson

**County Code:**

ASCN No.

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

N/A

**Name of Contractor (9):**

ISES, Inc.

**Street Address:**

3300 Hudson Avenue

**City State Zip Code:**

Union City, NJ

**Telephone Number (10):**

(201) 325-0055

**License Number:**

01124

**Type of Facility (4):**

School (K-12)

Subchapter 8 (other than K-12)

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

**Sq. Feet:**

4000

**# of Floors:**

2

**Bldg. Age:**

60

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


**Project Manager for Monitoring Firm:**

N/A

**Scheduled Start Date (11):**

03/11/2012

**Scheduled Completion Date (12):**

03/11/2012

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

Demolition

Renovation

Full Containment with Negative Pressure

Mini-Enclosure

Glovebag Procedure

Non-Exempted (*) and Non-Friable Procedure

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

N/A

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

TSI Pipe Insulation

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

YES

NO

N/A

70 LFT

**Name of Reg. Waste Hauler:**

Vision Transport

**NJDEP Waste Hauler ID #:**

22393

**Cubic Yards of Waste:**

1

**Name of Reg. Landfill:**

Cumberland County Landfill

**City State:**

Newburg, PA 17242

**Disp. Date:**

03/11/2012

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

David Camacho

**Title:**

General Manager

**Date:**

02/28/2012
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1):
02/29/12

Name of Building Owner/Operator (2):
Community Food Bank of NJ

Street Address:
31 Evans Terminal Rd.

City, State, Zip Code:
Hillside NJ. 07205

Name of Contact:
Jim Doty

FACILITY INFORMATION

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

Street Address:
Tract 2 Lot 5 Evans Terminal Rd.

City (5):
Hillside

Square Feet:
2400

County Code (6):

County Name (7) (STATE USE ONLY):

Type of Facility (4):

Current Use (Prior if being demolished):
Industrial building

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

ASCM No.:

Name of Abatement Contractor (9):
Lesco Services Inc.

Street Address:
156 Maple Ave.

City, State, Zip Code:
Wellington NJ. 07057

Project Manager for Monitoring Firm:

Telephone No.:
973-408-7341

License No.:
01107

Start Date (10):
03/13/12

Scheduled Completion Date (11):
03/20/12

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

Other - Describe:

Scope of Work (Check All That Apply):

- >= 23 sf or >= 3 sf
- >160 sf or >=260 sf

Renovation or Demolition:

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

In Facility (13):

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>boiler insulation</td>
<td>250sf.</td>
</tr>
<tr>
<td>window caulk</td>
<td>1200lf.</td>
</tr>
<tr>
<td>roof flashing</td>
<td>245lf.</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler:
Newark Carting Inc.

Name of Registered Landfill:
GROWS

City, State:
Newark NJ

Completed by:
Leslaw Nalodka

Title:
President

Date:
02/28/12

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

**Date of Notification (1)**  
2/10/12

**Name of Building Owner/Operator (2)**  
Nexus Properties Inc.

**Street Address**  
1 Brunswick Circle  
MAY 2 2012

**City, State, Zip Code**  
Lawrenceville, NJ 08648

**Name of Contact**  
Charles Bancroft

**Telephone Number**

### FACILITY INFORMATION

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

**Street Address**  
980 Hooper Avenue

**City (5)**  
Toms River

**County (6)**  
Ocean

**Square Feet**  
10,000

**# of Floors**  
2

**Bldg. Age**  
50

**Type of Facility (1)**  
commercial building

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

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
<th>Stevens Environmental Services, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>PO Box 322</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Allentown, NJ 08501</td>
</tr>
</tbody>
</table>

**Project Manager for Monitoring Firm**  
William Wiesgarber JR.

**Telephone No.**  
(609) 298-4070

**Start Date (16)**  
2/27/12

**Scheduled Completion Date (11)**  
3/16/12

**Occupancy Status During Abatement**

- [x] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours
- [x] Other - Describe: 8AM - 4:30PM

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

- [x] 310 sf or >310 sf
- [x] >600 sf or >600 sf
- [x] Renovation
- [x] Demolition
- [x] Full Containment with Negative Pressure
- [x] Mini-Enclosure
- [x] Glovebag Procedure
- [x] Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>boiler room</td>
<td>Yes</td>
<td>pipe fittings</td>
<td>80</td>
<td>☑</td>
</tr>
<tr>
<td>boiler room</td>
<td>Yes</td>
<td>boiler breaching</td>
<td>40 SF</td>
<td>☑</td>
</tr>
<tr>
<td>HVAC Room</td>
<td>No</td>
<td>pipe fittings</td>
<td>25</td>
<td>☑</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**  
Stevens Environmental Services Inc.

**N.J.DEP Waste Hauler ID No.**  
18292

**Cubic Yards of Waste**  
2 CU

**Name of Registered Landfill**  

**City, State**  
Allentown, NJ

**Disposal Date**  
3/16/12

**Completed By**  
Mahlon E. Stevens  
Project Manager

**Title**  
Project Manager  
Signature  
Date  
2/29/12

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

Date of Notification (1)  
2/10/12  

Name of Building Owner/Operator (2)  
Nexus Properties Inc.

Street Address  
1 Brunswick Circle  
MAR 2 2012  

City, State, Zip Code  
Lawrenceville, NJ 08648  

Name of Contact  
Charles Bancroft  
Telephone Number  

FACILITY INFORMATION  

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

Street Address  
980 Hooper Avenue  

City (5)  
Toms River  

County (6)  
Ocean  

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

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

Street Address  
PO Box 341  

City, State, Zip Code  
Crosswicks, NJ 08515  

Project Manager for Monitoring Firm  
Willoiam Weisgerber JR.  
Telephone No.  
(609) 298-4070  

Start Date (10)  
2/27/12  

Scheduled Completion Date (11)  
3/2/12  

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

Other - Describe:  
8AM - 4:30PM  

Scope of Work (Check all that apply)  

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

<table>
<thead>
<tr>
<th>Material</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, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>boiler room</td>
<td>Yes</td>
<td>pipe fittings</td>
<td>80</td>
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<td>boiler room</td>
<td>Yes</td>
<td>boiler breaching</td>
<td>40 SF</td>
</tr>
<tr>
<td>HVAC Room</td>
<td>Yes</td>
<td>pipe fittings</td>
<td>25</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler  
Stevens Environmental Services Inc.

City, State  
Allentown, NJ  

Disposal Date  
3/2/12  

City State  
Tullytown, PA  

Completed By  
Mahlon E. Stevens  
Title  
Project Manager  
Signature  
2/10/12  

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

Date of Notification (1)
2/28/2012

Name of Building Owner/Operator (2)
Saint Michael's Medical Center

Agencies Notified

- EPA
- DEP
- DOL
- DOH
- DCA

Type Notification

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

Street Address
111 Central Avenue
Newark, NJ 07102

City, State, Zip Code
Newark, NJ 07102

Name of Contact
Paul Russootto

Telephone Number

FACILITY INFORMATION

Type of Facility (4)

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

Square Feet
160,000

# of Floors
8

Bldg. Age
70+

County Code (7) (STATE USE ONLY)

Current Use (Prior to being demolished)
Hospital

Name of Facility Where Abatement is Taking Place (3)
St Michael's Medical Center

Street Address
268 Martin Luther King Blvd

City (5)
Newark

County (6)
Essex

Name of Monitoring Firm Hired by Building Owner (8)
n/a

ASCM No.

Name of Abatement Contractor (9)
EA Services Corporation

Street Address
426 69th Street

City, State, Zip Code
Guttenberg, NJ 07093

Project Manager for Monitoring Firm

Telephone No.

License No.
01074

Start Date (10)
3/9/12

Scheduled Completion Date (11)
3/12/2012

Occupancy Status During Abatement (Check Only One)

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other – Describe: Starting Fri @6:00PM around the clock

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM)

TO BE ABATED

In Facility

(13)

Is Location Normally Used Solely by Maintenance/Custodial Staff?

Yes

No

N/A

(A) Building-6th Floor-main corridor

x

Description of Asbestos Containing Material (ACM)

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

Double layer tile & mastic

Amount (Specify SF or LF)

1670 SF

Abatement Type

Full Containment with Negative Pressure

- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

Name of Registered Waste Hauler

NJDEP Waste Hauler ID No.
26085

Atlantic Carting

Cubic Yards of Waste

btd

Name of Registered Landfill

IESI-Bethlehem Landfill Corp

City, State, Disposal Date
Bethlehem, PA tbdd

Completed by
Gina Salvador
Title
Office Manager

Signature

Date
2/28/2012

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

**Date of Notification (1)**
2/29/2012

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

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

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

**Street Address**
1680 ROUTE 23, SUITE 330

**City, State, Zip Code**
WAYNE, NJ 07470

**Name of Contact**
RICHARD MAINARDI

**Telephone Number**

---

**FACILITY INFORMATION**

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

**Street Address**
1000 GALLOPING HILL ROAD

**City (5)**
UNION

**County Code (6)**

**County Code (7)**

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

**ASCM No.**

**Name of Abatement Contractor (9)**
TWO BROTHERS CONTRACTING

**Street Address**
116 TICES LANE, UNIT B-1

**City, State, Zip Code**
EAST BRUNSWICK, NJ 08816

**Project Manager for Monitoring Firm**
KEVIN LOVELY

**Telephone No.**
732-390-5858

**Start Date (10)**
3/12/2012

**Scheduled Completion Date (11)**
4/25/2012

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

**Scope of Work (Check All That Apply)**
- [x] ≥3 sf or ≥3 if
- [ ] ≥160 sf or ≥260 sf
- [x] Renovation
- [ ] Demolition
- [x] 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 (13)**

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

**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
- [ ] Encapsulate
- [ ] Endure

**Name of Registered Waste Hauler**
TWO BROTHERS CONTRACTING

**NJDEP Waste Hauler ID No.**
1874

**Cubic Yards of Waste**

200

**Name of Registered Landfill**
WASTE MANAGEMENT G.R.O.W.S.

**City, State**
CLIFTON, NJ

**Disposal Date**
4/28/2012

**City, State**
MORRISVILLE, PA

**Completed by**
VIVECA RAMOS

**Title**
SECRETARY

**Signature**

**Date**
2/29/2012

---

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

**Emergency**

**我没看见**

Date of Notification (1)
10/12/18 11/1/12

Name of Building Owner/Operator (2)
Victor Verno

Street Address
216 Walthery Avenue

City, State, Zip Code
Ridgewood, NJ 07450

Name of Contact
Victor Verno

Type Notification
Initial

Agency Notified
DOL

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

Victor Verno

Street Address
216 Walthery Avenue

City, State, Zip Code
Ridgewood, NJ 07450

Name of Monitoring Firm Hired by Bldg. Owner (5)

Project Manager for Monitoring Firm

Telephone Number

Scheduled Start Date (10)
3/1/2012

Sched. Completion Date (11)
3/1/2012

Occupancy Status During Abatement (Check only one)
Facility closed/demolished during entire period of abatement.

Scope of Work (check all that apply)
Renovation

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

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

Description of asbestos-containing material (ACM)

Amount (Specify SF or LF)

Removal
Repair
Encapsulate
Enclosure

Registered Waste Hauler

Name of Registered Lincoln

Disposal Date
3/2/2012

Signature

Date
2/28/2012

Gordana Luna
Treasurer
State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60-7 and 12:120-7)  
*** Emergency ***  
Check # 5089

Date of Notification (1)  
10/12/12 1/12/12 8/11/12

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ EPA</td>
<td>Initial</td>
<td>Victor Verno</td>
</tr>
<tr>
<td>□ DEP</td>
<td>Amendment</td>
<td></td>
</tr>
<tr>
<td>□ DOL</td>
<td>Cancellation</td>
<td></td>
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<tr>
<td>□ DOH</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ DCA</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Street Address  
216 Walthery Avenue  
City, State, Zip Code  
Ridgewood, NJ 07450

Name of Contact  
Victor Verno

FACILITY INFORMATION

Name of facility where abatement is taking place (3)  
Victor Verno  
Street Address  
216 Walthery Avenue  
City (5)  
County (6)  
Ridgewood, NJ 07450  
Bergen  
County Code (7) (State use only)  
n/a

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

Square Feet  
# of Floors  
Bldg. Age

Current Use (Prior if being demolished)  
Residential

Name of Abatement Contractor (9)  
B & G Restoration, Inc.

Street Address  
105 Ryerson Road  
City, State, Zip Code  
Lincoln Park, NJ 07035

Telephone Number  
973-696-6869  
License Number  
0378

Name of OSHA Monitor  
B & G Restoration, Inc.

Street Address  
105 Ryerson Road  
City, State, Zip Code  
Lincoln Park, NJ 07035

Scheduled Start Date (10)  
3/1/2012

Scheduled Completion Date (11)  
3/1/2012

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:  

Scope of Work (check all that apply)  
☐ Demolition  
☒ Renovation  
☐ >3 sf or >3 ft  
☐ >160 sf or >250 ft  
☐ Full Containment winelag pressure  
☐ Glovebag procedure  
☐ Mini-enclosure  
☐ Non-stable procedure

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

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

Description of asbestos-containing material (ACM)  
Pipe insulation  
6 lf

Amount (Specify SF or LF)  

R E M O V E  
☐  
☐

R E P A I R  
☐  
☐

E N C A P  
☐  
☐

E N C L  
☐  
☐

Registered Waste Hauler  
B & G Restoration, Inc.

NJDEP Hauler ID#  
19563

Cubic Yards of Waste  
1/2 yard

Name of Registered Landfill  
Tullytown Resource & Recovery Center

City, State  
Lincoln Park, NJ 07035

Disposal Date  
3/2/2012

Date of Compliance  
3/2/2012

Completed by (Print or Type)  
Gordana Luna  
Treasurer  
Signature  

Date  
2/28/2012
Date of Notification (1)
2/28/2012

Name of Building Owner/Operator (2)
DAVID HAZEN

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

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

Street Address
35 WESTVIEW TERRACE

City, State, Zip Code
MIDLAND PARK, NJ 07432

Name of Contact
DAVID HAZEN

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

Street Address
35 WESTVIEW TERRACE

City (5)
MIDLAND PARK

County (6)
BERGEN

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

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

County Code (7)
(State Use Only)

Square Feet

# of Floors

Bldg. Age

Name of Abatement Contractor (9)
TWO BROTHERS CONTRACTING

Street Address
250 RUTHERFORD BLVD.

City, State, Zip Code
CLIFTON, NJ 07014

Project Manager for Monitoring Firm

Telephone No.
873-956-8700

License No.
00494

Start Date (10)
3/10/2012

Scheduled Completion Date (11)
3/12/2012

Name of OSHA Monitor
SAME AS (9) ABOVE

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

Scope of Work (Check All That Apply)
☒ ≥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

Location Normally Used Solely by Maintenance/Custodial Staff

Yes No N/A

BASEMENT X

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

Amount (Specify SF or LF)

130 LF

Abatement Type

Encapsulation
☐ Removal
☐ Repair
☐ Encapsulation
☐ Removal
☐ Repair
☐ Encapsulation

Name of Registered Waste Hauler
TWO BROTHERS CONTRACTING
N/A

NUDEP Waste Hauler ID No.
18743

Cubic Yards of Waste
1

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

City, State
CLIFTON, NJ

Disposal Date
3/12/2012

City, State
MORRISVILLE, PA

Completed by
VIVICA RAMOS

Title
SECRETARY

Signature
VIVICA RAMOS

Date
2/28/2012

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

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

**Date of Notification (1):** February 29, 2012  
**Name of Building Owner / Operator (2):** Bank of America

<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>360 Hamilton Avenue</td>
</tr>
<tr>
<td>[ ] DEP</td>
<td>[ ] Amended</td>
<td></td>
</tr>
<tr>
<td>[ ] DOL</td>
<td>[ ] Amendment #</td>
<td></td>
</tr>
<tr>
<td>[ ] DOH</td>
<td>[ ] Cancellation</td>
<td></td>
</tr>
<tr>
<td>[ ] DCA</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**City, State & Zip Code:** Trenton, NJ 08699  
**Name of Contact:** Jim Kalafsky

#### 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>Bank of America</td>
<td></td>
</tr>
</tbody>
</table>

**Street Address:** 360 Hamilton Avenue  
**City (5):** Trenton  
**County (6):** Mercer  
**County Code (7):** USE ONLY  
**Name of Monitoring Firm Hired by Building Owner (8):** Arcadis US Inc.  
**ASCM No.:**  
**Name of Abatement Contractor (9):** Synatech, Inc.

**Street Address:** 35 Columbia Road  
**City, State & Zip Code:** Branchburg, NJ 08876

**Project Manager for Monitoring Firm:** Jim Kalafsky  
**Telephone Number:** 908-625-8900  
**Telephone Number:** 908-206-9916  
**License Number:** 00817

**Scheduled Start Date (10):** March 9, 2012  
**Scheduled Completion Date (11):** March 12, 2012

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

**Scope of Work (Check all that apply):**  
- [ ] ≥3 sf or ≥50 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

<table>
<thead>
<tr>
<th>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>Basement</td>
<td>X Floor Tile and Mastic 3,500 SF</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Conference Room</td>
<td>X Transite Wall Panels 750 SF</td>
<td></td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:** NJDEP Waste Hauler ID No. 27429  
**Cubic Yards of Waste:**  
**Name of Registered Landfill:** Grow's Landfill

**City, State:** Little Egg Harbor, NJ 08087  
**Disposal Date:** March 13, 2012  
**City, State:** Morrisville, PA

**Completed By:** Diane Aloia  
**Title:** Executive Administrator  
**Signature:**  
**Date:** February 29, 2012

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

Check # 1311

- Date of Notification (1)

02/28/2012

Name of Building Owner/Operator (2)

Leon Hackett

Agency Notified

☐ EPA  ☐ DEP  ☐ DOL  ☐ DOH  ☐ DCA

Type Notification

☐ Initial  ☐ Amended  ☐ Amendment #

☐ Emergency (including justification)

Street Address

32 E. Church Street

City, State, Zip Code

Washington, NJ 07882

Name of Contact

Leon Hackett

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Private home

Street Address

32 E. Church Street

City (5)

Washington, NJ 07882

County (6)

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished)

Warren

Name of Monitoring Firm Hired by Building Owner(8)

ASCM No.

Name of Abatement Contractor (9)

Gr Tech LLC

Street Address

576 Valley Rd #283

City, State, Zip Code

Wayne, NJ 07470

Project Manager for Monitoring Firm

Telephone No.

License No.

973-638-1777

01127

Start Date (10)

Scheduled Completion Date (11)

03/10/2012

03/11/2012

Occupancy Status During Abatement (Check only one)

Facility Closed/Vacated During Entire Period of Abatement

☐ Abatement Performed Outside of Normal Facility Hours

☐ Other - Describe:

Scope of Work (Check all that apply)

☐ >3 sf or >3 if

☐ ≥160 sf or ≥250 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

☐ Basement

☐ Pipe insulation 80 LF

Yes No N/A

Location Normally Used Solely by Maintenance/ Custodial Staff

Name of Registered Waste Hauler

Gr Tech LLC

NJDEP Waste Hauler ID No.

0033785

Cubic Yards of Waste

T.R.R.F. Inc

Name of Registered Landfill

Wayne, NJ 07470

Disposal Date

Signature

Tullytown, PA

Date

02/28/2012

Completed by

N. Jevtic

Title

Owner

ASS-41

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

**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 5:16)

## Trustees of Princeton University

### FACILITY INFORMATION

- **Name of Facility Where Abatement is Taking Place (3):** Apartment Building - Apt B-1
- **Street Address:** 120 Prospect Ave.
- **City:** Princeton, NJ
- **County:** Mercer
- **ASCM No.:** 00098
- **Name of Abatement Contractor (9):** Stevens Environmental Services, Inc.
- **Street Address:** PO Box 322
- **City, State, Zip Code:** Allentown, NJ 08501
- **Telephone No.:** (609) 259-9688
- **License No.:** 00493
- **Name of OSHA Monitor:** MECS
- **Street Address:** P.O. Box 341
- **City, State, Zip Code:** Crosswicks, NJ 08515

## Abatement Details

- **Start Date (10):** 3/1/12
- **End Date (10):** 3/2/12
- **Occupancy Status During Abatement:** Other - Describe: 8 AM - 4:30 PM

### Scope of Work

- Renovation
- Demolition

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

**IN Facility (13):**

- Kitchen
- Floor tile

### Description of Asbestos Containing Material (ACM)

- Location Normally Used Solely by Maintenance/ Custodial Staff: Yes
- Description: 50 SF

---

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2/29/12</td>
<td>Trustees of Princeton University</td>
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</table>

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

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apartment Building - Apt B-1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
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</thead>
<tbody>
<tr>
<td>120 Prospect Ave.</td>
<td>Princeton, NJ 08544</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>County (5)</th>
<th>County Code (7)</th>
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<tbody>
<tr>
<td>Mercer</td>
<td>USE ONLY</td>
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</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (6)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ATC Associates Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ASOM No.</th>
<th>Name of Abatement Contractor (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>00098</td>
<td>Stevens Environmental Services, Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 Terri Lane</td>
<td>Burlington, NJ 08561</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mike Keen</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>(609) 384-8800</td>
<td>00493</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>3/1/12</td>
<td>3/2/12</td>
</tr>
</tbody>
</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>
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</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
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</thead>
<tbody>
<tr>
<td>8 AM - 4:30 PM</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, V.A.T., or other miscellaneous)</th>
</tr>
</thead>
<tbody>
<tr>
<td>floor tile</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>50 SF</td>
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</table>

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

<table>
<thead>
<tr>
<th>NOEPA Waste ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>18292</td>
<td>1 CU</td>
<td>T.R.R.F., Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>City, State, Tullytown, PA</th>
</tr>
</thead>
<tbody>
<tr>
<td>3/2/12</td>
<td></td>
</tr>
</tbody>
</table>

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

Date of Notification (1)  
February 28, 2012

Name of Building Owner/Operator (2)  
Joan Cohen

Agencies Notified  
EPA  
DEP  
DOL  
DOH  
DCA

Type Notification  
Initial

Street Address  
132 E. Central Ave

City, State, Zip Code  
Moorestown, NJ 08057

Name of Contact  
Joan Cohen

Telephone Number  

FACILITY INFORMATION

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

Street Address  
132 E. Central Ave

County Code (7)  
Burlington

Square Feet  
2500

Current Use (Prior if being demolished)  
Residence  

 Она 90

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

License No.  

Name of Abatement Contractor (9)  
Shade Environmental, LLC

Telephone No.  
609-298-4070

Name of OSHA Monitor  
EMSL

Start Date (10)  
March 10, 2012

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

Scheduled Completion Date (11)  
March 20, 2012

Other – Describe:  

Name of Registered Waste Hauler  
Eastern Waste

Cubic Yards of Waste  

Name of Registered Landfill  
Grows Landfill

City, State  
Mount Holly, New Jersey 08060

Completed by  
William Lynch

Title  
Owner

Signature  

Date  
February 29, 2012

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 12:20)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
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<tr>
<td>3-28-12</td>
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<table>
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<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
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<tbody>
<tr>
<td>41 RIDGE RD</td>
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<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
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</thead>
<tbody>
<tr>
<td>FOREST HOMES</td>
<td>95 MONTRAVEY RD</td>
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<table>
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<tr>
<th>FACILITY INFORMATION</th>
</tr>
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<tbody>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (9)</td>
</tr>
<tr>
<td>MONMOUTH</td>
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<table>
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<th>Start Date (10)</th>
<th>4-8-12</th>
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<td>Scheduled Completion Date (11)</td>
<td>4-12-12</td>
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<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
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<tbody>
<tr>
<td>□ Facility Closed/Vacated During Entire Period of Abatement</td>
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<tr>
<td>□ Abatement Performed Outside of Normal Facility Hours</td>
</tr>
<tr>
<td>[☐] Other - Describe: 7 AM - 7 PM</td>
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</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
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<tbody>
<tr>
<td>□ ≤100 ft. or ≤3 if</td>
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<tr>
<td>□ ≥160 ft. or ≥200 ft.</td>
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<table>
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<tr>
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<tbody>
<tr>
<td>TO BE ABATED IN Facility (13)</td>
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<tr>
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<th>Abatement Type</th>
</tr>
</thead>
</table>
| 2400 SF                  | E |}

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NDEP Waste Header ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACK INSULATION INC</td>
<td>12ABEF</td>
<td>3</td>
<td>GROWS</td>
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<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
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<tbody>
<tr>
<td>MONTRAVEY, NC</td>
<td>3-28-12</td>
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<table>
<thead>
<tr>
<th>Completed By</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>T JULLI</td>
<td>Ops Mgr</td>
<td>Jack Julli</td>
<td>3-28-12</td>
</tr>
</tbody>
</table>

*Do not use this form for asbestos licensure exempted activities.*