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)
Teaneck School District

Agencies Notified
EPA
DEP
DOL
DOH
DCA

Type Notification
Initial
Amended
Emergency (including justification)
Cancellation

Street Address
One Morrison Street

City, State, Zip Code
Teaneck, New Jersey 07666

Name of Contact
Mr. Anthony D'Angelo

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

Street Address
655 Teaneck Road

City (5)
Teaneck

County (6)
Bergen

County Code (7) (STATE USE ONLY)

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

ASCM No.
95

Name of Abatement Contractor (9)
New American Restoration Inc.

Street Address
5434 King Avenue, Suite 101

City, State, Zip Code
Pennsauken, NJ 08109

Project Manager for Monitoring Firm
Jay Murray

Telephone No.
856-616-9516

Start Date (10)
04/06/2012

Scheduled Completion Date (11)
04/15/2012

Name of OSHA Monitor
New American Restoration 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: Facility Occupied During Abatement

Name of Registered Waste Hauler
Atlantic Carting

NJ/DEP Waste Hauler ID No.
26085

Cubic Yards of Waste
40 CY

Name of Registered Landfill
G.R.O.W.S., 1513 Bordentown Rd.

City, State
Morrisville, PA 19067

Completed by
Goran Lazarевич
Title
Vice President

ASB-41 (R-06-08)

☐ Do not use this form for asbestos license exempted activities.

☐ 23 sf or ≤ 23 sf
☐ ≥160 sf or ≥260 sf

☒ Renovation
☐ Demolition

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

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

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

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

Amount 
(Specify SF or LF)

Abatement Type
Removal
Repair
Encapsulate
Enclosure

Boiler Room
X
Thermal System Insulation
280 SF
X

Boiler Room
X
Thermal System Insulation
100 LF
X
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
03/22/2012

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

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

Name of Building Owner/Operator (2)
Teaneck School District

Street Address
One Morrison Street

City, State, Zip Code
Teaneck, New Jersey 07666

Name of Contact
Mr. Anthony D'Angelo

Telephone Number

FACILITY INFORMATION

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

Street Address
655 Teaneck Road

City (5)
Teaneck

County (6)
Bergen

County Code (7)
95

Current Use (Prior if being demolished)
Middle School

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

ASCM No.
95

Name of Abatement Contractor (9)
New American Restoration Inc.

Street Address
5434 King Avenue, Suite 101

City, State, Zip Code
Pennsauken, NJ 08109

Telephone No.
856-616-9516

License No.
00805

Name of OSHA Monitor
New American Restoration Inc.

Project Manager for Monitoring Firm
Jay Murray

Start Date (10)
04/06/2012

Scheduled Completion Date (11)
04/15/2012

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

Scope of Work (Check All That Apply)
☐ ≥3 sf or ≥3 if
☐ ≥180 sf or ≥260 ft

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

<table>
<thead>
<tr>
<th>Location of ACM</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boiler Room X</td>
<td>X</td>
<td>Thermal System Insulation</td>
<td>280 SF</td>
<td>X</td>
</tr>
<tr>
<td>Boiler Room X</td>
<td>X</td>
<td>Thermal System Insulation</td>
<td>100 LF</td>
<td>X</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
Atlantic Carting

NJ/DEP Waste Hauler ID No.
26085

Cubic Yards of Waste
40CY

Name of Registered Landfill
G.R.O.W.S., 1513 Bordentown Rd.

Disposal Date
TBD

City, State
Morrisville, PA 19067

Completed by
Goran Lazarevic

Title
Vice 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 12:20)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Job #:</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>March 21, 2012</td>
<td></td>
<td>Preit</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Notification Type</th>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>❑ EPA</td>
<td>✗ Initial Notification</td>
<td>Voorhees Town Center Mall</td>
</tr>
<tr>
<td>❑ DEP</td>
<td>✗ Amended</td>
<td>Street Address</td>
</tr>
<tr>
<td>❑ DOL</td>
<td></td>
<td>2120 Voorhees Town Center</td>
</tr>
<tr>
<td>❑ DOH</td>
<td>✗ Emergency (including justification)</td>
<td>City, State, Zip Code</td>
</tr>
<tr>
<td>❑ DCA</td>
<td>✗ Cancellation</td>
<td>Voorhees, NJ 08043</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>County (6)</th>
<th>County Code (7)</th>
<th>Name of Contractor (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Camden</td>
<td>USE ONLY</td>
<td>Prime Group Remediation, Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
<th>Name of Contractor (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indoor Environmental Concepts, LLC</td>
<td></td>
<td>Prime Group Remediation, Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone Number</th>
<th>License Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mike Manz</td>
<td>856-628-0020</td>
<td>215-533-3503</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Source of Work (Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>❑ &lt;3 sf or &gt;3 sf</td>
</tr>
<tr>
<td>❑ &gt;160 sf or &gt;260 sf</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>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Room 2140 and Hallway</td>
<td>x</td>
<td>Mastic</td>
<td>580 SF</td>
<td>x</td>
</tr>
<tr>
<td>Room 2135</td>
<td>x</td>
<td>Mastic</td>
<td>175 SF</td>
<td>x</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Reg. Waste Hauler</th>
<th>NJ/DEP Waste Hauler ID #</th>
<th>Cubic Yards of Waste</th>
<th>Name of Reg. Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prime Group Remediation, Inc.</td>
<td>19272</td>
<td>5</td>
<td>Minerva Landfill (OHIO EPA # 15-1292)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
<th>Name of Reg. Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Philadelphia, PA</td>
<td>04/12/2012</td>
<td>Minerva Landfill (OHIO EPA # 15-1292)</td>
</tr>
</tbody>
</table>

**Completed by**

<table>
<thead>
<tr>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Manager</td>
<td>Vincent Primavera, Jr</td>
<td>March 21, 2010</td>
</tr>
</tbody>
</table>

*Do not use this form for asbestos licensure exempted activities*
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:190 and 12:120)

**Date of Notification (1):** March 21, 2012

**Name of Building Owner/Operator (2):** Heart Institute of Southern New Jersey

**Street Address:** 1400 East Route 70

**City, State, Zip Code:** Cherry Hill, NJ 08002

**Name of Contact:** Jennifer Minton

**Telephone Number:**

---

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3):** The Heart Institute of Southern New Jersey

**Street Address:** 1400 East Route 70

**City (5):** Cherry Hill

**County Code (6):** Camden

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

**Type of Facility (4):**

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

**Square Feet:** 15,000

**# of Floors:** 1.5

**Bldg. Age:** 50 years

---

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

**ASCM No.:**

**Name of Contractor (9):** Prime Group Remediation, Inc.

**Street Address:** 3370 Progress Way

**City, State, Zip Code:** Bensalem, PA 19020

**License Number:** 00855

**Criterion Labs:**

- Philadelphia, PA 19124

---

**Project Manager for Monitoring Firm:** Jim Weltz

**Telephone Number:** 215-244-1300

**Scheduled Start Date (10):** April 4, 2012

**Scheduled Completion (11):** April 27, 2012

**Name of OSHA Monitor:**

**Criterion Labs:**

- 3370 Progress Way

**City, State, Zip Code:** Bensalem, PA 19020

---

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

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

- 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):**

**Room 127 and 129:** Yes

**Room 2 and 7:** Yes

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

- Yes

**Location:** Room 127 and 129

**Floor:** Floor Tile and Mastic

**Area:** 350 SF

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

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

- 350 SF

**Abatement Type:**

- Removal

---

**Name of Reg. Waste Hauler:**

**The Prime Group Remediation:**

**City, State:** Philadelphia, PA

**Disposal Date:** April 27, 2012

**Name of Reg. Landfill:** Minerva (DEP #15-1292)

**City, State:** Waynesburg OH

---

**Completed by:** Vincent Primavera

**Title:** Project Manager

**Signature:**

**Date:** March 21, 2012

---

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

**Date of Notification (1)**  
3/22/2012

**CHECK#2176**

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

**Agencies Notified**

- [x] EPA
- [x] DOL
- [x] DOH
- [ ] DCA

**Type Notification**

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

**Street Address**

111 Central Avenue

**City, State, Zip Code**

Newark, NJ 07102

**Name of Contact**

Andrew Mastin

**FACILITY INFORMATION**

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

**Street Address**

111 Central Avenue

**City (5)**

Newark, NJ

**County (6)**

Essex

**County Code (7)**

(STATE USE ONLY)

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

N/A

**Name of Abatement Contractor (9)**

EA Services Corporation

**Street Address**

426-69th Street

**City, State, Zip Code**

Guttenberg, NJ 07093

**Project Manager for Monitoring Firm**

[ ]

**Telephone No.**

[ ]

**Schedule Start Date (10)**

3/22/2012

**Scheduled Completion Date (11)**

3/27/2012

**Type of Facility (4)**

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

**Square Feet**

160,000

**# of Floors**

8

**Bldg Age**

70+

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

Hospital

**Other – Describe:** Starting 5:00 PM

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

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

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

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

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

**In Facility (13)**

<table>
<thead>
<tr>
<th>Building 'B'-2nd Flr:Laundry Room</th>
<th>Yes</th>
<th>Pipe insulation</th>
<th>300 LF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bldg 'B'-2nd Flr:Bathroom Area</td>
<td>No</td>
<td>Pipe insulation</td>
<td>40 LF</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**

Atlantic Carting

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

26065

**Cubic Yards of Waste tbd**

**Disposal Date**

tbd

**City, State**

Wayne, NJ

**Name of Registered Landfill**

IESI Bethlehem Landfill Corp

**City, State**

Bethlehem, PA

**Completed by**

Gina Salvador

**Title**

Office Manager

**Signature**

[Signature]

**Date**

2/22/2012

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

Date of Notification (1)
3/22/2012
CHECK#2177

Name of Building Owner/Operator (2)
Holy Trinity Interparochial School

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

Street Address
336 First Street

City, State, Zip Code
Westfield, NJ 07090

Name of Contact
Keith Gibbons

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Holy Trinity Interparochial School

Street Address
336 First Street

City (8)
Westfield, NJ 07090

County (6)
Union

County Code (7)

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

Square Feet
60,000

# of Floors
2

Bldg. Age
60+

Current Use (Prior if being demolished)
Private School

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

ASCN No.

Name of Abatement Contractor (9)
EA Services Corporation

Street Address
426-69th Street

City, State, Zip Code
Guttenberg, NJ 07093

Telephone No.
201-438-4839

License No.
01074

Name of OSHA Monitor
EA Services Corporation

Project Manager for Monitoring Firm
Jim Ruff

Telephone No.
201-295-1700

Start Date (10)
4/09/2012

Scheduled Completion Date (11)
4/13/2012

Occupancy Status During Abatement (Check Only One)

Facility Closed/Vacated During Entire Period of Abatement
Abatement Performed Outside of Normal Facility Hours
Other – Describe: Starting 7:00 AM

Scope of Work (Check All That Apply)

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

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

In Facility

Yes
No
N/A

Is Location Normally Used Solely by Maintenance/Custodial Staff?

Location

(12)

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

Amount

(Specify SF or LF)

Abatement Type

Removal
Encapsulate
Enclosure

Name of Registered Waste Hauler
Atlantic Carting

NJ DEP Waste Hauler ID No.
26085

Cubic Yards
of Waste
tbd

Name of Registered Landfill
IESI Bethlehem Landfill Corp

City, State
Wayne, NJ

Disposal Date
tbd

City, State
Bethlehem, PA

Completed by
Gina Salvador

Title
Office Manager

Signature

Date
2/22/2012

ASB-41 (R-06-08)

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:69 and 12:120)

Date of Notification (1)
3-23-2012

Name of Building Owner/Operator (2)
Thaddeus Keniecki, et als Trustees

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

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

Street Address
2 Van Alen Place

City, State, Zip Code
Pompton Plains, NJ 07444

Name of Contact
Scott Walker

Telephone Number

FACILITY INFORMATION

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

Street Address
2 Van Alen Place

City (5)
Pompton Plains

County (6)
Morris

Square Feet
3000 SF

County Code (7)
(STATE USE ONLY)

# of Floors
2

Bldg. Age
50+

Current Use (Prior to being demolished)
House

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

Name of Abatement Contractor (9)
Jadar Contracting, LLC

Street Address
22 Troy Lane

City, State, Zip Code
Lincoln Park, NJ 07035

Project Manager for Monitoring Firm
n/a

Telephone No.
973-706-7950

License No.
01088

Start Date (10)
4-2-2012

Scheduled Completion Date (11)
4-6-2012

Name of OSHA Monitor
Jadar Contracting, LLC

Street Address
22 Troy Lane

City, State, Zip Code
Lincoln Park, NJ 07035

Occupancy Status During Abatement (Check Only One)
[ ] Facility Closed/Vacated During Entire Period of Abatement
[ ] Abatement Performed Outside of Normal Facility Hours
[ ] Other – Describe: 9 am - 5 pm

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

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

(13)

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

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

VAT (no mastic)

Amount (Specify SF or LF)
300 SF

Abatement Type

Location of Registered Waste Hauler
Jadar Contracting LLC

Disposal Date
TBD

City, State
Lincoln Park, NJ 07035

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

Name of Registered Waste Hauler ID No.
0033137

Cubic Yards of Waste
TBD

City, State
Morrisville, PA 19067

Completed by
Lillie Lazarevich

Title
Secretary

Signature

Date
3-23-2012

* 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) 3/22/2012
Name of Building Owner / Operator (2) Gerresheimer Glass, Inc.

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

Type Notification
- Initial
- Amended
- Emergency
- Cancellation

Street Address
537 Crystal Ave.
City, State & Zip Code
Vineland, NJ 08360

Name of Contact
C/O Patrick Larney
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Building 32 Warehouse Area
Street Address
537 Crystal Ave.

City (5) Vineland
County (6) Cumberland
County Code (7)

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

Square Feet ~20,000
# of Floors 1
Bldg. Age ~ 60 Years

Current Use (Prior if being demolished)

Warehouse

Name of Monitoring Firm Hired by Building Owner (8)
EHS Environmental, Inc.
Street Address
9 South Main Street
City, State & Zip Code
Mullica Hill, NJ 08062

Name of Abatement Contractor (9)
Altchem Environmental Services
Street Address
1300 Industrial Highway
City, State & Zip Code
Southampton, PA 18966

Telephone Number
215 953-8500
License Number
00741

Project Manager for Monitoring Firm
Jack Carney
Telephone Number
856 223-0080

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

Occupancy Status During Abatement (Check only one)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Hours — 7am to 3pm
Describe:

Facility Occupied During Abatement

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

Amount (Specify SF or LF)

Abatement Type

- 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)

Warehouse Building 32

Sheet Flooring

145 SF

Name of Registered Waste Hauler
Altchem Environmental Services, Inc
City, State
Southampton, PA

Completed By (Print or Type)
Patrick Larney
Title
Dir. Of Ops.

Name of Registered Landfill
Minerva Landfill
City, State
Waynesburg, PA

Disposal Date
04/2012

Date
03/22/2012
**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:80 and 12:120)

**State of New Jersey**

**Date of Notification (1)**
3/22/12

**Name of Building Owner/Operator (2)**
New Jersey Turnpike Authority

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

**Type Notification**
- Initial
- Amended
- Amendment #201
- Emergency (including justification)

**Street Address**
581 Main Street
City, State, Zip Code
Woodbridge, NJ 07095

**Telephone Number**

### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place (3)**
Prospect Plains Office Building

**Street Address**
269 Prospect Plains Road

**City (5)**
Cranbury

**County (6)**
Middlessex

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

**ASCM No.**
00127

**Name of Abatement Contractor (9)**
Mattiola Services, LLC

**Street Address**
307 North Walnut Street

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

**Telephone No.**
610.431.7545

**License No.**
01077

### Start Date (10)
3/22/12

### Scheduled Completion Date (11)
4/30/12

### Scope of Work (Check All That Apply)
- Renovation
- Demolition

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement - Middle Area</td>
<td>Flue packing</td>
<td>8 SF</td>
</tr>
<tr>
<td>Chimney Stacks</td>
<td>Tar flashing</td>
<td>4 SF</td>
</tr>
<tr>
<td>Addition Roof</td>
<td>Tar paper - Built up roof</td>
<td>810 SF</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
Freehold Cartage, Inc.
NJDEP Waste Hauler ID No. S2265

**Cubic Yards of Waste**

**Name of Registered Landfill**
IESI Bethlehem Landfill

**City, State**
Freehold, NJ

**Completed by**
Caroline M. Harper
Title: Project Manager
Signature:
Date: 3/22/12

---

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>3-21-12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Atlantic States Cast Iron Pipe, Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td>183 Sitegraves Street</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Phillipsburg, NJ 08865</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Brian Nicos</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement Is Taking Place (3) | Atlantic States Cast Iron Pipe, Inc. |
| Street Address | 183 Sitegraves Street |
| City (5) | Phillipsburg |
| County (6) | Warren |
| Square Feet | 75,000 |
| # of Floors | 2 |
| Bldg. Age | 100 yrs |
| Current Use (Prior to being demolished) | Industrial |

<table>
<thead>
<tr>
<th>Type of Facility (4)</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>School (K-12)</td>
<td></td>
</tr>
<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>

**Name of Monitoring Firm HIred by Building Owner (8) | EHS Environmental, Inc.**
| ASCM No. | |
| Street Address | 411 Southgate Court |
| City, State, Zip Code | Mickleton, NJ 08056 |
| Project Manager for Monitoring Firm | Jack Carney |
| Telephone No. | 856-224-0080 |
| Start Date (10) | 4-13-12 |
| Scheduled Completion Date (11) | 4-30-12 |
| Occupancy Status During Abatement (Check Only One) | |
| Facility Closed/Vacated During Entire Period of Abatement | |
| Abatement Performed Outside of Normal Facility Hours | |
| Other – Describe: | |

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

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

<p>| (13) |</p>
<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>South casting machine</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>2nd floor hot box wall</td>
<td>x</td>
<td></td>
</tr>
</tbody>
</table>

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

| (12) |
|---|---|
| transite | |

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

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>440 SF</td>
</tr>
<tr>
<td>1,360 SF</td>
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</tbody>
</table>

**Name of Registered Waste Hauler**

| Newark Carting |
| NJDEP Waste Hauler ID No. | 4509 |
| Cubic Yards of Waste | 8 |
| Name of Registered Landfill | IESI |

| City, State | Newark, NJ |
| Disposal Date | 4-30-12 |
| City, State | Bethlehem, PA |

| Completed by | James M. Kelly |
| Title | Project Manager |

* 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)
03/21/12

Name of Building Owner/Operator (2)
Alpha Property Management, Inc.

Agencies Notified

<table>
<thead>
<tr>
<th>Agency</th>
<th>Notification Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended</td>
</tr>
<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>

Type of Facility (4)

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

Name of Facility Where Abatement is Taking Place (3)
Pavilion Apartments - Building A

Street Address
138-162 Martin Luther King Jr. Boulevard

City (5)
Newark

County (6)
Essex

Square Feet
200,000 +

# of Floors
20 +

Bldg. Age
50 +

Current Use (Prior if being demolished)

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

Name of Abatement Contractor (9)
Pyramid Contracting Corp.

Street Address
163 Sargeant Avenue

City, State, Zip Code
Clifton, NJ 07013

Project Manager for Monitoring Firm

Telephone No.
973-689-6281

License No.
01099

Name of OSHA Monitor
J&S Environmental Laboratories LLC

Street Address
2333 Route 22 West

City, State, Zip Code
Union, NJ 07081

Start Date (10)
04/09/12

Scheduled Completion Date (11)
04/20/12

Occupancy Status During Abatement (Check Only One)

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

Scope of Work (Check All That Apply)

- ≥160 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

In Facility

(13)

Yes | No | N/A
--- | --- | ---
Plaster Ceiling

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

Amount (Specify SF or LF)
2,400 SF

Abatement Type

Removal | Repair | Endospousal | Enclosure
--- | --- | --- | ---

Name of Registered Waste Hauler
Pyramid Contracting Corp.

Cubic Yards of Waste
12

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

City, State
Clifton, New Jersey

Disposal Date
04/20/12

City, State
Morrisville, Pennsylvania

Completed by
Dimo Golcev

Title
General Manager

Signature

Date
03/21/12

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) 03/21/12
Name of Building Owner/Operator (2) Alpha Property Management, Inc.

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

Street Address
108-136 Martin Luther King Jr. Boulevard
City, State, Zip Code
Newark, NJ 07108

Name of Contact
Jose Argueta
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Pavilion Apartments - Building B

Street Address
108-136 Martin Luther King Jr. Boulevard
City (5)
Newark
County (6)
Essex

Square Feet
200,000 +

# of Floors
20 +

Bldg. Age
50+

County Code (7)
(STATE USE ONLY)

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

Name of Abatement Contractor (9) Pyramid Contracting Corp.

Street Address
163 Sergeant Avenue
City, State, Zip Code
Clifton, NJ 07013

Project Manager for Monitoring Firm

Telephone No.
973-689-6281
License No.
01099

Start Date (10) 04/02/12
Scheduled Completion Date (11) 04/08/12

Name of OSHA Monitor
J&S Environmental Laboratories LLC

Occupancy Status During Abatement (Check Only One)

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

Street Address
2333 Route 22 West
City, State, Zip Code
Union, NJ 07081

Scope of Work (Check All That Apply)

- ≥3 ft or ≥3 ft
- ≥150 ft or ≥250 ft
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

- Yes
- No
- N/A

Baseline - Laundry Room,
Hallway and Boiler Room

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

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

Amount (Specify SF or LF)

Abatement Type

Endoscope

Endoscope

Endoscope

Endoscope

Location of Registered Waste Hauler (16)

NUDEP Waste Hauler ID No.
32613

Cubic Yards of Waste
5

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

City, State
Clifton, New Jersey

Disposal Date
04/09/12

City, State
Morrisville, Pennsylvania

Completed by
Dimo Golcev
Title
General Manager
Signature
Date
03/21/12

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

Date of Notification (1)
March 22, 2012

Name of Building Owner/Operator (2)
Newark Public Schools

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

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

Name of Facility Where Abatement is Taking Place (3)
Bragaw Avenue Elementary School

Street Address
103 Bragaw Avenue

City (5)
Newark, NJ 07112

County (6)
Essex

County Code (7) [STATE USE ONLY]

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

Square Feet
30,000 +/-

# of Floors
3

Bldg. Age
40+/-

Current Use (Prior if being demolished)

Educational

Name of Monitoring Firm Hired by Building Owner
TTI Environmental Incorporated

ASCM No.
0003

Name of Abatement Contractor (9)
B&N & K Restoration Co., Inc., 22-2674200

Street Address
223 Randolph Avenue

City, State, Zip Code
Clifton, NJ 07011

Telephone No.
973-478-4871

License No.
00120

Name of OSHA Monitor
McCabe Environmental Services, L.L.C.

Street Address
464 Valley Brook Avenue

City, State, Zip Code
Lyndhurst, NJ 07071-1998

Start Date (10)
April 02, 2012

Scheduled Completion Date (11)
April 06, 2012

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

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

Name of Registered Waste Hauler
B&N & K Restoration Co., Inc., 22-2674200

NJDEP Waste Hauler ID No.
12695

Cubic Yards of Waste
1

Name of Registered Landfill
Minerva Enterprises, Inc.

City, State
Clifton, N.J 07011

Disposal Date
03/06/12

City, State
Waynesburg, OH

Completed by
G. Roger Woodman
Title
Project Manager

Signature
Date
3/22/2012

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

Date of Notification (1) 03/21/2012
Name of Building Owner/operator (2) Ted Moss

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

Street Address
15 Kent Pl
City, State, Zip Code
Westfield, NJ 07090

Name of Contact
Ted Moss
Telephone Number

FACILITY INFORMATION
Name of Facility Where Abatement is Taking Place (3)
Private House-Garage
Street Address
15 Kent Pl
City (5)
Westfield
County Code (7) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8) N/A
ASCM No. n/a
Name of Abatement Contractor (9)
Genesis Contracting Corp
Street Address
106 Gold St
City, State, Zip Code
Green Brook, NJ 08812
Project Manager for Monitoring Firm N/A
Telephone No. N/A
License No. 01090

Start Date (10) 04/02/2012
Scheduled Completion Date (11) 04/04/2012

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

Scope of Work (Check all that apply)
☐ 3 or more if
☐ 160 or more if
☐ 260 or more 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)

Garage
Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)
Yes No N/A
Description of Asbestos Containing Material (ACM) (i.e., thermal system insulation, surfacing, VLT, or other miscellaneous)
Duct insulation
Amount (Specify SF or LF)
160 SF
Abatement Type

Name of Registered Waste hauler
Genesis Contracting Corp
Waste Hauler D No.
52980

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

City, State
Green Brook, NJ
Disposal Date
TBD

Manager
Elias Brito

Signature

Date 03/21/2012

* 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**

**NOTIFICATION OF ASBESTOS ABATEMENT**

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

---

**Date of Notification (1) 3/20/12**

**Name of Building Owner/Operator (2) Sica Industries, Inc.**

**Street Address**

1938 Route 37 East

**City, State, Zip Code**

Toms River, NJ 08753

**Name of Contact**

Alfred J. Sica, Jr.

**Telephone Number**

---

**FACILITY INFORMATION**

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

Residence

**Street Address**

1602 Baltimore Avenue

**City**

Lavallette

**County**

Ocean

**County Code**

(STATE USE ONLY)

**Type of Facility (4)**

[ ] School (k-12)

[ ] Subchapter 8 (other than k-12)

[ ] Other (i.e., private & commercial buildings, homes, etc.)

**Square Feet**

1200 sf

**# of Floors**

1

**Bldg. Age**

60

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

Residence

---

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

ASCN No.

N/A

**Name of Abatement Contractor (9)**

Guardian Contracting, Inc.

**Street Address**

1889 Route 9, Unit 61

**City, State, Zip Code**

Toms River, New Jersey 08755-1271

**Telephone Number**

732-349-9932

**License Number**

00624

**Name of OSHA Monitor**

E.M.S.L., Analytical

**Street Address**

1056 Stelton Road

**City, State, Zip Code**

Piscataway, New Jersey 08854

---

**Project Manager for Monitoring Firm**

**Telephone Number**

---

**Scheduled Start Date (10)**

4/02/12

**Scheduled Completion Date (11)**

4/03/12

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

[ ] Facility Closed/Vacated During Entire Period of Abatement

[ ] Abatement Performed Outside of Normal Facility Hours

[ ] Other – Describe

---

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

[ ] >3 sf or ≥3 If

[ ] ≤160 sf or ≥260 If

[ ] Renovation

[ ] Demolition

[ ] 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

**Exterior**

X

Asbestos siding

1100 sf

X

---

**Name of Registered Waste Hauler**

Guardian Contracting, Inc.

**NDEP Waste Hauler ID No.**

20223

**Cubic Yards of Waste**

3

**Name of Registered Landfill**

T.R.R.F.

**City, State**

Toms River, New Jersey

---

**Disposal Date**

4/04/12

**City, State**

Tullytown, Pennsylvania

---

**Completed by (Print or Type)**

Nicholas Fernicola

**Title**

Project Manager

**Signature**

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

Date of Notification (1) 3-23-12
Name of Building Owner/Operator (2) Sig Rosenstock

Agency Notified Type Notification
EPA
DEP
DOL
DOH DCA

Name of Contact Sig Rosenstock

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

Name of Facility Where Abatement is Taking Place (3)
Single Family Dwelling
Street Address 938 West 8th Street
City State Zip Code Plainfield NJ 07063
Square Feet 2 Bidg. Age 75

County Code (7) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner
EPC Technologies
ASCN No. N/A
Name of Abatement Contractor
EPC Technologies, Inc
Street Address P.O. Box 337
City State Zip Code New Egypt NJ 08533

Start Date (10) April 5, 2012
Scheduled Completion Date (11) April 5, 2012

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

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)
Yes No N/A

Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAM, or other miscellaneous)
Amount (Specify SF or LF)

Abatement Type
Full Containment with Negative Pressure
Removal
Demolition
Glovebag Procedure
Non-Exempted (*) and Non-Fireable Procedure

Name of Registered Waste Hauler
EPC Technologies
NJ/DEP Waste Hauler ID No. 17000
Cubic Yards of Waste 2

Name of Registered Landfill Waste Management
City State
NE NJ
Disposal Date 4-6-12
City, State Morristown PA
Completed by
Steve Schenk Title President
Signature Steve Schenk Date 3-23-12

* Do not use this form for asbestos licence exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>3/23/12</th>
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</table>

<table>
<thead>
<tr>
<th>Agency Notified</th>
<th>Type Notification</th>
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</thead>
<tbody>
<tr>
<td>DOL</td>
<td>Initial</td>
</tr>
<tr>
<td>DOH</td>
<td>Emergency (including justification)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Building Owner/Operator (2)</th>
<th>Montclair Kimberley Academy</th>
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</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>201 VALLEY RD</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Montclair, NJ, 07042</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Contact</th>
<th>M. Don Brown</th>
</tr>
</thead>
</table>

FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>MKA</th>
</tr>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>201 VALLEY RD</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>City (5)</th>
<th>MONTCLAIR</th>
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</thead>
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<table>
<thead>
<tr>
<th>County (6)</th>
<th>ESSEX</th>
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</table>

<table>
<thead>
<tr>
<th>County Code (7)</th>
<th>STATE USE ONLY</th>
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</table>

<table>
<thead>
<tr>
<th>Square Feet</th>
<th>9,600</th>
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<table>
<thead>
<tr>
<th># of Floors</th>
<th>3</th>
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<table>
<thead>
<tr>
<th>Bldg. Age</th>
<th>1920</th>
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<table>
<thead>
<tr>
<th>Type of Facility (4)</th>
</tr>
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<tbody>
<tr>
<td>School (K-12)</td>
</tr>
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<table>
<thead>
<tr>
<th>School (K-12)</th>
<th>(Other than K-12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hackensack, N.J. 07606</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Square Foot</th>
<th>9,600</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th># of Floors</th>
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<th>Current Use (Prior if being demolished)</th>
<th>SCHOOL</th>
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<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>DETAIL ASSOCIATES</th>
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<table>
<thead>
<tr>
<th>ASCM No.</th>
<th>0012</th>
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<table>
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<tr>
<th>Name of Abatement Contractor (9)</th>
<th>Best Removal Inc</th>
</tr>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>300 GRAND AVE</th>
</tr>
</thead>
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<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>ENGLEWOOD, N.J. 07631</th>
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<table>
<thead>
<tr>
<th>Telephone No.</th>
<th>201-329-7444</th>
</tr>
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</table>

<table>
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<tr>
<th>License No.</th>
<th>00388</th>
</tr>
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<table>
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<tr>
<th>Name of OSHA Monitor</th>
<th>Omega Environmental</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>280 HUYLER ST</th>
</tr>
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<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Hackensack, N.J. 07606</th>
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<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</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 - Describes:</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 or more of 3 or more</td>
</tr>
<tr>
<td>☐ 100 or more of 3 or more</td>
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</table>

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/ Custodial Staff?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes ☐ No ☐ N/A</td>
</tr>
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<table>
<thead>
<tr>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
</tr>
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<tbody>
<tr>
<td>THERMAL INSULATION</td>
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<tr>
<th>Amount (Specify SF or LF)</th>
<th>9000</th>
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<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (15)</th>
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</thead>
<tbody>
<tr>
<td>CATERERIA</td>
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<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Atlantic Waste Services</th>
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<table>
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<tr>
<th>NJDEP Waste Hauler ID No.</th>
<th>22592</th>
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<th>Cubic Yards of Waste</th>
<th>0</th>
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<tr>
<th>Name of Registered Landfill</th>
<th>G.R.O.W.S. Landfill</th>
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<table>
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<tr>
<th>City, State</th>
<th>Rochelle Park, N.J. 07662</th>
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<tr>
<th>Disposal Date</th>
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<table>
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<tr>
<th>City, State</th>
<th>Morrisville, PA. 19067</th>
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<tr>
<th>Completed by</th>
<th>J. Maiorano</th>
</tr>
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<table>
<thead>
<tr>
<th>Title</th>
<th>Estimator</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Signature</th>
<th>J. Maiorano</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>3/23/12</th>
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</thead>
</table>

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>03/22/2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Cedar Grove School District</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>EPA, DEP, DOL, DOH</td>
</tr>
<tr>
<td>Type Notification</td>
<td>Amended, Emergency (including justification)</td>
</tr>
<tr>
<td>Street Address</td>
<td>520 Pompton Avenue</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Cedar Grove, NJ 07009</td>
</tr>
<tr>
<td>Name of Owner/Operator</td>
<td>Mr. Mario Gaita</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place (3) | South End School |
| Street Address | 116 Harper Terrace |
| City (5) | Cedar Grove |
| County (6) | Essex |
| Name of Monitoring Firm Hired by Building Owner (8) | Ahera Consultants Inc. |
| ASCM No. | 0057 |
| Name of Abatement Contractor (9) | Savic Construction Corp |
| Street Address | 205 Rt. 46 Suite 15 |
| City, State, Zip Code | Totowa, NJ 07512 |
| Telephone No. | 609-652-1333 |
| License No. | 01034 |
| Start Date (10) | 03/22/12 |
| Scheduled Completion Date (11) | 03/23/12 |
| Name of OSHA Monitor | Savic Construction Corp |
| Street Address | 205 Rt. 46 Suite 15 |
| City, State, Zip Code | Totowa, NJ 07512 |
| Scope of Work (Check All That Apply) | X Renovation, X Demolition |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED | X rear hallway |
| 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) | Pipe & Valve Fitting Insulation 8 LF |
| Amount (Specify SF or LF) | 8 LF |
| Abatement Type | Removal, Repair, Encapsulate, Endorse |

| Name of Registered Waste Hauler | Savic Construction Crop |
| NJDEP Waste Hauler ID No. | 32253 |
| Cubic Yards of Waste | |
| Name of Registered Landfill | GROWS |
| City, State | Totowa, NJ |
| Completed by | Sava Savic |
| Title | President |
| Signature | 03/22/2012 |

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

**Date of Notification (1):** 3/22/12

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

**Agency Notified:**
- □ EPA
- □ DEP
- □ DOL
- □ DOD
- □ DCA

**Type Notification:**
- □ Initial
- □ Amended
- □ Amendment #
- □ Emergency (Including justification)
- □ Cancellation

**Street Address:** 518 Stuyvesant Ave

**City, State, Zip Code:** Lynhurst, NJ 07071

**Telephone Number:** W/H. Office

**Name of Contact:** Mr. Dragon

**FACILITY INFORMATION**

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

**Street Address:** 518 Stuyvesant Ave

**City (5):** Lynhurst

**County (6):** Bergen

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

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

**ASCM No.:**

**Name of Abatement Contractor (6):** Best Removal Inc

**Street Address:** 450 South River St

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

**Telephone No.:** 201-329-7444

**License No.:** 00388

**Name of OSHA Monitor:** Omega Environmental Services

**Street Address:** 280 Huyler St

**City, State, Zip Code:** South Hackensack , N.J. 07606

**Start Date (10):** 4/5/12

**Scheduled Completion Date (11):** 4/16/12

**Occupancy Status During Abatement (Check only one):**
- □ Facility Closed/Vacated During Entire Period of Abatement
- □ Abatement Performed Outside of Normal Facility Hours
- □ Other – Describe: From 5pm To 5am

**Scope of Work (Check all that apply):**
- □ 3 sf or ≥ 3 If
- □ 180 sf or ≥ 260 It

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

**IN Facility (13):**

- **BASEMENT:**
  - **Type:** Thermal Encapsulation
  - **Location:** 70 SQ FT
  - **Condition:**
  - **Signature:**
  - **Date:** 3/22/12

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

- **BASEMENT:**
  - **Type:** Thermal Encapsulation
  - **Location:** 855 SQ FT
  - **Condition:**
  - **Signature:**
  - **Date:** 3/22/12

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

**NJDEP Waste Hauler ID No.:** 22932

**Cubic Yards of Waste:** 207

**Name of Registered Landfill:** GROWS LANDFILL

**City, State:** Hornsbyville, PA 19067

**Disposal Date:** 4/6/12

**Completed by:**

**Title:** Estimator

**Signature:** J. Maiorano

**Date:** 3/22/12

*Do not use this form for asbestos licensure exempted activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>3/20/12</th>
</tr>
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<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Julie Potischmann</td>
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<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
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<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>4 Hazelwood Avenue</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended Amendment #</td>
<td></td>
</tr>
<tr>
<td>DOL</td>
<td>Emergency (including justification)</td>
<td></td>
</tr>
<tr>
<td>DOH</td>
<td>Cancellation</td>
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<tr>
<td>DCA</td>
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<tr>
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<th>Livingston</th>
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<tbody>
<tr>
<td>County (6)</td>
<td>Essex</td>
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<tr>
<td>County Code (7)</td>
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<table>
<thead>
<tr>
<th>FACILITY INFORMATION</th>
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<tbody>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
</tr>
<tr>
<td>House</td>
</tr>
<tr>
<td>Street Address</td>
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<tr>
<td>4 Hazelwood Avenue</td>
</tr>
<tr>
<td>City (5)</td>
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<tr>
<td>Livingston</td>
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<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
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<tbody>
<tr>
<td>D&amp;S Abatement, Inc.</td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
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</tr>
<tr>
<td>11 Rosengren Avenue</td>
<td></td>
</tr>
<tr>
<td>City, State, Zip Code</td>
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<tr>
<td>Totowa, NJ 07512</td>
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<th>Start Date (10)</th>
<th>Schedueled Completion Date (11)</th>
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<td>4/01/12</td>
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<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check Only One)</th>
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<tbody>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
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<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
</tr>
<tr>
<td>Other – Describe: Occupied</td>
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<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
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<tbody>
<tr>
<td>≥2 sf or ≥2 if</td>
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<tr>
<td>≥100 sf or ≥200 if</td>
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<tr>
<td>Renovation</td>
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<tr>
<td>Demolition</td>
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<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
</tr>
</thead>
<tbody>
<tr>
<td>In Facility (13)</td>
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<tr>
<td>crawl space</td>
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<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
</tr>
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<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td>N/A</td>
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<thead>
<tr>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
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<tbody>
<tr>
<td>pipe insulation</td>
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<tr>
<td>60 LF</td>
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<tr>
<td>60 LF</td>
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<tr>
<th>Abatement Type</th>
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<tbody>
<tr>
<td>Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>Mini-Enclosure</td>
</tr>
<tr>
<td>Glovebag Procedure</td>
</tr>
<tr>
<td>Non-Exempted (*) and Non-Friable Procedure</td>
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</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
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<tbody>
<tr>
<td>D&amp;S Abatement, Inc.</td>
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</table>

<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
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<table>
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<tr>
<th>Name of Registered Landfill</th>
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<tbody>
<tr>
<td>Waste management of PA</td>
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</table>

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

<table>
<thead>
<tr>
<th>Completed by</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deanna Brkusarin</td>
</tr>
<tr>
<td>Title</td>
</tr>
<tr>
<td>Project Manager</td>
</tr>
<tr>
<td>Signature</td>
</tr>
<tr>
<td>Date</td>
</tr>
<tr>
<td>3/20/12</td>
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</tbody>
</table>

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

**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

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

**Date of Notification (1):**
3/20/12

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

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

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

**Street Address:**
1946 Morrison Ave

**City, State, Zip Code:**
Union, NJ 07083

**Name of Contact:**
Harry Kingslow

**Telephone Number:**

---

## FACILITY INFORMATION

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

**Street Address:**
257 Heywood Avenue

**City:**
Orange

**County:**
Essex

**Square Feet:**
N/A

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

**County Code (7):**

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

**Name of Abatement Contractor (9):**
D&S Abatement, Inc.

**Street Address:**
11 Rosengren Avenue

**City, State, Zip Code:**
Totowa, NJ 07512

**Project Manager for Monitoring Firm:**
N/A

**Telephone No.:**
973-345-3685

**License No.:**
#00675

**Start Date (10):**
3/28/12

**Scheduled Completion Date (11):**
3/29/12

**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: Occupied

**Scope of Work (Check All That Apply):**
- [X] ≥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):**

<table>
<thead>
<tr>
<th>Location</th>
<th>Asbestos-Containing Material (ACM) Used Solely by Maintenance/Custodial Staff</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>basement</td>
<td>X</td>
<td>pipe insulation</td>
<td>96 LF</td>
<td>x</td>
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**Name of Registered Waste Hauler:**
D&S Abatement, Inc.

**Cubic Yards of Waste:**
TBD

**Name of Registered Landfill:**
Waste management of PA

**City, State:**
Totowa, NJ

**Disposal Date:**
TBD

**Completed by:**
Deanna Brkusin

**Title:**
Project Manager

**Signature:**

**Date:**
3/20/12

*Do not use this form for asbestos licensure exempted activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 5:50 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>3/20/12</td>
<td>Hugo Pena</td>
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<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Contact</th>
<th>Telephone Number</th>
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<tbody>
<tr>
<td>X EPA</td>
<td>Initial</td>
<td>Hugo Pena</td>
<td></td>
</tr>
<tr>
<td>DEP</td>
<td>Amended</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOL</td>
<td>Emergency (including justification)</td>
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<td></td>
</tr>
<tr>
<td>DOH</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>DCA</td>
<td></td>
<td></td>
<td></td>
</tr>
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<table>
<thead>
<tr>
<th>Street Address Address</th>
<th>City, State, Zip Code</th>
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</thead>
<tbody>
<tr>
<td>406 East 25th Street</td>
<td>Paterson, NJ 07514</td>
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</table>

<table>
<thead>
<tr>
<th>FACILITY INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
</tr>
<tr>
<td>House</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>406 East 25th Street</td>
<td>Paterson, NJ 07514</td>
<td>973-345-8685</td>
<td>#00675</td>
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<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>D&amp;S Abatement, Inc.</td>
<td>973-345-8685</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>3/31/12</td>
<td>4/01/12</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☒ 23 sf or ≥3 lf</td>
</tr>
<tr>
<td>☐ 160 sf or ≥260 lf</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>Yes</td>
</tr>
<tr>
<td>piping</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>pipe insulation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>129 LF</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Endorse</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>D&amp;S Abatement, Inc.</td>
<td>Waste management of PA</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Completed by</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deanna Brkusarin</td>
<td>Project Manager</td>
<td>[Signature]</td>
<td>3/20/12</td>
</tr>
</tbody>
</table>

Do not use this form for asbestos licensure exempted activities.
### Image Description:

This image is a scanned form titled "NOTIFICATION OF ASBESTOS ABATEMENT" from the State of New Jersey. The form contains details about asbestos abatement work, including the date, location, contact information, facility details, and work scope. The form is filled out with specific entries and includes a table for the location of asbestos-containing material (ACM) to be abated.

### Key Information
- **Date of Notification**: 3/20/12
- **Name of Building Owner/Operator**: Herbert Fisher
- **EPA** and **DEP** are checked under Agencies Notified.
- **Street Address**: 15 Olin Street, Ocean Grove, NJ 07756
- **City, State, Zip Code**: Ocean Grove, NJ 07756
- **Telephone Number**: Not provided
- **Name of Facility Where Abatement is Taking Place**: House
- **Type of Facility**: School (K-12)
- **Location of Asbestos-Containing Material (ACM) To Be Abated**:
  - **Attic**: X
  - **Pipe Insulation**: 50 LF
- **Scope of Work**: Renovation, Demolition
- **Date of Abatement**: 3/30/12
- **Name of OSHA Inspector**: D&S Abatement, Inc.
- **Name of Registered Waste Hauler**: D&S Abatement, Inc.
- **Name of Registered Landfill**: Waste management of PA
- **Date of Completion**: 3/30/12

### Table Entry:

<table>
<thead>
<tr>
<th>Location of ACM</th>
<th>Description</th>
<th>Material (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attic</td>
<td>Pipe Insulation</td>
<td>50 LF</td>
</tr>
</tbody>
</table>

### Notes
- The form includes a table for the location of ACM and a table for the details of the asbestos-containing material (ACM) to be abated. The table indicates that abatement work was performed in the attic and pipe insulation, with a total of 50 LF of pipe insulation to be abated.

---

*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): March 23, 2012

Name of Building Owner/Operator (2): LEW Corporation

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

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

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

- Buildings:
  - 68 River Rd.
  - Summit, NJ 07901

Street Address:

- 1090 Bristol Road
- Mountainside, NJ 07092

City, State, Zip Code:

Project Manager:

Facility Information:

Type of Facility (4):

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

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

Current Use (Prior to if being demolished): 

Name of Abatement Contractor (9):

The MACK Group, LLC

Street Address:

- 1500 Kings HWY N, STE 209
- Cherry Hill, NJ 08034

City, State, Zip Code:

Telephone No.:

- (973) 759 - 5000
- License No.:
- 00781
- Name of OSHA Monitor:

The MACK Group, LLC

Start Date (10): 2/25/12

Scheduled Completion Date (11): 4/31/12

Occupancy Status During Abatement (Check Only One):

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

Scope of Work (Check All That Apply):

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

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

In Facility (13):

- Name of Registered Waste Hauler:
  - NJ DEP Waste Hauler ID No.:
  - Cubic Yards of Waste: 51.2
  - Name of Registered Landfill:

Freehold

City, State:

Freehold, NJ

Completed by:

Mike Cooper
President

Signature: 

Date:

3/23/12

ASB-41 (R-06-08)

* Do not use this form for asbestos licensure exempted activities.
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:129)

Date of Notification (1)
February 13, 2012

Name of Building Owner/Operator (2)

LEW Corporation

Street Address
1090 Bristol Road
Mountainside, NJ 07092

Project Manager

FACILITY INFORMATION

Type of Facility (4)

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

Square Feet
# of Floors
Bldg. Age

Current Use (Prior if being demolished)
empty

Name of Abatement Contractor (9)
The MACK Group, LLC

Street Address
1500 Kings HWY N, STE 209
Cherry Hill, NJ 08034

License No.
00781

Type of Abatement (5)

- 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)
- Used Solely by Maintenance/Custodial Staff? (12)
- Description of Asbestos Containing Material (ACM)
- Amount (Specify SF or LF)

Small building
Large Building

Name of Registered Waste Hauler

Freehold

Freehold, NJ

Completed by
Mike Cooper

Title
President
# 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>3/23/12</td>
<td>Greg Pouliot / Residence</td>
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<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Contact</th>
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<tbody>
<tr>
<td>EPA</td>
<td>Initial Amendment</td>
<td>Greg</td>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
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<tbody>
<tr>
<td>24 Panorama</td>
<td>Long Beach Township NJ 08008</td>
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<table>
<thead>
<tr>
<th>County Code (7)</th>
<th>Current Use (Prior if being demolished)</th>
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<tbody>
<tr>
<td>Ocean</td>
<td>Residence</td>
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</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>Name of Abatement Contractor (9)</th>
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</thead>
<tbody>
<tr>
<td>N/A</td>
<td>Pernaco Inc</td>
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<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
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</thead>
<tbody>
<tr>
<td>PO Box 329</td>
<td>West Berlin NJ 08091</td>
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<table>
<thead>
<tr>
<th>Telephone No.</th>
<th>License No.</th>
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<tbody>
<tr>
<td>856-753-9800</td>
<td>00727</td>
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<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
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<tbody>
<tr>
<td>4/2/12</td>
<td>4/6/12</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pernaco Inc</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check Only One)</th>
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<tbody>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
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</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>TO BE ABATED In Facility</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is Localized, 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) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
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<tbody>
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<td>x</td>
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<table>
<thead>
<tr>
<th>Exterior Siding</th>
<th>Location of Asbestos-Containing Material (ACM)</th>
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<td>TO BE ABATED In Facility</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
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<tbody>
<tr>
<td>3</td>
<td>G.R.O.W.S.</td>
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<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
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<tbody>
<tr>
<td>United Containers</td>
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<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>City, State</th>
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<tbody>
<tr>
<td>4/6/12</td>
<td>Morrisville PA 19067</td>
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</table>

<table>
<thead>
<tr>
<th>Completed by</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anthony T Perna</td>
<td>President</td>
<td></td>
<td>2/23/12</td>
</tr>
</tbody>
</table>

*Do not use this form for asbestos licensure exempted activities.*
Date of Notification (3/22/12)

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>× EPA</td>
<td>× Initial</td>
<td>Street Address 620 Voorhees Road</td>
</tr>
<tr>
<td>× DEP</td>
<td>× Amended</td>
<td>City, State, Zip Code Voorhees, N.J. 08043</td>
</tr>
<tr>
<td>× DOL</td>
<td>× Amendment #</td>
<td>Name of Contact Voorhees Township</td>
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<tr>
<td>× DOH</td>
<td>× Emergency (including Justification)</td>
<td></td>
</tr>
<tr>
<td>DCA</td>
<td>× Cancellation</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

- **name of Facility Where Abatement is Taking Place (3)**
  - Former Cherry Hill Equipment

- **Street Address**
  - 400 Sycamore Avenue

- **City**
  - Voorhees Township

- **County Code (7)**
  - Camden

- **Square Feet**
  - 25000

- **# of Floors**
  - 1

- **Bldg. Age**
  - 35+

- **Name of Monitoring Firm Hired by Building Owner (8)**
  - Management & Consulting Services Inc.

- **ASCM No.**
  - ASCM No.

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

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

- **Name of Abatement Contractor (9)**
  - Tricon Enterprises Inc.

- **Street Address**
  - P O Box 341

- **City, State, Zip Code**
  - Chesterfield, N.J. 08515

- **Telephone No.**
  - 609-743-0493

- **License No.**
  - 732-739-1200

- **Name of OSHA Monitor**
  - Tricon Enterprises Inc.

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

- **Start Date (10)**
  - 4/10/12

- **Scheduled Completion Date (11)**
  - 4/23/12

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

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

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

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

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

- **Abatement Type**
  - Removal
  - Regr.
  - Encapsulate
  - Enclosure

**Location of Registered Waste Hauler (14)**

- **Name of Registered Waste Hauler**
  - Horizon Disposal Services Inc.

- **N/DEP Waste Hauler ID No.**
  - 22612

- **Cubic Yards of Waste**
  - N/A

- **Name of Registered Landfill**
  - Cumberland County Landfill

- **City, State**
  - 235 Gibbs Ave. Trenton, N.J. 08611

- **Disposal Date**
  - 11/15/11

**Completed by**

- James Mahoney

**Title**

- Project manager

**Signature**

- James Mahoney

**Date**

- 3/22/12

---

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

**NOTIFICATION OF ASBESTOS ABLATION**
(Pursuant to NJAC Refill 12:12-15)

**Date of Notification (1):** 3-23-17

**Agency Notified (2):**
- [ ] EPA
- [ ] DEP
- [ ] DPD
- [ ] DOT
- [ ] CWA

**Type of Notification (3):**
- [ ] Initial Notification
- [ ] Amendment
- [ ] Emergency (including justification)
- [ ] Cancellation

**Name of Building Owner/Occupant (4):**
- **Bill Coutros**
  - MAR 24, 2012

**Street Address:**
- **639 Hobey Ave**
- **Long Branch**, **N.J. 07740**

**County Code:**
- **USE ONLY**

**Board of Health:**
- **Monmouth**

**Type of Facility (5):**
- [ ] School (K-12)
- [ ] Other (i.e., private & commercial buildings, homes, etc.)

**Square Feet:**
- 1800

**Rooms:**
- 12

**Building Age:**
- 50

**Current Use:**
- House

**Name of Ablation Contractor (6):**
- **Aeg Insulation Co. Inc.**

**City/State/Zip Code:**
- **95 Mering Rd., NC 07740**

**Telephone No.:**
- **732-241-3757**

**License No.:**
- **C00329**

**Occupancy Status During Ablation:**
- ☐ Facility Closed/Vacated During Entire Period of Ablation
- ☐ Ablation Performed Outside of Normal Facility Hours
- ☒ Other - Describe:

**Scope of Work (Check all that apply):**
- ☒ 3rd of 5 or 3rd Tier
- ☒ 2nd or 3rd Tier

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

**Location of Mercilessly Used Material by Maintenance/Controlled Staff? (13):**
- Yes

**Amount (Cubic Yards):**
- **1000 ft**

**Description of Ablation Method (ACM):**
- *Non-Encapsulated (S)* and Non-Viable Procedure

**Abatement Type:**
- **Pipes Covering 200 ft**

**Name of Registered Waste Handler:**
- **Aeg Insulation Co. Inc.**

**Cubic Yard of Waste:**
- **3**

**Disposal Date:**
- **4-13-12**

**Company:**
- **Aeg Insulation Co. Inc.**

**Date Completed:**
- **3-23-12**

**Name of Registered Waste Handler:**
- **Curtis Mair**

**City/State:**
- **CN, N.J. 07740**

**Title:**
- **Pipes Manager**

**Cubic Yards of Waste:**
- **1000 ft**

**Date Rejected:**
- **4-13-12**

**Signature:**
- **Curtis Mair**

**Title:**
- **Pipes Manager**

**Date Completed:**
- **3-23-12**

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

**State of New Jersey**

**Date of Notification:** 3-21-12

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

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

**Name of Building Owner/Operator:** North Hudson Sewerage Authority

**City, State, Zip Code:** Hackensack, NJ 07606

**Name of Contractor:** A. MAC Contracting Inc.

**City:** Hackensack

**Street Address:** 1653 Harbor Boulevard

**County:** Hudson

**License No.:** 00153

**Telephone No.:** 201-282-8841

**Name of OSHA Monitor:** Omega Environmental Services Inc.

**Scheduled Completion Date:** 3-22-12

**Start Date:** 3-21-12

**Location of Asbestos-Containing Material (ACM) TO BE ABATED:**
- In Facility: 54 LF

**Location Normally Used by Maintenance/Custodial Staff:**
- Yes: 1
  - No: 1
  - NA: 0

**Amount (Specify dt or wt):**

**Type of Material:**
- Full Containment with Negative Pressure
- Min-Enclosure
- Glovebox Procedure
- Non-Exempted (*) and Non-Friable Procedure

**Name of Registered Waste Hauler:** HESI PA Bethlehem Landfill Corp.

**Disposal Date:** 3-21-12

**Completed by:**
- R. McDonald
  - Title: President
  - Signature:
  - Date: 3-21-12

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

**Date of Notification:** 3.21.12

**Name of Building Owner/Operator:** Diane Nowy

**Street Address:** 10 Sussex Dr.

**City, State, Zip Code:** Tenaunia, NJ 07470

**Name of Contractor:** Diane Nowy

**Type of Facility:** Residential

**Square Footage:** 1,650

**# of Floors:** 2

**Building Age:** 85

**Name of Monitoring Firm Hired by Building Owner:**

**ASCM No.:**

**Name of Abatement Contractor:** A. MAC Contracting Inc.

**Street Address:** 106 Lowell Road

**City, State, Zip Code:** Glen Rock, NJ 07452

**License No.:** 00156

**Name of OSHA Monitor:** Omega Environmental Services Inc.

**Street Address:** 230 Huyer Street

**City, State, Zip Code:** Hackensack, NJ 07606

**Start Date:** 3.21.12

**Scheduled Completion Date:** 3.31.12

**Occupancy Status During Abatement:**
- Facility Closed/Heated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other: Describes

**Scope of Work:**
- <200 sf or <200

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos Containing Material (ACM)</th>
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</thead>
<tbody>
<tr>
<td>Basement</td>
<td>No</td>
<td>Pre-In-sulation 140 FT</td>
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</tbody>
</table>

**Name of Registered Waste Hauler:**

**Rowo Transport:**

**City, State, Zip Code:** Rivardale, NJ 07457

**Disposal Date:** 3.21.12

**Completed by:** R. McDonald

**Title:** President

**Signature:**

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

**Date of Notification (1)**
3/22/12

**Name of Building Owner/Operator (2)**
Ken Moore / Residence

---

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

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

**Street Address**
7 Mea Lane

**City, State, Zip Code**
Long Beach Township NJ 08008

---

**Name of Contact**
Ken

---

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**
Ken Moore / Residence

**Street Address**
7 Mea Lane

**City (5)**
Long Beach Township NJ 08008

**County (6)**
Ocean

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

**Square Feet**
1000 +

**# of Floors**
1.5

**Bldg. Age**
35+

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

---

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

**ACSM No.**

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

**Street Address**
PO Box 329

**City, State, Zip Code**
West Berlin NJ 08091

---

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

**Scheduled Completion Date (11)**
4/10/12

---

**Project Manager for Monitoring Firm**

**Telephone No.**

**Street Address**
PO Box 329

**City, State, Zip Code**
West Berlin NJ 08091

---

**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] 23 sf or 23 ft
- [ ] 100 sf or 1200 sf or 2500
- [ ] 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)**

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

**Amount (Specify SF or LF)**

**Abatement Type**

---

**Exterior Siding**

**Cubic Yards of Waste (14)**
3

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

---

**Name of Registered Waste Hauler**
United Containers

**Hauler ID No.**
22459

**Disposal Date**
4/10/12

**City, State**
Morrisville PA 19067

---

**Completed by**
Anthony T Perna

**Title**
President

**Signature**

**Date**
3/22/12

---

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:99 and 12:120)

Date of Notification (1)
03-22-12

Name of Building Owner/Operator (2)
Paterson Housing Authority

Agencies Notified

<table>
<thead>
<tr>
<th>Agency</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>DEP</td>
<td>Cancellation</td>
</tr>
<tr>
<td>DOL</td>
<td></td>
</tr>
<tr>
<td>DOH</td>
<td></td>
</tr>
<tr>
<td>DCA</td>
<td></td>
</tr>
</tbody>
</table>

Street Address
60 Van Houten St.

City, State, Zip Code
Patterson NJ 07505

Name of Contact
Terri Dias

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Riverside Terrace - Building 19

Street Address
29 Harris Place

City (5)
Patterson

County (6)
Passaic

County Code (7)

Type of Facility (4)

<table>
<thead>
<tr>
<th>Facility Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>School (K-12)</td>
<td></td>
</tr>
<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

# of Floors

Bldg. Age

Current Use (Prior if being demolished)
Housing

Name of Monitoring Firm Hired by Building Owner (8)
Birdsall Services Group

ASCM No.

Name of Abatement Contractor (9)
Site Contractors Inc

Street Address
815 12TH St.

City, State, Zip Code
Crandon NJ 07016

Project Manager for Monitoring Firm
Kevin Burns
Telephone No.
908-497-8900

Start Date (10)
04-02-12

Scheduled Completion Date (11)
04-05-12

Occupancy Status During Abatement (Check Only One)

<table>
<thead>
<tr>
<th>Status</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
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</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
<td></td>
</tr>
<tr>
<td>Other – Describe: 8am</td>
<td></td>
</tr>
</tbody>
</table>

Scope of Work (Check All That Apply)

<table>
<thead>
<tr>
<th>Scope</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>[x] 3 sf or ≥3 ft</td>
<td>Renovation</td>
</tr>
<tr>
<td>[x] ≥160 sf or ≥260 ft</td>
<td>Demolition</td>
</tr>
<tr>
<td>[x] Full Containment with Negative Pressure</td>
<td></td>
</tr>
<tr>
<td>[x] Mini-Enclosure</td>
<td></td>
</tr>
<tr>
<td>[x] Glovebag Procedure</td>
<td></td>
</tr>
<tr>
<td>Non-Exempted (*) and Non-Friable Procedure</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boiler Room</td>
<td>x</td>
<td>pipe</td>
<td>200LF</td>
<td>x</td>
</tr>
<tr>
<td>Storage Room</td>
<td>x</td>
<td>pipe</td>
<td>8lf</td>
<td>x</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
Site Contractors Inc

NJDEP Waste Hauler ID No.
22131

Cubic Yards of Waste
30

Name of Registered Landfill
Grows Landfill

City, State
Hammonton NJ

Disposal Date
04-16-12

City, State
Tullytown PA

Completed by
Thomas Rock
Title
Supervisor

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)**  
03-22-12

**Name of Building Owner/Operator (2)**  
Paterson Housing Authority

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
</tr>
</thead>
</table>
| X EPA  
| X Initial |
| DEP  
| Amended |
| DOL  
| Amendment # |
| DOH  
| Emergency (including justification) |
| DCA  
| Cancellation |

**Street Address**  
60 Van Houten St.

**City, State, Zip Code**  
Patterson NJ 07505

**Name of Contact**  
Terri Dias

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**  
Reverend William Griffin Homes

**Street Address**  
199 Carroll ST.

**City (5)**  
Patterson

**County (6)**  
Passaic

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

**Type of Facility (4)**

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

**Square Feet**  

**# of Floors**

**Bldg. Age**

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

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

**ASCM No.**  

**Name of Abatement Contractor (9)**  
Site Contractors Inc

**Street Address**  
815 12TH St.

**City, State, Zip Code**  
hammonton NJ 08037

**Project Manager for Monitoring Firm**  
Kevin Burns

**Telephone No.**  
908-497-8900

**License No.**  
00839

**Telephone No.**  
609-567-1250

**Name of OSHA Monitor**  
West CHester Enviromental

**Start Date (10)**  
04-05-12

**Scheduled Completion Date (11)**  
04-13-12

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

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

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

- ≥3 sf or ≥3 if
- ≥160 sf or ≥260 lf

- Renovation
- Demolition

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

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

**In Facility (12)**

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

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

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>88LF</td>
</tr>
</tbody>
</table>

**Abatement Type**

| Removal  
| Repair  
| Encapulate  
| Endorse |

**Name of Registered Waste Hauler**  
Site Contractors Inc

**NJ DEP Waste Hauler ID No.**  
22131

**Cubic Yards of Waste**  
30

**Name of Registered Landfill**  
Grows Landfill

**City, State**  
hammonton NJ

**Disposal Date**  
04-16-12

**City, State**  
Tullytown PA

**Completed by**  
Thomas Rock

**Title**  
Supervisor

**Signature**

**Date**  
03-22-12

---

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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:96 and 12:120)

Date of Notification (1)
March 14, 2012

Name of Building Owner/Operator (2)
Terence Tannehill (Prudential)

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

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

Street Address
4503 Winchester

City, State, Zip Code
Atlantic City, N.J. 08401

Name of Contact
Terence Tannehill

FACILITY INFORMATION

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

Street Address
4503 Winchester

City (5)
Atlantic City

County Code (6)
Atlantic

Current Use (Prior to being demolished)
Resident

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

ASCM No.

Name of Abatement Contractor (9)
Graham-Tech Environmental Services LLC

Telephone No.

License No.

Project Manager for Monitoring Firm
Raymond J. Giordano

Start Date (10)
March 27, 2012

Scheduled Completion Date (11)
March 30, 2012

Occupancy Status During Abatement (Check Only One)
- [x] 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)
- [x] 20 sf or less
- [x] 2161 sf or 2260 sf
- [x] Demolition

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

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

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

Amount (Specify SF or LF)
50 - LF

Abatement Type

Removal
Repair
Encapsulate
Endure

Name of Registered Waste Hauler
American Disposal System

City, State
PO Box 348, Lumberton, N.J. 08048

Disposal Date
City, State
727 red Lane Road, Birdsboro, P.A.

Completed by
Willis Graham
Title
Owner

Signature

Date

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