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

Date of Notification (1) | Name of Building Owner/Operator (2)
--- | ---
3-15-12 | Frederick Laks

Agency Notified | Type Notification
--- | ---
EPA | Initial
DEP
DOH
DCA

Name of Facility Where Abatement is Taking Place (3)
Single Family Dwelling
250 West Maple Ave.

City (5) | County (6) | Name of Contact | Telephone Number
--- | --- | --- | ---
Bound Brook NJ | Middlesex | Fred Laks |

Square Feet | # of Floors | Bldg. Age
--- | --- | ---
2 | 75+

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

Name of Monitoring Firm Hired by Building Owner (9)
EPC Technologies
ASCM No. | Name of Abatement Contractor (9)
--- | ---
N/A | EPC Technologies, Inc

City, State, Zip Code | Name of OSHA Monitor | License No.
--- | --- | ---
New Egypt NJ 08533 | EPC Technologies, Inc | 00.394

Start Date (10) | Scheduled Completion Date (11)
--- | ---
4-2-12 | 4-4-12

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)
X 3 sf or 2 sf
X ≥ 160 sf or ≥ 260 sf

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? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>X</td>
<td>Pipe Insulation</td>
<td>100 LF</td>
<td>X</td>
</tr>
<tr>
<td>Basement</td>
<td>X</td>
<td>Cardboard on Furnace</td>
<td>50 SF</td>
<td>X</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
EPC Technologies
ID No. | Cubic Yards of Waste | Name of Registered Landfill | Disposal Date | City, State |
--- | --- | --- | --- | ---|
17000 | 2 | Waste Management | 4-4-12 | Morrisville PA |

City, State | Completed by | Title | Signature | Date
--- | --- | --- | --- | ---
NE NJ | Steve Schenk | President | Fred Laks | 3-15-12

* 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
March 15, 2012

### Name of Building Owner/Operator
Ken Zaback

### Street Address
8 Julics Way  
MAR 19 2012

### City, State, Zip Code
Howell, New Jersey 07731

### Name of Contact
Ken Zaback

---

**FACILITY INFORMATION**

### Name of Facility Where Abatement is Taking Place
**Residence**

### Street Address
1400 Route 9 South

**Howell**  
Ocean

### County Code
1500 sf

### # of Floors
1

### Bldg. Age
60

### Current Use (Prior to being demolished)
Residence

### Name of Abatement Contractor
Guardian Contracting, Inc.

### Street Address
1889 Route 9, Unit 61

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

### Telephone Number
732-349-9932

### License Number
00624

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

### Street Address
1056 Stelton Road

**Piscataway, New Jersey 08854**

---

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

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

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

<table>
<thead>
<tr>
<th>Exterior</th>
<th>Asbestos siding</th>
<th>1250 sf</th>
<th>X</th>
</tr>
</thead>
</table>

### Is Location Normally used Solely by Maintenance/Custodial Staff

- 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
- [x] REPAIR
- [ ] ENCAPSULE
- [ ] ENCLOSURE

---

### Name of Registered Waste Hauler
Guardian Contracting, Inc.

### NJDEP Waste Hauler ID No.
20223

### Cubic Yards of Waste
3

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

### City, State
Toms River, New Jersey

### Disposal Date
3/20/12

### City, State
Tullytown, Pennsylvania

### Completed by (Print or Type)
Nicholas Fernicola

### Title
Project Manager

### Signature

### Date
3/15/2012

---

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

GAC Project # 060-11
Client Project #
Date of Notification (1)
March 16, 2012

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

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

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

Name of Facility Where Abatement is Taking Place (3)
NELSON BIOLOGY, BLDG# 3559

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

Sq. Ft. (N/A)
# of Floors: 2
Bldg. Age: 60+ years

Current Use (prior if being demolished): ACADEMIC

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

Street Address
258 MAIN STREET

City State Zip Code
BURLINGTON, NJ 08016

License Number
973-492-0477

Telephone Number
609-386-8800

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

ASCM No. 0098

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 - 5AM (DAILY)

Street Address
3 TERRI LANE

City State Zip Code
PISCATAWAY, NJ 08854

Name of OSFA Monitor
1

ENVIROVISION, INC.

Street Address
20-21 WARGAROW ROAD

City State Zip Code
BURLINGTON, NJ 08016

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

A) 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 miscellaneous)

Amount (Specify SF or LF)

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

Rooms 205, 213, 218, 228
Transite Panels

120 SF

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

See Below

Cubic Yards of Waste

5 CY

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

Disposal Date
04/01/2012

Hauler #1) Greenaw Abatement Consultants, Inc. – Butler, NJ 07405
NJDEP # 12561
NJ DEP # 4509

Hauler #2) Newkar Carting, Inc. - Newark, NJ 07109

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

Signature

Date
March 16, 2012

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

GAC Project # 060-12
Client Project #

Date of Notification (1): March 16, 2012

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

Notification Type:
- X Initial Notification
- Amended Notification
- Emergency (including justification)
- Cancelled

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

Name of Facility Where Abatement is Taking Place (3):
BLUMENTHAL HALL, BLDG# 7493

Street Address:
NEWARK CAMPUS

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

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

ATC No.:
0098

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

Sq. Feet: N/A
# of Floors: 3
Bldg. Age: 80+ years

Current Use (prior if being demolished):
ACADEMIC

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

Street Address:
268 MAIN STREET

City State, Zip Code:
BUTLER, NJ 07405

Project Manager for Monitoring Firm:
BRIAN KEARNEY

Telephone Number:
609-386-8800

Scheduled Start Date (10):
03/30/12

Scheduled Completion Date (11):
03/31/12

Occupancy Status During Abatement (Check only one):
- Facility Closed/Vacated During Entire Period of Abatement
- X Abatement Performed Outside of Normal Facility Hours - Describe
- Other - Describe: 5PM - 5 AM

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

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

Is Location Normally Used Solely by Maint./Custodial Staff? (12):
- 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
- X Mini-Enclosure
- X Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

Room 102Q Restroom:
- X VAT

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

NJDEP Waste Hauler ID #:
See Below

Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405
NJDEP # 12561

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

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

Title:
SENIOR PROJECT MANAGER

Signature:

Date:
March 16, 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)

**Check # 1327**

**Date of Notification (1)**  
03/15/2012

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

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
</table>
| **Agency Notified** | □ EPA  
□ DEP  
□ DOL  
□ DOH  
□ DCA |
| **Type Notification** | □ Initial  
□ Amended  
□ Amendment #  
□ Emergency (including justification)  
□ Cancellation |
| **Street Address** | 32 C Cambridge Ct.  
Lakewood, NJ 08701 |
| **Telephone Number** | Barbara Pizanie |
| **City** | Lakewood |
| **State** | NJ |
| **Zip Code** | 08701 |
| **County** | Ocean |
| **County Code** (STATE USE ONLY) | |
| **Current Use (Prior to demolition)** | |
| **Private Home** | |
| **Square Feet** | |
| **# of Floors** | |
| **Bldg. Age** | |

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name of Facility Where Abatement is Taking Place (3)</strong></td>
<td></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.) |
| **County Code (7) (STATE USE ONLY)** | |

**Name of Monitoring Firm Hired by Building Owner (5)**  
Ocean

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name of Abatement Contractor (9)</strong></td>
<td>Gr Tech LLC</td>
</tr>
</tbody>
</table>
| **Street Address** | 576 Valley Rd #283  
Wayne, NJ 07470 |
| **City** | Fair Lawn |
| **State** | NJ |
| **Zip Code** | 07470 |

**Project Manager for Monitoring Firm**

**Telephone No.**

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Start Date (10)</strong></td>
<td>03/24/2012</td>
</tr>
<tr>
<td><strong>Scheduled Completion Date (11)</strong></td>
<td>03/25/2012</td>
</tr>
</tbody>
</table>
| **Occupancy Status During Abatement (Check only one)** | □ Facility Closed/Vacated During Entire Period of Abatement  
□ Abatement Performed Outside of Normal Facility Hours  
□ Other - Describe: |
| **Scope of Work (Check all that apply)** | □ >3 sf or >3 if  
□ ≥160 sf or >260 if  
□ Renovation  
□ Demolition  
□ Full Containment with Negative Pressure  
□ Mini-Enclosure  
□ Glovebag Procedure  
□ Non-Exempted (*) and Non-Friable Procedure |
| **Location of Asbestos-Containing Material (ACM) TO BE ABATED IN FACILITY (13)** | |
| **Amount (Specify SF or LF)** | 80 LF |
| **Abatement Type** | |
| **Endorsement** | |
| **Endorsement #** | |

**Name of Registered Waste Hauler**  
Gr Tech LLC

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name of Registered Landfill</strong></td>
<td>T.R.R.E. Inc</td>
</tr>
<tr>
<td><strong>City</strong></td>
<td>Tullytown</td>
</tr>
<tr>
<td><strong>State</strong></td>
<td>PA</td>
</tr>
<tr>
<td><strong>Disposal Date</strong></td>
<td>03/15/2012</td>
</tr>
<tr>
<td><strong>Name of Contact</strong></td>
<td>Barbara Pizanie</td>
</tr>
<tr>
<td><strong>Telephone Number</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Title</strong></td>
<td>Owner</td>
</tr>
<tr>
<td><strong>Signature</strong></td>
<td>N. Jevtic</td>
</tr>
<tr>
<td><strong>Date</strong></td>
<td>03/15/2012</td>
</tr>
</tbody>
</table>

*Do not use this form for asbestos licensed exempted activities.*
State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-1)

Date of Notification (1) March 16, 2012

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

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

FACILITY INFORMATION

Name of Building Owner/Operator (2)
First Presbyterian Church

Street Address
1 Main Street
City, State, Zip Code
Blairstown, NJ

Name of Contact
Gio Androw Makatura
TelephoneNumber

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

Sq. Feet: Unknown  # of Floors: Bldg. Age: years

Current Use (prior if being demolished):

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

Street Address
268 MAIN STREET
City, State, Zip Code
Butler, NJ 07405

Telephone Number
973-492-0477
License Number
00840

Name of OSHA Monitor
EMSL inc.

Street Address
1056 Stelton Road
City, State, Zip Code
Piscataway, NJ 08854

Project Manager for Monitoring Firm
Fred Larson
Telephone Number
973-636-9145

Scheduled Start Date (10)
March 17, 2012
Scheduled Completion Date (11)
March 19, 2012

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

Source of Work (Check all that apply)

≥ 3 sf or ≥ 3 if
[X] ≥ 160 sf or ≥ 260

Renovation
Demolition

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

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

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

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

Abatement Type
Remove, Repair, Encap, Envelope

First Floor

Name of Reg. Waste Hauler

First Floor

NJDEP Waste Hauler ID #
See Hauler Below # 1 & 2
See Below

Cubic Yards of Waste:

15

Name of Registered Landfill
Meadowfill Landfill

Hauler #1)
GREENWOOD Abatement Consultants, Inc. – Butler, NJ 07405
NJ DEP # 12561
Hauler #2)
Newark Carting, Inc. – Newark, NJ 04509, NJ DEP # 19551

Disposal Date
March 19, 2012

Completed by (Print or Type)
Marin Grauere
Title SENIOR PROJECT MANAGER
Signature

Date March 16, 2012

GAC # 2012-319
# State of New Jersey - Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:69-7 and 12:129-7)

**Date of Notification:** March 18, 2012

**Asbestos Notified:**
- ☑ EPA
- DCA
- ☑ DOH
- DEP
- ☑ DOH

**Notification Type:**
- ☑ Initial Notification
- ☑ Amended Certification
- ☑ Emergency (including justification)
- ☑ Cancelled

**Name of Building Owner/Operator:**
- First Presbyterian Church
  - Street Address: 3 Main Street
  - City: Blairstown, NJ
  - Name of Contractor: Clo Andrew Makaretz

**Name of Facility Where Abatement is Taking Place:**
- First Presbyterian Church

**Scheduled Start Date:** March 17, 2012
**Scheduled Completion Date:** March 19, 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:

**Source of Work (Check off that apply):**
- ≥ 3 af or ≥ 3 H
- ≥ 160 sq ft or ≥ 260

**Location of Asbestos-Containing Material (ACM) in Facility (19):**
- In Location Normally Used Solely by Maint./Casual Staff (12)
- Description of Asbestos-Containing Material (ACM) (i.e., thermal system insulation, surfacing, VAT, or other micafl):

**First Floor**: VAT

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

**Hauler #2:** Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19557

**Completed by (Print or Type):**
- Martin Graure
  - Type: SENIOR PROJECT MANAGER
  - Signature: Maria Graure

**Date:** March 18, 2012
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:50 and 12:120)

Date of Notification (1): 3/16/12

Agencies Notified:  
- X EPA  
- X DEP  
- X DOL  
- X DOH  
- □ DCA  
- □ Initial  
- □ Amended  
- □ Amendment #  
- □ Emergency (including justification)  
- □ Cancellation

Name of Building Owner/Operator (2):  
Name: CK 2458
Street Address: 130 North 32nd Street
City, State, Zip Code: Longport NJ 08403

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):  
Residence
Street Address: 130 North 32nd Street
City (5): Longport NJ 08403
County (6): Atlantic
County Code (7): (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8):  
Health & Safety Ser.
ASCM No.: 

Name of Abatement Contractor (9):  
Pernaco Inc
Street Address: PO Box 329
City, State, Zip Code: West Berlin NJ 08091

Project Manager for Monitoring Firm:  
James Proctor
Telephone No.: 609-704-8850

Start Date (10): 3/15/12
Scheduled Completion Date (11): 3/19/12

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

Scope of Work (Check All That Apply):  
- □ 23 st or 23 fl  
- □ ≥160 ft or ≥2260 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):  
Pipe Insulation
Amount (Specify SF or LF): 60 LF

Abatement Type:  
- □ Removal  
- □ Repair  
- □ Encapsulate  
- □ Endorse

Location of Registered Waste Hauler:  
United Containers
NJDEP Waste Hauler ID No.: 22459
Cubic Yards of Waste: 2
Disposal Date: 2/19/12
City, State: Morrisville PA 19067

Completed by  
Anthony T Perna  
Title: President  
Signature: [Signature]  
Date: 3/16/12

ASB-41 (R-06-08)  
* 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) 3/14/12

Name of Building Owner/Operator (2) Eric Luppo

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

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

Street Address
10 Elm Street
Florham Park, NJ 07932

Name of Contact Eric Luppo

FACILITY INFORMATION

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

Street Address
10 Elm Street

City (5) Florham Park

County (6) Morris

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

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

Street Address
4 E Gate Drive, PO Box 483
Glenwood NJ 07418

City, State, Zip Code

Project Manager for Monitoring Firm

Telephone No.
973-764-2276

License No. 703

Start Date (10) 4/1/12

Scheduled Completion Date (11) 4/8/12

Name of OSHA Monitor

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

Scope of Work (Check All That Apply)
- 23 sf or <30 sf
- 1600 sf or <2600 sf
- Renovation
- Demolition

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

In Facility (13)

Yes No N/A

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

Pipe Insulation 100 LF

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

Amount (Specify SF or LF)

Abatement Type

End Stage

Name of Registered Waste Hauler

Newark Carting

NJ DEP Waste Hauler ID No. 4509

Cubic Yards of Waste 10

Name of Registered Landfill Cumberland County landfill

Disposal Date TBD

City, State Newburg PA

Completed by Andrew Scott Higgins

Title President

Signature Date 3/14/12

* Do not use this form for asbestos licensure exempted activities.
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 8:15)

State of New Jersey

Date of Notification (1)
3 / 2 / 12

Name of Building Owner/Operator (2)
Rutgers University

Agencies Notified
☐ EPA  ☐ DOLWD  ☐ DHSS  ☐ DCA (NJAC 5:23-8)
Type Notification
☐ Initial  ☐ Amended  ☐ Amendment #2-3/13/12
☐ Emergency (including justification)  ☐ Cancellation

Street Address
#27 Road 1 Bldg 4086

City, State, Zip Code
Piscataway, NJ 08854

Name of Contact
Mike Smith

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Camden Science Building 7002

Street Address
315 Penn Street

City (5)
Camden

County (6)
Camden

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

ASCM No.
00098

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

Street Address
3 Terri Lane

City, State, Zip Code
Burlington Township, NJ 08016

Project Manager for Monitoring Firm
Brian Kearney

Telephone No.
609-386-8800

License No.
215-788-6405

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL, INC.

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

Start Date (10)
3 / 14 / 12

Scheduled Completion Date (11)
3 / 19 / 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 3:00PM-5:00PM

Scope of Work (Check all that apply)
☐ >=3 sf or >=3 ft
☐ >=160 sf or >=260 ft
☒ 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)
900 SF

Abatement Type
☐ Removal  ☐ Repair  ☐ Encapsulation

End Date
3/13/12

Name of Registered Waste Hauler
SERVICE TRANSPORT GROUP, INC.

NJ/DEP Waste Hauler ID No.
20990

Cubic Yards of Waste
2

Name of Registered Landfill
MINERVA LANDFILL

City, State
WAYNESBURG, OH 44688

Completed By (Print or Type)
Gino Pizzigoni

Title
General Manager

Signature

May 11

* Do not use this form for asbestos licensure exempted activities.
## NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:18)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 / 2 / 12</td>
<td>Rutgers University</td>
</tr>
</tbody>
</table>

### Agencies Notified
- [x] EPA
- [x] DOLWD
- [x] DHSS
- [x] DCA
- [x] NJAC 5:23-8

### Type Notification
- [x] Initial
- [x] Amended
- [x] Amendment #1-3/9/12
- [x] Emergency (including justification)
- [ ] Cancellation

### Street Address
- #27 Road 1 Bldg 4086

### City, State, Zip Code
- Piscataway, NJ 08854

### Name of Contact
- Mike Smith

## FACILITY INFORMATION

### Name of Facility Where Abatement is Taking Place (3)
- Camden Science Building 7002

### Street Address
- 315 Penn Street

### City (5)
- Camden

### County (6)
- Camden

### Square Feet
- 46000

### # of Floors
- 4

### Bidg. Age
- 60+

### Current Use (Prior if being demolished)
- University

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

### ASCM No.
- 00098

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

### Street Address
- 1123 BEAVER STREET

### City, State, Zip Code
- BRISTOL, PA 19007

### Project Manager for Monitoring Firm
- Brian Kearney

### Telephone No.
- 609-386-8800

### License No.
- 215-788-6040

### Name of OSHA Monitor
- BRISTOL ENVIRONMENTAL, INC.

### Occupancy Status During Abatement (Check only one)
- [x] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM 3:00PM - 5:00PM

### Scope of Work (Check all that apply)
- [ ] 3 or more stories
- [x] 160 sf or more
- [ ] 260 sf or more
- [x] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

### Location of Asbestos-Containing Material (ACM) TO BE ABATED
<table>
<thead>
<tr>
<th>IN Facility</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Room 308</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

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

### Amount
- 900 SF

### Abatement Type
- [ ] Removal
- [ ] Repair
- [ ] Encapsulate
- [ ] Endorse

### Name of Registered Waste Hauler
- SERVICE TRANSPORT GROUP, INC.

### NJ/DEP Waste Hauler ID No.
- 20990

### Cubic Yards of Waste
- 2 Cu Yds

### Name of Registered Landfill
- MINERVA LANDFILL

### City, State
- NEW CASTLE, DE 19720

### Disposal Date
- 3/16/12

### Completed By (Print or Type)
- Gino Pizzigoni

### Title
- General Manager

### Signature
- [Signature]

### Date
- 3/9/12

---

*Do not use this form for asbestos licensure exempted activities.*
## NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:18)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
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</thead>
<tbody>
<tr>
<td>3 / 2 / 12</td>
<td>Rutgers University</td>
</tr>
</tbody>
</table>

### Agencies Notified
- [x] EPA
- [x] DOLWD 574/
- [x] DHSS 5795
- [ ] DCA (NJAC 5:23-8)
- [ ] Emergency (including justification)
- [ ] Cancellation

<table>
<thead>
<tr>
<th>Type Notification</th>
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<th>Amendment #</th>
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</thead>
<tbody>
<tr>
<td>Initial</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Street Address
- #27 Road 1 Bldg 4086
- Piscataway, NJ 08854
- Telephone Number: 80000

### City, State, Zip Code
- City: Piscataway
- State: NJ
- Zip Code: 08854

### Name of Contact
- Mike Smith

### FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Camden Science Building 7002</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TYPE OF FACILITY (4)</th>
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<tbody>
<tr>
<td>School (K-12)</td>
</tr>
<tr>
<td>Subchapter 8 (Other than K-12)</td>
</tr>
<tr>
<td>Other (i.e., private and commercial buildings, homes, etc.)</td>
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</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>ASCM No.</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>00098</td>
<td>BRISTOL ENVIRONMENTAL, INC.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 Terri Lane</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Burlington Township, NJ 08016</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>609-386-8800</td>
<td>215-789-6040</td>
</tr>
<tr>
<td>00509</td>
<td></td>
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</table>

### Project Manager for Monitoring Firm
- Brian Kearney

### Start Date (10)
- 3 / 12 / 12

### Scheduled Completion Date (11)
- 3 / 16 / 12

### 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

<table>
<thead>
<tr>
<th>Room 308</th>
</tr>
</thead>
<tbody>
<tr>
<td>Floor tile</td>
</tr>
</tbody>
</table>

### Name of Registered Waste Hauler
- SERVICE TRANSPORT GROUP, INC.

<table>
<thead>
<tr>
<th>NJDEP Waste Hauler ID No.</th>
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<tbody>
<tr>
<td>20990</td>
</tr>
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<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
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</thead>
<tbody>
<tr>
<td>2 Cu Yds</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>MINERVA LANDFILL</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>3/16/12</td>
<td>WAYNESSBURG, OH 4468</td>
</tr>
</tbody>
</table>

### Name of Registered Waste Hauler
- City, State
- NEW CASTLE, DE 19720

### Completed By (Print or Type)
- Gino Pizzigoni
- Title: General Manager

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>3/12</td>
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</table>
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:69 and 12:20)

**Date of Notification (1)**  
March 16, 2012

**Name of Building Owner/Operator**  
Prism Construction Management, LLC

**Street Address**  
200 Broadacres Drive

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

**Name of Contact**  
Stephen Toreti, Senior Project Manager  
FACILITY INFORMATION

**Type of Facility**  
School (K-12), Other (site-specific/permitting)

**Name of Abatement Contractor (8)**  
The MACK Group LLC  
1500 Kings HWY N, STE 209

**City, State, Zip Code**  
Cherry Hill, NJ 08034

**Telephone No**  
(973) 759-5000

**License No**  
00781

**Name of OSHA Monitor**  
The MACK Group LLC  
1500 Kings HWY N, STE 209

**City, State, Zip Code**  
Cherry Hill, NJ 08034

**County Code (7)**  
[Code]

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

**Building**  

**ASCM No**  
0021

**Telephone No**  
(908) 218-1108

**Scheduled Completion Date (11)**  
3/23/12

**Facility Closed/Vacated During Entire Period of Abatement**

**Occurrence of Abatement Performed Outside of Normal Facility Hours**

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

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

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

**Normal Use Solely by**

[ ] Maintenance/  
[ ] Custodial Staff  
[ ] Other Miscellaneous

**Amount (Specify SF or LF)**

- [ ] 90 sf

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

- [ ] concrete filler insulation

**Location**  
between 2 layers of concrete

**Name of Registered Waste Hauler**

- [ ] N/A

**Cubic Yards of Waste**

- [ ] 9

**Disposal Date**

- [ ] 3/23/12

**Date**

- [ ] 3/16/12

**Name of Registered Landfill**

Cumberland County Landfill

**City, State**

Newburg, PA

**Title**

President

**Note**

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

Date of Notification (1):

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ EPA</td>
<td>□ Initial</td>
<td>Phyllis Scheper</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>

Street Address:
20 Forest Way

City, State, Zip Code:
Essex Falls, NJ 07021

Name of Contact:
Phyllis Scheper

FACILITY INFORMATION

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

Street Address:
20 Forest Way

City (5):
Essex Falls, NJ 07021

County (6):
Essex

County Code (7) (State use only):

ASCM No.:

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

Telephone Number:
License Number:
0378

Name of OSHA Monitor:
B & G Restoration, Inc.

Street Address:
105 Ryerson Road

City, State, Zip Code:
Lincoln Park, NJ 07035

Scheduled Start Date (10):
3/24/2012

Scheduled Completion Date (11):
3/24/2012

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

Describe:

Project Manager for Monitoring Firm:
n/a

Phone Number:

□ Full Containment negative pressure
☑ Glove bag procedure
☐ Non-frangible procedure

Location of asbestos-containing material 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)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>basement</td>
<td>No</td>
<td>pipe insulation</td>
<td>140 LF</td>
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</tbody>
</table>

Registered Waste Hauler:
B & G Restoration, Inc.

NJDEP Hauler ID#:
19563

Cubic Yards of Waste:
1 1/2 yards

Name of Registered Landfill:
Tullytown Resource & Recovery Center

City, State:
Lincoln Park, NJ 07035

Disposal Date:
3/26/2012

Completed by (Print or Type):
Gordana Luna

Title:
Treasurer

Signature:
Gordana Luna

Date:
3/14/2012
State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60-7 and 12:120-7)

**B & G proj. #: 2012-62**

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>Name of Building Owner/Operator</th>
<th>Type Notification</th>
<th>Private Residence</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
<th>Name of Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/14/11</td>
<td></td>
<td>Initial</td>
<td></td>
<td>559 James Street</td>
<td>Harding Township, NJ 07976</td>
<td>David Neill</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

- **Name of facility where abatement is taking place**: Private Residence
- **Street Address**: 559 James Street
- **City**: Harding Township, NJ 07976
- **County**: Morris

**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 Abatement Contractor**: B & G Restoration, Inc.

**Type of Facility**

- **Other (Private/Commercial Bldgs., Homes, etc.)**

**Square Feet**

- **# of Floors**: 
- **Bldg. Age**: residential

**Current Use**

- **Prior if being demolished**: residential

**Occupancy Status During Abatement**: Facility closed/vacated during entire period of abatement.

**Scheduled Start Date**: 3/24/2012

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

- Facility closed/vacated during entire period of abatement.

**Scope of Work**

- **Demolition**: 
- **Renovation**: 
- **>3 of or >3 If**: 
- **≥160 sf or ≥260 If**: 

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

- **Area**: 
- **Location normally used solely by maintenance/custodial staff**: 

**Asbestos-containing material (ACM)**

- **Description**: pipe (wrap & cut)
- **Amount (Specify SF or LF)**: 195 lf
- **Remainder**: 
- **Repair**: 
- **Encapsulate**: 

**Registered Waste Hauler**

- **Name of Registered Landfill**: Tullytown Resource & Recovery Center
- **Disposal Date**: 3/26/2012
- **City, State**: Tullytown, PA

**Completed by (Print or Type)**

- **Title**: Treasurer
- **Signature**: Gordana Luna
- **Date**: 3/14/2012
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)

B & G proj. #: 2012-58

Date of Notification (1)

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

Name of Building Owner/Operator (2)
Frantz Dussek

Street Address
116 Midland Avenue

City, State, Zip Code
Maplewood, NJ 07040

Name of Contact
Frantz Dussek

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
Frantz Dussek

Street Address
116 Midland Avenue

City (5) County (6) County Code (7) (State use only)
Maplewood, NJ 07040 Essex

Name of Monitoring Firm Hired by Bldg Owner (8) ASCM No.
n/a

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

Square Feet # of Floors Bldg Age

Current Use (Prior if being demolished)
residential

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

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

Telephone Number
973-696-6869

License Number
0378

Name of OSHA Monitor
B & G Restoration, Inc.

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

Occuancy Status During Abatement (Check only one)
[ ] Facility closed/evacuated during entire period of abatement.
[ ] Abatement performed outside of normal facility hours.
Describe:

Scheduled Start Date (10) Sched. Completion Date (11)
3/24/2012 3/24/2012

Scope of Work (check all that apply)
[ ] Demolition
[ ] Renovation
[ ] >3 sf or >3 It
[ ] ≥160 sf or ≥250 If

Location of asbestos-containing material 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)</th>
<th>Amount (Specify SF or LF)</th>
<th>Rmoval</th>
<th>Rep</th>
<th>Encap</th>
<th>Encpl</th>
</tr>
</thead>
<tbody>
<tr>
<td>basement boiler room &amp; bedroom</td>
<td></td>
<td>pipe insulation</td>
<td>60 If</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>back storage room</td>
<td></td>
<td>pipe insulation</td>
<td>12 If</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>bathroom closet</td>
<td></td>
<td>pipe insulation</td>
<td>1 If</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
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</table>

Registered Waste Hauler
B & G Restoration, Inc.
NJ DEP Hauler ID# 19563

Cubic Yards of Waste
1 yard

Name of Registered Landfill
Tullytown Resource & Recovery Center

City, State
Tullytown, PA

Complied by (Print or Type)
Gordana Luna

Title
Treasurer

Date
3/26/2012

Signature
Gordana Luna

Date
3/14/2012
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 7:26-2.12)

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>Name of Building Owner/Operator</th>
</tr>
</thead>
<tbody>
<tr>
<td>03/15/2012</td>
<td>North Brunswick TOD Associates, LLC</td>
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<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Notification Type</th>
<th>Street Address</th>
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<tbody>
<tr>
<td>( ) EPA</td>
<td>( ) Initial Notification</td>
<td>2300 US Route 1 North</td>
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<tr>
<td>( ) DOL</td>
<td>( ) Amended Notification</td>
<td></td>
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<tr>
<td>( ) DOH</td>
<td>( ) Cancelled</td>
<td></td>
</tr>
<tr>
<td>( ) DGA</td>
<td></td>
<td>City, State, Zip Code: North Brunswick</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place</th>
<th>Type of Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>North Brunswick TOD Associates, LLC - Building 8</td>
<td>( ) School (K-12)</td>
</tr>
<tr>
<td></td>
<td>( ) Subchapter 8 (other than K-12)</td>
</tr>
<tr>
<td></td>
<td>(X ) Other (i.e. private &amp; commercial bldgs., homes, etc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sq. Feet</th>
<th>No. of Floors</th>
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</thead>
<tbody>
<tr>
<td>23,000 SF</td>
<td>1</td>
</tr>
</tbody>
</table>

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<tr>
<th>Name of Monitoring Firm Hired by Bldg. Owner</th>
<th>ASCM No.</th>
<th>Name of Contractor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health &amp; Safety Services, Inc.</td>
<td>00117</td>
<td>Superior Abatement, Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>318 12th Street</td>
<td>Hammonton, NJ 08037</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone Number</th>
<th>License Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jim Proctor</td>
<td>609-704-6650</td>
<td>00411</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scheduled Start Date</th>
<th>Scheduled Completion Date</th>
<th>OCcupancy Status During Abatement</th>
</tr>
</thead>
<tbody>
<tr>
<td>3/26/2012</td>
<td>3/30/2012</td>
<td>(X ) Other - Describe: Vacant Bldg.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Source of Work</th>
<th>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) in Facility</th>
<th>Is Location Normally Used Solely by Maint./Custodial Staff?</th>
<th>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Floor Kitchen</td>
<td>NA No</td>
<td>VAT</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Reg. Waste Hauler Service Transport Group, Inc</th>
<th>NJDEP Waste Hauler ID #</th>
<th>Cubic Yards of Waste</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SW2117</td>
<td>10</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Reg. Landfill</th>
<th>Disp. Date</th>
<th>Name of Reg. Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minerva Landfill</td>
<td>9000 Minerva Road</td>
<td>Waynesburgh OH 44688</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Completed by (Print or Type)</th>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Castle, DE</td>
<td>Nick Petrovski</td>
<td>President</td>
<td>[Signature]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>C:\WORD\MYDOCS\ASBESTOS</th>
<th>9/18/00</th>
</tr>
</thead>
</table>
## Notification of Asbestos Abatement

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

### Date of Notification (1)
3/14/12

### Agencies Notified
- EPA  
- DOL  
- DOH  
- DCA

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

### Street Address
Trustees of Princeton University E.A. MacMillan Bldg.  
City, State & Zip Code:  
Princeton, NJ 08544

### Name of Contact
Robert Ortega, P.E.

### Telephone Number

### Name of Facility Where Abatement is Taking Place (3)
**Princeton University – Jadwin Hall**

### Street Address
Washington Road  
**Princeton University Main Campus**  
City (5): Princeton  
County (6): Mercer  
County Code (7):

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

### Square Feet  
# of Floors  
Bldg. Age

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

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

### Street Address
Bromley Corporate Center 3 Terri Lane, Suite 12  
City, State & Zip Code: Burlington, NJ 08016

### Project Manager for Monitoring Firm
**Mike Keen**

### Telephone Number
609-386-8800

### Scheduled Start Date (10)
11/28/11

### Scheduled Completion Date (11)
3/30/12

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

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

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

<table>
<thead>
<tr>
<th>Floor 1st Lobby</th>
<th>1st Floor Lobby</th>
<th>Work Area #1</th>
<th>Work Area #2 (Stair 2)</th>
<th>Work Area #2 (Stair 2)</th>
<th>Work Area #2 (Stair 3)</th>
<th>Work Area #2 (Stair 3)</th>
<th>Work Area #2 (Stair 3)</th>
<th>Work Area #2 (Stair 3)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ceiling Plaster</strong></td>
<td>Ceiling Plaster</td>
<td>Ceiling Plaster</td>
<td>Ceiling Plaster</td>
<td>Ceiling Plaster</td>
<td>Ceiling Plaster</td>
<td>Ceiling Plaster</td>
<td>Ceiling Plaster</td>
<td>Ceiling Plaster</td>
</tr>
<tr>
<td>395 SF</td>
<td>2,100 SF</td>
<td></td>
<td>330 SF</td>
<td>100 SF</td>
<td>330 SF</td>
<td>100 SF</td>
<td>330 SF</td>
<td>395 SF</td>
</tr>
</tbody>
</table>

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

### Amount (Specify SF or LF)

### Abatement Type

<table>
<thead>
<tr>
<th>1st Floor Lobby</th>
</tr>
</thead>
</table>

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

### Disposal Date
3/30/12

### TRRF Landfill

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

### Title
Opps. Coord.

### Signature

### Date
3/14/12
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to N.J.A.C. 8:60 and 12:120)  

**Date of Notification (1)**  
3/14/12  

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

**Street Address**  
Trustees of Princeton University E.A. MacMillan Bldg  
Princeton, NJ 08544  

**City, State & Zip Code**  
Princeton, NJ 08544  

**Telephone Number**  
Robert Ortega, P.E.  

### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place (3)**  
Princeton University – Jadwin Hall  

**Street Address**  
Washington Road  
Princeton University Main Campus  

**City, County & Zip Code**  
Princeton, Mercer, NJ 08544  

**Type of Facility (4)**  
- x 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)**  
University  

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

**ASCM No.**  

**Name of Abatement Contractor (9)**  
AbateTech, Inc.  

**Street Address**  
Bromley Corporate Center 3 Terri Lane, Suite 12  
Lumberton, NJ 08048  

**City, State & Zip Code**  
Lumberton, NJ 08048  

**Telephone Number**  
609-265-2107  
License Number  
00529  

**Name of OSHA Monitor**  
EMSL Analytical  

**Street Address**  
108 Haddon Ave.  
Westmont, NJ 08108  

**City, State & Zip Code**  
Westmont, NJ 08108  

### SCHEDULED ABATEMENT

**Scheduled Start Date (10)**  
11/28/11  

**Scheduled Completion Date (11)**  
3/30/12  

### OCCUPANCY STATUS DURING ABATEMENT

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

### SCOPE OF WORK

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

### LOCATION OF ASBESTOS-CONTAINING MATERIAL (ACM)

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

<table>
<thead>
<tr>
<th>Room #369</th>
<th>Room #365</th>
<th>Room #377</th>
<th>Room #361</th>
<th>Room #375</th>
<th>Room #359</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

**Room #369**  
- x Floor tile & Mastic  
- 1,400 SF  

**Room #365**  
- x Floor tile & Mastic  
- 1,250 SF  

**Room #377**  
- x Floor tile & Mastic  
- 324 SF  

**Room #361**  
- x Floor tile & Mastic  
- 1,350 SF  

**Room #375**  
- x Floor tile & Mastic  
- 675 SF  

**Room #359**  
- x Floor tile & Mastic  
- 324 SF  

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

**NJDEP Waste Hauler ID No.**  
18750  

**Cubic Yards of Waste**  
20  

**Disposal Date**  
3/30/12  

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

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

**Title**  
Opps. Coord.  

**Signature**  

**Date**  
3/14/12
# NOTIFICATION OF ASBESTOS ABATEMENT

**Date of Notification (1)**
3/14/12

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

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

**City, State & Zip Code**
Princeton, NJ 08544

**Name of Contact**
Robert Ortego, P.E.

**Facility Information**

**Name of Facility Where Abatement is Taking Place (3)**
Princeton University – Jadwin Hall

**Street Address**
Washington Road
Princeton University Main Campus

**City, County, Zip Code**
Princeton, Mercer, 08544

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

**Telephone Number**
609-366-8800

**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)
  - University

**Name of Abatement Contractor (9)**
AbateTech, Inc.

**Street Address**
PO Box 25
Burlington, NJ 08016

**City, State & Zip Code**
Lumberton, NJ 08048

**Telephone Number**
609-265-2107

**License Number**
00529

**Name of OSHA Monitor**
EMSL Analytical

**Street Address**
108 Haddon Ave.
Westmont, NJ 08108

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

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

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

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

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

| Room 380 A |  |.Floor tile & mastic | 100 SF |
| Room 380 B |  |.Floor tile & Mastic | 68 SF |

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

**Disposal Date**
3/30/12

**Name of Registered Landfill**
TRRF Landfill

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

**Title**
Opps. Coord.

**Signature**

**Date**
3/14/12
# NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

**Date of Notification (1)**
3/14/12

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

**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**

**Name of Facility Where Abatement is Taking Place (3)**
Princeton University – Jadwin Hall

**Street Address**
Washington Road
Princeton University Main Campus

**City (5)**
Princeton

**County (6)**
Mercer

**County Code (7)**

**ASCM No.**

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

**Telephone Number**
609-386-8800

**Name of Abatement Contractor (9)**
AbateTech, Inc.

**Street Address**
Bromley Corporate Center 3 Terri Lane, Suite 12
Burlington, NJ 08016

**City, State & Zip Code**

**Project Manager for Monitoring Firm**
Mike Keehn

**Telephone Number**
609-265-2107

**License Number**
00529

**Name of OSHA Monitor**
EMSL Analytical

**Street Address**
108 Haddon Ave.
Westmont, NJ 08108

**Name of Contact**
Robert Ortega, P.E.

**Teleophone Number**

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

**Type of Asbestos (10)**
Renovation

**Scheduled Start Date (10)**
11/28/11

**Scheduled Completion Date (11)**
3/30/12

**Occuancy Status During Abatement (Check only one)**
- Abatement Performed Outside of Normal Hours

**Describe:**

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

- ≥3 sf or ≥3 if
- ≥160 sf or ≥260 sf

**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 or 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>1&lt;sup&gt;st&lt;/sup&gt; Floor Lobby</td>
<td>Yes</td>
<td>Ceiling Plaster</td>
<td>385 SF</td>
<td></td>
</tr>
<tr>
<td>Work Area #1</td>
<td></td>
<td>Ceiling Plaster</td>
<td>2,100 SF</td>
<td></td>
</tr>
<tr>
<td>Work Area #2 (Stair 2)</td>
<td></td>
<td>Ceiling Plaster</td>
<td>330 SF</td>
<td></td>
</tr>
<tr>
<td>Work Area #2 (Stair 2)</td>
<td></td>
<td>Floor tile &amp; Mastic</td>
<td>100 SF</td>
<td></td>
</tr>
<tr>
<td>Work Area #2 (Stair 3)</td>
<td></td>
<td>Ceiling Plaster</td>
<td>330 SF</td>
<td></td>
</tr>
<tr>
<td>Work Area #2 (Stair 3)</td>
<td></td>
<td>Floor tile &amp; Mastic</td>
<td>100 SF</td>
<td></td>
</tr>
<tr>
<td>1&lt;sup&gt;st&lt;/sup&gt; Floor Lobby</td>
<td></td>
<td>Floor tile &amp; Mastic</td>
<td>395 SF</td>
<td></td>
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</table>

**Location of Registered Waste Hauler**

<table>
<thead>
<tr>
<th>NJ DEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>18750</td>
<td>20</td>
<td>TRRF Landfill</td>
</tr>
</tbody>
</table>

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

**City, State**
Lumberton, NJ

**Disposal Date (12)**
3/30/12

**Title**
Opps. Coord.

**Name of Registered Landfill**
TRRF Landfill

**City, State**
Tullytown, PA

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

**Signature**

**Date**
3/14/12
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1)  
3/14/12

Name of Building Owner / Operator (2)  
Princeton University

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

Type Notification  
☐ Initial  
☑ Amended #8  
☐ Emergency  
☐ Cancellation

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

City, State & Zip Code  
Princeton, NJ 08544

Name of Contact  
Robert Ortega, P.E.

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
Princeton University – Jadwin Hall

Street Address  
Washington Road

Princeton University Main Campus

City (5)  
Princeton

County (6)  
 Mercer

County Code (7)

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

Square Feet  
☐ # of Floors  
☐ Bldg. Age

Current Use (Prior if being demolished)  
University

Name of Abatement Contractor (9)  
AbateTech, Inc.

Street Address  
Bromley Corporate Center 3 Terri Lane, Suite 12

City, State & Zip Code  
Burlington, NJ 08016

Telephone Number  
609-366-6800

License Number  
00529

Name of OSHA Monitor  
EMSL Analytical

Street Address  
108 Haddon Ave.

City, State & Zip Code  
Westmont, NJ 08108

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 1/2 if  
☐ ≥160 sf or ≥260 sf

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

Room #369  
□ ☑ ☑  
Floor tile & Mastic  
1,400 SF

Room #365  
□ ☑ ☑  
Floor tile & Mastic  
1,250 SF

Room #377  
□ ☑ ☑  
Floor tile & Mastic  
324 SF

Room #361  
□ ☑ ☑  
Floor tile & Mastic  
1,350 SF

Room #375  
□ ☑ ☑  
Floor tile & Mastic  
675 SF

Room #359  
□ ☑ ☑  
Floor tile & Mastic  
324 SF

Name of Registered Waste Hauler  
AbateTech, Inc.

NJDEP Waste Hauler ID No.  
18750

Cubic Yards of Waste  
20

Disposal Date  
3/30/12

City, State  
Lumberton, NJ

Completed By (Print or Type)  
Gwen Trumpetti

Title  
Odds. Coord.

Name of Registered Landfill  
TRRF Landfill

City, State  
Tullytown, PA

Date  
3/14/12
State of New Jersey

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

Date of Notification (1) 3/14/12

Name of Building Owner / Operator (2)
Princeton University

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

Type Notification
- Initial
- Amended #5
- Emergency
- Cancellation

Street Address
Trustees of Princeton University E.A. MacMillan Bldg.
Princeton, NJ 08544

Name of Contact
Robert Ortego, P.E.

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

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

City (5)
Princeton

County (6)
Mercer

County Code (7)

ASCM No.

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

Bidg. Age

Current Use (Prior if being demolished)
University Library

Name of Abatement Contractor (9)
AbateTech, Inc.

Street Address
PO Box 25
Lumberton, NJ 08048

Telephone Number
609-265-2107

License Number
00529

Name of OSHA Monitor
EMSL Analytical

Street Address
108 Haddon Ave.
Westmont, NJ 08108

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

Describe:
- Facility Occupied During Abatement

Scheduled Start Date (10)
10/17/11

Scheduled Completion Date (11)
3/30/12

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

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

Work Area #1 Level A

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

Work Area #1 & #2 Level A

Work Area #1 & #2 Level A

Work Area #1 & #2 Level A

Work Area #1 Level A

Work Area #4 Level B

Work Area #1 Level 1A

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)

Floor tile & Mastic (NF Removal)

Cubic Yards of Waste

Abatement Type

Amount (Specify SF or LF)

Repair

Removal

Encapsulate

Endorse

Name of Registered Landfill
TRRRF Landfill

Disposal Date
3/30/12

City, State
Tullytown, PA

Completed By (Print or Type)
Gwen Trumbetti

Title
Opps. Coord.

Signature

Date
3/14/12

Name of Registered Waste Hauler
NJDEP Waste Hauler ID No. 18750

Cubic Yards of Waste

14

Name of Registered Landfill
TRRRF Landfill

Disposal Date
3/30/12

City, State
Tullytown, PA
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1) 3/14/12

Name of Building Owner / Operator (2)
Princeton University

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

City, State & Zip Code
Princeton, NJ 08544

Name of Contact
Robert Ortego, P.E.

FACILITY INFORMATION

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

Street Address
One Washington Road

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

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

ASCM No.

Name of Abatement Contractor (9)
AbateTech, Inc.

Street Address
Bromley Corporate Center 3 Terri Lane, Suite 12

City, State & Zip Code
Burlington, NJ 08016

Telephone Number
609-386-8800

License Number
00529

Occupancy Status During Abatement
Facility Closed/Vacated During Entire Period of Abatement

Facility Occupied During Abatement

Scope of Work
Renovation
Demolition

Location of Asbestos-Containing Material (ACM) TO BE ABATED
Level A Elevator Lobby

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

Amount (Specify SF or LF)
450 SF

Location Normally Used Solely by Maintenance or Custodial Staff (12)
Floor tile & Mastic (Full Containment)

Disposal Date
3/30/12

City, State
Tullytown, PA

Name of Registered Waste Hauler
AbateTech, Inc.

City, State
Lumberton, NJ

Completed By (Print or Type)
Gwen Trumbetti

Name of Registered Landfill
TRRF Landfill
**NOTIFICATION OF ASBESTOS ABATEMENT**

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

---

### Date of Notification (1)
3/15/12

### Name of Building Owner / Operator (2)
Kearny Board of Education

### Street Address
100 Davis Ave.
Kearny, NJ 07032

### Name of Contact
Michael Devita

### FACILITY INFORMATION

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

**Street Address**
336 Devon Street

**City (5)**
Kearny

**County (6)**
Hudson

**County Code (7)**

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

**Street Address**
3 Crosswicks Street

**City, State & Zip Code**
Bordentown, NJ 08505

**Name of Abatement Contractor (9)**
AbateTech, Inc.

**Street Address**
PO Box 25

**City, State & Zip Code**
Lumberton, NJ 08048

**Project Manager for Monitoring Firm**
Mike Hoodak

**Telephone Number**
609-298-5520

**Scheduled Start Date (10)**
4/6/12

**Scheduled Completion Date (11)**
12/31/12

**Occupancy Status During Abatement (Check only one)**
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Hours – Describe: **Working Double Shifts**
- Facility Occupied During Abatement

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

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

- Boiler Room
- Breeching Material
- 1,090 SF

### 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)

- Name of Registered Landfill
- TRRF Landfill

### Disposal Date
12/31/12

### Name of Registered Landfill

### Cubic Yards of Waste
10

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

### Disposal Date
12/31/12

### City, State
Lumberton, NJ

### Opps. Coord.
Gwen Trumbetti

### Date
3/15/12

---
State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60-7 and 12:120-7)  
Check # 5131

Date of Notification (1)  
10 13 11 1 2 1 1 2 1

Name of Building Owner/Operator (2)  
Park Willow LLC

Street Address  
500 International Drive North - Suite 345

City, State, Zip Code  
Mount Olive, NJ 07828

Name of Contact  
Glenn Muleucis

FACILITY INFORMATION

Name of facility where abatement is taking place (3)  
Alorna Coat Corp./Tootsie Roll Building

Street Address  
1516 -1532 Park Avenue

City (5)  
Hoboken

County (6)  
Hudson

County Code (7)  
(State use only)

Square Feet  

Type of Facility (4)  

School (K - 12)  

Subchapter 8 (Other than K-12)  

Other (Private/Commercial Blgs./Homes, etc.)

# of Floors  

Bldg. Age  

Current Use (Prior if being demolished)

Commercial building to be demo'd

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

Street Address  
105 Ryerson Road

City, State, Zip Code  
Lincoln Park, NJ 07035

License Number  
973-696-6869

Type of Work (Check all that apply)  

Demolition  

Demolition

Renovation  

Renovation


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

Yes  

No  

N/A

Amount (Specify SF or LF)  

Remove  

Repair  

Encap  

Enc.

Description of asbestos-containing material (ACM)  

Please see attached

PLEASE SEE ATTACHED

Registered Waste Hauler  

B & G Restoration, Inc.

NJDEP Hauler ID#  
19563

Cubic Yards of Waste  

Disposal Date  
3/26/12 - 5/18/12

Name of Registered Landfill  
Tullytown Resource & Recovery Center

City, State  
Lincoln Park, NJ 07035

Completed by (Print or Type)  
Gordana Luna  

Title  
Treasurer

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

B & G proj. #: 2012-51 Spina

Date of Notification (1)

| 0 | 1 | 3 |
---|---|---|
| 1 | 2 | 1 |
| 1 | 1 | 2 |

Name of Building Owner/Operator (2)
Park Willow LLC

Street Address
500 International Drive North - Suite 345

City, State, Zip Code
Mount Olive, NJ 07828

Name of Contact
Glenn Muleucis

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
Spina Auto Body Shop

Street Address
1500 - 1504 Park Avenue

City (5)
Hoboken

County (6)
Hudson

County Code (7) (State use only)

ASCM No.
n/a

Type of Facility (4)

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

Square Feet

# of Floors

Bldg. Age

Current Use (Prior if being demolished)
Auto Body Shop to be demo'd

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

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

Telephone Number
973-696-6869

License Number
0378

Name of OSHA Monitor
B & G Restoration, Inc.

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

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

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
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<tbody>
<tr>
<td>Roof above 2nd Floor</td>
<td>☒</td>
<td>!</td>
<td>!</td>
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<tr>
<td>Roof Parapets</td>
<td>☒</td>
<td>!</td>
<td>!</td>
</tr>
<tr>
<td>2nd fl &amp; 1st fl roofs</td>
<td>☒</td>
<td>!</td>
<td>!</td>
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</table>

Description of asbestos-containing material (ACM)
- Black tar
- Parapet & Wall tar
- Black shingle/black tar

Amount (Specify SF or LF)
- 3000 sf
- 100 sf
- 4000 sf

Registered Waste Hauler
B & G Restoration, Inc.

NUDEP Hauler ID# 19563

Cubic Yards of Waste
25 cubic yards

Name of Registered Landfill
Tullytown Resource & Recovery Center

City, State
Lincoln Park, NJ 07035

Disposal Date
3/26/12 - May 18, 2012

Completed by (Print or Type)
Gordana Luna

Title
Treasurer

Signature

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

B & G proj. #: 2012-51 Macy's  
Check #: 5132

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<td>Amendment</td>
</tr>
<tr>
<td>✓ DOL</td>
<td>Cancellation</td>
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<tr>
<td>□ DOH</td>
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<tr>
<td>□ DCA</td>
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**Name of Building Owner/Operator (2)**
Park Willow LLC
Street Address
500 International Drive North - Suite 345
City, State, Zip Code
Mount Olive, NJ 07828
Name of Contact
Glenn Muleucus
Telephone Number

**FACILITY INFORMATION**

**Name of facility where abatement is taking place (3)**
Macy's Department Store

**Street Address**
1503 Willow Avenue

**City (5)**
Hoboken

**County (6)**
Hudson

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

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

**Square Feet**

**# of Floors**

**Bldg. Age**

**Current Use (Prior if being demolished)**
Vacant store to be demo'd

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

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

**Telephone Number**
973-696-6869
License Number
0378

**Name of OSHA Monitor**
B & G Restoration, Inc.

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

**Scheduled Start Date (10)**
March 26, 2012

**Sched. Completion Date (11)**
May 18, 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)**
- Demolition
- Renovation
- >2,800 sf or ≥3,200 lf
- ≥160 sq ft or ≥260 lf
- Full Containment w/ negative pressure
- Glovebag procedure
- Mini-enclosure
- Non-frangible procedure

**Location of asbestos-containing material 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)**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount (Specify SF or LF)</th>
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<tbody>
<tr>
<td>Black roof mat/tar on fiberglass debris</td>
<td>5000 sq ft / 30 sq ft</td>
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<tr>
<td>Grey fibrous board</td>
<td>20 sq ft</td>
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<tr>
<td>Black floor tile</td>
<td>1500 sq ft</td>
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<tr>
<td>Pipe insulation</td>
<td>100 lin ft / 4 lin ft</td>
</tr>
<tr>
<td>Transite flues</td>
<td>140 lin ft</td>
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</table>

**Roof / North side Roof**

**Elevator Room**

**South Side & SW Corner Upper Level**

**1st S E Corner SW Corner Upper Level**

**Bldg from Grade to Roof**

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

**NJDEP Hauler ID#**
19563

**Cubic Yards of Waste**
35 cubic yards

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

**Disposal Date**
3/26/12 - 5/18/12

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

**Signature**
Gordana Luna
Date
3/12/2012
# State of NJ Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7) Non Sub 8

**Check # 5134**

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>Name of Building Owner/Operator</th>
<th>Street Address</th>
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<tbody>
<tr>
<td>01/16/2012</td>
<td>St Clare's Health System</td>
<td>25 Pocono Road</td>
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<th>City, State, Zip Code</th>
<th>Denville, NJ 07834</th>
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<tr>
<td>□ DEP</td>
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<tr>
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**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of facility where abatement is taking place</th>
<th>Type of Facility</th>
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<tbody>
<tr>
<td>St Clare's Health System</td>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>County</th>
<th>County Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>25 Pocono Road, Wing 4-C (Same Day Surgery)</td>
<td>Morris</td>
<td></td>
</tr>
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<table>
<thead>
<tr>
<th>Total Solution Environmental</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor</th>
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<tbody>
<tr>
<td>Total Solution Environmental</td>
<td>017</td>
<td>B &amp; G Restoration, Inc.</td>
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</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Phone Number</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ben Waer</td>
<td>973-998-9348</td>
<td>973-698-6869</td>
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<tr>
<th>Scheduled Start Date</th>
<th>Sched. Completion Date</th>
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<tbody>
<tr>
<td>3/26/2012</td>
<td>5/31/2012</td>
</tr>
</tbody>
</table>

**Occupancy Status During Abatement**
- Facility closed/vacated during entire period of abatement.
- Abatement performed outside of normal facility hours.
- Other: Describe 7:00am - 3:30pm occupied

**Scope of Work**
- Demolition
- Renovation
- Full Containment with negative pressure

<table>
<thead>
<tr>
<th>Location of asbestos-containing material to be abated in facility</th>
<th>Description of asbestos-containing material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
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<tbody>
<tr>
<td>4th Floor Wing 4-C SDS</td>
<td>pipe insulation</td>
<td>22lf</td>
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<tr>
<td>4th Floor Wing 4-C SDS</td>
<td>pipe insulation</td>
<td>3 fittings</td>
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**Registered Waste Hauler**
- B & G Restoration, Inc.
- NJDEP Hauler ID# 19563

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

**Completed by (Print or Type)**
- Gordana Luna
- Treasurer
- Date 3/16/2012
**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:60 and 12:20/N.J.A.C. 7:26-2.12)

---

**Date of Notification (1):**
03/15/12

**Name of Building Owner/Operator (2):**
Paterson Public Schools

**Street Address:**
200 Sheridan Avenue

**City, State, Zip Code:**
Paterson, NJ 07502

**Name of Contact:**
Chris

**Telephone Number:**

---

**FACILITY INFORMATION**

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

**Street Address:**
55 Clinton Street

**City/ (5):**
Paterson

**County (6):**
Passaic County

**County Code (7):**
07502

**Name of Monitoring FirmHired by Building Owner:**
People's Environmental, Inc.

**ASCM No.:**

---

**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:** School

**Name of Abatement Contractor (9):**
Envirocare Enterprises, Inc

**Street Address:**
358 Broadway

**City, State, Zip Code:**
Newark, NJ 07104

**Telephone No.:**
2126934050

**License No.:**
01017

**Name of OSI/A Monitor:**
AmeriSci

**Street Address:**
117 East 30th Street

**City, State, Zip Code:**
New York, New York, 10016

---

**Start Date (10):**
03/22/12

**Scheduled Completion Date (11):**
04/6/12

**Occupyance 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):**

☑ ≥ 3 sf or ≥ 3 ft

☑ ≥ 160 sf or ≥ 260 ft

☑ Renovation

☑ Demolition

☑ Full Containment with Negative Pressure

☑ Mini-Enclosure

☑ Glovebag Procedure

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

---

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

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

Yes ☐ No ☑ N/A ☐

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

**Amount (Specify SF or LF):**
2000 SQ

**Abatement Type:**

---

**Abatement Type:**

**Removal**

**Repair**

**Encapsulate**

**Enclosure**

---

**1st floor**

☑ VAT

**Name of Registered Waste Hauler:**
Newark Carting

**NJDEP Waste Hauler ID No.:**
4506

**Cubic Yards of Waste:**
10

**Name of Registered Landfill:**
Tullytown Re, Facility

**City, State:**
Newark, NJ 07102 / Prime Environmental Services Inc.

**Disposal Date:**

**Completed By:**
Uju Obiorah

**Title:**
Project Manager

**Signature:**

**Date:**
03/15/12

---
**Amend #3**

**New Work added on Page: 3**

---

**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

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

---

**Name of Building Owner/Operator:** Kean University

**Date of Notification:** 3-16-2012

---

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

Green Lane Building, Kean Campus (scheduled for demolition)

---

**Street Address:**

Corner of Morris Ave., & Green Lane Ave.

---

**City:** Union

**County:** Union

**Type of Facility:** Other (i.e. private & commercial buildings, homes, etc.)

---

**Square Feet:** 20,950 SF

**# of Floors:** 1

**Bldg. Age:** 50+

**Current Use (Prior to being demolished):** Abandoned Building scheduled for Demo

---

**Name of Monitoring Firm Hired by Building Owner:** Pennoni Associates, Inc.

**ASCM No.:** 1296

**Name of Abatement Contractor:** Jadar Contracting, LLC

---

**Street Address:** 515 Grove Street

**City, State, Zip Code:** Haddon Heights, NJ 08035

---

**Telephone No.:** 856-547-0505

**License No.:** 01088

---

**Start Date:** 2-13-2012

**Scheduled Completion Date:** 4-10-2012

---

**Occupancy Status During Abatement:**

Facility Closed/Vacated During Entire Period of Abatement

---

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

- [x] Renovation
- [ ] Demolition

---

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

**In Facility:** (13)

---

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

- [x] Yes
- [ ] No
- [ ] N/A

---

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

- [x] Drywall & Joint Compound
- [x] Textured Paint & Joint Substrate
- [ ] Glue Dots
- [x] Red Sheet Flooring

---

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

- 20,947 SF
- 2,370 SF
- 475 SF
- 50 SF

---

**Name of Registered Waste Hauler:** Global Waste Services

**NJDEP Waste Hauler ID No.:** 22393

---

**Cubic Yards of Waste:** TBD

**Name of Registered Landfill:** 110 Sand Co.

**City, State:** Melville, NY 11704

---

**Disposal Date:** TBD

---

**Completed by:** Lillie Lazarevich

**Title:** Secretary

**Signature:**

**Date:** 3-16-2011

---

*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) 3-16-2012

Name of Building Owner/Operator (2)

Agencies Notified Type Notification Street Address

- EPA Initial
- DEP Amended
- DOL Amendment #3
- DOH Emergency (including justification)
- DCA Cancellation

City, State, Zip Code

Name of Contact Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Type of Facility (4)

- School (K-12)
- Subchapter 5 (Other than K-12)
- Other (i.e. private & commercial buildings, homes, etc.)

Square Feet # of Floors Bldg. Age

County (6) County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9)

Street Address

Street Address

City, State, Zip Code

City, State, Zip Code

Project Manager for Monitoring Firm Telephone No.

Telephone No.

License No.

Start Date (10) Scheduled Completion Date (11)

Name of OSHA Monitor

Occupancy Status During Abatement (Check Only One)

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

Scope of Work (Check All That Apply)

- ≥3 sf or ≥3 ft
- ≥160 sf or ≥250 ft

Renovation Renovation

Demolition 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

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

Floor Mastic Material 400 SF

Full Containment with Negative Pressure

Repair

Encapsulate

Exterior Window-Door Caulking 500 LF

Min-Enclosure

Glovebag Procedure

Non-Exempted (*) and Non-Friable Procedure

Name of Registered Waste Hauler

NJDEP Waste Hauler ID No.

Cubic Yards of Waste

Name of Registered Landfill

City, State

Disposal Date

City, State

Completed by

Lillie Lazarevich Title Secretary

Signature

Date 3-16-2012

* 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)

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<td>Amendment #3</td>
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<td>Cancellation</td>
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<td>Name of Building Owner/Operator (2)</td>
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**FACILITY INFORMATION**

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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></td>
<td>School (K-12)</td>
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<td></td>
<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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<tr>
<th>Square Feet</th>
<th># of Floors</th>
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<table>
<thead>
<tr>
<th>County Code (7)</th>
<th>Current Use (Prior if being demolished)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Telephone No.</td>
<td>Telephone No.</td>
</tr>
<tr>
<td></td>
<td>License No.</td>
<td></td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>Scheduled Completion Date (11)</td>
<td>Name of OSHA Monitor</td>
</tr>
<tr>
<td></td>
<td>Street Address</td>
<td></td>
</tr>
<tr>
<td></td>
<td>City, State, Zip Code</td>
<td></td>
</tr>
</tbody>
</table>

**Occupy 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)**

- ≥30 sf or ≥3 If
- ≥180 sf or ≥280 If
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovabag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Built up Asbestos Roof Material</td>
<td>21,000 SF</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJDEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by Lillie Lazarevich</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Secretary</td>
<td></td>
<td>3-16-2012</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>3/14/12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner / Operator</td>
<td>Dave Kologinsky</td>
</tr>
<tr>
<td>Street Address</td>
<td>24 Lexington Ave</td>
</tr>
<tr>
<td>City, State &amp; Zip Code</td>
<td>South River, NJ 08882</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Dave Kologinsky</td>
</tr>
</tbody>
</table>

### FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place</th>
<th>Residence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>24 Lexington Ave</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City (5)</th>
<th>County (6)</th>
<th>County Code (7)</th>
</tr>
</thead>
<tbody>
<tr>
<td>South River</td>
<td>Middlesex</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>2</td>
<td>60</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner</th>
<th>ASCM No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Environmental Tactics, Inc</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>64 Broad Street</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State &amp; Zip Code</td>
<td>Matawan, NJ 07747</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tom Geiger</td>
<td>732-290-2217</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scheduled Start Date</th>
<th>3/24/12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scheduled Completion Date</td>
<td>3/26/12</td>
</tr>
</tbody>
</table>

### Occupancy Status During Abatement

Facility Closed/Vacated During Entire Period of Abatement

- Area Isolated During Abatement

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

- Demolition
- Renovation
- Large Project
- X Quantity is ≥ 3 SF or ≥ 3 LF ACM
- Quantity is ≥ 160 SF or ≥ 260 LF ACM

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

<table>
<thead>
<tr>
<th>TO BE ABATED in Facility</th>
<th>(13)</th>
</tr>
</thead>
</table>

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

- (12)

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

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

### Amount

<table>
<thead>
<tr>
<th>Specify Square Feet or Linear Feet</th>
</tr>
</thead>
<tbody>
<tr>
<td>30 LF</td>
</tr>
</tbody>
</table>

### Abatement Type

- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- X Other: Non-Friable

### Location

<table>
<thead>
<tr>
<th>Basement</th>
<th>N/A</th>
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</thead>
<tbody>
<tr>
<td>Basement</td>
<td>N/A</td>
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<table>
<thead>
<tr>
<th>TSI Pipe</th>
<th>VAT</th>
</tr>
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<tbody>
<tr>
<td>30 LF</td>
<td>28 SF</td>
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### Name of Registered Waste Hauler

<table>
<thead>
<tr>
<th>Freehold Cartage</th>
<th>NJDEP Waste Hauler ID #</th>
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</thead>
<tbody>
<tr>
<td>Freehold, NJ</td>
<td>18693</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cu. Yds. of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>TRRF</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>3/26/12</td>
<td>Tullytown, Pa</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
<th>Dominick Tringali</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>Pres.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dominick Tringali</td>
<td>3/14/12</td>
</tr>
</tbody>
</table>

ASB-41 JUN 95 G4667
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 5:26 and 12:126)

Date of Notification (1) 3-16-12

Name of Building Owner/Operator (2) T. WALSH

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

Street Address
61 DELLWOOD AVE
City, State, Zip Code
CHATHAM, N. J. 07928

Name of Contact
T. WALSH
Telephone Number

Name of Facility Where Abatement is Taking Place (3)
T. WALSH

Street Address
15 DELLWOOD AVE

City (6)
CHATHAM

County Code (7) (STATE USE ONLY)
MORRIS

Name of Monitoring Firm Hired by Building Owner (6)
ASCM No.

Name of Abatement Contractor (9)
Best Removal Inc

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

Type of Facility (6)
- School (K-12)
- Subchapter 8 (Other than K-12)
- Other (i.e. private & commercial buildings, homes, etc.)

Square Feet
2100

# of Floors
2

Proficiency Age
62

Current Use (Prior if being demolished)
RESIDENCE

Name of OSHA Monitor
Omega Environmental Services

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

Project Manager for Monitoring Firm
Telephone No.
201-329-7444

License No.
00388

Start Date (10) 3-28-12

Scheduled Completion Date (11) 3-29-12

Occupancy Status During Abatement (Check Only One)
- None
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other – Describe: ____________

Scope of Work (Check All That Apply)
- 208 sf or 800 sf
- 800 sf or 2500 sf
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Encapsulated ( ) and Non-Asbestos Procedure
- Location of Asbestos-Containing Material (ACM) TO BE ABATED

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

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


Location

BASEMENT

VAT

375 SF

Name of Registered Waste Hauler
ATLANTIC WASTE SERVICES

NJ/DEP Waste Hauler ID No.
225892

Cubic Yards of Waste
134 YD

Name of Registered Landfill
GROUPS LANDFILL

City, State
MORRISVILLE, PA.

Disposal Date 3-29-12

Name of Registered Landfill

Completed by
R. VELORAC

Title
Estimator

Signature
R. Veloran

Date
3-16-12

* Do not use this form for asbestos licensees exempted activities.
<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>3-15-12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>A. ANDERSON</td>
</tr>
<tr>
<td>Agency(ies) Notified</td>
<td>Initial</td>
</tr>
<tr>
<td>Street Address</td>
<td>39 ILFORD AVENUE STAR 19 2012</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>N. ARLINGTON, NJ 07031</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>A. ANDERSON</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place (3) | A. ANDERSON |
| Street Address | 39 ILFORD AVENUE |
| City | N. ARLINGTON |
| County | BERGEN |
| Type of Facility (4) | Residence |
| Square Feet | 1925 |
| No. of Floors | 2 |
| Bldg. Age | 76 Years |
| Current Use (Prior to being demolished) | Residence |
| Name of Abatement Contractor (5) | Best Removal Inc |
| Street Address | 450 South River St |
| City, State, Zip Code | Hackensack, N.J. 07601 |
| Name of Project Manager for Monitoring Firm | |
| Telephone No. | 201-329-7444 |
| License No. | 00388 |

**Start Date (10)**

| Start Date | 3-27-2012 |
| Scheduled Completion Date (11) | 3-28-2012 |

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

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other - Describe: 5:00 AM - 5:00 PM

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

- Demolition
- Renovation

**Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (12):**

- Basement
- X) Thermal Insulation 98 LF

**Name of Registered Waste Hauler**

<table>
<thead>
<tr>
<th>ATLANTIC WASTE SERVICES</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State</td>
</tr>
</tbody>
</table>

**Date of Disposal**

| Name of Registered Landfill | GROWS LANDFILL |
| City, State | Morrisville, PA |
| Date | 3-15-12 |

**Signatures:**

- Estimator: P. Velorian

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

Date of Notification (1) 03/15/12 Ck:1926 $200
Name of Building Owner/Operator (2) Teaneck School District

Agencies Notified

- EPA
- DEP
- DOL
- DOH
- DOA

Type Notification

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

Street Address
1 Morrison Street

City, State, Zip Code
Teaneck, New Jersey 07666

Name of Contact
Robert S Finger

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Teaneck High School

Street Address
100 Elizabeth Avenue

City (5)
Teaneck, New Jersey 07666

County (6)
Bergen

County Code (7) (STATE USE ONLY) 

Name of Monitoring Firm Hired by Building Owner (6)
Environmental Design Inc.

Name of Abatement Contractor (8)
Lillich Corporation

Street Address
5434 Kings Avenue Suite 101

City, State, Zip Code
Pennsauken, New Jersey 08109

Telephone No. 609-744-7482

License No. 01104

Start Date (10) 04/06/12

Scheduled Completion Date (11) 04/16/12

Occupancy Status During Abatement (Check Only One)

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

Scope of Work (Check All That Apply)

- 23 sf or ≥23 sf
- ≥160 sf or ≥260 sf
- Renovation
- Demolition

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

- In Facility

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
Encapsulate
Enclosure

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

Cranford Gym Fan Room
Hot Water Tank Insulation
510 SF

Cranford Gym Fan Room
Various sizes Pipe Insulation
320 LF

Name of Registered Waste Hauler
Lillich Corporation

NJDEP Waste Hauler ID No. 18724

Cubic Yards
11

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

Disposal Date 04/17/12

City, State
Morrisville, Pennsylvania

Completed by
Tatiana Kalenikova
Title
Vice President

Signature

Date 03/15/12

ASB-41 (R-06-08)

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

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 6:60 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>3-15-12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator</td>
<td>ATN BUILDERS</td>
</tr>
<tr>
<td>Address</td>
<td>221 MAIN ST</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>AVON, NJ</td>
</tr>
<tr>
<td>Name of Contractor</td>
<td>LOUGHL</td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place</td>
<td>ATN BUILDERS</td>
</tr>
<tr>
<td>Address</td>
<td>119 GARFIELD AVE</td>
</tr>
<tr>
<td>City</td>
<td>AVON</td>
</tr>
<tr>
<td>County</td>
<td>MONMOUTH</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner</td>
<td>ACE INSULATION CO. INC</td>
</tr>
<tr>
<td>Street Address</td>
<td>55 MAINSTREET PA</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>COLTS NECK, NJ 07722</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>732-294-1257</td>
</tr>
<tr>
<td>License No.</td>
<td>00829</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>ACE INSULATION CO. INC</td>
</tr>
<tr>
<td>Street Address</td>
<td>55 MAINSTREET PA</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>COLTS NECK, NJ 07722</td>
</tr>
</tbody>
</table>

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

- [ ] 1,000 ft or less
- [ ] 1001 ft or more

**Abatement Type**

- [ ] Full Containment with Negative Pressure
- [ ] Wet Enclosure
- [ ] Dry Enclosure

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

<table>
<thead>
<tr>
<th>Facility</th>
<th>TO BE ABATED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

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

- [ ] Insulation, surfacing, VAC, or other microlaminates

**Amount (Square ft or Lin Ft)**

- [ ] 1200 sf

**Name of Registered Waste Handler**

- [ ] ACE INSULATION CO.

**Name of Registered Environmental Contractor**

- [ ] GROWS

**Completion Date**

- [ ] 3-15-12

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

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 7:26A and 13:15-21)

Date of Notification (4):
3-15-12

Name of Building/Condominium (9):
Deal Towers

Street Address:
570 Deal Lake Dr

City (10):
Asbury Park

County (11):
Monmouth

Name of Owner:

Name of Abatement Contractor (13):

Name of Monitoring Firm/Person (14):

Street Address:

City, State Zip Code:

Project Manager:

Telephone No.:

Start Date (15):
3-26-12

Completion Date (16):
3-31-12

Scope of Work:

Location of Asbestos-Containing Material (ACM) (17):

Location Naturally Abated or Maintained/Neutralized/Removed (18):

Amount (20):

Abatement Type (21):

Completed by (22):

Signature:

* Do not use this form for asbestos foam, non-asbestos coated activities.
**State of New Jersey**
**NOTIFICATION OF ASPEROS ABATEMENT**
(Pursuant to NJAC 8:60 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>3-15-12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency Notified</td>
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</tr>
<tr>
<td>EPA</td>
<td></td>
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<td>DEP</td>
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<td>DOH</td>
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<td>DCA</td>
<td></td>
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<tr>
<td>Type Notification</td>
<td>Initial</td>
</tr>
<tr>
<td>Name of Building Owner/Operator</td>
<td>McEvoy Enterprises LLC</td>
</tr>
<tr>
<td>Street Address</td>
<td>117 Hwy 35, Suite 7</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Keyport, NJ 07735</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Michael McEvoy</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place | Single Family Dwelling |
| City | Oceanport, NJ 07757 |
| County Code (Only) | Monmouth |
| Current Use (Prior to being demolished) | 2 |
| Age | 70+ |

| Name of Monitoring Firm | EPC Technologies |
| ASCM No. | N/A |
| Street Address | P.O. Box 337 |
| City, State, Zip Code | New Egypt, NJ 08533 |
| Telephone No. | 609-758-3365 |
| Start Date | 3-26-12 |
| Scheduled Completion Date | 3-28-12 |

| Occupancy Status During Abatement | Occupied |
| Scope of Work | (Check all that apply) |

| Location of Asbestos-Containing Material (ACM) | Basement |
| Is Location Normally Used Solely by Maintenance/Custodial Staff? | No |
| Description of Asbestos Containing Material (ACM) | Pipe Insulation |
| Amount (Specify SF or LF) | 225 LF |

| Name of Registered Waste Hauler | EPC Technologies |
| NJDEP Waste Hauler | ID No. 17000 |
| Disposal Date | 3-27-12 |
| City, State | Morrisville, PA |

| Completed By | Steve Schenk |
| Title | President |

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

**Name of Building Owner/Operator:** 
Saint Michael's Medical Center

**Street Address:** 
111 Central Avenue

**City, State, Zip Code:** 
Newark, NJ 07102

**Name of Contact:** 
Andrew Mastin

**Telephone Number:**

---

### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place:**
St Michael's Medical Center

**Street Address:**
111 Central Avenue

**City:**
Newark, NJ 07102

**County:**
Essex

**Name of Monitoring Firm Hired by Building Owner:**
N/A

**ASCM No.:**

**Name of Abatement Contractor:**
EA Services Corporation

**Street Address:**
426 69th Street

**City, State, Zip Code:**
Guttenberg, NJ 07093

**Telephone No.:**
201-295-1700

**License No.:**
01074

**Name of OSHA Monitor:**
EMSL Analytical

**Street Address:**
307 West 28th Street

**City, State, Zip Code:**
New York, NY 10018

---

**Start Date (10):**
03/14/2012

**Scheduled Completion Date (11):**
03/14/2012

**Occcuppacy Status During Abatement (Check Only One):**
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other – Describe: 4:30 PM

---

**Scope of Work (Check All That Apply):**
- 23 sf or 23 ft
- 1150 sf or 1150 ft

**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):**
Elbows removal

**Amount (Specify SF or LF):**
12

**Abatement Type:**
Encapsulate

---

**Name of Registered Waste Hauler:**
Atlantic Carting

**NJDEP Waste Hauler ID No.:**
26085

**Cubic Yards of Waste:**
tbd

**Name of Registered Landfill:**
IESI-Bethlehem Landfill Corp

**City, State:**
Bethlehem, PA

**Disposal Date:**
tbd

**Completed by:**
Gina Salvador

**Title:**
Office Manager

**Signature:**
[Signature]

**Date:**
03/14/2012

---

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

Date of Notification (1) 3/13/12

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

Agencies Notified Type Notification
☐ EPA ☐ Initial
☐ DEP ☐ Amended
☒ DOH ☐ Emergency
☐ DCA ☐ Cancellation

Street Address
1490 Prospect Street

City, State & Zip Code
Trenton, NJ 08638

Name of Contact
Mr. Everett O. Collins

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Grace Dunn MS

Street Address
401 Dayton Street

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

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

Environmental Connection

Street Address
120 North Warren Street

City, State & Zip Code
Trenton, NJ 08010

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

Square Feet # of Floors Bldg. Age
70,000 3 60+

Current Use (Prior if being demolished)
School

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

Street Address
1123 Beaver Street

City, State & Zip Code
Bristol, PA 19007

Name of OSHA Monitor
Bristol Environmental, Inc.

Scheduled Start Date (10) Scheduled Completion Date (11)
3/13/12 3/16/12

Occupancy Status During Abatement (Check only one)
☐ Facility Closed/Vacated During Entire Period of Abatement
☒ Abatement Performed Outside of Normal Hours – 7am to 3pm
Describe: 4:00 PM to 12:30 AM
☐ Facility Occupied During Abatement

Scope of Work (Check all that apply)

☐ ≤3 sf or ≥3 ft
☒ ≥160 sf ≥260 ft

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 ☐

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

Amount (Specify SF or LF)
720 SF

Abatement Type

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

Room B-14

Location

Name of Registered Waste Hauler
Bristol Environmental Inc

NJDDEP Waste Hauler ID No. 18708

Disposal Date 3/19/12

Name of Registered Landfill
GROWS Landfill

City, State Morrisville PA

Completed By (Print or Type)
Gino Pizzigoni

Title Project Manager

Signature

Date 3/13/12

GI 12055
STATE OF NEW JERSEY DEPARTMENT OF LABOR NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1)  
03/14/2012

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

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

Name of Building Owner/Operator (2)  
67 Whippany Investors, LLC

Street Address  
49 Bloomfield Avenue

City, State, Zip Code  
Mountain Lakes, NJ 07046

Name of Contact  
Ross M. Chomik

FACILITY INFORMATION

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

Street Address  
67 Whippany Rd

City (5)  
Whippany

County (6)  
Morris

County Code (7)  
N/A

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

Street Address  
3300 Hudson Avenue

City, State, Zip Code  
Union City, NJ 07087

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

Street Address  
3300 Hudson Avenue

City, State, Zip Code  
Union City, NJ

Square Feet: 500,000  
# of Floors: 3  
Bldg. Age: 50

Current Use (prior if being demolished)  

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

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

Source of Work (Check all that apply)  
□ ≥ 3 SF or ≥ 3 LF  
□ 160 SF or ≥ 260 LF  
□ Renovation Demolition  
□ Full Containment with Negative Pressure  
□ Mini-Enclosure  
□ Non-Exempted (*) and Non-Friable Procedure

□ Glove-bag Procedure

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

<table>
<thead>
<tr>
<th>Building</th>
<th>Location Normally Used Solely by Maint./Custodial Staff?</th>
<th>Is Location Normally Used Solely by Maint./Custodial Staff?</th>
<th>Description of 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>Building 1 - 2</td>
<td>X</td>
<td>YES</td>
<td>Roofing materials</td>
<td>126,288 SF</td>
<td>X</td>
</tr>
<tr>
<td>Building 1 - 2</td>
<td>X</td>
<td>NO</td>
<td>Caulking AC units</td>
<td>600 LFT</td>
<td>X</td>
</tr>
<tr>
<td>Building 1 - 2</td>
<td>X</td>
<td>NO</td>
<td>Ceiling Tiles</td>
<td>4500 SFT (500 2'x4' pieces approx.)</td>
<td>X</td>
</tr>
<tr>
<td>Building 1 - 2</td>
<td>X</td>
<td>NO</td>
<td>Pipe TSI inside walls</td>
<td>300 LF with fittings</td>
<td>X</td>
</tr>
</tbody>
</table>

Cubic Yards of Waste  
400 estimated

Cubic Yards of Waste  

Name of Reg. Waste Hauler  
Newark Carting

NJ/DEP Waste Hauler ID #  
04509

Disp. Date  
07/30/2012

Name of Reg. Landfill  
Cumberland County Landfill

City, State  
Newburg, PA 17242

Completed by (Print or Type)  
David Camacho

Title  
General Manager

Signature  

Date  
03/14/2012
### STATE OF NEW JERSEY DEPARTMENT OF LABOR NOTIFICATION OF ASBESTOS ABATEMENT

**Date of Notification:** 03/14/2012

**Agencies Notified:**
- (X) EPA
- (X) NJDEP
- (X) NJ DOL
- (X) DOH
- ( ) DCA

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

**Name of Building Owner/Operator:**
570 BROAD ST., LLC
370 BROAD ST.
MARCH 19, 2012

**City, State, Zip Code:**
NEWARK, NJ 07102

**Name of Contact:**
JOSH WERTENTHEIL

### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place:**
Commercial Property: 570 BROAD

**Street Address:**
570 BROAD ST.

**City:**
NEWARK

**State:**
ESSEX

**County Code:**
(N/A)

**County Code (7):**
(S/N Use Only)

**Name of Monitoring Firm Hired by Bldg. Owner:**
ISES, Inc.

**Telephone Number:**
(201) 325-0055

**Street Address:**
3300 Hudson Avenue

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

**License Number:**
01124

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

**Street Address:**
3300 Hudson Avenue

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

**Project Manager for Monitoring Firm:**
David Camacho

**Telephone Number:**
(201) 325-0055

**Scheduled Start Date:**
03/26/2012

**Scheduled Completion Date:**
04/07/2012

**Occupancy Status During Abatement:**
- ( ) Facility Closed/Vacated During Entire Period of Abatement
- ( ) Abatement Performed Outside of Normal Facility Hours

**Describe:**
Areas of abatement are closed and not occupied.

### Source of Work (Check all that apply)
- □ ≥ 3 SF or ≥ 3 LF
- ( ) ≥ 160 SF or ≥ 260 LF
- □ Renovation
- □ Demolition
- □ Full Containment with Negative Pressure
- □ Gloves Bag Procedure
- □ Mini-Enclosure
- □ Non-Exempted (*) and Non-Friable Procedure

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

<table>
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<tr>
<th>Location of ACM</th>
<th>Is Location Normally Used Solely by Maint./Custodial Staff?</th>
<th>Description of ACM (i.e., thermal systems, insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Groundfloor</td>
<td>YES</td>
<td>TSI on oil tank</td>
<td>400 SF</td>
</tr>
<tr>
<td>2nd, 4th, 11th Floors</td>
<td>NO</td>
<td>TSI Fittings</td>
<td>80 LFT</td>
</tr>
</tbody>
</table>

**Name of Reg. Waste Hauler:**
Newark Carting

**NJDEP Waste Hauler ID #:**
04509

**Cubic Yards of Waste:**
400 estimated

**Name of Reg. Landfill:**
Cumberland County Landfill

**City:**
Newburg, PA

**State:**
17242

**Disp. Date:**
04/07/2012

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

**Title:**
General Manager

**Signature:**

**Date:**
03/14/2012