State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
Pursuant to NJAC 8:60 and 12:15G

Date of Notification: 01-27-12 (9) 02-29-12 (10) 03-23-12

Name of Building Owner/Operator: Town of Kearny
Street Address: 402 Kearny Avenue
City State Zip Code: Kearny, NJ 07032

Name of Contact: Michael Martello
Telephone Number: MAR 26, 2012

Name of Facility Where Abatement is Taking Place:
Standard Chlorine Chemical Co.
Address: 1015-1035 Belleville Turnpike
City: Kearny
County: Hudson
Name of Monitoring Firm Hired by Building Owner: Environmental Tactics, Inc.
Telephone No.: 732-290-2217

Type of Facility: School (K-12)
Square Feet: 8 of Floors
Current Use (Prior to being demolished): Chemical plant

Occupancy Status During Abatement: Abatement Performed Outdoors

Scopes of Work (Check All That Apply):
- 23 sf or 23 ft²
- 150 sf or 150 ft²
- Renovation Demolition
- Full Containment with Negative Pressure
- Non-Encapsulating
- Gloves/Bag Procedure
- Non-Encapsulated (R) and Non-Fireable Procedure

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

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

Amount (Specify SF or LF):

Abatement Type:

Complied by:
John E. Savage
Vice President

Signature:
Date: 03-23-12

Do not use this form for asbestos insulation sampled activities.
# NOTIFICATION OF ASPEROSITY ABATEMENT

**State of New Jersey**

**NOTIFICATION OF ASPEROSITY ABATEMENT**

(Pursuant to NJAC 6:10 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>Name of Building Owner/Operator</th>
<th>Town of Kearny</th>
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<tbody>
<tr>
<td>(1/9-26-11)</td>
<td>EPA</td>
<td>Street Address 402 Kearny Avenue</td>
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<tr>
<td>(11/10-16-11(0)-11(6)(12)-22-12)</td>
<td>DEP</td>
<td>City State Zip Code Kearny, NJ 07032</td>
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<tr>
<td>(10-12-11)</td>
<td>DOL</td>
<td>Name of Contract Michael Martello</td>
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<tr>
<td>(10-14-11)</td>
<td>DOM</td>
<td>Telephone Number</td>
</tr>
<tr>
<td>(11-13-11)</td>
<td>DCA</td>
<td></td>
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**Name of Facility Where Abatement is Taking Place**

Standard Chlorine Chemical Co.

Street Address 402 Kearny Avenue

City Kearny

County Hudson

County Code (STATE USE ONLY) 07032

Name of Monitoring Firm Hired by Building Owner

Environmental Tactics, Inc.

ASCN No. 0045

Name of Abatement Contractor

Precision Environmental Co.

Street Address 5500 Old Brecksville Rd

City, State, Zip Code Independence, Ohio 44131

Name of OSHA Monitor

Environmental Tactics, Inc

Street Address 64 Broad Street

City, State, Zip Code Matawan, NJ 07747

Start Date ON SITE 3/6/12

Scheduled Completion Date 04-30-12

Occupancy Status During Abatement

Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours

Other – Describe:

Scope of Work

CANOPY DEMOLITION

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

Name of Registered Waste Hauler

Frehold Cartage

Frehold, New Jersey

Complied by

John E. Savage, Vice President

Name of Contractor

Michael Martello

Telephone Number

Signature

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

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<thead>
<tr>
<th>Date of Notification</th>
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<td>(3) 11-18-11</td>
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<td>(6) 12-3-11</td>
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<td>(8) 1-27-12</td>
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<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Facility Where Abatement is Taking Place</th>
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<tr>
<td></td>
<td></td>
<td>Standard Chlorine Chemical Co.</td>
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<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
<th>Name of Contact</th>
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<tbody>
<tr>
<td>402 Kearny Avenue</td>
<td>Kearney, NJ 07032</td>
<td>Michael Martello</td>
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<table>
<thead>
<tr>
<th>Facility Information</th>
<th>Type of Facility</th>
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<tbody>
<tr>
<td></td>
<td>School (K-12)</td>
</tr>
<tr>
<td></td>
<td>Subchapter 8 (Other than K-12)</td>
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<td></td>
<td>Other (i.e. private &amp; commercial buildings, homes, etc.)</td>
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<table>
<thead>
<tr>
<th>Chemical plant</th>
<th>Square Feet</th>
<th>8 of Hours</th>
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<tr>
<td></td>
<td>See attached</td>
<td>See attached</td>
</tr>
<tr>
<td></td>
<td>50+</td>
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<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner</th>
<th>ASC No</th>
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<tr>
<td>Environmental Tactics, Inc.</td>
<td>0045</td>
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<table>
<thead>
<tr>
<th>Name of Abatement Contractor</th>
<th>Lic No</th>
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<tbody>
<tr>
<td>Precision Environmental Co.</td>
<td>01143</td>
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<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thomas P. Geliger</td>
<td>732-290-2217</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Telephone No.</th>
<th>Name of OSHA Monitor</th>
</tr>
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<tbody>
<tr>
<td>216-662-6040</td>
<td>Environmental Tactics, Inc</td>
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<thead>
<tr>
<th>Start Date</th>
<th>Scheduled Completion Date</th>
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<td>10-25-11</td>
<td>03-02-12</td>
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<table>
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<th>Occupancy Status During Abatement</th>
<th>Street Address</th>
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<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
<td>5500 Old Brecksville Rd</td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
<td>Independence, Ohio 44131</td>
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<tr>
<td>Other - Describe:</td>
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<table>
<thead>
<tr>
<th>Scopes of Work</th>
<th>Location of Asbestos-Containing Material (ACM)</th>
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</thead>
<tbody>
<tr>
<td>23 sf or 33 ft</td>
<td>TO BE ABATED In Facility</td>
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<tr>
<td>1500 sf or 8250 ft</td>
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<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Cubic Yards of Waste</th>
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</thead>
<tbody>
<tr>
<td>Freshhold Cartage</td>
<td>974</td>
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<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
<th>Disposal Date</th>
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<tbody>
<tr>
<td>Envirosafe Services of Ohio</td>
<td>10/25-02-23-12</td>
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<table>
<thead>
<tr>
<th>Completed by</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>John E. Savage</td>
<td>Vice President</td>
<td>John E. Savage</td>
<td>01-27-12</td>
</tr>
</tbody>
</table>

Do not use this form for asbestos incineration or abatement activities.
Date of Notification (1): 9-22-11
Name of Building Owner/Operator (2):
Town of Kearny

Name of Facility Where Abatement is Taking Place (3):
Standard Chlorine Chemical Co.

Street Address:
402 Kearny Avenue
Kearny, NJ 07032

Type of Facility (4):

- School (K-12)
- Subchapter B: Other than K-12
- Other: Private & Commercial Buildings, Homes, etc.

Square Footage: See attached

Owner:
Michael Martello

County Code (7): (STATE USE ONLY) 0045

Chemical Plant:

- See attached

Name of Abatement Contractor (5):
Precision Environmental Co.

Street Address:
5500 Old Brecksville Rd
Independence, Ohio 44131

License No.:
01143

Name of OSHA Monitor:
Environmental Tactics, Inc.

Street Address:
64 Broad Street
Matawan, NJ 07747

Telephone No.:
216-642-6040

Name of Registered Hauler:

Freehold Cartage

Cubic Yards of Waste:
974

Disposal Date:
10/25-02-23-12

Complied by:
John E. Savage
Vice President

- See attached

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) 19-22-11
- (2) 10-3-11
- (3) 10-6-11
- (4) 10-14-11
- (5) 11-18-11

**Name of Building Owner/Operator**
- Town of Kearny

**Address**
- 402 Kearny Avenue
- Kearny, NJ 07032

**Name of Contact**
- Michael Martello

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

**Type of Notification**
- Initial
- Amended
- Amendment # 6
- Emergency (including justification)
- Cancellation

**Name of Facility Where Abatement is Taking Place**
- Standard Chlorine Chemical Co.

**Street Address**
- 1015-1035 Belleville Turnpike

**City**
- Kearny

**County**
- Hudson

**Name of Abatement Contractor**
- Precision Environmental Co.

**Environmental Tactics, Inc.**
- ASCM No. 0045

**Phone Number**
- 732-290-2217

**Square Feet**
- See attached

**% of Floors**
- See attached

**Bidg. Age**
- 50+)

**Current Use (Prior to being demolished)**
- Chemical plant

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

**Phone Number**
- 216-642-6040
- License No. 01143

**Name of OSHA Monitor**
- Environmental Tactics, Inc.

**Address**
- 5500 Old Brecksville Rd
- Independence, Ohio 44131

**Project Manager for Monitoring Firm**
- Thomas P. Gelgar

**Telephone No.**
- 732-290-2217

**Start Date**
- 10-25-11

**Scheduled Completion Date**
- 02-10-12

**Facility Closed/Vacated During Entire Period of Abatement**
- Other - Describe:

**Scope of Work (Check All That Apply)**
- 23 sf or 23 if
- 280 sf or 280 if

- Renovation
- Demolition

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

**Is Location Normally Used Solely by Maintenance/Custodial Staff?**
- Yes

**Is Location Normally Used Solely by Maintenance/Custodial Staff?**
- No

**Name of Registered Waste Hauler**
- Freshhold Cartage

**Waste Hauler ID No.**
- NJDO54126164

**Cubic Yards of Waste**
- 974

**Disposal Date**
- 10/25/12

**Name of Registered Landfill**
- Envirosafe Services of Ohio

**Name of Contact**
- Michael Martello

**Telephone No.**
- 732-290-2217

**Name of Abatement Contractor**
- Precision Environmental Co.

**License No.**
- 01143

**Name of OSHA Monitor**
- Environmental Tactics, Inc.

**Address**
- 5500 Old Brecksville Rd
- Independence, Ohio 44131

**Telephone No.**
- 216-642-6040

**Name of Registered Waste Hauler**
- Freshhold Cartage

**Waste Hauler ID No.**
- NJDO54126164

**Cubic Yards of Waste**
- 974

**Disposal Date**
- 10/25/12

**Name of Registered Landfill**
- Envirosafe Services of Ohio

**Name of Registered Waste Hauler**
- Freshhold Cartage

**Waste Hauler ID No.**
- NJDO54126164

**Cubic Yards of Waste**
- 974

**Disposal Date**
- 10/25/12

**Name of Registered Landfill**
- Envirosafe Services of Ohio

**Completed by**
- John E. Savage

**Title**
- Vice President

**Signature**
- [Signature]

**Date**
- 12-09-11

Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:80 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>9-22-11 (2) 9-25-11 (3) 10-3-11 (4) 10-6-11 (5) 11-18-11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Town of Kearny</td>
</tr>
<tr>
<td>Street Address</td>
<td>402 Kearny Avenue</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Kearny, NJ 07032</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Michael Martello</td>
</tr>
<tr>
<td>FACILITY INFORMATION</td>
<td></td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>Standard Chlorine Chemical Co.</td>
</tr>
<tr>
<td>Street Address</td>
<td>1015-1025 Belleville Turnpike</td>
</tr>
<tr>
<td>City (4)</td>
<td>Kearny</td>
</tr>
<tr>
<td>County (5)</td>
<td>Hudson</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (6)</td>
<td>Environmental Tactics, Inc.</td>
</tr>
<tr>
<td>ASCM No.</td>
<td>0045</td>
</tr>
<tr>
<td>Name of Abatement Contractor (7)</td>
<td>Precision Environmental Co.</td>
</tr>
<tr>
<td>Street Address</td>
<td>64 Broad Street</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Matawan, NJ 07747</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Thomas P. Geiger</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>732-290-2217</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>10-25-11</td>
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<tr>
<td>Scheduled Completion Date (11)</td>
<td>12-09-11</td>
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<tr>
<td>Occupancy Status During Abatement (Check Only)</td>
<td>Facility Closed/ Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>Other - Describe</td>
<td>Abatement Performed Outside of Normal Facility Hours</td>
</tr>
<tr>
<td>Scope of Work (Check All That Apply)</td>
<td></td>
</tr>
<tr>
<td>&gt;=3 sf or &gt;=3 if</td>
<td>Renovation</td>
</tr>
<tr>
<td>&lt;=160 sf or &lt;=280 if</td>
<td>Demolition</td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)</td>
<td>Yes</td>
</tr>
<tr>
<td>Description of Asbestos-Containing Material (ACM)</td>
<td>(1) am. thermal systems insulation, surfacing, VAT, or other miscellaneous.</td>
</tr>
<tr>
<td>Amount</td>
<td>974</td>
</tr>
<tr>
<td>Abatement Type</td>
<td>Envirosafe Services of Ohio</td>
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<tr>
<td>Name of Registered Landfill</td>
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</tr>
<tr>
<td>Name of Registered Wastes Hauler</td>
<td>Freehold Cartage</td>
</tr>
<tr>
<td>NJDEP Waste Hauler ID No</td>
<td>NUSD054128164</td>
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<tr>
<td>Cubic Yards of Waste</td>
<td>974</td>
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<tr>
<td>Disposal Date</td>
<td>10/25-12/09/11</td>
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Completed by
John E. Savage
Vice President

Signature
John E. Savage

Do not use this form for asbestos licensure exempted activities.
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 12:120.10)

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<thead>
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<th>Date of Notification (1)</th>
<th>9-22-11</th>
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<td>(1)9-26-11(2)10-5-11(3)10-6-11(4)10-14-11</td>
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Name of Building Owner/Operator (2)

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<tr>
<th>Town of Kearny</th>
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Agencies Notified

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<th>DOH</th>
<th>DCA</th>
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Street Address

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<tr>
<th>402 Kearny Avenue</th>
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City, State, Zip Code

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<tr>
<th>Kearny, NJ 07032</th>
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Name of Contact

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<tr>
<th>Michael Martello</th>
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Telephone Number

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<th>FACILITY INFORMATION</th>
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Name of Facility Where Abatement is Taking Place (3)

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<tr>
<th>Standard Chlorine Chemical Co.</th>
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Street Address

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<th>1015-1035 Belleville Turnpike</th>
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City (6)

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<th>Kearny</th>
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County (6)

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<th>Hudson</th>
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Name of Monitoring Firm Hired by Building Owner (8)

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<th>Environmental Tactics, Inc.</th>
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ACSM No.

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Name of Abatement Contractor (9)

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<tr>
<th>Precision Environmental Co.</th>
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Street Address

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<tr>
<th>64 Broad Street</th>
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City, State, Zip Code

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<tr>
<th>Matawan, NJ 07747</th>
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Project Manager for Monitoring Firm

<table>
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<tr>
<th>Thomas P. Geiger</th>
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</table>

Telephone No.

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<tr>
<th>732-290-2217</th>
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Start Date (10)

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Scheduled Completion Date (11)

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<th>11-22-11</th>
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Occupancy Status During Abatement (Check Only One)

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<th>Facility Closed/Vacated During Entire Period of Abatement</th>
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<tbody>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
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<tr>
<td>Other – Describe:</td>
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Scope of Work (Check All That Apply)

<table>
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<th>≥ 23 sf or ≥ 23 lf</th>
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<tbody>
<tr>
<td>≥ 160 sf or ≥ 250 lf</td>
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<tr>
<td>Renovation</td>
</tr>
<tr>
<td>Demolition</td>
</tr>
<tr>
<td>Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>Mini-Enclosure</td>
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<tr>
<td>Glovebag Procedure</td>
</tr>
<tr>
<td>Non-Encapsulated (*) and Non-Friable Procedure</td>
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Location of Asbestos-Containing Material (ACM) TO BE ABATED

<table>
<thead>
<tr>
<th>In Facility</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
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Description of Asbestos Containing Material (ACM)

<table>
<thead>
<tr>
<th>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
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Amount (Specify SF or LF)

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<tr>
<th>974</th>
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Abatement Type

<table>
<thead>
<tr>
<th>Removal</th>
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<table>
<thead>
<tr>
<th>Repair</th>
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<tr>
<th>Encapsulate</th>
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Endorse Location

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
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<table>
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<tr>
<th>NJDEP Waste Hauler ID No.</th>
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<th>1034126164</th>
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Name of Registered Landfill

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<tr>
<th>Envirosafe Services of Ohio</th>
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</thead>
</table>

City, State

<table>
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<tr>
<th>Freehold, New Jersey</th>
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Disposal Date

<table>
<thead>
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<th>10/25-11/22/11</th>
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Completed by

<table>
<thead>
<tr>
<th>John E. Savage</th>
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</table>

Title

<table>
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<tr>
<th>Vice President</th>
</tr>
</thead>
</table>

Signature

<table>
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<tr>
<th>John E. Savage</th>
</tr>
</thead>
</table>

Date

<table>
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<tr>
<th>10-14-11</th>
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</table>

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

Date of Notification (1): 9-22-11
(1)3-26-11(2)10-3-11(3)6-11

Name of Building Owner/Operator (2)
Town of Kearny

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

Type Notification
- [ ] Initial
- [ ] Amended
- [ ] Amendment # 3
- [ ] Emergency (including justification)
- [ ] Cancellation

Street Address
402 Kearny Avenue

City, State, Zip Code
Kearny, NJ 07032

Name of Contact
Michael Martello

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Standard Chlorine Chemical Co.

Street Address
1015-1035 Belleville Turnpike

City (5)
Kearny

County (6)
Hudson

County Code (7) (STATE USE ONLY)

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

ASCM No.
0045

Name of Abatement Contractor (9)
Precision Environmental Co.

Street Address
5500 Old Brecksville Rd

City, State, Zip Code
Independence, Ohio 44131

Telephone No.
732-290-2217

License No.
216-642-6040 01143

Project Manager for Monitoring Firm
Thomas P. Geiger

Start Date (10)
10-18-11

Scheduled Completion Date (11)
11-18-11

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

Scope of Work (Check All That Apply)
- [ ] 23 sf or < 33 if
- [ ] ≥ 160 sf or ≥ 280 if
- [ ] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (2) and Non-Frible Procedure

Name of Registered Waste Hauler
Freehold Cartage

NJDEP Waste Hauler ID No
NJDO54126164

Cubic Yards of Waste
974

Name of Registered Landfill
Envirosafe Services of Ohio

City, State
Oregon, Ohio

Completed by
John E. Savage

Title
Vice President

Signature
John E. Savage

Date
10-06-11

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
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<tbody>
<tr>
<td>9-22-11</td>
<td>Town of Kearny</td>
</tr>
<tr>
<td>9-26-11</td>
<td></td>
</tr>
<tr>
<td>10-03-11</td>
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<table>
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<th>Agencies Notified</th>
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<tbody>
<tr>
<td>EPA</td>
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<td>DEP</td>
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<tr>
<td>DOL</td>
<td>Amendment # #</td>
</tr>
<tr>
<td>DOH</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>DCA</td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Name of Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>402 Kearny Avenue</td>
<td>Michael Martello</td>
</tr>
<tr>
<td>Kearny, NJ 07032</td>
<td></td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Telephone Number</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Name of Facility Where Abatement is Taking Place (3) | Type of Facility (4) |
| Standard Chlorine Chemical Co.                      | School (K-12)          |
| Street Address                                      | Subchapter 8 (Other than K-12)|
| 1015-1035 Belleville Turnpike                      | Other (i.e., private & commercial buildings, homes, etc.)|
| City (5)                                            |                                    |
| Kearny                                             |                                    |
| County (6)                                         | Square Feet See attached          |
| Hudson                                             | # of Floors See attached          |
|                                                   | Blg. Age 50+                     |
| Name of Monitoring Firm Hired by Building Owner (8) | Current Use (Prior if being demolished) Chemical plant |
| Environmental Tactics, Inc.                        |                                    |
| ASCM No.                                           |                                    |
| 0045                                               |                                    |
| Name of Abatement Contractor (9)                   | Street Address                  |
| Precision Environmental Co.                        | 5500 Old Brecksville Rd          |
| City, State, Zip Code                              | Independence, Ohio 44131         |
| Matawan, NJ 07747                                  | Street Address                  |
| Project Manager for Monitoring Firm                | 64 Broad Street                 |
| Thomas P. Geiger                                   | Matawan, NJ 07747               |
| Telephone No.                                      | City, State, Zip Code            |
| 732-290-2217                                       | Independence, Ohio 44131         |
| Telephone No.                                      | Street Address                  |
| 216-642-6040                                       | 64 Broad Street                 |
| License No.                                        | Matawan, NJ 07747               |
| 01143                                             | City, State, Zip Code            |
| Name of OSHA Monitor                               | Independence, Ohio 44131         |
| Environmental Tactics, Inc.                        | Street Address                  |
|                                                   | 64 Broad Street                 |
|                                                   | Matawan, NJ 07747               |

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10-11-11</td>
<td>11-18-11</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check Only One)</th>
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</thead>
<tbody>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
</tr>
<tr>
<td>Other - Describe:</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥3 sf or ≥53 if</td>
</tr>
<tr>
<td>≥160 sf or ≥2260 if</td>
</tr>
<tr>
<td>Renovation</td>
</tr>
<tr>
<td>Demolition</td>
</tr>
<tr>
<td>Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>Mini-Enclosure</td>
</tr>
<tr>
<td>Glovebag Procedure</td>
</tr>
<tr>
<td>Non-Exempted (*) and Non-Friable Procedure</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>See attached</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Abatement Type</th>
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<tbody>
<tr>
<td>Removal</td>
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<tr>
<td>Repair</td>
</tr>
<tr>
<td>Encapsulate</td>
</tr>
<tr>
<td>Enclosure</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>Freehold Cartage</td>
</tr>
<tr>
<td>Freehold, New Jersey</td>
</tr>
<tr>
<td>City, State</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
</tr>
<tr>
<td>EnviroSafe Services of Ohio</td>
</tr>
<tr>
<td>City, State</td>
</tr>
<tr>
<td>Oregon, Ohio</td>
</tr>
<tr>
<td>Date</td>
</tr>
<tr>
<td>10-03-11</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>John E. Savage</td>
<td>10-03-11</td>
</tr>
</tbody>
</table>

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

Date of Notification (1)
9-22-11 (1) 9-26-11

Name of Building Owner/Operator (2)
Standard Chlorine Chemical Co., Inc

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

Street Address
1025-1035 Belleville Turnpike
City, State, Zip Code
Kearney, NJ 07032

Name of Contact
Margaret Kelly
Telephone Number

Name of Facility Where Abatement is Taking Place (3)
Standard Chlorine Chemical Co.

Street Address
1015-1035 Belleville Turnpike
City (5)
Kearney
County (6)
Hudson

County Code (7) (STATE USE ONLY)

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

ASCM No. 0045

Name of Abatement Contractor (9)
Precision Environmental Co.

Street Address
64 Broad Street
City, State, Zip Code
Matawan, NJ 07747

Project Manager for Monitoring Firm
Thomas P. Geiger
Telephone No. 732-290-2217

Start Date (10) 10-10-11
Scheduled Completion Date (11) 11-16-11

Scope of Work (Check All That Apply)
- ≥36 sf or ≥3 if
- ≥160 sf or ≥290 if
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

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

Yes No N/A

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

Location of Asbestos-Containing Material (ACM)

Description of Asbestos-Containing Material (ACM)

Amount (Specify SF or LF)

Abatement Type

Name of Registered Waste Hauler
Freeshold Cartage

Waste Hauler ID No
NJDO54126164

Cubic Yards of Waste
974

Name of Registered Landfill
Envirosafe Services of Ohio

City, State
Matawan, NJ

Completed by
John E. Savage
Title Vice President
Signature
Date 09-26-11

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>09-22-11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Envirosafe Services of Ohio</td>
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**Agencies Notified**
- [x] EPA
- [ ] DEP
- [ ] DOL
- [ ] DOH
- [ ] DCA

<table>
<thead>
<tr>
<th>Type Notification</th>
<th>Initial</th>
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<tbody>
<tr>
<td>Amendment #</td>
<td>Emergency (including justification)</td>
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**Street Address**
876 Otter Creek Road

**City, State, Zip Code**
Oregon, Ohio 43616

<table>
<thead>
<tr>
<th>Name of Contact</th>
<th>Lisa Humphrey</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone Number</td>
<td>[Company Phone]</td>
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**Name of Facility Where Abatement is Taking Place (3)**
Standard Chlorine Chemical Co.

**Street Address**
1015-1035 Belleville Turnpike

**City (5)**
Kearney

**County (5)**
Hudson

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

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>Omega Environmental Services, Inc</th>
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<tr>
<td>ASCM No.</td>
<td>N/A</td>
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**Name of Abatement Contractor (8)**
Precision Environmental Co.

**Street Address**
5500 Old Brecksville Rd

**City, State, Zip Code**
Independence, Ohio 44131

<table>
<thead>
<tr>
<th>License No.</th>
<th>216-642-6040</th>
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<tbody>
<tr>
<td>Name of OSHA Monitor</td>
<td>Geiser Fajardo</td>
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</table>

**Project Manager for Monitoring Firm**
Geiser Fajardo

**Telephone No.**
201-480-8700

**Start Date (10)**
10-10-11

**Scheduled Completion Date (11)**
11-18-11

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

**Scope of Work (Check All That Apply)**
- [ ] 23 sf or 23 if
- [ ] Renovation
- [ ] Demolition
- [x] 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**

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<tr>
<th>In Facility (13)</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
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</table>

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

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<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
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<tr>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
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<tbody>
<tr>
<td>974</td>
<td>Envirosafe Services of Ohio</td>
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**Name of Registered Waste Hauler**
Freehold Cartage

**City, State**
Freehold, New Jersey

**Completion Date**
09-22-11

<table>
<thead>
<tr>
<th>Title</th>
<th>John E. Savage</th>
</tr>
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<tbody>
<tr>
<td>Signature</td>
<td>[Signature]</td>
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
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<tbody>
<tr>
<td>03/22/12</td>
<td>Thomas L. Brescala</td>
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<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Street Address (5)</th>
<th>City, State, Zip Code</th>
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<tbody>
<tr>
<td>EPA</td>
<td>Initial Amendment</td>
<td>52 Bonnell Street</td>
<td>Flemington, New Jersey 08822</td>
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<tr>
<th>Name of Facility Where Abatement Is Taking Place (3)</th>
<th>Current Use (Prior if being demolished)</th>
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<tr>
<td>Residence</td>
<td>55+ Home</td>
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<tr>
<td>Street Address</td>
<td>2</td>
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<tr>
<td>60 Bonnell Street</td>
<td></td>
</tr>
<tr>
<td>City (5)</td>
<td></td>
</tr>
<tr>
<td>Flemington, New Jersey 08822</td>
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<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
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<tbody>
<tr>
<td>Lillich Corporation</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lillich Corporation</td>
<td>973-225-8400</td>
<td>01104</td>
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<table>
<thead>
<tr>
<th>Name of OSHA Monitor (10)</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>J&amp;S Environmental Labs</td>
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<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
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<td>03/19/12</td>
<td>03/30/12</td>
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<tr>
<th>Scope of Work (Check All That Apply)</th>
<th>Full Containment with Negative Pressure</th>
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<tbody>
<tr>
<td>23 sf or 23 ll</td>
<td>Mini-Enclosure</td>
</tr>
<tr>
<td>≥160 sf or ≥260 ll</td>
<td>Glovebag Procedure</td>
</tr>
<tr>
<td></td>
<td>Non-Exempted (E) and Non-Friable Procedure</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>TO BE ABATED In Facility (13)</td>
<td>yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description of Asbestos Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td>100 LF</td>
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<table>
<thead>
<tr>
<th>Abatement Type</th>
<th>Removal</th>
<th>Repair</th>
<th>Encapsulation</th>
<th>Enclose</th>
<th>Enforce</th>
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<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lillich Corporation</td>
<td>G.R.O.W.S Landfill</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Woodland Park, New Jersey 07424</td>
<td>G.R.O.W.S Landfill</td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>04/02/12</td>
<td>Morrisville, Pennsylvania</td>
</tr>
</tbody>
</table>

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

Date of Notification (1) 03/14/12

Name of Building Owner/Operator (2) Thomas L. Brescia

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

Street Address
52 Bonnell Street

City, State, Zip Code Flemington, New Jersey 08822

Name of Contact Thomas L. Brescia

Facility Information

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

City (5) Flemington, New Jersey 08822

County (6) Hunterdon

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished) Home

Square Feet 10,000

# of Floors 2

Bldg. Age 55+

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

Name of Abatement Contractor (9)
Lillich Corporation

Street Address 606 McBride Avenue

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

Telephone No. 973-225-8400

License No. 01104

Name of OSHA Monitor J&S Environmental Labs

Street Address 2333 Route 22 West

City, State, Zip Code Union, New Jersey 07083

Project Manager for Monitoring Firm

Start Date (10) 03/19/12

Scheduled Completion Date (11) 03/23/12

Occupancy Status During Abatement (Check Only One)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other – Describe: 7AM

Scope of Work (Check All That Apply)

- 2500 sf or ≥ 2500 sf
- 1600 sf or ≤ 2600 sf
- Renovation Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

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

Yes No NIA

Abatement Type

Name of Registered Waste Hauler Lillich Corporation

Hauler ID No. 18724

Cubic Yards of Waste 2

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

City, State Woodland Park, New Jersey 07424

Disposal Date 03/26/12

Completed by Tatiana Kalenikova

Title Vice President

Signature

Date 03/14/12

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

Date of Notification (1)
03 / 19 / 12

Name of Building Owner/Operator (2)
Camden Redevelopment Agency

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

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

Street Address
520 Market Street

City, State, Zip Code
Camden, NJ 08101

Name of Contact
Dwaine Williams

Telephone Number

FACILITY INFORMATION

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

Street Address
587-89 Pine Street

City (5)
Camden

County (6)
Camden

Square Feet
2,000

# of Floors
3

Bldg. Age
50+

County Code (7)/STATE USE ONLY

Current Use (Prior to being demolished)
Residential

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

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

ASCM No.

Name of Abatement Contractor (9)
Diamond Huntbach Construction Corporation

Street Address
500 East Luzerne Street

City, State, Zip Code
Philadelphia, PA 19124

Project Manager for Monitoring Firm
Jim Proctor

Telephone No.
609-704-8850

Start Date (10)
04 / 02 / 12

Scheduled Completion Date (11)
04 / 10 / 12

Name of abatement Monitor
SAME AS ABOVE

Occupancy Status During Abatement (Check only one)
✓ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours - Describe
Time of Abatement: 7AM-5PM/ 5PM-7AM

Scope of Work (Check all that apply)
☐ ≥3 sf or ≥3 if

☐ ≥160 sf or ≥260 if

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

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

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

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

Amount (Specify SF or LF)

Abatement Type

Ext. Siding

☐ ☑ ☐ Transite Siding 688 SF

☐ ☐ ☐

☐ ☐ ☐

☐ ☐ ☐

☐ ☐ ☐

☐ ☐ ☐

☐ ☐ ☐

☐ ☐ ☐

Name of Registered Waste Hauler
Diamond Huntbach Construction

NJDPS Waste Hauler ID No. 19688

Cubic Yards of Waste
n/a

Name of Registered Landfill
Minerva

City, State
Philadelphia, PA 19124

Disposal Date
n/a

City, State
Waynesboro, OH 44688

Completed By (Print or Type)
Charles Imbimbo

Title
Project Manager

Signature

Date 03/19/12

* Do not use this form for asbestos licensure exempted activities.
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:30 and 5:16)

**State of New Jersey**

**Date of Notification (1):**

| 03 | 16 | 12 |

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

New Jersey Turnpike Authority

**Agencies Notified:**

- [ ] EPA
- [ ] DEP
- [X] DCA (NJAC 5:16)
- [ ] DHSS
- [ ] DCA (NJAC 5:23-6)

**Type Notification:**

- [ ] Initial
- [X] Amended
- [ ] Amendment #1
- [ ] Emergency (including justification)
- [ ] Cancellation

**Street Address:**

581 Main Street

**City, State, Zip Code:**

Woodbridge, NJ 08863

**Name of Contact:**

Lea Voltura

**Telephone Number:**

**FACILITY INFORMATION**

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

Toll Booths

**Type of Facility (4):**

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

**Square Feet:**

7,000

**No. of Floors:**

1

**Bldg. Age:**

20+

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

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

Toll Booths for the NJ Turnpike

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

USA Environmental

**ASCM No.:**

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

Diamond Huntbach Construction Corporation

**Street Address:**

344 West State Street

**City, State, Zip Code:**

Trenton, NJ 08618

**Project Manager for Monitoring Firm:**

William Weisgarber

**Telephone No.:**

609-556-8101

**Name of OSHA Monitor:**

SAME AS ABOVE

**Start Date (10):**

| 03 | 26 | 12 |

**Scheduled Completion Date (11):**

| 04 | 30 | 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

**Time of Abatement:**

7AM-4PM/7PM-7AM

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>ACM</th>
<th>Location</th>
<th>Description</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black Rolled Roofing Membrane</td>
<td>7,000 SF</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Silver Rolled Roofing 2nd layer</td>
<td>7,000 SF</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Black Roof Flashing</td>
<td>450 LF</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Silver Coating Perimeter Sealant</td>
<td>430 LF</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:**

Freehold Cartage, Inc.

**Disposal Date:**

05/30/12

**City, State:**

Morrisville, PA

**Name of Registered Landfill:**

GROWS Landfill North

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

Charles F. Imbimbo

**Title:**

Project Manager

**Signature:**

**Date:**

3-19-12

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

State of New Jersey

Date of Notification (1) 3-12-12

Agency Notified Type Notification
[ ] EPA
[ ] DEP
[ ] DOL
[ ] DOH
[ ] DCA

[ ] Initial
[ ] Amended
[ ] Amendment # 1
[ ] Emergency (including justification)
[ ] Cancellation

Name of Building Owner/Operator (2)
David Hartog

City, State, Zip Code
Wickliffe, NJ 07481

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

Street Address
510 Eden Avenue

City (5)
Wickliffe

County (6)
Burlington

County Code (7) STATE USE ONLY
[ ]

Name of Monitoring Firm Hired by Building Owner (8)
[ ] ASCM NO.

Name of Abatement Contractor (9)
A. MAC Contracting Inc

Start Date (10) 3-21-12

Scheduled Completion Date (11) 3-21-12

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

Scope of Work (Check All That Apply)
[ ] ≥3 sf or ≥3' ft
[ ] ≥160 sf or ≥260 sf

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

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

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

Amount (Specify SF or LF)

Abatement Type
[ ] Removal
[ ] Repair
[ ] Encapsulate
[ ] Encapsulate

Name of Registered Waste Hauler

Rovic Transport

City, State, Zip Code
Riverdale, NJ 07457

Completed by
R. McDonald
Title President
Signature

Disposal Date
2-28-12

Name of Registered Landfill
IESI PA Bethlehem Landfill Corp.

City, State, Zip Code
Bethlehem, PA 18015

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

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:36 and 12:120)

#### Date of Notification (1)
3/21/12

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

#### Street Address
510 Eden Avenue

#### City, State, Zip Code
Wickoff, NJ 07485

#### MAR 26, 2012

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

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

#### Name of Facility Where Abatement Is Taking Place (3)
Hartgers

#### Street Address
510 Eden Avenue

#### City (5)
Wickoff

#### County (6)

#### County Code (7)

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

#### ASCM No.

#### Name of Abatement Contractor (9)

#### A: MAC Contracting Inc

#### Street Address
105 Lowell Road

#### City, State, Zip Code
Glen Rock, NJ 07452

#### Project Manager for Monitoring Firm

#### Telephone No.

#### License No.
201-262-5841

#### 00168

#### Start Date (10)
3/21/12

#### Scheduled Completion Date (11)
3/22/12

#### 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)
- [ ] 23 sf or 23 if
- [ ] 150 sf or 2250 sf
- [ ] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

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

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

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

#### Amount (Specify SF or LF)
110 LF

#### Abatement Type

#### Location of Registered Waste Hauler
Rovic Transport

#### NUDEP Waste Hauler ID No.
20750

#### Cubic Yards of Waste

#### Name of Registered Landfill
IESI PA Bethlehem Landfill Corp.

#### Disposal Date
3/22/12

#### City, State, Zip Code
Bethlehem, PA 18015

#### Completed by
R. McDonald

#### Title
President

#### Signature


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

**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>3/22/12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner / Operator (2)</td>
<td>Seton Hall University</td>
</tr>
<tr>
<td>Street Address</td>
<td>400 South Orange Ave.</td>
</tr>
<tr>
<td>City, State &amp; Zip Code</td>
<td>South Orange, NJ 07079</td>
</tr>
</tbody>
</table>

**Facility Information**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Seton Hall University - Fahy Lecture Hall B7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>400 South Orange Ave.</td>
</tr>
<tr>
<td>City</td>
<td>South Orange</td>
</tr>
<tr>
<td>County</td>
<td>Essex</td>
</tr>
<tr>
<td>County Code</td>
<td></td>
</tr>
</tbody>
</table>

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

- Square Feet: 10,000
- # of Floors: 2
- Bldg. Age: 90
- Current Use (Prior if being demolished): University

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

<table>
<thead>
<tr>
<th>Street Address</th>
<th>280 Huyler Street</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State &amp; Zip Code</td>
<td>South Hackensack, NJ 07606</td>
</tr>
</tbody>
</table>

**Project Manager for Monitoring Firm | Gelsier Fajardo**

| Telephone Number | 201-489-9700 |

**Scheduled Start Date (10) | 12/27/11**

**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
- ☑ 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):**

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td>Floor tile &amp; Mastic</td>
<td>900 SF</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>NJDEP Waste Hauler ID No.</th>
<th>18750</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lumberton, NJ</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Title</th>
<th>Office Coord.</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Grait</td>
<td>3/22/12</td>
</tr>
</tbody>
</table>
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to N.J.A.C. 8:60 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>3/19/12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner / Operator (2)</td>
<td>NJ Department of Corrections</td>
</tr>
<tr>
<td>Street Address</td>
<td>Whittlesey Rd. PO Box 863</td>
</tr>
<tr>
<td>City, State &amp; Zip Code</td>
<td>Trenton, NJ 08625-0863</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Joseph May</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3)

Garden State Youth Correctional Facility

Street Address
98 Highbridge Rd.

City (5) | Yardville
County (6) | Burlington
County Code (7) | |

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

Street Address
344 West State Street

City, State & Zip Code
Trenton, NJ 08618

Project Manager for Monitoring Firm | William Weisgarber
Telephone Number | 609-656-8101

Scheduled Start Date (10) | 3/19/12
Scheduled Completion Date (11) | 3/24/12

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

Describe: 3/20 & 3/22 7am-3:30pm; 3/23 4pm-12am

Scope of Work (Check all that apply)

- ≥3 sf or ≥3 ft
- ≥160 sf ≥260 ft

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reception Visiting Room</td>
<td>Yes</td>
<td>Acoustical Plaster</td>
<td>90 SF</td>
</tr>
<tr>
<td>Reception Visiting Room</td>
<td>No</td>
<td>Floor tile &amp; Mastic</td>
<td>40 SF</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler | AbateTech, Inc.
Hauler ID No. | 18750

Name of Registered Landfill | TRRF Landfill
Disposal Date | 3/24/12
City, State | Tullytown, PA

Completed By (Print or Type) | Gwen Trumbetti
Title | Office Coord.
Signature | [Signature]
Date | 3/19/12
# Notification of Asbestos Abatement

**Date of Notification:** 3/19/12

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

**Type Notification:**
- Initial
- Amended #3
- Emergency
- Cancellation

**Name of Building Owner / Operator:** Hamilton Township BOE

**Street Address:** 90 Park Ave.

**City, State & Zip Code:** Hamilton, NJ 08690

**Name of Contact:** Marco Fernandez

---

**Facility Information**

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

**Street Address:** 2145 Yardville-Hamilton Square Road

**City (5):** Hamilton Twp.

**County (6):** Mercer

**County Code (7):**

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pars Environmental</td>
<td>000131</td>
<td>AbateTech, Inc.</td>
</tr>
</tbody>
</table>

**Street Address:** 6 A South Gold Drive

**City, State & Zip Code:** Robbinsville, NJ 08691

**Telephone Number:** 609-650-7277

**Name of Project Manager for Monitoring Firm:** Roberto Feliz

**Telephone Number:** 609-265-2107

**License Number:** 00529

**Name of OSHA Monitor:** ESM/L Analytical

**Street Address:** 108 Haddon Ave.

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

**Telephone Number:**

<table>
<thead>
<tr>
<th>Scheduled Start Date (10)</th>
<th>3/5/12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>3/30/12</td>
</tr>
</tbody>
</table>

**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

**Describe:**

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

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

<table>
<thead>
<tr>
<th>Freezer</th>
<th>Mastic (Hole Drilling)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**Location Normally Used Solely by Maintenance or Custodial Staff (12):**

<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</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):** >1 SF

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

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

**City, State:** Lumberton, NJ

**Waste Hauler ID No.:** 18750

**Name of Registered Landfill:** TRRF Landfill

**Disposal Date:** 3/30/12

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

Gwen Trumbetti

**Title:** Opps. Coord.

**Signature:**

**Date:** 3/19/12
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1) 3/20/12  
Name of Building Owner / Operator (2) Princeton University

Agencies Notified  
- [ ] EPA  
- [ ] DEP  
- [ ] DOL  
- [x] DOH  
- [ ] DCA  
Type Notification  
- [ ] Initial  
- [x] Amended #3  
- [ ] Emergency  
- [ ] Cancellation

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

Name of Contact  
Robert Ortego, P.E.

Telephone Number

FACILITY INFORMATION

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

Street Address  
Washington Road  
Princeton University Main Campus

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  
Burlington, NJ 08016

City, State & Zip Code  
Burlington, NJ 08016

Project Manager for Monitoring Firm  
Mike Kechen  
Telephone Number  
609-366-8800

Scheduled Start Date (10)  
11/28/11  
Scheduled Completion Date (11)  
3/30/12

Occupancy Status During Abatement (Check only one)  
- [x] Abatement Performed Outside of Normal Hours  
  Describe: WORKING 6AM-3PM  
- [ ] Facility Occupied During Abatement

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

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

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

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

Amount 
(Specify 
SF or LF)  

Abatement Type  

1st Floor Lobby  

<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>AbateTech, Inc.</td>
<td>18750</td>
<td>20</td>
<td>TRRF Landfill</td>
</tr>
</tbody>
</table>

City, State  
Lumberton, NJ

Disposal Date  
3/30/12  
City, State  
Tullytown, PA

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

Date  
3/20/12
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1) 3/20/12

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

Type Notification
☐ Initial  ☒ Amended #3  ☐ Emergency  ☐ Cancellation

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

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

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
Describe: WORKING 6AM-3PM
☐ Facility Occupied During Abatement

Scope of Work (Check all that apply)
☐ ±3 sf or ±3 lf
☒ ±160 sf ±260 lf
☐ Renovation
☒ Demolition

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

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

Room #369  Room #365  Room #377  Room #361  Room #375  Room #359

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

Floor tile & Mastic 1,400 SF

Floor tile & Mastic 1,250 SF

Floor tile & Mastic 324 SF

Floor tile & Mastic 1,350 SF

Floor tile & Mastic 675 SF

Floor tile & Mastic 324 SF

Amount (Specify SF or LF)

Abatement Type

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

Yes No N/A

Name of Registered Waste Hauler
AbateTech, Inc.

Cubic Yards of Waste
20

Disposal Date
3/30/12

Name of Registered Landfill
TRRRF Landfill

City, State
Lumberton, NJ

Completed By (Print or Type)
Gwen Trumbetti

Title
Opps. Coord.

Signature

Date
3/20/12
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

**Date of Notification:** 3/20/12

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
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<tbody>
<tr>
<td>EPA</td>
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<td>DOH</td>
<td>Cancellation</td>
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<td>DCA</td>
<td></td>
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**Name of Building Owner / Operator:** 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:**

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place:**
**Princeton University – Jadwin Hall**

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

**City:** Princeton  
**County:** Mercer  
**County Code:**

**Name of Monitoring Firm Hired by Building Owner:** ATC Associates, Inc.
**ASCM No.:**

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

**Project Manager for Monitoring Firm:** Mike Keene
**Telephone Number:** 609-386-8800

**Scheduled Start Date:** 11/28/11  
**Scheduled Completion Date:** 3/30/12

**Occupancy Status During Abatement (Check only one):**
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Hours  
  **Describe:** WORKING 6AM-3PM  
- Facility Occupied During Abatement

**Scope of Work (Check all that apply):**
- ≥3 sf or ≥3 lf
- ≥160 sf ≥280 lf
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glove Bag Procedures
- Non-Exempted and Non-Friable Procedure

**Room 380 A:**
- Floor tile & mastic 100 SF

**Room 380 B:**
- Floor tile & Mastic 68 SF

**Name of Registered Waste Hauler:** AbateTech, Inc.
**NJDEP Waste Hauler ID No.:** 18750
**Cubic Yards of Waste:** 20

**Name of Registered Landfill:** TRRRF Landfill
**Disposal Date:** 3/30/12  
**City, State:** Tullytown, PA

**Completed By:** Gwen Trumbetti  
**Title:** Opps. Coord.  
**Signature:**

**Date:** 3/20/12
State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:50 and 12:120)  

Date of Notification (1)  
1/1/12

Name of Building Owner/Operator (2)  
ENGLEWOOD CLIFFS SCHOOL DISTRICT

Agency(ies) Notified  
- [ ] EPA  
- [ ] DEP  
- [x] DOL  
- [x] DOH  
- [x] DCA

Type Notification  
- [ ] Initial  
- [x] Amended

Amendment #: 1

Emergency (including justification)  
- [ ] Cancellation

Street Address  
143 CHARLOTTE PLACE

City, State, Zip Code  
ENGLEWOOD CLIFFS, NJ

Name of Contact  
MIKE KRISHER

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)  
ENGLEWOOD CLIFFS SCHOOL DISTRICT

Street Address  
143 CHARLOTTE PLACE

City (5)  
ENGLEWOOD CLIFFS

County (6)  
BERGEN

County Code (7) (State use only)

Type of Facility (4)  
- [x] School (K - 12)  
- [x] Subchapter 8 (Other than K-12)

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

Square Feet  
- [ ] 1800

# of Floors  
- [ ] 1

Bldg. Age

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Bldg. Owner (8)  
WESTCHESTER ENVIRONMENTAL LLC  
ASCM No. 00127

Street Address  
307 NORTH WALNUT STREET

City, State, Zip Code  
WEST CHESTER, PA 19380

Project Manager for Monitoring Firm  
MATTHEW ABRAHAM  
Phone Number 610-431-7545

Start Date (10)  
04/05/12

Sched. Completion Date (11)  
04/11/12

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

Scope of Work (check all that apply)  
- [x] >3 sf or >3 if  
- [x] >160 sf or >260 if  
- [ ] Demolition

Location of asbestos-containing material (acm) to be abated in facility (13)  
- [x] Board Office, Copy/Store Room  
- [x] Reception Area, Supers Office  
- [x] Business Admin Office  
- [x] Conference Room

Description of asbestos-containing material (ACM)  
CARPET, CARPET HACKING VAT MASTIC

Amount (Specify SF or LF)  
TOTAL 1,158 SQ FT

Removal  
- [x] Full Containment w/ negative pressure

Repair  
- [ ] Mini-enclosure

Encapsulation  
- [ ] Glovebag procedure

Non-Exempted (*) and Non-fragile procedure

Registered Waste Hauler  
D & S RESTORATION, INC.

NJ DEP Hauler ID# 13506  
Cubic Yards of Waste 10 CU YDS

Name of Registered Landfill  
TULLYTOWN, RESOURCE RECOVERY

City, State  
PATERN, NJ 07503

Disposal Date  
04/09/12

City, State  
PATERN, PA

Completed by (Print or Type)  
BOGDAN JOLDZIC  
Title PRESIDENT

Date  
03/19/12

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

Date of Notification (1)  
03/19/2011

Name of Building Owner/Operator (2)  
ENGLEWOOD CLIFFS SCHOOL DISTRICT

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

ENGLEWOOD CLIFFS SCHOOL DISTRICT  
Street Address  
143 CHARLOTTE PLACE

City, State, Zip Code  
ENGLEWOOD CLIFFS, NJ 07632

Name of Contact  
MIKE KRISHER

FACILITY INFORMATION

Name of facility where abatement is taking place (3)  
ENGLEWOOD CLIFFS SCHOOL DISTRICT

Street Address  
143 CHARLOTTE PLACE

City, County, Zip Code  
ENGLEWOOD CLIFFS, BERGEN, 07632

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

ASCM No.  
00127

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

Square Feet  
500

# of Floors  
2

Bldg. Age  
30 years

Current Use (Prior if being demolished)  
School

Name of Abatement Contractor (5)  
D & S RESTORATION, INC.

Street Address  
20 California Ave.

City, State, Zip Code  
Paterson, NJ 07503

Telephone Number  
973-345-8020

License Number  
00159

Name of OSHA Monitor  
D & S Restoration, Inc.

Street Address  
20 California Avenue

City, State, Zip Code  
Paterson, NJ 07503

Start Date (10)  
04/05/12

Sched. Completion Date (11)  
04/12/12

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

Other-Describe: NORMAL HOURS

Scope of Work (check all that apply)  
☐ >3 sf or >3 lf
☐ >160 sf or >260 lf
☒ Renovation
☒ Demolition

Location of asbestos-containing material (acm) to be abated in facility (13)  
BOARD OFFICE, COPY/STORE RM
RECEPTION AREA, SUPERS OFFICE
BUSINESS ADMIN OFFICE
CONFERENCE ROOM

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

Description of asbestos-containing material (ACM)  
CARPET, CARPET BACKING VAT MASTIC

Amount (Specify SF or LF)  
TOTAL 1,158 SQ FT

Removal  
☐ Full Containment w/negative pressure
☐ Mini-enclosure
☐ Glovebag procedure
☐ Non-Exempted (*) and Non-friable procedure

Repair  
☐ Enclo

Enclosure

Registered Waste Hauler  
D & S RESTORATION, INC.

NJDEP Hauler ID#  
13506

Cubic Yards of Waste  
10 YDS

Name of Registered Landfill  
TULLYTOWN, RESOURCE RECOVERY

City, State  
PATERSON, NJ 07503

Disposal Date  
04/09/12

City, State  
TULLYTOWN, PA

Completed by (Print or Type)  
BOGDAN JOLDZIC

Title  
PRESIDENT

Signature  

Date  
03/07/12

ASB-41  
* Do not use this form for asbestos licensure exempted activities.
**State of NJ**
**Notification of Asbestos Abatement**
(Pursuant to NJAC 8:60 and 12:120)

**D&S Proj. #: MS 12-101**

**Date of Notification (1)**

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

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

**Street Address**

| 42 WILLIAMS STREET |

**City, State, Zip Code**
ROSELE PARK, NJ

**Name of Contact**
KATHY BRGOSGOWSKI

**Telephone Number**

### FACILITY INFORMATION

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

**KATHY BRGOSGOWSKI**

**Street Address**

| 42 WILLIAM STREET |

**City (5)**
ROSELE PARK

**County (6)**
UNION

**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)**

**Name of Abatement Contractor (9)**

**D&S RESTORATION, INC.**

**Street Address**

| 20 California Ave. |

**City, State, Zip Code**
Paterson, NJ 07503

**Telephone Number**
973-345-8020

**License Number**
00159

**Name of OSHA Monitor**
D & S Restoration, Inc.

**Street Address**
20 California Avenue

**City, State, Zip Code**
Paterson, NJ 07503

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

| Full Containment (positive pressure) |

| Mini-enclosure |

| Glovebag procedure |

| Non-Exempted (*) and Non-fragile procedure |

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

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Description</th>
<th>Amount (Specify SF or LF)</th>
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</thead>
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<tr>
<td>YES</td>
<td>PIPE INSULATION</td>
<td>91 L FT</td>
</tr>
<tr>
<td>NO</td>
<td>VINYL ASBESTOS TILE</td>
<td>20 SQ FT</td>
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</table>

**Registered Waste Hauler**

**D & S RESTORATION, INC.**

**NJDEP Hauler ID#**
13506

**Cubic Yards of Waste**

**Disposal Date**
03/24/12

**Name of Registered Landfill**

**TULLYTOWN, RESOURCE RECOVERY**

**City, State**
PATERNON, NJ 07503

**Completed by (Print or Type)**

**BOGDAN JOLDZIC**

**Title**

**Signature**

**Disposal Date**
03/20/12

---

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

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

**Street Address**
42 WILLIAMS STREET

**City, State, Zip Code**
ROSELLE PARK, NJ

**Name of Contact**
KATHY BRGOSGWOSKI

---

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

**Street Address**
42 WILLIAM STREET

**City (5)**
ROSELLE PARK

**County (6)**
UNION

**County Code (7)**
ASCM No.

**Name of Monitoring Firm Hired by Bldg. Owner (8)**
D & S RESTORATION, INC.

**Street Address**
20 California Ave.

**City, State, Zip Code**
Paterson, NJ 07503

**Telephone Number**
973-345-8020

**License Number**
00159

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

**Project Manager for Monitoring Firm**

**Phone Number**

**Start Date (10)**
03/23/12

**Sched. Completion Date (11)**
03/30/12

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

**Scope of Work (check all that apply)**
- ≥300 sf or ≥3 if
- Renovation
- ≥160 sf or ≥260 if
- Demolition

**Location of asbestos-containing material (ACM) to be abated in facility (13)**
- Description of asbestos-containing material (ACM)
- Amount (Specify SF or LF)
- Removal
- Repair
- Encapsulation
- Enclosure

<table>
<thead>
<tr>
<th>Location of asbestos-containing material (ACM)</th>
<th>Description of asbestos-containing material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Removal</th>
<th>Repair</th>
<th>Encapsulation</th>
<th>Enclosure</th>
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<tr>
<td>BASEMENT</td>
<td>91 LFT</td>
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**Registered Waste Hauler**
D & S RESTORATION, INC.

**Disposal Date**
03/24/12

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

**City, State**
PATERNER, NJ 07503

**City, State**
TULLYTOWN, PA

**Completed by (Print or Type)**
Bogdan Joldzic

**Title**
PRESIDENT

**Signature**

**Date**
03/09/12

**ASB-41**

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

Date of Notification (1) 3/21/12

Name of Building Owner/Operator (2) Estate of Calvin B. Mayle

Street Address C/O Stelsa Hermann P.O. Box 25

City, State, Zip Code Roosevelt, NJ 08555 3/26/2012

Name of Contact Stelsa Hermann

FACILITY INFORMATION

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

Street Address 36 Church Street

City (5) Allentown

County (6) Monmouth

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

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

Street Address P.O. Box 341

City, State, Zip Code Crosswick, NJ 08515

Project Manager for Monitoring Firm William Weisgarber Jr.

Telephone No. (609) 298-4070

Start Date (10) 3/30/12

Scheduled Completion Date (11) 4/2/12

Occupy Status During Abatement (Check only one)

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other - Describe: 8 am-4:30 pm

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)

- Name of Registered Waste Hauler Stevens Environmental Services, Inc.

- NJDEP Waste Hauler ID No. 18292

- Cubic Yards of Waste 1 CU

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

- Disposal Date 4/2/12

- City, State Tullytown, PA

Completed By Mahlon E. Stevens Title Project Manager

Signature Date 3/21/12

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

(Pursuant to N.J.A.C. 7:26-2.12)

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<td>Novartis</td>
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<tr>
<td>Street Address</td>
<td>1 Health Plaza</td>
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<tr>
<td>City, State, Zip Code</td>
<td>East Hanover, NJ 07936</td>
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<tr>
<td>Name of Contact</td>
<td>Tony Bilocchi</td>
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<td>Tel Number</td>
<td>Tel Number</td>
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**FACILITY INFORMATION**

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<td>( ) Subchapter B (other than K-12)</td>
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<td>(X) Other (i.e. private &amp; commercial bldgs., homes, etc.)</td>
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<td>Sq. Feet</td>
<td>5,000</td>
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<td># of Floors</td>
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<td>Bldg. Age</td>
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<td>Current Use (prior if being demolished)</td>
<td>Mock-Up Structures</td>
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<td>Name of Contractor (9)</td>
<td>Brandenburg Industrial Service Company</td>
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<td>Street Address</td>
<td>2217 Spillman Dr</td>
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<tr>
<td>City State, Zip Code</td>
<td>Bethlehem Pennsylvania 18015</td>
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<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone Number</th>
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<tbody>
<tr>
<td>Telephone Number</td>
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<tr>
<td>610-691-1800</td>
<td>00721</td>
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**Occupancy Status During Abatement (Check only one)**

| ( ) Abatement Performed Outside of Normal Facility Hours - Describe. |
| Other - Demo work will be performed 04/16/2012– 04/23/2012, Mon – Fri 07:00 am– 05:30 pm |

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<th>Source of Work (Check all that apply)</th>
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<td>(x) Demolition ( ) Renovation</td>
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<tr>
<td>( ) Large Proj. (&gt;160 SF or &gt;250 LF ACM) ( ) SM Proj. (&gt;25&lt;160 SF or &gt;10 &lt;250 LF ACM) ( ) Minor Proj. (&lt;25 SF or &lt;10 LF ACM)</td>
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<tr>
<td>( ) Full Containment with Negative Pressure ( ) Mini-Enclosure ( ) Glovebag Procedure</td>
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</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) in Facility (13)</th>
<th>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</th>
<th>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other misc.)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
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<td>NONE</td>
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<tr>
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<th>NJDEP Waste Hauler ID #</th>
<th>Cubic Yards of Waste</th>
<th>Name of Reg. Landfill</th>
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<th>Completed by (Print or Type)</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
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<tbody>
<tr>
<td>Jennifer Strobel</td>
<td>Contract Administrator</td>
<td>[Signature]</td>
<td>03/21/2012</td>
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Mail to: NJDEP-DISH-BRRTP 401 E. State St., PO 414 Trenton, NJ 08625-0414 Telephone 609-984-6620
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)  
check#21770

**Date of Notification (1):** 3/23/2012 
*Name of Building Owner/Operator (2):* BURLINGTON COUNTY BD. OF CHOSEN FREEHOLDERS

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<th>Type Notification</th>
<th>Name of Contact</th>
<th>Telephone Number</th>
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<td>Initial</td>
<td>DAVID J. D’ANDREA</td>
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</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>49 RANCOCAS ROAD</td>
<td>MT. HOLLY, NJ 08060</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>RAPHAEL MEADOW HEALTH CENTER</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FACILITY INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Westampton</td>
</tr>
<tr>
<td>BURLINGTON</td>
</tr>
<tr>
<td>15 PIONEER BLVD.</td>
</tr>
<tr>
<td>COUNTRY CODE (7) (STATE USE ONLY)</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
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</thead>
<tbody>
<tr>
<td>3 TERRI LANE</td>
<td>BURLINGTON, NJ 08016</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
</tr>
</thead>
<tbody>
<tr>
<td>JOHN LUTZ</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>4/10/2012</td>
<td>4/13/2012</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check one only)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
</tr>
<tr>
<td>Other - Describe</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥ 3 sf or ≥ 3 If</td>
</tr>
<tr>
<td>≥ 160 sf or ≥ 250 If</td>
</tr>
</tbody>
</table>

| X | Renovation |
|  | Demolition  |

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

<table>
<thead>
<tr>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT. or other miscellaneous)</th>
</tr>
</thead>
<tbody>
<tr>
<td>BOILER ROOM</td>
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<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 SQ. FT.</td>
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<table>
<thead>
<tr>
<th>Abatement Type</th>
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<tr>
<td>X</td>
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</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
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</thead>
<tbody>
<tr>
<td>NUDEP Waste Hauler ID No. 22384</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 YD.</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>City, State</th>
</tr>
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<tbody>
<tr>
<td>HIGHTSTOWN, NJ</td>
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<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>City, State</th>
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<tbody>
<tr>
<td>4/16/2012</td>
<td>MORRISVILLE, PA</td>
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<table>
<thead>
<tr>
<th>Completed By</th>
</tr>
</thead>
<tbody>
<tr>
<td>DAVID D’ANDREA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRESIDENT</td>
<td>[Signature]</td>
<td>3/23/2012</td>
</tr>
</tbody>
</table>

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

Date of Notification (1) 03/22/2012

Name of Building Owner/Operator (2) County of Essex

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

Street Address 900 Bloomfield Ave
City, State, Zip Code Verona, NJ
Name of Contact Sanjeev Varheese
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Power House
City (5) Newark
State (6) Essex

County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) Boiler House,

Name of Monitoring Firm Hired by Building Owner Hatch Mott MacDonald
Name of Abatement Contractor (9) DIA General Construction, Inc.

Street Address 27 Bleeker Street
City, State, Zip Code Millburn, NJ 07041

Project Manager for Monitoring Firm Kevin Herrigty
Telephone No. 973-379-3400

Start Date (10) 4/12/2012

Scheduled Completion Date (11) 5/30/2012

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

Scope of Work (Check all that apply)
- 380sf or >380sf
- 160sf or >260sf
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Bag-in-Bag Procedure
- Non-Exempted (*) and Non-Nailable 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

ACM Mortar on interior bricks X Boiler #3 6,480 SF X

Name of Registered Waste Hauler NJDEP Waste Hauler ID No.
Service Transport Group 20990

Cubic Yards of Waste 160 CY
Name of Registered Landfill Minerva Landfill

City, State New Castle DE
Disposal Date 05/30/2012
City, State Waynesburgh OH

Completed By Krutarth Jagad Title President
Signature
Date 03/22/2012

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>03 / 21 / 12</th>
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<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
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</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>DOLWD</td>
<td>Amended Amendment #</td>
</tr>
<tr>
<td>DHSS</td>
<td>Emergency (including justification)</td>
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<tr>
<td>DCA (NJAC 5:23-8)</td>
<td>Cancellation</td>
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<table>
<thead>
<tr>
<th>Name of Building Owner/Operator (2)</th>
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<table>
<thead>
<tr>
<th>Avantor Performance Materials</th>
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</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>600 N. Broad Street</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State, Zip Code</td>
<td>Phillipsburg, NJ 08865-1271</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Contact</th>
<th>Telephone Number</th>
</tr>
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<tbody>
<tr>
<td>Robert Snyder</td>
<td></td>
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**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
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<tbody>
<tr>
<td>Avantor Performance Materials - Building 135</td>
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</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>600 N. Broad Street</th>
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<tbody>
<tr>
<td>City, State, Zip Code</td>
<td>Phillipsburg, NJ 08865-1271</td>
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<table>
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<tr>
<th>County Code (7) (STATE USE ONLY)</th>
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<tr>
<td>Current Use (Prior if being demolished)</td>
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<tr>
<td>Warren</td>
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<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
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<tbody>
<tr>
<td>Health &amp; Safety Services, Inc.</td>
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<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
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<table>
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<tr>
<th>Alliance Environmental Systems</th>
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<tr>
<th>Street Address</th>
<th>550 East Union Street</th>
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<tbody>
<tr>
<td>City, State, Zip Code</td>
<td>West Chester, PA 123932</td>
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<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jim Proctor</td>
</tr>
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<table>
<thead>
<tr>
<th>Telephone No.</th>
<th>(609) 704-8850</th>
</tr>
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<tbody>
<tr>
<td>Name of CSHA Monitor</td>
<td>Vertex Engineering</td>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>1102 Baltimore Pike, Suite 201</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State, Zip Code</td>
<td>Glen Mills, PA 19342</td>
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</tbody>
</table>

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

- [X] >3 sf or 3 ft
- [□] >160 sf or >260 sf
- [X] Renovation
- [□] Demolition
- [□] Full Containment with Negative Pressure
- [□] Mini-Enclosure
- [□] Glovebag Procedure
- [□] Non-Exempted (*) and Non-Friable Procedure

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bld. 135 Boiler House - Boiler 3</td>
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<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
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<tbody>
<tr>
<td>50 LF</td>
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<tr>
<th>Name of Registered Waste Hauler</th>
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<tbody>
<tr>
<td>N.E.T.S.</td>
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<table>
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<tr>
<th>NJDEP Waste Hauler ID No.</th>
<th>18947</th>
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<table>
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<tr>
<th>Cubic Yards of Waste</th>
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<tbody>
<tr>
<td>10</td>
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<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
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<tbody>
<tr>
<td>BFI Imperial</td>
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<table>
<thead>
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<th>Disposal Date</th>
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<td>TBD</td>
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<table>
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<tr>
<th>City, State</th>
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<tr>
<td>Imperial, PA</td>
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**Completed By (Print or Type)**

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Heemer</td>
<td>Estimator</td>
<td></td>
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</tbody>
</table>

**Date**

| 2/21/12 |

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

**Date of Notification (1)**
03/23/2012

**Name of Building Owner/Operator (2)**
Livingston Board of Education

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

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

**Street Address**
11 Foxcroft Drive

**City, State, Zip Code**
LIVINGSTON NJ 07039

**Name of Contact**
Paul Ko

**Telephone Number**

---

### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place (3)**
MT Pleasant Middle School

**Street Address**
11 Broadawn Drive

**City (5)**
Livingston

**County (6)**
Essex

**County Code (7)**

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

**Type of Facility (4)**
- [x] 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 Monitoring Firm Hired by Building Owner (8)**
Horizon Environmental

**ASCM No.**
00073

**Name of Abatement Contractor (9)**
Savic Construction Corp

**Street Address**
PO Box 316

**City, State, Zip Code**
Throfares NJ 08086

**Telephone No.**
856-848-0800

**License No.**
01034

---

**Project Manager for Monitoring Firm**
Steve Flanagan

**Telephone No.**
973-339-9735

**Name of OSHA Monitor**
Savic Construction Corp

---

**Start Date (10)**
04/02/2012

**Scheduled Completion Date (11)**
04/03/2012

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

**Other – Describe:**

---

**Scope of Work (Check All That Apply)**
- [x] 33 sf or ≥35 if
- [ ] 160 sf or ≥250 if
- [ ] Renovation
- [x] Demolition

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

<table>
<thead>
<tr>
<th>ACM Location</th>
<th>Material Used</th>
<th>Material Description</th>
<th>Amount</th>
<th>Abatement Type</th>
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<tbody>
<tr>
<td>#200/#201 PREP ROOM</td>
<td>X</td>
<td>Duct Insulation Wrap &amp; Cut</td>
<td>48 SF</td>
<td>x</td>
</tr>
<tr>
<td>Main Gym</td>
<td>X</td>
<td>TSI Fittings</td>
<td>6 LF</td>
<td>x</td>
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---

**Name of Registered Waste Hauler**
Savic Construction Corp

**NJDEP Waste Hauler ID No.**
32253

**Cubic Yards of Waste**
10 yr

**Name of Registered Landfill**
GROWS

**City, State**
Totowa NJ

**Disposal Date**

**Completed by**
Sava Savic

**Title**
President

**Signature**

**Date**
03/23/2012

---

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

Date of Notification (1)
10/13/12

Name of Building Owner/Operator (2)
ROBIN TRAVER

Agencies Notified
DOL

Type Notification
Initial

Address
20 GARDEN AVENUE

City, State, Zip Code
CHATHAM BORO, NJ

Name of Contact
ROBIN TRAVER

Facility Information

Name of facility where abatement is taking place (3)
ROBIN TRAVER

Street Address
20 GARDEN AVENUE

City (5)

County (6)

County Code (7)

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

ASCM No.

Type of Facility (4)

School (K - 12)

Subchapter 8 (Other than K-12)

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

Square Feet

# of Floors

Bidg. Age

Current Use (Prior if being demolished)

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

Street Address
20 California Ave.

City, State, Zip Code
Paterson, NJ 07503

Telephone Number
973-345-8020

License Number
00159

Name of OSHA Monitor
D & S Restoration, Inc.

Street Address
20 California Avenue

City, State, Zip Code
Paterson, NJ 07503

Occupy Status During Abatement (Check only one)

Facility closed/vacated during entire period of abatement.

Abatement performed outside of normal facility hours-

Describe:

Other/Describe: NORMAL HOURS

Scope of Work (check all that apply)

>3 sf or >3 if

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)
PIPE INSULATION

Amount (Specify SF or LF)
30 LF

Removal

Repar

Encap

ENC

Registered Waste Hauler
D & S RESTORATION, INC.

NJ/DEP Hauler ID# 133506

Cubic Yards of Waste
1 YD

Name of Registered Landfill
TULLYTOWN, RESOURCE RECOVERY

City, State
Paterson, NJ 07503

Disposal Date
04/03/12

Completed by (Print or Type)
BOGDAN JOLDZIC

Title
PRESIDENT

Signature

Date
03/22/12

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

Date of Notification (1)

Name of Building Owner/Operator (2)
PETER LEPOTOLLEC

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

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

Amendment #: ___________

Street Address
203 KEMAH ROAD

City, State, Zip Code
RIDGEWOOD, NJ 07450

Name of Contact
PETER LEPOTOLLEC

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
PETER LEPOTOLLEC

Street Address
203 KEMAH ROAD

City (5) County (6) County Code (7) State use only
RIDGEWOOD BERGEN

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

ASCM No.

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)

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

Street Address
20 California Ave.

City, State, Zip Code
Paterson, NJ 07503

Telephone Number License Number
973-345-8020 00159

Name of OSHA Monitor
D & S Restoration, Inc.

Street Address
20 California Avenue

City, State, Zip Code
Paterson, NJ 07503

Scope of Work (check all that apply)
- Full Containment w/ negative pressure
- Mini-enclosure
- Glovebag procedure
- Non-Exempted (*) and Non-friable procedure

Start Date (10) Sched. Completion Date (11)
04/06/12 04/12/12

Occupancy Status During Abatement (Check only one)
- Facility closed/evacuated during entire period of abatement.
- Abatement performed outside of normal facility hours-
  Describe:
- Other-Describe: NORMAL HOURS

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

Yes No N/A

BASEMENT

PIPE INSULATION

74 L FT

Amount (Specify SF or LF) Removal Repair Encap

Registered Waste Hauler
D & S RESTORATION, INC.
NUDEP Hauler ID# 13506
Cubic Yards of Waste 1 YD

Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY

City, State PATerson, NJ 07503

Disposal Date 04/12/12

City, State TULLYTOWN, PA

Completed by (Print or Type) BOGDAN JOLDZIC
Title PRESIDENT
Signature

Date 03/22/12

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

Date of Notification (1)
[ ] 0 [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 [ ] 6 [ ] 7 [ ] 8 [ ] 9 [ ] 10 [ ] 11 [ ] 12

Name of Building Owner/Operator (2)
THE ESTATE OF HARTMAN

Street Address
116 MILLER AVENUE

City, State, Zip Code
SAYERVILLE, NJ

Name of Contact
ROSE ANN MAYER, EXECUTRIX

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

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

Name of facility where abatement is taking place (3)
THE ESTATE OF HARTMAN

Street Address
116 MILLER AVENUE

City (5) County (6) County Code (7)
SAYERVILLE MIDDLESEX (State use only)

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

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)

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

Street Address
20 California Ave.

City, State, Zip Code
Paterson, NJ 07503

Telephone Number 973-345-8020 License Number 00159

Name of OSHA Monitor
D & S Restoration, Inc.

Street Address
20 California Avenue

City, State, Zip Code
Paterson, NJ 07503

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

Start Date (10) Sched. Completion Date (11)
04/09/12 04/20/12

Scope of Work (check all that apply)
☐ >3 sf or >3 if ☒ Renovation
☐ >160 sf or >260 if ☐ 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)

Amount (Specify SF or LF)

Removal Repair Encapsulation

Full Containment w/negative pressure Mini-enclosure Glovebag procedure Non-Exempted (*) and Non-friable procedure

Registered Waste hauler
D & S RESTORATION, INC.

NJDEP Hauler ID# 13506 Cubic Yards of Waste 4 YDS

Name of Registered Landfill
TULLYTOWN, RESOURCE RECOVERY

City, State
Paterson, NJ 07503

Disposal Date
04/10/12

Completed by (Print or Type)
BOGDAN JOLDZIC

Title PRESIDENT

Signature Date
03/22/12

* Do not use this form for asbestos licensure exempted activities.
Date of Notification (1): 03/12/12

Name of Building Owner/Operator (2): JOSEPH RIORDAN

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

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

Street Address: 555 WASHINGTON BOULEVARD
City, State, Zip Code: SEA GIRT, NJ
Name of Contact: JOSEPH RIORDAN

FACILITY INFORMATION

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

JOSEPH RIORDAN
Street Address: 555 WASHINGTON BOULEVARD
City (5): SEA GIRT
County (6): MONMOUTH
County Code (7) (State use only): __________

Type of Facility (4):
- [X] Other (Private/Commercial Bldgs./Homes, etc.)

Square Feet: __________
# of Floors: __________
Bldg. Age: __________

Current Use (Prior if being demolished):

Name of Abatement Contractor (9):
D & S RESTORATION, INC.
Street Address: 20 California Ave.
City, State, Zip Code: Paterson, NJ 07503
Telephone Number: 973-345-8020
License Number: 00159

Name of OSHA Monitor:
D & S Restoration, Inc.
Street Address: 20 California Avenue
City, State, Zip Code: Paterson, NJ 07503

Occupancy Status During Abatement (Check only one):
- [X] Other: Describe: NORMAL HOURS

Start Date (10): 04/04/12
Sched. Completion Date (11): 04/16/12

Scope of Work (check all that apply):
- [X] >3 sf or >3 If
- [X] Renovation
- [ ] Demolition

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>BASEMENT (RETAIL OR SALOON)</td>
<td>X</td>
<td></td>
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</tr>
<tr>
<td>PIPE INSULATION</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

Description of asbestos-containing material (ACM):
PIPE INSULATION

Amount (Specify SF or LF):
31 LF FT

Removal, Repair, Enclosure:
- [ ] Full Containment w/negative pressure
- [ ] Mini-enclosure
- [ ] Glovebag procedure
- [ ] Non-Exempted (*) and Non-friable procedure

Registered Waste Hauler:
D & S RESTORATION, INC.
NJDEP Hauler ID# 13506
Cubic Yards of Waste: 1 YD
Name of Registered Landfill:
TULLYTOWN, RESOURCE RECOVERY
City, State: Paterson, NJ 07503
Disposal Date: 04/05/12

Completed by (Print or Type):
BOGDAN JOLDZIC
Title: PRESIDENT
Signature: __________________________
Date: 03/22/12

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

Date of Notification (1)
03/22/2012

Name of Building Owner/Operator (2)
The Roxbury School District

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

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

Street Address
42 N. Hillside Ave

City, State, Zip Code
Succasunna, NJ 07876

Name of Contact
John Scheiner

Telephone Number

FACILITY INFORMATION

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

Street Address
One Bryant Drive

City (5)
Succasunna

County Code (7)
Morris

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)
GL Group Inc

Street Address
140 Hamburg Tpke

City, State, Zip Code
Bloomingdale, NJ 07403

Project Manager for Monitoring Firm

Telephone No.

Telephone No.
201-710-9725

License No.
01084

Start Date (10)
04-05-2012

Scheduled Completion Date (11)
04-07-2012

Name of OSHA Monitor
GL Group Inc

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
- Glovebox Procedure
- Non-Exempted (*) and Non-NFPA Procedure

Location of Asbestos-Containing Material (ACM)

Room M215

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)
Transite (2) Lab Hoods

Amount (Specify SF or LF)
20 SF

Abatement Type

Name of Registered Waste Hauler
GL Group Inc

Waste Hauler ID No.
0033034

Cubic Yards of Waste
1/2

Name of Registered Landfill
GROWS

City, State
Bloomingdale, NJ

Disposal Date
4/9/2012

City, State
Tullytown, PA

Complted by
Elena Solakova

Title
President

Signature

Date
3-22-2012

* 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) 3/23/12

Name of Building Owner / Operator (2)
New Jersey State Police

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

Type Notification
- Initial
- Amended
- Emergency
- Cancellation

Street Address
P.O. Box 7068 (River Road)
Ewing, NJ 08628

Name of Contact
Frank E. Soittis

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Building #1
P.O. Box 7068 (River Road)

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

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

ASCM No. 00112

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

Square Feet 12,500
# of Floors 3
Bldg. Age 85

Current Use (Prior if being demolished) Office

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

Street Address
3859 Sylon Blvd.
Hainesport, NJ 08036

Telephone Number 609-702-0400
License Number 00862

Name of OSHA Monitor
EMSL Analytical

Street Address
107 Haddon Ave.
Westmont, NJ 08108

Project Manager for Monitoring Firm
William Weisgarber, Jr.

Scheduled Start Date (10) 4/5/12
Scheduled Completion Date (11) 5/5/12

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

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

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

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

Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)
Pipe Insulation
Floor Tile & Mastic

Amount (Specify SF or LF)
1060 LF
282 SF

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

Abatement Type

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

Cubic Yards of Waste 10
Name of Registered Landfill
GROWS

City, State
Trenton, NJ

Disposal Date 5/5/12
City, State
Morrisville, PA

Completed By (Print or Type)
Kim Trumbetti
Title Admin.
Signature
Date 3/23/12
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1): 3/23/12

Name of Building Owner / Operator (2): Friends of L'Arche New Jersey

Street Address:
35 West Maple Avenue
Merchantville, NJ 08109

Name of Contact: Mr. Matthew Rhodes

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

Type Notification: 
☐ Initial
☐ Amended
☒ Emergency
☐ Cancellation

Facility Information

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

Street Address:
35 West Maple Avenue

City (5): Merchantville
County (6): Camden
County Code (7):

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

Street Address:
PO Box 316
Thorofare, NJ 08086

Project Manager for Monitoring Firm:
Dave or Steve Flanigan

Telephone Number: 856-848-0800

Scheduled Start Date (10): 4/9/12
Scheduled Completion Date (11): 4/13/12

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

☒ Isolated Area

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

☒ Renovation
☐ Demolition

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

1st Floor Closet: 
☒ Pipe Insulation
☐ Paper
☐ Elbows/Fittings
☐ Floor Tile & Mastic

Basement:
☐ Pipe Insulation
☒ Paper
☐ Elbows/Fittings
☐ Floor Tile & Mastic

Name of Registered Waste Hauler:
Horizon Disposal

City, State:
Trenton, NJ

Disposal Date: 4/13/12

Name of Registered Landfill:
GROWS

City, State:
Morrisville, PA

Completed By (Print or Type):
Kim Trumbetti

Title: Admin.

Signature:

Date: 3/23/12

Job #: 1203-1631
Check #: 2622
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1) 3/19/12

Name of Building Owner / Operator (2)
Springpoint at Meadow Lakes, Inc.

Agencies Notified Type Notification

- EPA Initial
- DEP Amended #2
- DOL Emergency
- DOL Cancellation
- DOH
- DCA

Name of Facility Where Abatement is Taking Place (3)
Meadow Lakes Senior Facility

Street Address
300 Meadow Lakes

City (5) Mercer
County (6) County Code (7)
East Windsor

Name of Monitoring Firm Hired by Building Owner (8) Criterion Laboratories

Street Address
3370 Progress Drive, Suite J

City, State & Zip Code Bensalem, PA 19020

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

Street Address
3869 Sylow Blvd.

City, State & Zip Code Hainesport, NJ 08036

Name of OSHA Monitor EMSL Analytical

Street Address
107 Haddon Ave.

City, State & Zip Code Westmont, NJ 08108

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

Square Feet 547,111
# of Floors 2
Bldg. Age 47

Current Use (Prior if being demolished)
Continuing Care Retirement Community

Scheduled Start Date (10) 3/20/12
Scheduled Completion Date (11) 3/27/12

Occupancy Status During Abatement (Check only one)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Hours
- Describe: Saturday Work: 3/24/12
- Isolated Area

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)

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

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

Amount (Specify SF or LF)

Boiler Room Heat Exchanger Insulation 300 SF
Boiler Room Elbows/Fittings 89 each
Boiler Room Steam Line Pipe Insulation 4 LF

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

City, State Trenton, NJ

Disposal Date 3/27/12
Completed By (Print or Type) Horizon Disposal
Kim Trumbetti
Title Admin.
Date 3/23/12
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)

ROBERT STACKPOLE

Name of Building Owner/Operator (2)

Street Address
29 SCOTLAND ROAD

City, State, Zip Code
ELIZABETH, NJ 07202

Name of Contact
ROBERT STACKPOLE

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

ROBERT STACKPOLE

Street Address
29 SCOTLAND ROAD

City (5) County (6) County Code (7) (State use only)
ELIZABETH UNION

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

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)

Name of Abatement Contractor (9)

D & S RESTORATION, INC.

Street Address
20 California Ave.

City, State, Zip Code
Paterson, NJ 07503

Telephone Number License Number
973-345-8020 00159

Name of OSHA Monitor
D & S Restoration, Inc.

Street Address
20 California Avenue

City, State, Zip Code
Paterson, NJ 07503

Occupancy Status During Abatement (Check only one)

- Facility closed/vacated during entire period of abatement.
- Abatement performed outside of normal facility hours
- Other-Describer: NORMAL HOURS

Scope of Work (check all that apply)

- >3 sf or >3 If
- Renovation
- ≥160 sf or ≥250 If
- Demolition

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

<table>
<thead>
<tr>
<th>Basement</th>
<th>Furnace Insulation</th>
<th>94 sq ft</th>
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</thead>
<tbody>
<tr>
<td>Basement</td>
<td>Duct Work (Wrap &amp; Cut)</td>
<td>92 l ft</td>
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</table>

Registered Waste Hauler

D & S RESTORATION, INC.

NJDEP Hauler ID# 13506

Cubic Yards of Waste 3 YDS

Name of Registered Landfill
TULLYTOWN, RESOURCE RECOVERY

Disposal Date
04/12/12

City, State
PATERSON, NJ 07503

Completed by (Print or Type)
BOGDAN JOLDZIC

Title
PRESIDENT

Signature

Date
03/19/12

ASB-41

* Do not use this form for asbestos licensure exempted activities.
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:90 and 12:120)

Date of Notification (1)  03/13/12

Name of Building Owner/Operator (2)  PATTY LAROCCHO

Name of Facility where abatement is taking place (3)

FACILITY INFORMATION

PATTY LAROCCHO

Street Address
165 MIDLAND AVENUE

City (5)  GLEN RIDGE
County (6)  ESSEX
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)

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

Scope of Work (check all that apply)
□ >3 sf or >3 ft
□ 160 sf or >260 ft
□ Demolition

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

<table>
<thead>
<tr>
<th>Location of asbestos-containing material (ACM)</th>
<th>Description of asbestos-containing material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Rmvr</th>
<th>Rpr</th>
<th>Encapsulate</th>
<th>Encapsulate</th>
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<tbody>
<tr>
<td>BASEMENT CRAWL SPACE</td>
<td>PIPE INSULATION</td>
<td>15 L FT</td>
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<td>☑</td>
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<tr>
<td>BASEMENT</td>
<td>BARE HEATING PIPES</td>
<td>120 L FT</td>
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</table>

Registered Waste Hauler
D & S RESTORATION, INC.

City, State  PATRICK, NJ  07503

Disposal Date  04/02/12

Name of Registered Landfill
TULLYOWN, RESOURCE RECOVERY

City, State  TULLYOWN, PA

Completed by (Print or Type)
BOGDAN JOLYZIĆ

Title  PRESIDENT

Date  03/19/12

ASR 11

* Do not use this form for asbestos licensure exempted activities.
Date of Notification (1) | Name of Building Owner/Operator (2) | Name of Abatement Contractor (9)
--- | --- | ---
03/21/12 | DAMOEN MYRIE | D & S RESTORATION, INC.

Street Address
140 ALBION AVENUE
PATERSON, NJ 07503

City, State, Zip Code | Project Manager for Monitoring Firm
--- | ---
| PASSAIC

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

| Name of Abatement Contractor (9) | Street Address | Telephone Number
--- | --- | ---
| D & S RESTORATION, INC. | 20 California Ave. | 973-343-8020

City, State, Zip Code | License Number
--- | ---
PATERSON, NJ 07503 | 00159

Telephone Number | License Number
--- | ---
20 California Ave. | 00159

City, State, Zip Code | Name of OSHA Monitor
--- | ---
PATERSON, NJ 07503 | D & S Restoration, Inc.

Scope of Work (check all that apply)

- Renovation

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

| Description of asbestos-containing material (ACM) | Amount (Specify SF or Lr) | PERM
--- | --- | ---
| PIPE INSULATION | 125 L FT |

Registered Waste Hauler
D & S RESTORATION, INC.

City, State | Registered Waste Hauler ID | Cubic Yards of Waste | Name of Registered Landfill
--- | --- | --- | ---
PATERSON, NJ 07503 | 13506 | 2 YDS | TULLYTOWN, RESOURCE RECOVERY

Completion Date (16) | Disposal Date
--- | ---
03/22/12 | 03/22/12

CITY: Date

MARCH 20, 2012 (TUE) 07:31 COMMUNICATION No. 48 PAGE 1
State of NJ

Notification of Asbestos Abatement
(Pursuant to NJAC 8:69 and 12:120)

Date of Notification (1)

<table>
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<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Building Owner/Operator (2)</th>
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</thead>
<tbody>
<tr>
<td>DOL</td>
<td>Emergency</td>
<td>DAMOEN MYRIE</td>
</tr>
</tbody>
</table>

Street Address

140 ALBION AVENUE

City, State, Zip Code

PATERSON, NJ 07503

Name of Contact

DAMOEN MYRIE

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

DAMOEN MYRIE

Street Address

140 ALBION AVENUE

City (5) County (6) County Code (7) (State use only)

PATERSON PASSAIC

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

ASCM No.

Type of Facility (4)

D & S RESTORATION, INC.

Street Address

20 California Ave.

City, State, Zip Code

Paterson, NJ 07503

Telephone Number

973-345-8020

License Number

00159

Name of Abatement Contractor (9)

D & S RESTORATION, INC.

Street Address

20 California Avenue

City, State, Zip Code

Paterson, NJ 07503

Start Date (10) Sched. Completion Date (11)

03/21/12 03/30/12

Occupancy Status During Abatement (Check only one)

Facility closed/vacated during entire period of abatement.

Abatement performed outside of normal facility hours.

Describe:

Other-Describe: NORMAL HOURS

Scope of Work (check all that apply)

Full Containment w/ 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)

Description of asbestos-containing material (ACM)

Amount (Specify SF or LF)

Removal

Repair

Encapsulation

Enclosure

Location

BASEMENT

Location normally used solely by maintenance/custodial staff

PIPE INSULATION

125 L FT

Registered Waste Hauler

D & S RESTORATION, INC.

Disposal Date

03/22/12

Cubic Yards of Waste

2 YDS

Name of Registered Landfill

TULLYTOWN, RESOURCE RECOVERY

City, State

TULLYTOWN, PA

Completed by (Print or Type)

BOGDAN JOLDZIC

Title

PRESIDENT

Signature

Date

03/19/12

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/13/12</td>
<td>ANN LIMONE</td>
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</table>

**AGENCIES NOTIFIED**
- [x] EPA
- [ ] DEP
- [ ] DOL
- [ ] DOH
- [ ] DCA

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

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of facility where abatement is taking place (3)</th>
<th>Type of Facility (4)</th>
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<tbody>
<tr>
<td>ANN LIMONE</td>
<td></td>
</tr>
<tr>
<td><strong>Street Address</strong></td>
<td>School (K - 12)</td>
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<tr>
<td>124 HUNTER AVENUE</td>
<td>Subchapter 8 (Other than K-12)</td>
</tr>
<tr>
<td>City (5) County (6) County Code (7) State use only</td>
<td>Other (Private/Commercial Bldgs./Homes, etc.)</td>
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<tr>
<td>HAMILTON TWP. MERCER</td>
<td></td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>D &amp; S RESTORATION, INC.</td>
<td>20 California Ave.</td>
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</tbody>
</table>

**Name of OSHA Monitor**

<table>
<thead>
<tr>
<th>Telephone Number</th>
<th>License Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>973-345-8020</td>
<td>00159</td>
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**Project Manager for Monitoring Firm**

**Phone Number**

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Sched. Completion Date (11)</th>
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</thead>
<tbody>
<tr>
<td>04/02/12</td>
<td>04/12/12</td>
</tr>
</tbody>
</table>

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

**Scope of Work**
- [x] >2 sf or >3 lf
- [x] Renovation
- [ ] Demolition

<table>
<thead>
<tr>
<th>Location of asbestos-containing material (ACM) to be abated in facility (13)</th>
<th>Description of asbestos-containing material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
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<tbody>
<tr>
<td>BASEMENT pipe insulation</td>
<td>3 LF</td>
<td></td>
</tr>
<tr>
<td>BASEMENT boiler insulation</td>
<td>44 SQ</td>
<td></td>
</tr>
</tbody>
</table>

**Registered Waste Hauler**

<table>
<thead>
<tr>
<th>D &amp; S RESTORATION, INC.</th>
<th>NJDEP Hauler ID#</th>
<th>Cubic Yards of Waste</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>13560</td>
<td>1 YD</td>
</tr>
</tbody>
</table>

**Name of Registered Landfill**

<table>
<thead>
<tr>
<th>TULLYTOWN, RESOURCE RECOVERY</th>
</tr>
</thead>
</table>

**City, State**

<table>
<thead>
<tr>
<th>PATERNSON, NJ 07503</th>
</tr>
</thead>
</table>

**Completed by (Print or Type)**

<table>
<thead>
<tr>
<th>BOGDAN JOLDZIC</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRESIDENT</td>
<td></td>
<td></td>
<td>03/20/12</td>
</tr>
</tbody>
</table>

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

State of New Jersey
Check # 3906
1108-4358

Date of Notification (1)
3/21/12

Name of Building Owner / Operator (2)
AtlantiCare Health Systems

Agencies Notified
\[ \times \] EPA
\[ \times \] DEP
\[ \times \] DOL
\[ \times \] DOH
\[ \times \] DCA

Type Notification
\[ \times \] Initial
\[ \times \] Amended #
\[ \times \] Emergency
\[ \times \] Cancellation

Street Address
1925 Pacific Ave.

City, State & Zip Code
Atlantic City, NJ 08401

Name of Contact
Patrick Walsh

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
AtlantiCare Regional Medical Center

Street Address
1925 Pacific Ave.

City (5)
Atlantic City

County (6)
Atlantic

County Code (7)

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

Square Feet

\# of Floors

Bldg. Age

Current Use (Prior if being demolished)
Medical Center

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

Street Address
1253 North Church Street

City, State & Zip Code
Moorestown, NJ 08057

Name of Abatement Contractor (9)
AbateTech, Inc.

Street Address
PO Box 25

City, State & Zip Code
Lumberton, NJ 08048

ASCM No.

License Number
00529

Project Manager for Monitoring Firm
Susan DeFelice

Telephone Number
856-840-8800

Scheduled Start Date (10)
3/23/12

Scheduled Completion Date (11)
3/25/12

Occupancy Status During Abatement (Check only one)
\[ \times \] Facility Closed/Vacated During Entire Period of Abatement
\[ \times \] Abatement Performed Outside of Normal Hours –
Describe: Fri 3:30 PM Start
\[ \times \] Facility Occupied During Abatement

Scope of Work (Check all that apply)
\[ \times \] e=3 sf or e=3 lt
\[ \times \] e\geq 160 sf or e=280 lt

Renovation

Demolition

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

Hallway

Yes
No
N/A

Floors tile & mastic

136 SF

Description of Asbestos-Containing Material (ACM)

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

Yes
No
N/A

Amount (Specify SF or LF)

Abatement Type

Full Containment with Negative Pressure

Mini-Enclosure

Glove Bag Procedures

Non-Exempted and Non-Friable Procedure

Name of Registered Waste Hauler
AbateTech, Inc.

NJDEP Waste Hauler ID No.
18750

Cubic Yards of Waste
2

Name of Registered Landfill
TRRF Landfill

City, State
Lumberton, NJ

Disposal Date
3/25/12

City, State
Tullytown, PA

Completed By (Print or Type)
Gwen Trumpbett

Title
Odds. Coord.

Signature

Date
3/21/12
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to N.J.A.C. 8:60 and 12:120)  
1203-4456  
Check #3944

Date of Notification (1)  
3/22/12  
Agencies Notified  
☑ EPA  
☐ DEP  
☐ DOL  
☐ DOH  
☐ DCA  
Type Notification  
☐ Initial  
☐ Amended #  
☐ Emergency  
☐ Cancellation  
Name of Building Owner / Operator (2)  
Verizon Communications

Street Address  
100 Greenwood Ave.  
City, State & Zip Code  
Jenkintown, PA 19046

Name of Contact  
Alex Baylor

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
Verizon  
Street Address  
701 East Federal Street

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

Name of Monitoring Firm Hired by Building Owner (8)  
USA Environmental  
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 (Prior if being demolished)  
Offices

Name of Abatement Contractor (9)  
AbateTech, Inc.

Street Address  
8436 Enterprise Avenue  
City, State & Zip Code  
Philadelphia, PA 19153

Project Manager for Monitoring Firm  
Mark Jenkins

Telephone Number  
215-365-5810 ext. 111

Scheduled Start Date (10)  
4/4/12

Scheduled Completion Date (11)  
4/5/12

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

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

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

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

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

Amount (Specify SF or LF)  
10 SF

Abatement Type  
Removal  
Repair  
Encapsulation  
Endorsement

6th Floor  
☐ ☐ ☐ ☐  
Floor tile & Mastic

Basement A/C Room  
☐ ☐ ☐ ☐

Name of Registered Waste Hauler  
AbateTech, Inc  
NJ DEP Waste Hauler ID No.  
18750

Cubic Yards of Waste  
8

Name of Registered Landfill  
TRRF Landfill  
Disposal Date  
4/5/12  
City, State & Zip Code  
Lumberton, NJ 08048

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

Signature  
Date  
3/22/12
STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:60-7 AND 12:120-7

Date of Notification (1) 03/23/12

Name of Building Owner / Operator (2) Kraft Foods

Agencies Notified

☐ EPA Initial
☐ DEP Amended
☐ DOH Amendment #
☐ DOL Emergency with justification

Name of Contact GARY JEDLICKA

Street Address 2211 Route 208 North

City, State, Zip Code Fairlawn, New Jersey, 07410

MARCH 2, 2012

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

Square Feet 1,000,000

# Of Floors 3

Building Age 40 +

Current Use (Prior if being demolished) Bakery

Type of Facility (4)

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

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

Street Address 907 Doolittle Drive

LVI Environmental Services Inc.

City, State, Zip Code Bridgewater, NJ 08807

Phone Number 908-215-1108

Name of Project Mgr. For Monitoring Firm Eric Houseknecht

Street Address 462 Getty Avenue

City, State, Zip Code Clifton, NJ 07011

Sched. Start Date (10) 03/23/12

Sched. Completion Date (11) 03/24/12

Occupancy Status During Abatement (Check Only 1)

☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility
☐ Other - Describe: 5:00PM - 3:00AM

Name of OSHA Monitor LVI Environmental Services Inc.

Street Address 462 Getty Avenue

City, State, Zip Code Clifton, NJ 07011

Scope of Work (Check All That Apply)

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

Location of Asbestos Containing Material (13)

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Located Normally Used Solely by Maintenance/ Custodial Staff (12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>BAKERY S-5</td>
<td>YES</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler NEWMARK CARING

Name of Registered Landfill I.E.S.I.

City, State NEWARK, NJ

Disposal Date BETHLEHEM, PA 18105

Completed by (Print or Type) Steve Stiles

Title Project Manager

Signature 03/23/12

ASB-41
### FACILITY INFORMATION

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

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

**Square Feet (N/A)**

**Number of Floors**

**Building Age**
50+

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

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

**Name of Abatement Contractor (9)**
LVI Environmental Services Inc.

**Street Address**
250 BRYANT STREET
DENVER, CO 80219

**City, State, Zip Code**
DENVER, CO 80219

**Project Mgr. For Monitoring Firm**
MATT ROBERTS

**Telephone Number**
720-283-8974

**Name of OSHA Monitor**
LVI Environmental Services Inc.

**Street Address**
462 Getty Avenue
Clifton, NJ 07011

**City, State, Zip Code**
Clifton, NJ 07011

**Occupancy Status During Abatement (Check Only 1)**
- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours - Describe: MON-FRI
- [ ] Other - Describe: 7:00AM-5:00PM

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

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

<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRIABLE DEBRIS</td>
<td>REMOVAL</td>
</tr>
<tr>
<td>NON-FRIABLE DEBRIS</td>
<td>REPAIR</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos Containing Material in Facility (13)</th>
<th>Location Normal Location Normally Used 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>210,283A, 428,902,1031,1400</td>
<td>[ ] [ ] YES [ ] NO N/A</td>
<td>FRIABLE DEBRIS</td>
<td>1000 SF</td>
<td>REMOVAL</td>
</tr>
<tr>
<td>3617,3818, 282</td>
<td>[ ] [ ] NO</td>
<td>NON-FRIABLE DEBRIS</td>
<td>2000 SF</td>
<td>REPAIR</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
NEWARK CARTING

**NJDEP Waste Hauler ID No.**

**Cubic Yards of Waste**

**Name of Registered Landfill**

**City, State**
NEWARK, NJ

**City, State**
MORRISVILLE, PA

**Completed by (Print or Type)**
STEVEN STILES

**Title**
PROJECT MANAGER

**Signature**

**Date**
03/23/12