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

**Date of Notification:** 2/22/12  
**Name of Building Owner/Operator:** Pfizer

**Agency Notifying:**  
- [ ] EPA  
- [ ] DEP  
- [ ] DII  
- [ ] DOH  
- [ ] DCA

**Type Notification:**  
- [ ] Initial  
- [ ] Reopened  
- [ ] Emergency (including justication)  
- [ ] Corrected

**Street Address:** 182 Tabor Road  
**City, State, Zip Code:** Mannis Plains, New Jersey

**Name of Contact:** Jim Rosa

---

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place:** Pfizer  
**Street Address:** 182 Tabor Road  
**City:** Mannis Plains

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

**Name of Monitoring Firm HIred by Building Owner:** EHI  
**PO Box 502**  
**Street Address:** 655 West Stone Trail  
**City, State, Zip Code:** Sparta, NJ

**Name of Abatement Contractor:** TW Heritage Const. Services Inc.  
**Telephone No.:** 973-972-5649  
**License No.:** 00768

**Start Date:** 3/12/12  
**Scheduled Completion Date:** 3/22/12

**Occuancy Status During Abatement:**  
- [ ] Facility Closed/Vacated During Entire Period of Abatement  
- [ ] Abatement Performed Outside of Normal Facility Hours  
   - [ ] Regular Hours

**Scope of Work:**  
- [ ] Demolition  
- [ ] Roof Tear-Off  
- [ ] Roof Top Dust  
- [ ] Full Containment with Negative Pressure  
- [ ] Mini-Enclosure  
- [ ] Wetting Procedure  
- [ ] Non-Exempted (*) and Non-Friable Procedure

---

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/ Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>OC-9</td>
<td>[ ] YES  [ ] NO  [ ] N/A</td>
<td>Fiberglass Insulation</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>[ ] NO</td>
<td>Black Mastic Finish</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Name of Registered Waste Handler:** Waste Management  
**ID No.:** 14729

**City, State:** Ewing, NJ  
**Name of Registered Landfill:** TNRF

**City:** Ewing  
**State:** NJ  
**Dated:** 2/12/12

---

*For use by asbestos abatement contractors only.*
**State of NJ**  
**Notification of Asbestos Abatement**  
(Pursuant to NJAC 8:60-7 and 12:1207)

---

**Date of Notification (1)**  
1/12/12 to 1/11/12

**Name of Building Owner/Operator (2)**  
Fairleigh Dickinson University (FDU)

**Street Address**  
10 Woodbridge Ave.

**City, State, Zip Code**  
Hackensack, NJ 07601

**Name of Contact**  
Dick Frick

**Telephone Number**

---

**Name of facility where abatement is taking place (3)**  
FDU - Madison Campus Library a.k.a. Orangerie Library

**Street Address**  
143 Park Ave.

**City, State, Zip Code**  
Florham Park, Morris County, NJ 07975

---

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

**Square Feet**  
25,000 sf

**# of Floors**  
03

**Bldg. Age**

---

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

- Facility closed/vacated during entire period of abatement.
- Abatement performed outside of normal facility hours.
- **Other-Describe:** Facility Occupied During Abatement

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

- Demolition
- Renovation
- Full Containment with negative pressure
- Glovebag procedure
- Mini-enclosure
- Non-Exempted (*) Non-Friable procedure

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

<table>
<thead>
<tr>
<th>Material Location</th>
<th>Is location normally used solely by maintenance/custodial staff(12)</th>
<th>Description of asbestos-containing material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Library Quiet Reading Room</td>
<td>Yes</td>
<td>Spray Fireproofing</td>
<td>6,810 SF</td>
</tr>
<tr>
<td>Library Quiet Reading Room</td>
<td>No</td>
<td>Pipe Insulation</td>
<td>380 LF</td>
</tr>
</tbody>
</table>

**Registered Waste Hauler**  
Paragon Contracting, Inc.

**NJDEP Hauler ID#**  
22161

**Cubic Yards of Waste**  
60 cyds

**Name of Registered Landfill**  
Tullytown/GROWS

**City, State**  
Clifton, NJ 07014

**Completed by (Print or Type)**

**Title**

**Signature**

**Date**  
02/29/2012
**MARK HAAS**

**575 MAIN STREET**

**WOODBRIDGE, NJ**

**MARK HAAS**

**575 MAIN STREET**

**WOODBRIDGE**

**MIDDLESEX**

**D & S RESTORATION, INC.**

**20 California Ave.**

**Paterson, NJ 07503**

**973-343-9020**

**00159**

**D & S Restoration, Inc.**

**20 California Avenue**

**Paterson, NJ 07503**

**BOGDAN JOLDZIC**

**PRESIDENT**

**TULLYTOWN, RESOURCE RECOVERY**

**TULLYTOWN, PA**

**02/28/12**
**FACILITY INFORMATION**

**Name of facility where abatement is taking place (3):**

**MARK HAAS**

**Street Address:** 575 MAIN STREET

**City:** WOODBRIDGE

**County:** MIDDLESEX

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

**Square Feet**

**# of Floors**

**Bldg. Age**

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

**Name of Atabement Contractor:** D & S RESTORATION, INC.

**Street Address:** 20 California Ave.

**City:** Paterson, NJ 07503

**License Number:** 00159

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

**Start Date:** 03/01/12

**Sched. Completion Date:** 03/09/12

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Description of asbestos-containing material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ROOF</td>
<td>400 SQ FT</td>
<td></td>
</tr>
</tbody>
</table>

**registered Waste Hauler**

**D & S RESTORATION, INC.**

**NJDPE Hauler ID:** 13506

**Cubic Yards of Waste:** 5 YDS

**Name of Registered Landfill:** TULLYTOWN, RESOURCE RECOVERY

**City:** TULLYTOWN, PA

**Date:** 02/28/12

**Title:** PRESIDENT

**Completed by:** BOGDAN JOLDZIC

**Disposal Date:** 03/03/12

**Signature:**

---

*Do not use this form for asbestos licensure exempted activities.*
<table>
<thead>
<tr>
<th>Name of Building Owner/Operator</th>
<th>ROBERT ROOT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>439 SOUTH AVENUE</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>WESTFIELD, NJ 07090</td>
</tr>
</tbody>
</table>

**Facility Information**

<table>
<thead>
<tr>
<th>Name of facility where abatement is taking place</th>
<th>ROBERT ROOT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>439 SOUTH AVENUE</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>WESTFIELD, NJ 07090</td>
</tr>
</tbody>
</table>

**Abatement Contractor**

<table>
<thead>
<tr>
<th>Name of Abatement Contractor</th>
<th>D &amp; S RESTORATION, INC.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>20 California Ave.</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Paterson, NJ 07503</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>973-345-8020</td>
</tr>
<tr>
<td>License Number</td>
<td>00159</td>
</tr>
</tbody>
</table>

**Abatement Monitoring Firm**

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Needed by Bldg. Owner</th>
<th>ASCM No.</th>
</tr>
</thead>
</table>

**Scopes of Work**

- Renovation
- Demolition
- ≥160 sf or ≥300 sf

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

<table>
<thead>
<tr>
<th>ACM normally used solely by maintenance/custodial staff</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description of asbestos-containing material (ACM)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Building Interior/Clean-Up**

<table>
<thead>
<tr>
<th>Registered Waste Handler</th>
<th>D &amp; S RESTORATION, INC.</th>
</tr>
</thead>
<tbody>
<tr>
<td>NREU或NUTR or NUR</td>
<td>13506</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>30 CU YDS</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>TULLYTON, RESOURCE RECOVERY</td>
</tr>
<tr>
<td>City, State</td>
<td>TULLYTON, PA</td>
</tr>
</tbody>
</table>

**Disposal Date**

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>03/03/12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature</td>
<td>BOGDAN IOLDZIC</td>
</tr>
</tbody>
</table>

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

MAR 01, 2012 (THU) 12:12 COMMUNICATION No. 25 PAGE 1
<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>439 SOUTH AVENUE</th>
<th>Name of Building Owner/Operator (2)</th>
<th>MARCH 6, 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agencies Notified</td>
<td>WESTFIELD, NJ 07090</td>
<td>Street Address</td>
<td>----------------</td>
</tr>
<tr>
<td>EPA</td>
<td></td>
<td>Name of Contact</td>
<td>ROBERT ROOT</td>
</tr>
<tr>
<td>DOH</td>
<td></td>
<td>Telephone Number</td>
<td></td>
</tr>
<tr>
<td>DOL</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DCA</td>
<td></td>
<td></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>ROBERT ROOT</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>439 SOUTH AVENUE</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State, Zip Code</td>
<td>WESTFIELD, NJ 07090</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Bldg. Owner (8)</th>
<th>ASCM No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>D &amp; S RESTORATION, INC.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>20 California Ave.</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State, Zip Code</td>
<td>Paterson, NJ 07503</td>
</tr>
</tbody>
</table>

**Project Manager for Monitoring Firm**

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>03/02/12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sched. Completion Date (11)</td>
<td>03/06/12</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Facility closed/vacated during entire period of abatement.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abatement performed outside of normal facility hours.</td>
</tr>
<tr>
<td>Other - Describe: NORMAL HOURS</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>&gt;200 sf or ≥260 sf</th>
<th>Renovation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1600 sf or ≥2600 sf</td>
<td>Demolition</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Building Exterior/Clean-Up</th>
</tr>
</thead>
<tbody>
<tr>
<td>ROOFING MATERIAL</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is location normally used solely by maintenance/custodial staff (12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>-----</td>
</tr>
</tbody>
</table>

**Description of asbestos-containing material (ACM)**

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
<th>Remove</th>
<th>Repair</th>
<th>Encap</th>
<th>Encap</th>
</tr>
</thead>
<tbody>
<tr>
<td>30 CU YDS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Registered Waste Hauler**

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>TULLYTOWN, RESOURCE RECOVERY</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>TULLYTOWN, PA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paterson, NJ 07503</td>
</tr>
</tbody>
</table>

**Completed by (Print or Type)**

<table>
<thead>
<tr>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>BOGDAN JOLDZIC</td>
<td></td>
<td>03/01/12</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>03/12/12</td>
<td>JOSE PAGAN</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Amendment #:</th>
</tr>
</thead>
<tbody>
<tr>
<td>DOL</td>
<td>Emergency</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 OAKCROFT AVENUE</td>
<td>UPPER MONTCLAIR, NJ 07043</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Contact</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>JOSE PAGAN</td>
<td></td>
</tr>
</tbody>
</table>

FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Type of Facility (4)</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>D &amp; S RESTORATION, INC.</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Bldg. Owner (8)</th>
<th>ASCM No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 California Ave.</td>
<td>Paterson, NJ 07503</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone Number</th>
<th>License Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>973-345-8020</td>
<td>00159</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Sched. Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>03/12/12</td>
<td>03/21/12</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>
<tr>
<td>Describe: NORMAL HOURS</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ &gt;3 sf or &gt;3 if</td>
</tr>
<tr>
<td>□ Renovation</td>
</tr>
<tr>
<td>□ &gt;160 sf or &gt;260 if</td>
</tr>
<tr>
<td>□ Demolition</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>Is location normally used solely by maintenance/custodial staff?</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>-----</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description of asbestos-containing material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Remove</th>
<th>Repair</th>
<th>Encapsul</th>
</tr>
</thead>
<tbody>
<tr>
<td>PIPE INSULATION</td>
<td>6 LF</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BARE HEATING PIPES</td>
<td>3 LF</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FIRST FLOOR CLOSET</th>
</tr>
</thead>
<tbody>
<tr>
<td>BASEMENT 3 LOCATIONS</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>D &amp; S RESTORATION, INC.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NJ/DEP Hauler ID</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>13506</td>
<td>1 YD</td>
<td>TULLYTOWN, RESOURCE RECOVERY</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>PATERNSON, NJ 07503</td>
<td>03/13/12</td>
<td>TULLYTOWN, PA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by (Print or Type)</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>BOGDAN JOLDZIC</td>
<td>PRESIDENT</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>03/01/12</td>
</tr>
</tbody>
</table>

*This form is for asbestos removal activities.*
**State of NJ**
**Notification of Asbestos Abatement**
(Pursuant to NJAC 8:30 and 12:120)

**Date of Notification (1)**
- [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

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

STEVE LUCACS

**Street Address**

40 CEDAR AVENUE

**City, State, Zip Code**

HIGHLAND PARK, NJ

**Name of Contact**

STEVE LUCACS

**Date of Notification (1)**

RECEIVED

MAR 6 2012

**FACILITY INFORMATION**

**Name of facility where abatement is taking place (5)**

STEVE LUCACS

**Street Address**

40 CEDAR AVENUE

**City (5)**

HIGHLAND PARK

**County (8)**

MIDDLESEX

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

ASCN No.

**Type of Facility (4)**

- [ ] School (K - 12)
- [x] Subchapter 8 (Other than K-12)
- [ ] Other (Private/Commercial Bldgs./Homes, etc.)

**Square Feet**

[ ]

**# of Floors**

[ ]

**Bldg. Age**

[ ]

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

[ ]

**Type of Abatement Contractor (9)**

D & S RESTORATION, INC.

**Street Address**

20 California Ave.

**City, State, Zip Code**

Paterson, NJ 07503

**Telephone Number**

973-345-8020

**License Number**

00159

**Name of OSHA Monitor**

D & S Restoration, Inc.

**Street Address**

20 California Avenue

**City, State, Zip Code**

Paterson, NJ 07503

**Start Date (10)**

03/13/12

**Sched. Completion Date (11)**

03/03/21/12

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

- [ ] Facility closed/vacated during entire period of abatement.
- [ ] Abatement performed outside of normal facility hours.
- [x] Other—Describe: NORMAL HOURS

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

- [x] >3 sf or >3 ft
- [ ] Renovation
- [ ] Demolition

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

<table>
<thead>
<tr>
<th>Location of asbestos-containing material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PIPE INSULATION</td>
<td>78 LF FT</td>
</tr>
<tr>
<td>HEAT SHIELD</td>
<td>10 SQ FT</td>
</tr>
<tr>
<td>CHIMNEY THIMBLE PACKING</td>
<td>1 LF FT</td>
</tr>
<tr>
<td>TRANSITE</td>
<td>4 SQ FT</td>
</tr>
</tbody>
</table>

**Registered Waste Hauler**

D & S RESTORATION, INC.

**NJDEP Hauler ID#**

13506

**Cubic Yards of Waste**

2 YDS

**Name of Registered Landfill**

TULLY TOWN, RESOURCE RECOVERY

**City, State**

TULLY TOWN, PA

**Completed by (Print or Type)**

BOGDAN JOLDZIC

**Title**

PRESIDENT

**Date**

03/01/12
# State of New Jersey
# NOTIFICATION OF ASBESTOS ABATEMENT
## (Pursuant to N.J.A.C. 8:60 and 12:120)

### Date of Notification (1)
3/1/12

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

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

### Name of Building Owner / Operator (2)
Camden Plaza Associates, c/o Edward D. Sheehan, Esq.

### Street Address
511 Cooper Street

### City, State & Zip Code
Camden, NJ 08102

### Name of Contact
Mr. Edward Sheehan

### Telephone Number

### FACILITY INFORMATION

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

#### Street Address
500-510 Cooper Street

#### City (5)
Camden

#### County (6)
Camden

#### County Code (7)

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

#### Street Address
500-510 Cooper Street

#### City, State & Zip Code
Camden, NJ 08102

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

#### Street Address
PO Box 316

#### City, State & Zip Code
Throfaire, NJ 08086

#### Project Manager for Monitoring Firm
Dave or Steve Flanagan

#### Telephone Number
856-649-0800

#### Scheduled Start Date (10)
3/14/12

#### Scheduled Completion Date (11)
5/14/12

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

#### Scope of Work (Check all that apply)
- [ ] ≥3 sf or ≥3 l.f.
- [ ] ≥160 sf or ≥260 l.f.
- [ ] Renovation
- [ ] Demolition

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

<table>
<thead>
<tr>
<th>Material (ACM)</th>
<th>Is 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>Roof</td>
<td>[ ] Yes [ ] No [ ] N/A</td>
<td>Roofing</td>
<td>11,000 SF</td>
<td>[ ] Removal</td>
</tr>
<tr>
<td>Roof</td>
<td>[ ] Yes [ ] No [ ] N/A</td>
<td>Tar Flashing</td>
<td>1,000 SF</td>
<td>[ ] Repair</td>
</tr>
<tr>
<td>Roof</td>
<td>[ ] Yes [ ] No [ ] N/A</td>
<td>Transite Material</td>
<td>6 SF</td>
<td>[ ] Encapsulate</td>
</tr>
<tr>
<td>Roof</td>
<td>[ ] Yes [ ] No [ ] N/A</td>
<td>Pipe Insulation</td>
<td>2,720 LF</td>
<td>[ ] Enclosure</td>
</tr>
<tr>
<td>Various Locations Throughout (Basement, Stairwell, 1st, 5th &amp; 6th Floor)</td>
<td>[ ] Yes [ ] No [ ] N/A</td>
<td>Floor Tile</td>
<td>15,300 SF</td>
<td>[ ] Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>Various Locations Throughout (Basement &amp; 1st Floor through 6th Floor)</td>
<td>[ ] Yes [ ] No [ ] N/A</td>
<td>Exhaust Duct Insulation</td>
<td>400 SF</td>
<td>[ ] Mini-Enclosure</td>
</tr>
<tr>
<td>Boiler Room</td>
<td>[ ] Yes [ ] No [ ] N/A</td>
<td>Boiler Insulation</td>
<td>300 SF</td>
<td>[ ] Glove Bag Procedures</td>
</tr>
<tr>
<td>Boiler Room</td>
<td>[ ] Yes [ ] No [ ] N/A</td>
<td>Holding Tank Insulation</td>
<td>300 SF</td>
<td>[ ] Non-Exempted Non-Friable Procedure</td>
</tr>
</tbody>
</table>

#### Name of Registered Waste Hauler
NJD EP Waste Hauler ID No. 22612

#### Cubic Yards of Waste
100

#### Name of Registered Landfill
GROWS

#### Disposal Date
City, State & Zip Code
Trenton, NJ

#### Completed By (Print or Type)
Kim Trumbetti

#### Title
Admin.

#### Signature

#### Date
3/1/12
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1)
2/27/2012

Name of Building Owner/Operator (2)
SUNOCO, INC. (R&S)

Street Address
1000 CROWN POINT RD
City, State, Zip Code
WESTVILLE, NJ 08093

Name of Contact
PAT HUSSEY
Tel. Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
SUNOCO REFINERY

Street Address
ALKY AREA 1000 CROWN POINT RD
City (5)
WESTVILLE RD
County (6)
GLOUCESTER
County Code (7)

Name of Monitoring Firm
AET, INC.

Street Address
28 PENNELL RD
City, State, Zip Code
MEDIA, PA

Project Manager for Monitoring Firm
DAVE TUROTSKY

Telephone Number
610-901-9000

License Number
00508

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

Sq. Feet
10000
# of Floors
OUTDOORS

Bldg. Age
30+

Current Use (prior if being demolished)
VACANT

Name of Contractor (9)
Alliance Environmental Systems

Street Address
550 East Union Street
City, State, Zip Code
West Chester, PA 19382

Name of OSHA Monitor
AET, INC

Scheduled Start Date (10)
3/12/2012

Telephone Number

Scheduled Completion Date (11)
5/31/2012

Name of Reg. Landfill
WM TULLEYTOWN

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

Describe Other:

Source of Work (Check all that apply)
()- Demolition
()- Renovation
()- Full Containment with Negative Pressure
()- Mini-Enclosure
()- Glovebag Procedure

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

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

YES
NO
NA

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

Amount (Specify SF or LF)

Abatement Type

Rem.
Rep.
Encap. Enclose

ALKY AREA

X

PIPE INSULATION

11943 LF

X

TRANSITE PANEL

5800 SF

X

BLOCK INSULATION

5717 SF

Name of Reg. Waste Hauler
NJDEP Waste Hauler ID #

Waste Management

TULLEYTOWN, PA

completed by (Print or Type)

DEVIN BLOM

Title
Estimator

Signature

Date
2/27/2012

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

Telephone 609-984-6620

C:\WORD\MYDOC\ASBESTOS
9/18/00
**State of NJ**
**Notification of Asbestos Abatement**
(Pursuant to NJAC 8:60-7 and 12:120-7)

**B & G proj. #:** 2012-47

**Date of Notification (1)****

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ EPA</td>
<td>Initial</td>
<td></td>
</tr>
<tr>
<td>□ DEP</td>
<td>Amendment</td>
<td></td>
</tr>
<tr>
<td>□ DOL</td>
<td>Cancellation</td>
<td></td>
</tr>
<tr>
<td>□ DOH</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ DCA</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Amanda MacAlpin</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
</tr>
<tr>
<td>138 Orton Road</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
</tr>
<tr>
<td>West Caldwell, NJ 07006</td>
</tr>
</tbody>
</table>

**Name of Contact****

<table>
<thead>
<tr>
<th>Amanda MacAlpin</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone Number</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

**Name of facility where abatement is taking place (3)****

<table>
<thead>
<tr>
<th>Amanda MacAlpin</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
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<tr>
<td>City, State, Zip Code</td>
</tr>
<tr>
<td>West Caldwell, NJ 07006</td>
</tr>
</tbody>
</table>

**Type of Facility (4)****

<table>
<thead>
<tr>
<th>School (K - 12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subchapter 8 (Other than K-12)</td>
</tr>
<tr>
<td>Other (Private/Commercial Bldgs./Homes, etc.)</td>
</tr>
</tbody>
</table>

**Square Feet**

<table>
<thead>
<tr>
<th># of Floors</th>
<th>Bldg. Age</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Residential</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>B &amp; G Restoration, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
</tr>
<tr>
<td>105 Ryerson Road</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
</tr>
<tr>
<td>Lincoln Park, NJ 07035</td>
</tr>
</tbody>
</table>

**Telephone Number**

| 973-696-6869 |

**License Number**

| 0378 |

**Name of OSHA Monitor**

<table>
<thead>
<tr>
<th>B &amp; G Restoration, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
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<tr>
<td>105 Ryerson Road</td>
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<tr>
<td>City, State, Zip Code</td>
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<tr>
<td>Lincoln Park, NJ 07035</td>
</tr>
</tbody>
</table>

**Project Manager for Monitoring Firm**

<table>
<thead>
<tr>
<th>Phone Number</th>
</tr>
</thead>
</table>

**Scheduled Start Date (10)**

| 3/12/2012 |

**Scheduled Completion Date (11)**

| 3/12/2012 |

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

<table>
<thead>
<tr>
<th>Facility closed/vacated during entire period of abatement.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abatement performed outside of normal facility hours.</td>
</tr>
<tr>
<td>Other-Describe:</td>
</tr>
</tbody>
</table>

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

| □ Demolition |
| □ Renovation |
| □ >3 sf or >3 if |
| □ >160 sf or >280 if |
| □ Full Containment w/negative pressure |
| □ Glovebag procedure |
| □ Mini-enclosure |
| □ Non-friable procedure |

**Description of asbestos-containing material (ACM)**

<table>
<thead>
<tr>
<th>basement</th>
</tr>
</thead>
<tbody>
<tr>
<td>pipe insulation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is location normally used solely by maintenance/custodial staff?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>48 if</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Basement</th>
</tr>
</thead>
<tbody>
<tr>
<td>pipe insulation</td>
</tr>
</tbody>
</table>

**Registered Waste Hauler**

<table>
<thead>
<tr>
<th>B &amp; G Restoration, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>NJDEP Hauler ID# 19563</td>
</tr>
<tr>
<td>Cubic Yards of Waste 1 yard</td>
</tr>
</tbody>
</table>

**Name of Registered Landfill**

<table>
<thead>
<tr>
<th>Tullytown Resource &amp; Recovery Center</th>
</tr>
</thead>
</table>

**City, State**

| Lincoln Park, NJ 07035 |

**Disposal Date**

| 3/13/12 |

**Completed by (Print or Type)**

<table>
<thead>
<tr>
<th>Gordana Luna</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
</tr>
<tr>
<td>Treasurer</td>
</tr>
</tbody>
</table>

**Signature**

<table>
<thead>
<tr>
<th>Gordana Luna</th>
</tr>
</thead>
</table>

**Date**

| 3/2/2012 |
**State of NJ**
**Notification of Asbestos Abatement**
(Pursuant to NJAC 8:60-7 and 12:120-7)

***Emergency***

**Date of Notification:** 1/10/12

**Name of Building Owner/Operator:** Hansel Youngblood

**Street Address:** 63 Wegman Parkway

**City, State, Zip Code:** Jersey City, NJ 07305

**Name of Contact:** Hansel Youngblood

**Telephone Number:**

---

**FACILITY INFORMATION**

**Name of facility where abatement is taking place:** Hansel Youngblood

**Street Address:** 63 Wegman Parkway

**City:** Jersey City, NJ 07305

**County Code:** Hudson

**County Code (State use only):**

---

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

**Square Foot:**

**# of Floors:**

**Bldg. Age:**

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

---

**Name of Abatement Contractor:** 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:**

---

**Scheduled Start Date:** 3/2/2012

**Scheduled Completion Date:** 3/2/2012

---

**Facility closed/vacated during entire period of abatement:**

- [x] Facility closed/vacated during entire period of abatement
- [ ] Abatement performed outside of normal facility hours

---

**Scope of Work (Check all that apply):**
- [ ] Demolition
- [x] Renovation
- [ ] Full Containment w/evacuation pressure
- [ ] Glovebag procedure
- [ ] Mini-enclosure
- [ ] Non-friable procedure

---

**Location of asbestos-containing material to be abated in facility:**

<table>
<thead>
<tr>
<th>Description of asbestos-containing material (ACM)</th>
<th>Amount (Specify BT or UF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pipe insulation</td>
<td>300 ft</td>
</tr>
</tbody>
</table>

---

**Registered Waste Hauler:** B & G Restoration, Inc.

**NUSEP Hauler ID:** 195163

**Cubic Yards of Waste:** 1/2 yard

**Name of Registered Landfill:** Tullytown Resource & Recovery Center

**City, State:**

**Disposal Date:** 3/3/2012

**Completed by:**

<table>
<thead>
<tr>
<th>Title</th>
<th>Signature</th>
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</thead>
<tbody>
<tr>
<td>Giordana Luna</td>
<td></td>
</tr>
</tbody>
</table>
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)

**Emergency ***

Check # 5094

Date of Notification (1)

<table>
<thead>
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<th>1</th>
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<tbody>
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<td>0</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

Name of Building Owner/Operator (2)

Hansel Youngblood

Street Address

63 Wegman Parkway

City, State, Zip Code

Jersey City, NJ 07305

Name of Contact

Hansel Youngblood

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

Hansel Youngblood

Street Address

63 Wegman Parkway

City (5)

Jersey City, NJ 07305

County (6)

Hudson

County Code (7) (State use only)

n/a

Type of Facility (4)

School (K - 12)

Subchapter B (Other than K-12)

Other (Private/Commercial

Bldgs./Homes, etc.)

Square Feet

n/a

# of Floors

n/a

Bldg. Age

n/a

Name of Abatement Contractor (9)

B & G Restoration, Inc.

Street Address

105 Ryerson Road

City, State, Zip Code

Lincoln Park, NJ 07035

Telephone Number

License Number

973-696-6869

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)

3/2/2012

Sched. Completion Date (11)

3/2/2012

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 if

>160 sf or >260 sf

Location of

asbestos-containing

material to be

abated in facility (13)

Yes

No

N/A

Description of asbestos-containing material (ACM)

Amount

(Specify SF or

LF)

Removal

Repair

Encapsulation

Enclosure

basement

pipe insulation

30 lb

Registered Waste Hauler

B & G Restoration, Inc.

NIDEP 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

3/5/2012

Completed by (Print or Type)

Gordana Luna

Title

Treasurer

Signature

Date 3/2/2012
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)
Sub 8
Check # 5077

Date of Notification (1)
10/12/11

Name of Building Owner/Operator (2)
Thomas Edison State College

Street Address
101 West State Street
Trenton, NJ 08608-1176

Name of Contact
Mary Hack

Agencies Notified
- EPA
- DOL
- DOH
- DCA

Type Notification
Initial
Amendment
Cancellation

FACILITY INFORMATION
Name of facility where abatement is taking place (3)
Kuser Mansion
Street Address
315 West State Street
City (5) Trenton
County (6) Mercer
County Code (7) (State use only)

Name of Monitoring Firm Hired by Bldg. Owner (8)
Brinkerhoff Environmental
Street Address
1805 Atlantic Avenue, Suite R5
City, State, Zip Code Manasquan, NJ 08736

Project Manager for Monitoring Firm
Jason Hooper
Phone Number 732-223-2225

Scheduled Start Date (10)
3/5/2012

Sched. Completion Date (11)
5/4/2012

Occupancy Status During Abatement (Check only one)
- Facility closed/vacated during entire period of abatement.
- Abatement performed outside of normal facility hours

Name of Abatement Contractor (9)
B & G Restoration, Inc.
Street Address
105 Ryerson Road
City, State, Zip Code Lincoln Park, NJ 07035

Phone 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

Scope of Work (check all that apply)
- Demolition
- Renovation
- >2,000 sf or >260 if

Full Containment w/negative pressure
Glovebag procedure
Mini-enclosure
Non-flammable procedure

Location of asbestos-containing material to be abated in facility (13)
Throughout bldg. interior
Rooms 301 and 308
Basement Electric Room
Basement Telephone/Data Room
Basement Boiler Room

Is location normally used solely by maintenance/custodial
staff (12)
Yes
No
N/A

Description of asbestos-containing material (ACM)
wall and ceiling plaster
12"x12" floor tile
Window Glazing
Window Glazing

Amount (Specify SF or LF)
30,000 SF
1,100 SF
10 SF
10 SF
30 SF

Name of Registered Landfill
Tullytown Resource & Recovery Center
City, State Tullytown, PA

Disposal Date
3/5/12 to 5/4/12

Completed by (Print or Type)
Gordana Luna
Title Treasurer

Signature
Date 2/17/2012
State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60-7 and 12:120-7)  
Sub 8

Date of Notification (1)  03/13/10  

Name of Building Owner/Operator (2)  Thomas Edison State College

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

Type of Notification  
☐ Initial  
☒ Amendment

Street Address  101 West State Street  
City, State, Zip Code  Trenton, NJ 08608-1176

Name of Contact  Mary Hack

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)  Kuser Mansion

Street Address  315 West State Street  
City  Trenton  County  Mercer

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

Street Address  1805 Atlantic Avenue, Suite R5  
City, State, Zip Code  Manasquan, NJ 08736

Project Manager for Monitoring Firm  Jason Hooper  
Phone Number  732-223-2225

Scheduled Start Date (10)  3/6/2012  
Sched. Completion Date (11)  5/4/2012

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 if  
☒ >160 sf or >260 if

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

<table>
<thead>
<tr>
<th>Throughout bldg. interior</th>
<th>Rooms 307 and 308</th>
<th>Basement Electric Room</th>
<th>Basement Telephone/Data Room</th>
<th>Basement Boiler Room</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td>Description of asbestos-containing material (ACM)</td>
<td>Amount (Specify SF or LF)</td>
</tr>
<tr>
<td>wall and ceiling plaster</td>
<td>30,000 SF</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12&quot;x12&quot; floor tile</td>
<td>1,100 SF</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Window Glazing</td>
<td>10 SF</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Window Glazing</td>
<td>10 SF</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transite Ceiling Panel</td>
<td>50 SF</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td>200 yards</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Name of Registered Landfill  Tullytown Resource & Recovery Center

Disposal Date  3/6/12 to 5/4/12

Completed by (Print or Type)  Gordana Luna  
Title  Treasurer  
Signature  Gordana Luna

Date  3/2/2012
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)
Sub 8

Date of Notification (1) | Name of Building Owner/Operator (2)
---|---
10/12/2012 | Thomas Edison State College

Agencies Notified | Type Notification
---|---
EPA | Initial

Street Address
101 West State Street

City, State, Zip Code
Trenton, NJ 08608-1176

Name of Contact
Mary Hack

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
Kuser Mansion

Street Address
315 West State Street

City (5) | County (6) | County Code (7) (State use only)
---|---|---
Trenton | Mercer |

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

Street Address
1805 Atlantic Avenue, Suite R5

City, State, Zip Code
Manasquan, NJ 08736

Project Manager for Monitoring Firm
Jason Hooper

Phone Number
732-223-2225

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

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

Name of OSHA Monitor
B & G Restoration, Inc.

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

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

Scheduled Start Date (10) | Sched. Completion Date (11)
---|---
3/1/2012 | 4/30/2012

Scope of Work (check all that apply)

- Demolition
- Renovation
- >3 sf or >3 ft
- >160 sf or >260 sf
- Full Containment w/ negative pressure
- Glovebag procedure
- Non-friable procedure

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

<table>
<thead>
<tr>
<th>Throughout bldg. interior</th>
<th>Rooms 307 and 308</th>
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</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Description of asbestos-containing material (ACM)

<table>
<thead>
<tr>
<th>wall and ceiling plaster</th>
<th>12&quot;x12&quot; floor tile</th>
<th>Window Glazing</th>
<th>Tinate Ceiling Panel</th>
</tr>
</thead>
<tbody>
<tr>
<td>30,000 SF</td>
<td>1,100 SF</td>
<td>10 SF</td>
<td>50 SF</td>
</tr>
</tbody>
</table>

Amount (Specify SF or LF)

Name of Registered Hauler
B & G Restoration, Inc.

NJDEP Hauler ID# 19563

Disposal Date
3/1/2012 to 4/30/2012

City, State, Zip Code
Lincoln Park, NJ 07035

Name of Registered Landfill
Tullytown Resource & Recovery Center

City, State, Zip Code
Tullytown, PA

Completed by (Print or Type)
Gordana Luna

Title
Treasurer

Signature
Gordana Luna

Date
2/15/2012
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to N.J.A.C. 8:60 and 12:120)  

Job #: 1203-1626  
Check #: 2592  

Date of Notification (1): 3/2/12  

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

Type Notification:  
- [ ] Initial  
- [ ] Amended  
- [ ] Emergency  
- [ ] Cancellation  

Name of Building Owner / Operator (2): Springpoint @ the Atrium, Inc.  
Street Address: 13 Roszel Road, Suite C-120  
City, State & Zip Code: Princeton, NJ 08540  
Name of Contact: Mr. Vince Celenza, C&C Construction Mgmt.  
Telephone Number:  

Name of Facility Where Abatement is Taking Place (3): The Atrium  
Street Address: 40 Riverside Avenue  
City (5): Red Bank  
County (6): Monmouth  
County Code (7):  

Name of Monitoring Firm Hired by Building Owner (8): Criterion Laboratories  
Street Address: 3370 Progress Drive, Suite J  
City, State & Zip Code: Bensalem, PA  
Project Manager for Monitoring Firm: Mike Panapresso  
Telephone Number: 215-244-1300  

Scheduled Start Date (10): 3/15/12  
Scheduled Completion Date (11): 3/16/12  

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

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

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

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

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

Amount (Specify SF or LF):  

Abatement Type:  

C&C Project Office:  

Name of Registered Waste Hauler: Horizon Disposal  
City, State: Trenton, NJ  
Name of Registered Landfill: GROWS  
City, State: Morrisville, PA  
Disposal Date: 3/16/12  
Completed By (Print or Type): Kim Trumbetti  
Title: Admin.  
Signature:  

Name of Registered Waste Hauler ID No.: 22612  
Cubic Yards of Waste: 4  

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>03 / 01 / 12</td>
<td>New Lisbon Developmental Center</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA, DEP, DCA (NJAC 5:16)</td>
<td>Initial, Amended Amendment #</td>
</tr>
<tr>
<td>DHSS</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>DCA (NJAC 5:23-8)</td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FACILITY INFORMATION</th>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Lisbon Development Ctr Dogwood Cottage Mechanical Room</td>
<td>School (K-12)</td>
</tr>
<tr>
<td>104 Route 72</td>
<td>Subchapter B (Other than K-12)</td>
</tr>
<tr>
<td>New Lisbon, New Jersey 08064</td>
<td>Other (i.e., private &amp; commercial buildings, homes, etc.)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>County (6)</th>
<th>Current Use (Prior if being demolished)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Burlington</td>
<td>Mechanical</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>County Code (7) STATE USE ONLY</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Lisbon</td>
<td>Diamond Huntbach Construction Corporation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Christopher Matarazzo</td>
<td>856-427-0200</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>03 / 15 / 12</td>
<td>04 / 15 / 12</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Occupancy Status During Abatement (Check only one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trenton, NJ 08508</td>
<td>☑ Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td></td>
<td>☑ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-4PM PM-AM</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Renovation</td>
</tr>
<tr>
<td>☑ Demolition</td>
</tr>
</tbody>
</table>

<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>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>Yes, No, N/A</td>
</tr>
<tr>
<td>Diamond Huntbach Construction</td>
<td>Clean up of Dust &amp; Debris 240 SF</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
<th>Abatement Type</th>
<th>Encapsulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minerva</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Complete By (Print or Type)</th>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Charles Imbimbo</td>
<td>Project Manager</td>
<td>[Signature]</td>
</tr>
</tbody>
</table>

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

| ASB-41 | JUL 01 |
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>03 / 01 / 12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>New Lisbon Developmental Center</td>
</tr>
<tr>
<td>Street Address</td>
<td>104 Route 72</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>New Lisbon, New Jersey 08064</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Vijay Gandhi</td>
</tr>
</tbody>
</table>
| Type of Facility (4) | □ School (K-12)
☐ Subchapter 8 (Other than K-12)
☐ Other (i.e., private & commercial buildings, homes, etc.) |
| Square Feet | 240 |
| # of Floors | 1 |
| Bidg. Age | 50+ |
| Mechanical |
| Current Use (Prior if being demolished) | |
| Name of Facility Where Abatement is Taking Place (3) | New Lisbon Development Ctr Quince Cottage Mechanical Room |
| Name of Abatement Contractor (9) | Diamond Huntbach Construction Corporation |
| Street Address | 500 East Luzerne Street |
| City, State, Zip Code | Philadelphia, PA 19124 |
| License No. | 00646 |
| Name of OSHA Monitor | SAME AS ABOVE |
| Street Address | |
| City, State, Zip Code | |
| Project Manager for Monitoring Firm | Christopher Matarazzo |
| Street Address | 120 North Warren Street |
| City, State, Zip Code | Trenton, NJ 08608 |
| Telephone No. | 856-427-0200 |
| Start Date (10) | 03 / 15 / 12 |
| Scheduled Completion Date (11) | 04 / 15 / 12 |
| OCCUPANCY STATUS DURING ABATEMENT (CHECK ONLY) | |
| ☐ Facility Closed/Vacated During Entire Period of Abatement |
| ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-4PM/ 4PM- 12AM |
| SCOPE OF WORK (CHECK ALL THAT APPLY) | |
| ☐ 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 |
| DESCRIPTION OF ASBESTOS CONTAINING MATERIAL (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | |
| Amount (Specify SF or LF) | 240 SF |
| ABATEMENT TYPE | ☐ Removal |
| ☚ Encapsulate |
| ☚ End Cap |
| ☐ Drying |
| ☐ Soaking |
| ☚ Complete |
| ☚ Partial |
| ☚ Staging |
| ☚ Material |
| ☚ Waste |
| ☚ Water |
| ☚ Drain |
| ☚ Evacuate |
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)
03 / 01 / 12

Name of Building Owner/Operator (2)
New Lisbon Developmental Center

Name of Contact
Vijay Gandhi

Agencies Notified
- EPA
- DEP
- DCA (NJAC 5:16)
- DHSS
- DCA (NJAC 5:23-8)

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

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
New Lisbon Development Ctr Locust Cottage Mechanical Room

Street Address
104 Route 72

City (5)
New Lisbon

County (6)
Burlington

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

ASCM No.

Name of Abatement Contractor (9)
Diamond Huntbach Construction Corporation

Street Address
500 East Luzerne Street

City, State, Zip Code
Philadelphia, PA 19124

Start Date (10)
03 / 15 / 12

Scheduled Completion Date (11)
04 / 15 / 12

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: 7AM-4PM, 4PM-AM

Scope of Work (Check all that apply)
- Geometric sf or Geometric If
- Geometric sf or Geometric If

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 (12)

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

Amount (Specify SF or LF)

Abatement Type

Mechanical Rooms
- Clean up of Dust & Debris

Name of Registered Waste Hauler
Diamond Huntbach Construction

City, State
Philadelphia

Completed By (Print or Type)
Charles Imimbo

Title
Project Manager

Signature

Date
03/01/12

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

Date of Notification (1) 03 / 01 / 12
Name of Building Owner/Operator (2) New Lisbon Developmental Center

Agencies Notified
☑ EPA
☑ DEP
☑ DCA (NJAC 5:16)
☑ DHSS
☑ DCA (NJAC 5:23-6)

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

Street Address 104 Route 72
City, State, Zip Code New Lisbon, New Jersey 08064
Name of Contact Vijay Gandhi

FACILITY INFORMATION
Name of Facility Where Abatement is Taking Place (3)
Mechanical Building (stands alone) Chiller Plant

Square Feet 5,000
# of Floors 1
Bldg. Age 50+

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

Current Use (Prior if being demolished)
Mechanical

Name of Abatement Contractor (9) Diamond Huntbach Construction Corporation
Street Address 500 East Luzerno Street
City, State, Zip Code Philadelphia, PA 19124
License No. 00646

Name of OSHA Monitor SAME AS ABOVE

Project Manager for Monitoring Firm Christopher Matarazzo
Street Address 120 North Warren Street
City, State, Zip Code Trenton, NJ 08608
Telephone No. 856-427-0200

Start Date (10) 03 / 15 / 12
Scheduled Completion Date (11) 04 / 15 / 12

Occupancy Status During Abatement (Check only one)
☑ Facility Closed/Vacated During Entire Period of Abatement
☑ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-4PM__PM-__AM

Scope of Work (Check all that apply)
☐ >3 of 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)

Abatement Type

Chiller Plant Building Roof ☐ ☑ ☐ ☐
Roof Membrane/Flashing 4 SF ☐ ☐ ☐ ☐

Name of Registered Waste Hauler Diamond Huntbach Construction
NJDEP Waste Hauler ID No. 19569
Cubic Yards of Waste 3 c.y.

Name of Registered Landfill Minerva
City, State Waynesburg, OH 44688
Disposal Date 4/30/12

Completed By (Print or Type) Charles Imbimbo
Title Project Manager
Signature [Signature]
Date 03/01/12

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

Date of Notification (1) March 1, 2012

Agency/Notified [X] EPA
[X] DBP
[X] DOL
[X] DOH
[ ] DCA

Type Notification
[X] Initial Notification
[ ] Emergency Notification w/justification
[ ] Amended Notification
[ ] Cancellation

Name of Building Owner/Operator (2)
New Meadowlands Racetrack, LLC
Street Address 150 Route 126
City, State, Zip Code East Rutherford NJ 07415
[ ] Other (i.e., commercial, buildings, homes, etc.)

Name of Contact
Walter Wallace, L/P Grimacelli
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Meadowlands Racetrack

Street Address
150 Route 120

Square Feet 300,000

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

City, State, Zip Code East Hanover NJ 07936

Name of Abatement Contractor (9)
LVI Demolition Services, Inc.

Street Address
32 Williams Parkway

County Code (7)
(Bergen)

License Number 00860

County Use Only

Other - Describe: Meadowlands Racetrack

Name of Monitoring Firm Hired by Building
Owner (6)
Greencore Consulting, Inc.

ASCN No. 69-40-030

Name of Owner Monitor
Zibby Dalamadi

Street Address
32 Williams Parkway

Occupancy Status During Abatement (Check only one)
[ ] Early Closing/Vacant During Entire Period of Abatement
[ ] Abatement Performed Outside of Normal Facility
[ ] Occupied

Scheduled Start Date (10)
3/12/12

Month / Day / Year

Scheduled Completion Date (11)
3/30/12

Month / Day / Year

Scope of Work (Check all that apply)
[ ] Removal
[ ] Full Containment with Negative Pressure
[ ] Vapor Encapsulation
[ ] Non-Friable Procedure

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

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

Location
described

Amount (Specify SF or YD)

Abatement Type

Dorm Roof
[X] Roof Covering
[X] Roof Vents
[X] Fire Doors
[X] Stable Doors
[X] Window Glazing

Name of Registered Waste Hauler
LVI Demolition Services, Inc.
NJDEP Waste
20859

Name of Registered Landfill
Waste Management of Pennsylvania

City, State
East Hanover, NJ 07936

Completed By (Print or Type)

Title
President

Signature

Ed King

ASS/41
Rev 95

Disposal Date 4/30/2012

Date

March 1, 2012
**NOTIFICATION OF ASBESTOS ABATEMENT**

State of New Jersey

**REMEMBER - MAIL IN HARD COPY**

**MARC 6 2012**

**DOL - 10 DAY**

**CR # 0 3378**

**WAIVER APPROVED**

**ADJACENT NOTIFIED**

- **EPA**
- **DEP**
- **DOL**
- **DOH**
- **DCA**

**Name of Building Owner/Operator (1)**

- **N. HANNY FERNANDES**

**Client Address**

- **7400 BROADWAY**

**City & State Zip Code**

- **NORTH BERGEN, N.J. 07047**

**Telephone Number**

- **NAME: HANNY FERNANDES**

**Type of Abatement**

- **Residential/Store**

**Facility Information**

- **Name of Facility Where Abatement is Taking Place (3)**
  - **N. HANNY FERNANDES**

**Street Address**

- **2400 BROADWAY**

**City & State Zip Code**

- **NORTH BERGEN, N.J. 07047**

**Name of Abatement Contractor (8)**

- **DEPT. ASSOCIATES INC.**

**Address**

- **450 SOUTH RIVER ST**

**City & State Zip Code**

- **HACKENSACK, N.J. 07601**

**Name of Registered Waste Handler**

- **ATLANTIC WASTE SERVICES**

**Address**

- **306 FEATHERBED ROAD, ROY HARBOR, N.J. 07662**

**Telephone Number**

- **304-329-7444**

**Abatement Date**

- **Mar. 24, 2013**

**Name of Registered Landfill**

- **IESI LANDFILL**

**Address**

- **3-5-2012, BETHLEHEM, PA 18015**

**Signature**

- **J. MAIORANO**

**Title**

- **Estimator**

**Date**

- **2/23/12**

---

**Notes:**

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

**State of New Jersey**

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
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<td>Initial</td>
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<th>Name of Facility Where Abatement is Taking Place (3)</th>
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<td>MARYANNY FERNANDES</td>
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<table>
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<tr>
<th>FACILITY INFORMATION</th>
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<tbody>
<tr>
<td>City (5)</td>
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<tr>
<td>NORTH BERGEN</td>
</tr>
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| Name of Monitoring Firm Hired by Building Owner (7) |
| DETAIL ASSOCIATES                                      |

| Name of Abatement Contractor (8) |
| Best Removal Inc                |

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
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<tbody>
<tr>
<td>280 GRAND AVE</td>
<td>ENGLEWOOD, NJ 07631</td>
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| Project Manager for Monitoring Firm |
| ST. VALENTINE                         |

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<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
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<td>3/19/2012</td>
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| Name of OSHA Monitor |
| Omega Environmental Services |

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<th>Street Address</th>
<th>City, State, Zip Code</th>
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</thead>
<tbody>
<tr>
<td>450 South River St</td>
<td>Hackensack, N.J. 07601</td>
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</table>

| Name of Registered Waste Hauler |
| Atlantic Waste Services       |

| Cubic Yards of Waste |
| 22592               |

| Name of Registered Landfill |
| IESI Landfill           |

**Abatement Type**

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

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Nature of Material</th>
<th>Description</th>
<th>Amount</th>
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<tbody>
<tr>
<td>EXT. BLDG FLOOR</td>
<td>Roofing Material</td>
<td>(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td>3600 SF</td>
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**Completed by**

<table>
<thead>
<tr>
<th>J. MAIORANO</th>
<th>Title</th>
<th>Signature</th>
</tr>
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<tbody>
<tr>
<td>Estimator</td>
<td></td>
<td>Maiorano</td>
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</table>

**3/2/12**

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

GAC Project # 318-12

Date of Notification (1)
March 2, 2012

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

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

Name of Building Owner/Operator (2)
NJ TRANSIT HEADQUARTERS

Street Address
ONE PENN PLAZA

City, State, Zip Code
NEWARK, NJ 07105

Name of Contact
MR. RUSSEL SAMAROO

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
NEWARK PENN STATION

Street Address
1 RAILROAD PLAZA EAST

City (5)
NEWARK

County (6)
ESSEX

County Code (7)
ASCN No.
00003

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

Street Address
1253 NORTH CHURCH STREET

City, State, Zip Code
MOORESTOWN, NJ 08057

Project Manager for Monitoring Firm
JIM GUILARDI

Telephone Number
856-840-9800
Fax 856-840-8815

Scheduled Start Date (10)
03/02/12

Scheduled Completion Date (11)
03/03/12

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

Other - Describe: Work area vacated and isolated from remainder of building throughout abatement. 7:00 PM – 5:00 AM

Source of Work (Check all that apply)
☐ ≥ 3 sf or ≥ 3 if
☐ ≥ 160 sf or ≥ 260 if

☐ Renovation
☐ Demolition

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

Is Location Normally Used Solely by Maint/Custodial Staff? (12)
YES NO NA

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

Amount (Specify SF or LF)

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

BASEMENT & 1ST FLOOR - JANITORIAL CLOSET

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

NJDEP Waste Hauler ID #
See Below

Cubic Yards of Waste
5 CY

Name of Registered Landfill
IESI – Bethlehem, PA
G.R.O.W.S. Landfill
Morrisville, PA

Disposal Date
03/03/12
City, State
100 New Ford Mill Rd.
Morrisville, PA 19067
215-736-1700

Notes:
Hauler #1 Greenwood Abatement Consultants, Inc. – Butler, NJ 07405
NJDEP # 12561
Hauler #2 Newark Carting, Inc., Newark, NJ 07105
NJ DEP # 4509

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

Date
March 2, 2012

Copies To: NJ TRANSIT, Attn: Russel Samaroo & TTI, Attn: Jim Guilardi
# Notification of Asbestos Abatement

**State of New Jersey** - **Notification of Asbestos Abatement**

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

<table>
<thead>
<tr>
<th>Agency Notified</th>
<th>Notification Type</th>
<th>Name of Building Owner/Operator (2)</th>
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<tbody>
<tr>
<td>☐ EPA</td>
<td>☐ Initial Notification</td>
<td><strong>APPROVED</strong></td>
</tr>
<tr>
<td>☐ DCA</td>
<td>☐ Amended Certification</td>
<td><strong>ONE PENN PLAZA</strong></td>
</tr>
<tr>
<td>☐ DOL</td>
<td>☐ Emergency (including justification attached)</td>
<td><strong>NEWARK, NJ 07105</strong></td>
</tr>
<tr>
<td>☐ DEP- No Longer REQUIRED</td>
<td>☐ Cancelled</td>
<td><strong>Mr. Russell Samaroo</strong></td>
</tr>
<tr>
<td>☐ DOH</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

- **Name of Facility Where Abatement is Taking Place (3):** **NEWARK PENN STATION**
- **Street Address:** **1 RAILROAD PLAZA EAST**
- **City:** **NEWARK**
- **County:** **ESSEX**
- **Name of Monitoring Firm Hired by Owner (4):** **TTJ**
- **Street Address:** **1253 NORTH CHURCH STREET**
- **City, State, Zip Code:** **MIDRESTOWN, NJ 07807**
- **Project Manager for Monitoring Firm:** **JIM GUILARDI**
- **Telephone Number:** 954-940-9800
- **Fax:** 954-840-8815
- **License Number:** 934-342-0477
- **Name of Contractor (5):** **GREENWOOD ABATEMENT CONSULTANTS, INC.**
- **Street Address:** **268 MAIN STREET**
- **City, State, Zip Code:** **BUTLER, NJ 07405**
- **Telephone Number:** 973-482-0477
- **License Number:** 00840
- **Name of OSHA Monitor:** **ENVIROVISION, INC.**
- **Street Address:** **20-21 WARGARAW ROAD**
- **City, State, Zip Code:** **FAIRLAWN, NJ**

**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: Work area vacated and isolated from remainder of building throughout abatement. 7:00 PM - 5:00 AM

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

- ☐ 30 sf or ≥ 30 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) in Facility (15):**

<table>
<thead>
<tr>
<th>Location</th>
<th>Description of Asbestos Containing Material (ACM) (LCM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
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</thead>
<tbody>
<tr>
<td>BASEMENT &amp; 1ST FLOOR - JANITORIAL CLOSET</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>PIPE INSULATION DRAIN RISER</td>
<td></td>
<td>&lt;8 LF</td>
<td></td>
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</tbody>
</table>

**Name of Reg. Waste Hauler:**

- See Hauler Below #1 & 2

**NJDEP Waste Hauler ID #:**

- See Below

**Cubic Yards of Waste:**

- 5 CY

**Name of Registered Landfill:**

- IESI - Bethlehem, PA
- G.R.O.W.S. Landfill
- Morrisville, PA

**Diaper Date:**

- 03/03/12

**City, State:**

- Morrisville, PA 19067
- 215-720-1700

**Notes:**

- Hauler #1 Greenwood Abatement Consultants, Inc. – Butler, NJ 07403
  - NJDEP # 1251
- Hauler #2 Newark Carriage, Inc., Newark, NJ 07105
  - NJDEP # 4629

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

**Title:** **SENIOR PROJECT MANAGER**

**Signature:**

**Date:**

- March 2, 2012

**Copies To:**

- NJ TRANSIT, Attn: Russell Samaroo & TTI, Attn: Jim Guilardi
State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project #060-12
Client Project #

Date of Notification (1) March 2, 2012

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

Notification Type
☒ Initial Notification
☐ Amended Notification
☐ Emergency (including justification)
☐ Canceled

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

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

City, State, Zip Code
PISCATAWAY, NJ 08854

Name of Contact
MICHAEL SMITH, ENV.
HEALTH & SAFETY

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
RU GYM, BLDG# 7233

Street Address
NEWARK CAMPUS

City (5) ~ County (6) ~ County Code (7)
NEWARK ~ ESSEX ~ (State Use Only)

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

ASCM No.
0098

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: 2
Bldg. Age: 60+ years

Current Use (prior to being demolished): ACADEMIC

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

Street Address
268 MAIN STREET

City, State, Zip Code
BUTLER, NJ 07405

Name of OSHA Monitor
ENVIROVISION, INC.

Street Address
20-21 WARGARAW ROAD

City, State, Zip Code
FAIRLAWN, NJ

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: 3PM FRI TO MON 5 AM

Scheduled Start Date (10) 03/12/12
Scheduled Completion Date (11) 03/16/12

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

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

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

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

Amount (Specify SF or LF)

Abatement Type
Remove, Repair Encap, Enclose

Room 102 SUITE ☒ VAT

Room 102 SUITE ☒ VAT

700 SF ☒

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

See Below

Cubic Yards of Waste: 15 CY

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

Disposal Date 03/16/2012

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

Hauler #1) Greenwood Abatement Consultants, Inc. – Butler, NJ 07405
NJ DEP # 12561

Hauler #2) Newark Carting, Inc., Newark, NJ 04509
NJ DEP # 4509

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

Signature

Date March 2, 2012

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 and 12:120)

Date of Notification (1): 3/21/2012
Name of Building Owner/Operator (2): NORTH BERGEN PARK
Authority: GARDNER

Agency Notified: EPA
Type Notification: Initial
Street Address: 722A BERGENLINE AVE

City, State, Zip Code: NORTH BERGEN, NJ 07047
Name of Contact: MR. BASENCE

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):
N.J.P.A

Street Address: 1184 - 5TH ST
City (6): NORTH BERGEN
County (8): HUDSON

ASCM No.: 00012
Name of Abatement Contractor (9): Best Removal Inc

Street Address: 300 GRAND AVE
City, State, Zip Code: ENGLEWOOD, N.J. 07631
Project Manager for Monitoring Firm:
STEPHEN NADARUS
Telephone No.: 201-569-6708

Start Date (10): 3/12/12
Scheduled Completion Date (11): 3/13/12

Name of OSHA Monitor: Omega Environmental Services

Occupancy Status During Abatement (Check only one):
- Abatement Performed Outside of Normal Facility Hours
- Other - Describe:

Scope of Work (Check all that apply):
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Encouraged (7) and Non-Encouraged (8) Procedure

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</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>
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<tr>
<td>OUSSIDE PL oot</td>
<td>Yes</td>
<td>TOOTING HXNL</td>
<td>2200 SF</td>
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Name of Registered Waste Hauler:
Atlantic Waste Services

Cubic Yards of Waste: 2047
Name of Registered Landfill: IESI Landfill

City, State:
Rochelle Park, N.J. 07662
Disposal Date: 3/13/12
Behtlehem, PA 18015

Completed by:
J. Maiorano
Title: Estimator

Signature: J. Maiorano
Date: 3/2/12

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
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<td>PINELANDS CONSTRUCTION</td>
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<td>DEP</td>
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<td>DOL</td>
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<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Type of Facility (4)</th>
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<td>RESIDENCE</td>
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<td>Subchapter 8 (Other than K-12)</td>
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<td>Other (i.e., private &amp; commercial buildings. homes, etc.)</td>
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<tbody>
<tr>
<td>27 40TH ST.</td>
<td>Sea Isle City, N.J. 08243</td>
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<table>
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<tr>
<th>County Code (5)</th>
<th>Current Use (Prior if being demolished)</th>
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<tr>
<td>CAPE MAY</td>
<td>VACANT</td>
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<tr>
<th>Name of Monitoring Firm Hired by Building Owner (6)</th>
<th>ASCM No.</th>
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<table>
<thead>
<tr>
<th>Name of Abatement Contractor (7)</th>
<th>Street Address</th>
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</thead>
<tbody>
<tr>
<td>KLEEMCO INC.</td>
<td>369 S. SPRUCE AVE.</td>
</tr>
</tbody>
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<table>
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<tr>
<th>City, State, Zip Code</th>
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<tr>
<td>Sea Isle, N.J. 08243</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
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<tbody>
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<td>856-779-0472</td>
<td>00444</td>
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<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
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<td>3/14/12</td>
<td>3/12/12</td>
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<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</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>23 st or 23 ft</td>
</tr>
<tr>
<td>2160 sf or 2260 sf</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJDEP Waste Hauler ID No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>KLEEMCO INC.</td>
<td>17904</td>
</tr>
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</table>

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

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>C. M. C. MUA.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>WOODING, N.J.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed By</th>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>JASPER KLEEM</td>
<td>V/P</td>
<td></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 8:90 and 5:18)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>02 / 23 / 12</th>
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<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Township of Warren</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>Type Notification</td>
</tr>
<tr>
<td>EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended</td>
</tr>
<tr>
<td>DOA (NJAC 5:18)</td>
<td>Amendment #1</td>
</tr>
<tr>
<td>DHSS</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>DCA (NJAC 5:23-3)</td>
<td>Cancellation</td>
</tr>
<tr>
<td>Street Address</td>
<td>46 Mountain Blvd.</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Warren, NJ 07059</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Lois J. Harold</td>
</tr>
<tr>
<td>FACILITY INFORMATION</td>
<td></td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>Township Owned Barn</td>
</tr>
<tr>
<td>Street Address</td>
<td>197 Mountain Ave.</td>
</tr>
<tr>
<td>City (5)</td>
<td>Warren, NJ 07059</td>
</tr>
<tr>
<td>County (6)</td>
<td>Somerset</td>
</tr>
<tr>
<td>County Code (7)</td>
<td></td>
</tr>
<tr>
<td>Current Use (Prior if being demolished)</td>
<td>Vacant</td>
</tr>
<tr>
<td>Square Feet</td>
<td>10,000</td>
</tr>
<tr>
<td># of Floors</td>
<td>1</td>
</tr>
<tr>
<td>Bldg. Age</td>
<td>1922</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>SMAC Corp.</td>
</tr>
<tr>
<td>Street Address</td>
<td>27 EAST 33RD STREET</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>PATerson NJ 07514</td>
</tr>
<tr>
<td>Name of GSHA Monitor</td>
<td>EMSL ANALYTICAL, INC</td>
</tr>
<tr>
<td>Street Address</td>
<td>1056 SHELTON AVE</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>PISCATAWAY NJ 08854</td>
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<tr>
<td>Scope of Work (Check all that apply)</td>
<td></td>
</tr>
<tr>
<td>≥3 SF or ≥3 LF</td>
<td></td>
</tr>
<tr>
<td>≥100 SF or ≥260 LF</td>
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<tr>
<td>Renovation</td>
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</tr>
<tr>
<td>Demolition</td>
<td></td>
</tr>
<tr>
<td>Full Containment with Negative Pressure</td>
<td></td>
</tr>
<tr>
<td>Mini-Enclosure</td>
<td></td>
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<tr>
<td>Glovebox Procedure</td>
<td></td>
</tr>
<tr>
<td>Non-Exempted (*) and Non-Friable Procedure</td>
<td></td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM)</td>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</td>
</tr>
<tr>
<td>IN Facility (13)</td>
<td>Yes</td>
</tr>
<tr>
<td>Old Barn Ceiling</td>
<td></td>
</tr>
<tr>
<td>South West Flat Roof</td>
<td></td>
</tr>
<tr>
<td>Boiler</td>
<td></td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>SMAC Corp</td>
</tr>
<tr>
<td>NJ/DEP Waste Hauler ID No.</td>
<td>18990</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>40 Yards</td>
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<tr>
<td>Name of Registered Landfill</td>
<td>Grows Landfill</td>
</tr>
<tr>
<td>City, State</td>
<td>27 E 33rd Street, Paterson, NJ - 07514</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>03/16/2012</td>
</tr>
<tr>
<td>City, State</td>
<td>Morrisville, PA</td>
</tr>
<tr>
<td>Completed By (Print or Type)</td>
<td>Borce Gjorsoski</td>
</tr>
<tr>
<td>Title</td>
<td>President</td>
</tr>
<tr>
<td>Signature</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>3/02/12</td>
</tr>
</tbody>
</table>

* 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)
02 / 23 / 12

Name of Building Owner/Operator (2)
Township of Warren

Agencies Notified
☐ EPA
☐ DEP
☐ OAL (NJAC 5:16)
☐ DHSS
☐ DCA (NJAC 5:23-8)

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

Street Address
46 Mountain Blvd.

City, State, Zip Code
Warren, NJ 07059

Name of Contact
Lois J. Harold

TelephoneNumber

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)
Township Owned Barn

Street Address
197 Mountain Ave.

City (5)
Warren, NJ 07059

County (6)
Somerset

County Code (7) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)
Quest Environmental/EnviroVision

ASCM No.

Name of Abatement Contractor (9)
SMAC Corp.

Street Address
27 EAST 33RD STREET

City, State, Zip Code
PATERSON NJ 07514

Telephone No.
973-345-4055

License No.
01110

Name of OSHA Monitor
EMSL ANALYTICAL, INC

Street Address
1056 SHELTON AVE

City, State, Zip Code
PISCATAWAY NJ 08854

Start Date (10)
03 / 05 / 12

Scheduled Completion Date (11)
03 / 16 / 12

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

Time of Abatement: _______AM______PM/______PM_______AM

Scope of Work (Check all that apply)
☐ ≥3 sf or ≥3 ft
☐ ≥160 sf or ≥280 ft

☐ Renovation
☒ Demolition

☒ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ 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)

Abatement Type
Endoscope
Repair
Removal
Endorse

Old Barn Ceiling
☐ ☐ ☒ Transite Panel - Non Friable
4,725 SF

South West Flat Roof
☒ ☐ ☒ Roofing Shingles - Non Friable
75 SF

Boiler
☐ ☒ ☐ Boiler Dismantling - Friable
70 SF

Name of Registered Waste Hauler
SMAC Corp

N.J. DEP Waste Hauler ID No. 18590

Cubic Yards of Waste
40 Yards

Name of Registered Landfill
GROWS Landfill

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

Disposal Date
03/16/2012

Completed By (Print or Type)
Borce Gjoroski

Title
President

Signature

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
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<th>2</th>
<th>12</th>
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<tr>
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<th>Type Notification</th>
<th>Name of Building Owner/Operator (2)</th>
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<tbody>
<tr>
<td>□ EPA</td>
<td>□ Initial</td>
<td>Rider University</td>
</tr>
<tr>
<td>✔ DOLWD</td>
<td>□ Amended</td>
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</tr>
<tr>
<td>□ DHSS</td>
<td>□ Amendment #</td>
<td></td>
</tr>
<tr>
<td>□ DCA (NJAC 5:23-8)</td>
<td>□ Emergency (including justification)</td>
<td></td>
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<tr>
<td></td>
<td>□ Cancellation</td>
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<tr>
<th>Street Address</th>
<th>2083 Lawrenceville Rd.</th>
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<table>
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<tr>
<th>City, State, Zip Code</th>
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<table>
<thead>
<tr>
<th>Name of Contact</th>
<th>Phillip Voorhees</th>
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<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Westminster Choir College-Bristol Hall</th>
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<table>
<thead>
<tr>
<th>FACILITY INFORMATION</th>
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<table>
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<tr>
<th>Street Address</th>
<th>101 Walnut Lane</th>
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<table>
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<tr>
<th>City (5)</th>
<th>Princeton</th>
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<th>County (6)</th>
<th>MERCER</th>
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<th>Current Use (Prior if being demolished)</th>
<th>25,000</th>
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<table>
<thead>
<tr>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
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<tbody>
<tr>
<td>25,000</td>
<td>2</td>
<td>40+</td>
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<table>
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<tr>
<th>FACILITY INFORMATION</th>
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<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>Pennoni Associates Inc.</th>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>515 Grove St, Suite 1B</th>
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<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Haddon Heights, NJ 08035</th>
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<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Craig Wilson</th>
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<table>
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<tr>
<th>Telephone No.</th>
<th>609-841-2927</th>
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<th>Start Date (10)</th>
<th>3 / 5 / 12</th>
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<th>Scheduled Completion Date (11)</th>
<th>3 / 5 / 12</th>
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<table>
<thead>
<tr>
<th>Type of Facility (4)</th>
<th>School (K-12)</th>
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<tbody>
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<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
<th>BRISTOL ENVIRONMENTAL, INC.</th>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>1123 BEAVER STREET</th>
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<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>BRISTOL, PA 19007</th>
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<table>
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<tr>
<th>Name of OSHA Monitor</th>
<th>BRISTOL ENVIRONMENTAL, INC.</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>1123 BEAVER STREET</th>
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<table>
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<tr>
<th>City, State, Zip Code</th>
<th>BRISTOL, PA 19007</th>
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<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
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<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Renovation</th>
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<tbody>
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<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</th>
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</table>

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<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>
<th>6 LF</th>
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<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</th>
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<table>
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<tr>
<th>Abrasion</th>
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<thead>
<tr>
<th>Brasher Hall-Facilities Office</th>
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</table>

<table>
<thead>
<tr>
<th>Pipe Insulation</th>
<th>6 LF</th>
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<table>
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<tr>
<th>Name of Registered Waste Hauler</th>
<th>BRISTOL ENVIRONMENTAL, INC.</th>
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<table>
<thead>
<tr>
<th>NJDEP Waste Hauler ID No.</th>
<th>18706</th>
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<tr>
<th>Cubic Yards of Waste</th>
<th>0</th>
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<tr>
<th>Name of Registered Landfill</th>
<th>G.R.O.W.S. NORTH LANDFILL</th>
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<table>
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<th>City, State</th>
<th>BRISTOL, PA 19007</th>
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<table>
<thead>
<tr>
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<th>04/08/2012</th>
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<table>
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<tr>
<th>Completed By (Print or Type)</th>
<th>Brian Scafaro</th>
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<table>
<thead>
<tr>
<th>Title</th>
<th>Estimator</th>
</tr>
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<table>
<thead>
<tr>
<th>Signature</th>
<th>Brian Scafaro</th>
</tr>
</thead>
</table>

*Do not use this form for asbestos licensure exempted activities.*
Date of Notification (1): 3/2/2012

Name of Building Owner/Operator (2): INTERNATIONAL PAPER

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

Type Notification
- Initial
- Amended
- Amendment # 8
- Emergency (including justification)
- Cancellation

Street Address: 6400 POPLAR AVE, MARCH 6 2012

City, State, Zip Code: MEMPHIS, TN 38197

Name of Contact: Roger Schumer/IP, Paul Montney/JP

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

Street Address: 404 FRENCHTOWN RD.

City (5): MILFORD

County (6): HUNTERDON

Current Use (Prior if being demolished): Paper Manufacturing

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

Square Feet: 500,000

# of Floors: 2

Bldg. Age: 100 years

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

ARCADIS, US

Telephone No.: 908.526.1000

Name of Abatement Contractor (9): ROYAL ENVIRONMENTAL, INC.

Street Address: 35 COLUMBIA RD

City, State, Zip Code: BRANCHBURG, NJ 08876

Project Manager for Monitoring Firm: WILLIAM C. MENER

Telephone No.: 908.526.1000

License No.: 01068

Name of OSHA Monitor: HEALTH AND SAFETY SERVICES

Street Address: 318 12TH STREET

City, State, Zip Code: HAMMONTON, NJ 08037

Start Date (10): 5/16/2011

Scheduled Completion Date (11): 4/30/2012

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

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

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

<table>
<thead>
<tr>
<th>Description of Asbestos Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
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</thead>
<tbody>
<tr>
<td>PIPE</td>
<td>39,500 LF</td>
</tr>
<tr>
<td>THERMAL SYSTEMS</td>
<td>45,400 SF</td>
</tr>
<tr>
<td>TRANSITE</td>
<td>46,300 SF</td>
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<tr>
<td>GALBESTOS</td>
<td>28,500 SF</td>
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Name of Registered Waste Hauler: R&B DEBRIS LLC

Waste Hauler ID No.: NJ-8001

Cubic Yards of Waste: 3,500

Name of Registered Landfill: GROWS LANDFILL

City, State: MORRISVILLE, PA

Disposal Date: VARIOUS

Completed by: PETER BREEN

Title: PROJECT MANAGER

Signature: [Signature]

Date: 3/2/2012

* 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) 3/2/2012

Name of Building Owner/Operator (2) INTERNATIONAL PAPER

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

Type Notification
- Initial
- Amended
- Amendment # 8
- Emergency (including justification)
- Cancellation

Street Address
6400 POPLAR AVE.

City, State, Zip Code
MEMPHIS, TN 38197

Name of Contact
Roger Schumert, Pi

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
CURTIS SPECIALITY PAPER

Street Address
404 FRENCHTOWN RD.

City (5)
MILFORD

County (6)
HUNTERDON

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished)
Paper Manufacturing

Name of Monitoring Firm Hired by Building Owner (8)
ARCADIS, US

ASCM No.
000141

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

Street Address
35 COLUMBIA RD

City, State, Zip Code
BRANCHBURG, NJ 08876

Project Manager for Monitoring Firm
WILLIAM C. MENER

Telephone No.
908.526.1000

Scheduled Completion Date (11)
4/30/2012

Start Date (10)
5/16/2011

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
- ≥100 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) THROUGHOUT FACILITY

Location of Asbestos-Containing Material (ACM)

Is Location Normally Used Solely by Maintenance/Custodial Staff?

(12) Yes No N/A

Description of Asbestos-Containing Material (ACM)

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

Amount (Specify SF or LF)

Abatement Type

Removal
Repair
Encapsulation

Name of Registered Waste Hauler
R&B DEBRIS LLC

NJDEP Waste Hauler ID No.
NJ-8001

Cubic Yards of Waste
3500

Name of Registered Landfill
GROWS LANDFILL

City, State
HAINSPORT, NJ

Disposal Date
VARIous

Completed by
PETER BRENN

Title
PROJECT MANAGER

Signature

Date 3/2/2012

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:59 and 12:120)

Date of Notification (1)
03/02/12 Ck:1987 $200

Name of Building Owner/Operator (2)
Fairleigh Dickinson University

Agencies Notified
EPA
DEP
DOL
DOH
DCA

Type Notification
Initial
Amended
Emergency (including justification)
Cancellation

Street Address
1000 River Road

City, State, Zip Code
Teaneck, New Jersey 07666

Name of Contact
Craig Gorszycza

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
20,000

No. of Floors
2

Bldg. Age
5

Name of Facility Where Abatement is Taking Place (3)
Fairleigh Dickinson University, Robison Annex

City (5)
Teaneck, New Jersey 07666

County (6)
Bergen

County Code (7)

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

ASCM No.

Name of Abatement Contractor (9)
Lilich Corporation

Street Address
5434 Kings Avenue Suite 101

City, State, Zip Code
Pennsauken, New Jersey 08109

Telephone No.

License No.
609-744-7462
01104

Name of OSHA Monitor
J&S Environmental Labs

Project Manager for Monitoring Firm
Tom Pruno

Start Date (10)
03/14/12

Scheduled Completion Date (11)
03/15/12

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

Other – Describe: 3pm Start

Scope of Work (Check All That Apply)
x 3,000 sq or 3,000 ft
x 160 sq or 1600 ft

Renovation
x 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

In Facility (13)

Boiler Room

Yes
No
N/A

TSI

9 LF

x

Boiler Room

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

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

Amount
(Specify SF or LF)

Abatement Type

Removal
Repair
Encapsulate
Endoscope

Name of Registered Waste Hauler
Lilich Corporation

NJDEP Waste Hauler ID No.
18724

Cubic Yards of Waste
1

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

Disposal Date
03/16/12

City, State
Morrisville, Pennsylvania

Completed by
Tatiana Kaleniokova

Title
Vice President

Signature

Date
03/02/12

* 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)
03/01/12

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

Type of Notification
☐ Initial
☐ Amended
☐ Amendment #2
☐ Emergency (including justification)
☐ Cancellation

Name of Building Owner/Operator (2)
City of Burlington

Street Address
515 High Street

City, State, Zip Code
Burlington, New Jersey 08016

Name of Contact
Cindy A Crivaro

FACILITY INFORMATION

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

Street Address
318 1/2 Jones Avenue

City
Burlington, New Jersey

County
Burlington

Type of Facility (4)
☐ School (K-12)
☐ Subchapter 9 (Other than K-12)
☐ Other (i.e. private & commercial buildings, homes, etc.)

Square Feet
10,000

# of Floors
2

Bldg. Age
55+

Current Use (Prior if being demolished)
Home

Name of Abatement Contractor (8)
Lillich Corporation

Street Address
606 McBride Avenue

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

Name of OSHA Monitor
J&S Environmental Labs

Street Address
2333 Route 22 West

City, State, Zip Code
Union, New Jersey 07083

Scope of Work (Check All That Apply)
☐ Renovation
☐ Demolition

Location of Asbestos-Containing Material (ACM)

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

Amount (Specify SF or LT)
1,000 ☒

Abatement Type
Transite Shingles ☒

Name of Registered Waste Hauler
Lillich Corporation

NJDEP Waste Hauler ID No.
18724

Cubic Yards of Waste
3

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

Disposal Date
02/29/12

City, State
Morrisville, Pennsylvania

Completed by
Tatiana Kaleni kova

Title
Vice President

Signature

Date
03/01/12

* 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)
02/23/12 CK: 1674 $200
Name of Building Owner/Operator (2)
City of Burlington

Agencies Notified
EPA
DEP
DOL
DOH
OCA
Type Notification
Initial
Amended
Amendment #1
Emergency (including justification)
Cancellation

Name of Facility Where Abatement Is Taking Place (3)
Residence
Street Address
318 1/2 Jones Avenue
City (5)
Burlington, New Jersey 08016
County (6)
Burlington

Name of Monitoring Firm Hired by Building Owner (8)
ASCM No.
Name of Abatement Contractor (9)
Lillich Corporation
Street Address
606 McBride Avenue
City, State, Zip Code
Woodland Park, New Jersey 07424

Project Manager for Monitoring Firm
Telephone No.

Start Date (10)
02/27/12
Scheduled Completion Date (11)
02/28/12
Name of OSHA Monitor
J&S Environmental Labs

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

Scope of Work (Check All That Apply)
23 sf or <3 If
2160 sf or >2600 If
Renovation
Demolition

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

Is Location Normally Used Solely by Maintenance/Custodial Staff?
Yes
No
N/A
Description of Asbestos-Containing Material (ACM)
Transite Shingles

Amount (Specify SF or LF)
1,000

Location of Registered Waste Hauler
Name of Registered Landfill
Lillich Corporation
G.R.O.W.S Landfill

Cubic Yds of Waste
Name of Registered Landfill

Disposal Date
02/29/12
City, State
Morrisville, Pennsylvania

Completed by
Tatiana Kalenikova
Title
Vice President
Signature
Date
02/23/12

* 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) 02/06/12  CK # 315  $200.00 Name of Building Owner/Operator (2)
City of Burlington

Name of Facility Where Abatement Is Taking Place (3)
Residence
Street Address 515 High Street
City, State, Zip Code Burlington, New Jersey 08016

Name of Contact Cindy A Crivaro

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 10,000 # of Floors 2 Bldg. Age 55+

Current Use (Prior to being demolished)
Home

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

Name of Abatement Contractor (9)
Lillich Corporation

Street Address 606 McBride Avenue
City, State, Zip Code Woodland Park, New Jersey 07424

Project Manager for Monitoring Firm
Telephone No.

Start Date (10) 02/01/12
Scheduled Completion Date (11) 02/19/12

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

Scope of Work (Check All That Apply)

ej greater than or equal to 23 sf and 23 sf
z160 sf or 226 sf
Renovation
Demolition

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

Yes No N/A

Exterior

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

Transite Shingles 1,000

Amount (Specify SF or LF)

Asbestos Type

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

Description

Name of Registered Waste Hauler: Lillich Corporation
NJDEP Waste Hauler ID No. 18724
City, State Woodland Park, New Jersey 07424

Cubic Yards of Waste 3

Disposal Date 02/20/12

Name of Registered Landfill G.R.O.W.S Landfill
City, State Morrisville, Pennsylvania

Completed by Tatiana Kalonikova Title Vice President
Signature Date 02/06/12

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

Date of Notification (1)  
3-2-12

Name of Building Owner/Operator (2)  
Lakewood Plaza Housing, LLC

Agencies Notified Type Notification
- EPA  
- DOH  
- DOH
- DCA  
- DEP  
- DOL
- Initial  
- Amended
- Amendment # 1  
- Emergency (including justification)
- Cancellation

Street Address  
326 3rd Street

City, State, Zip Code  
Lakewood, NJ 08701

Name of Contact  

Telephone Number

FACILITY INFORMATION

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

Street Address  
193 Alder Street

City (5)  
Lakewood, NJ

County Code (7)  
Ocean

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

Square Feet  
5,000

# of Floors  
2

Bldg. Age (9)  
50 yrs.

Current Use (Prior if being demolished)  
apartments

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

ASCM No.

Name of Abatement Contractor (9)  
Plymouth Environmental Co., Inc.

Street Address  
923 Haws Avenue

City, State, Zip Code  
Norristown, PA 19401

Project Manager for Monitoring Firm  
Jack Carney

Telephone No.  
856-224-0080

Start Date (10)  
3-7-12

Scheduled Completion Date (11)  
3-15-12

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

Scope of Work (Check All That Apply)
- 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)
throughout unit  
X  
VAT  
1,100 SF  

Name of Registered Waste Hauler  
Newark Carting

NJ/DEP Waste  
4509

Cubic Yards Name of Registered Landfill  
20  
IBSI

City, State  
Newark, NJ

Completed by  
James Kelly

Title  
President

Signature

Date  
3-2-12

* 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)
2-16-12

Name of Building Owner/Operator (2)
Lakewood Plaza Housing, LLC

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

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

Street Address
326 3rd Street

City, State, Zip Code
Lakewood, NJ 08701

Name of Contact

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)
Lakewood Plaza Housing

Street Address
193 Alder Street

City (5)
Lakewood, NJ

County (6)
Ocean

County Code (7)

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

ASCM No.

Name of Abatement Contractor (9)
Plymouth Environmental Co., Inc.

Street Address
411 Southgate Court, Suite E

City, State, Zip Code
Mickleton, NJ 08056

Project Manager for Monitoring Firm
Jack Carney

Telephone No.
856-224-0080

Start Date (10)
3-5-12

Scheduled Completion Date (11)
3-12-12

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

Scope of Work (Check All That Apply)
- ≥ 3 sf or ≥ 3 lf
- ≥ 160 sf or ≥ 280 lf
- Renovation
- Demolition

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

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

Yes
No
N/A

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

Amount (Specify SF or LF)

Abatement Type

Endorse

Name of Registered Waste Hauler
Newark Carting

City, State
Newark, NJ

Disposal Date
3-12-12

Name of Registered Landfill
IESI

City, State
Bethlehem, PA

Completed by
James Kelly
Title
President

Signature

Date
2-16-12

*C only use this form for asbestos licensure exempted activities.
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:50 and 12:120)

**Date of Notification**: 3-2-12  
**Name of Building Owner/Operator**: Matt Chavlovich  
**Name of Contact**: Matt Chavlovich  

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

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

**Name of Facility Where Abatement is Taking Place**  
- Single Family Dwelling (Garage)  
  - 175 Christol Street  
  - Metuchen NJ 08840

**City**: Metuchen  
**State**: NJ  
**Zip Code**: 08840

**Square Feet**  
- 2

**Current Use**  
- [ ] Prior if being demolished

**Project Manager for Monitoring Firm**: Steve Schenk

**Telephone No.**: 609-758-3365

**Name of OSHA Monitor**: EPC Technologies, Inc

**Street Address**: P.O. Box 337

**City, State, Zip Code**: New Egypt NJ 08533

**Name of Abatement Contractor**: EPC Technologies, Inc

**Telephone No.**: 609-758-3365

**License No.**: 00394

**Name of OSHA Monitor**: EPC Technologies, Inc

**Street Address**: P.O. Box 337

**City, State, Zip Code**: New Egypt NJ 08533

**Start Date**: 3-13-12  
**Scheduled Completion Date**: 3-13-12

**Occupancy Status During Abatement**  
- [ ] Facility Closed/Vacated During Entire Period of Abatement  
- [x] Abatement Performed Outside of Normal Facility Hours  
- [ ] Other - Describe:  

**Scope of Work**  
- [x] 3 sf or > 3 sf  
- [ ] 260 sf or > 260 sf

**Location of Asbestos-Containing Material (ACM) TO BE ABATED**  
- IN Facility  
- [x] Garage  
- [x] Pipe Insulation  

**Name of Registered Waste Hauler**: EPC Technologies

**NUDEP Waste Hauler ID No.**: 17000

**Cubic Yards of Waste**: 2

**Name of Registered Landfill**: Waste Management

**City, State**: Morrisville, PA  
**Disposal Date**: 3-13-12

**Completed by**: Steve Schenk  
**Title**: President  
**Signature**: Steve Schenk  
**Date**: 3-2-12

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>3-2-12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Twinent Construction</td>
</tr>
<tr>
<td>Street Address</td>
<td>4 Laurier Way</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Park Ridge, NJ 07656</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Fat Maelen 492-1102</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>609-758-3365</td>
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</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Single Family House Dwelling</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>19 East 34th Street</td>
</tr>
<tr>
<td>City (5)</td>
<td>Long Beach Twp., NJ 08008</td>
</tr>
<tr>
<td>County (6)</td>
<td>Ocean</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>EPC Technologies</td>
</tr>
<tr>
<td>ASCM No.</td>
<td>N/A</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>EPC Technologies, Inc</td>
</tr>
<tr>
<td>Street Address</td>
<td>P.O. Box 337</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>New Egypt, NJ 08533</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Steve Schenkke</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>609-758-3365</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>3-13-12</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>3-14-12</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check only)</td>
<td>No</td>
</tr>
<tr>
<td>Scope of Work (Check all that apply)</td>
<td>Demolition</td>
</tr>
</tbody>
</table>

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

**Name of Registered Waste Hauler**
- EPC Technologies

**Cubic Yards of Waste**
- 10

**Name of Registered Landfill**
- Waste Management

**Disposal Date**
- 3-14-12

**City, State**
- Morrisville, PA

**Completed by**
- Steve Schenkke, President

*Do not use this form for asbestos licensure exempted activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 13:110)

Date of Notification (1) 3/12/12

Name of Building Owner/Operator (2) WM. HARGROVE Co.

Agencies Notified

Type Notification

[ ] Initial

[ ] Amended

[ ] Emergency (including justification)

[ ] Cancellation

Street Address

107 N. 34TH ST.

City, State, Zip Code

CAMDEN, N.J.

County Code (7) STATE USE ONLY

County

CAMDEN

Name of Asbestos Abatement Contractor (9)

Klemco Inc.

ASCM No.

N/A

Name of Abatement Contractor's Site Manager or Abatement Project Manager (10)

Joseph Klemm

Telephone No.

562-777-0472

License No.

000-H

License Date

3/14/12

Date of Completion

3/14/12

Facility Location

107 N. 34TH ST.

City, State, Zip Code

CAMDEN, N.J.

Building Age

100+ Yrs

Use

Residence

Area

1000 Sq. Ft.

Occupancy Status During Abatement

Vacant

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

Siding

Transite

Amount

1700 lb

Name of Registered Waste Hauler

Klemco Inc.

Name of Registered L No.

G. ROWS

City, State, Zip Code

MORRISVILLE, PA

Signatory

Joe Klemm

Owner

Date

3/2/12

Do not use this form for asbestos incineration exempted activities

Other - (Check all that apply)

Renovation

Demolition

Full Containment with Negative Pressure

Mist Enclosure

Glueless Procedure

Non-Exempted (1) and Non-)?...
**State of New Jersey**

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

**Date of Notification (1):** 3-2-12

**Agency Notified:**
- [ ] EPA
- [ ] DEP
- [ ] ADOL
- [ ] DOH
- [ ] DCA

**Name of Building Owner/Occupant (2):** Franchi Demolition Inc.

**Street Address:** P.O. Box 734

**City, State, Zip Code:** Camden, NJ 08101

**Name of Contact:** Mark Franchi

**Telephone Number:**

---

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3):** Duplex Dwelling (Fire Damaged)

**Street Address:** 732/724 Wheaton Ave.

**City:** Millville, NJ 08332

**County:**

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

**Square Feet:** __

**# of Floors:** __

**Bldg. Age:** __

**Current Use (Prior if being demolished):** Duplex Dwelling

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

**ASCM No.:** N/A

**Name of Abatement Contractor (9):** EPC Technologies, Inc.

**Street Address:** P.O. Box 337

**City, State, Zip Code:** New Egypt, NJ 08533

**Telephone No.:** 609-758-3365

**License No.:** 00394

**Start Date (10):** 3-14-12

**Scheduled Completion Date (11):** 3-31-12

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

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

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

**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):**

**Abatement Type:**

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

- [ ] Extermination Walls
- [ ] Siding Shingles 2400 SF

**Amount of Waste:**

- [ ] Cubic Yards of Waste: 17000
- [ ] Cubic Yards of Waste: 12

**Name of Registered Waste Hauler:** EPC Technologies

**NJDEP Waste Hauler ID No.:** 17000

**City, State:** Morrisville, PA

**Disposal Date:** 3-31-12

**Name of Registered Landfill:** Waste Management

**Completed by:**

- [ ] Steve Schenker
- [ ] Title: President
- [ ] Signature: __________
- [ ] Date: 3-2-12

*Do not use this form for asbestos license exempted activities.*
Date of Notification (1) March 1st, 2012

Agencies Notified

- EPA
- DEP
- DOL
- DOH
- DCA

Type Notification

- Initial
- Amended
- Amendment #
- Emergency (Including Justification)
- Cancellation

Name of Building Owner/Operator (2) Trevcon Construction Inc.

Street Address
30 Church Street

City, State, Zip Code
Liberty Corner, NJ 07938

Name of Contact
Mr. Ron Treveloni

Name of Facility Where Abatement is Taking Place (3) Trevcon Construction Inc.

City (5)
South Amboy,

County (6)
MIDDLESEX

County Code (7) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8) CSA CONSULTING SERVICE AMERICA

ASCM No.

Name of Abatement Contractor (9) SLAVCO CONSTRUCTION INC.

Street Address
164 GETTY AVE.

City, State, Zip Code
CLIFTON, NEW JERSEY 07011-1802

Project Manager for Monitoring Firm
Mr. Michael G. Chain

Telephone No.
732-921-9223

Start Date (10)
March 12th, 2012

Scheduled Completion Date (11)
March 30th, 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: 8:00am-4:30pm Monday-Friday

Scope of Work (Check All That Apply)

- 30 sf or 33 sf
- 160 sf or 260 sf
- 33 sf or 33 sf
- Renovation
- Demolition

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

- Main Deck
- Main Deck

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)

- Tank Insulation
- Pipe Insulation

Name of Registered Waste Hauler
Slavco Construction Inc.

Cubic Yards of Waste

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

City, State
CLIFTON, NEW JERSEY 07011-1802

Disposal Date
TBD

Completed by
VIVIAN D. JURCEVIC

Title
ADM. ASSIST.

Signature

Date
MARCH 1, 2012

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:90 and 12:120)

Date of Notification (1) 03/01/12

Name of Building Owner/Operator (2) Halina Siesicki

Agencies Notified EPA, DEP, DOL, DOH, DCA

Type Notification Initial

Street Address 397 River Drive

City, State, Zip Code Garfield, NJ 07026

Name of Contact Halina Siesicki

Telephone Number

FACILITY INFORMATION

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

Street Address 397 River Drive

City (5) Garfield

County (6) Bergen

County Code (7) (STATE USE ONLY) __________

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

Name of Abatement Contractor (9) Pyramid Contracting Corp.

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

Square Feet 3,000

# of Floors 3

Bldg. Age 50+

Current Use (Prior if being demolished)

Start Date (10) 03/11/12

Scheduled Completion Date (11) 03/11/12

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

Scope of Work (Check All That Apply)

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

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>X</td>
<td>Pipe Insulation</td>
<td>75 LF</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler Pyramid Contracting Corp.

Cubic Yards of Waste 1

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

Disposal Date 3/12/12

City, State Morristown, Pennsylvania

Completed by Dimo Golcev

Title General Manager

Signature

Date 03/01/12

* 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:** 3-31-12

**Agency:** [ ] DFA  [ ] DCA  [ ] DOH

**Type Notification:** [ ] Initial  [ ] Amended  [ ] Emergency including precautionary justification  [ ] Cancellation

**Name of Building Owner/Operator:** [REDACTED]

**Street Address:** 41 RIDE RD

**City, State, Zip Code:** Rumson, NJ 07760

**Name of Contact:** [REDACTED]

**Telephone Number:** [REDACTED]

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

**Street Address:** 41 RIDE RD

**City:** Rumson

**County:** Monmouth

**ASCM No.:** [REDACTED]

**Name of Abatement Contractor:** [REDACTED]

**Street Address:** 95 MONROE RD

**City, State, Zip Code:** Colts Neck, NJ 07722

**Telephone No.:** [REDACTED]

**License No.:** 000829

**Name of HUD Monitor:** [REDACTED]

**Street Address:** 95 MONROE RD

**City, State, Zip Code:** Colts Neck, NJ 07722

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

- [ ] Non-Exempted and Non-Flexible Procedures

**Insulation Material:** [REDACTED]

**Location of Asbestos-Containing Material (ACM) to Be Abated:** Outdoors

**Is Location Normally Used Exclusively by Maintenance or Custodial Staff:** [ ] Yes  [ ] No  [ ] N/A

**Description of Asbestos-Containing Material (ACM):** [REDACTED]

**Amount (Specify SF or LF):** 2400 SF

**Location:** [REDACTED]

**Name of Registered Waste Hauler:** [REDACTED]

**City, State:** Colts Neck, NJ

**Completion Date:** 3-31-12

**Disposal Date:** 3-31-12

**Signature:** [REDACTED]

**Date:** 3-31-12

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

**Date of Notification (1)**
03/2/2012

**Name of Building Owner/Operator (12)**
Shafiul A. Khan and Shaista A. Khan

**Street Address**
524-31 st

**City, State, Zip Code**
Union City, NJ 07087

**Name of Contact**
Anthony Gonzalez

**Tel. Number**

### FACILITY INFORMATION

- **Name of Facility Where Abatement is Taking Place (3)**
  - Residential Property
- **Street Address**
  - 3360 Kennedy Blvd.
- **City (5)**
  - Jersey City, NJ
- **County (6)**
  - Hudson
- **County Code (7)**
  - ASCM No.
- **State Use Only**
  - N/A
- **Name of Monitoring Firm Hired by Bldg. Owner (8)**
  - N/A
- **Street Address**
  - N/A
- **City, State, Zip Code**
  - N/A
- **Project Manager for Monitoring Firm**
  - David Camacho
- **Telephone Number**
  - (201) 325-0055
- **Occupancy Status During Abatement (Check only one)**
  - (X) Facility Closed/Vacated During Entire Period of Abatement
  - ( ) Abatement Performed Outside of Normal Facility Hours
- **Source of Work (Check all that apply)**
  - (X) ≥ 3 SF or ≥ 3 LF
  - (X) ≥ 160 SF or ≥ 260 LF
  - Renovation
  - Demolition
- **Location of Asbestos-Containing Material (ACM) in Facility (13)**
  - Basement
  - Pipe TSI
  - X
  - Amount (Specify SF or LF):
    - 120 LFT
- **Name of Reg. Landfill**
  - Cumberland County Landfill
  - City, State
  - Newburg, PA 17242
- **Cubic Yards of Waste**
  - 10
- **Disp. Date**
  - 03/03/2012
- **Name of Reg. Waste Hauler**
  - Vision Transport
  - NJDEP Waste Hauler ID #: 22393
- **Completed by (Print or Type)**
  - David Camacho Walsh
  - General Manager
  - Signature
  - 03/02/2012