**NOTIFICATION OF ASBESTOS ABATEMENT**

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

**State of New Jersey**

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

**Name of Contact**
Susan Valerie

**Telephone Number**

---

**FACILITY INFORMATION**

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

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

**Square feet**
900 sf

**# of Floors**
1

**Bldg. Age**
60

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

**Name of Abatement Contractor (9)**
Guardian Contracting, Inc.

**Street Address**
1889 Route 9, Unit 61
Toms River, New Jersey 08755-1271

**City, State, Zip Code**

---

**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

**Scheduled Start Date (10)**
3/7/16

**Scheduled Completion Date (11)**
3/8/16

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

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

<table>
<thead>
<tr>
<th>Location</th>
<th>N/A</th>
</tr>
</thead>
</table>

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

**Amount (Specify SF or LF)**
250 sf

**Abatement Type**
Remove

---

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

**NUIDEP Waste Hauler ID No.**
20223

**Cubic Yards of Waste**
2

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

**City, State**
Toms River, New Jersey

**Date**
3/9/16

---

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

**Title**
Project Manager

**Signature**

---

*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) March 7, 2016

Name of Building Owner/Operator (2) Jacobs Demolition & Carting

Street Address P O Box 9

City, State, Zip Code Manasquan, NJ 08736

Name of Contact Linda Telephone Number

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

Address [redacted]

County (6) Monmouth

County Code (7) (STATE USE ONLY) N/A

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

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

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

Exterior X Asbestos siding 1050 sf X

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

REM OVAL REPAIR ENCAPSUL E ENCLOURE

Name of Registered Waste Hauler Guardian Contracting, Inc.

NJDEP Waste Hauler ID No. 20223

Cubic Yards of Waste 3

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

City, State Toms River, New Jersey Disposal Date 3/23/16

City, State Tullytown, Pennsylvania

Completed by (Print or Type) Nicholas Fermioca Title Project Manager

Signature [signature]

Date 3/7/2016

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

**State of New Jersey**

**Date of Notification (1)**  
March 7, 2016

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

**Type of Notification**  
[X] Initial Notification  
[X] Amended Notification  
[ ] Emergency (including justification)  
[ ] Cancellation

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

**Street Address**  
409 Vath Street

**City, State, Zip Code**  
Jackson, NJ 08527

**Name of Contact**  
Joe Pingitore

**Telephone Number**  

---

**FACILITY INFORMATION**

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

**Street Address**  

**City**  
Lakewood  
County (6)  
Ocean  
County Code (7)  
STATE USE ONLY,  
Marina

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

**ASCM No.**  

**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

**Scope of Work (Check all that apply)**  
[ ] Full Containment with Negative Pressure  
[ ] Mini-Enclosure  
[ ] Glovebox Procedure  
[ X ] Non-Exempted (*) and Non-Friable Procedure

---

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

[X] Exterior house  
[X] Exterior garage

**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)**

1500 sf  
300 sf

**Abatement Type**  
[ ] RE MO VA L  
[ ] RE PAR  
[ ] EN CAP S U L E  
[ X ] EN CLOS U RE

---

**Name of Registered Waste Hauler**

Guardian Contracting, Inc.

**NJDEP Waste Hauler ID No.**  
20223

**Cubic Yards of Waste**  
3

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

**City, State**  
Toms River, New Jersey

**Disposal Date**  
3/21/16

**City, State**  
Tullytown, Pennsylvania

**Completed by (Print or Type)**

Nicholas Femicola  
Title  
Project Manager

**Signature**  
3/7/2016

---

*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 7, 2016

**Name of Building Owner/Operator (2)**  
Walters Residential, LLC

**Name of Contact**  
Victor

**Agency Notification**

<table>
<thead>
<tr>
<th>Agency</th>
<th>Notification Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] EPA</td>
<td>Initial Notification</td>
</tr>
<tr>
<td>[ ] DEP</td>
<td>Amended Notification</td>
</tr>
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<td>[ ] DOL</td>
<td>Amendment #</td>
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<td>[ ] DOH</td>
<td>Emergency (including justification)</td>
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<tr>
<td>[ ] DCA</td>
<td>Cancellation</td>
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</table>

**FACILITY INFORMATION**

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

<table>
<thead>
<tr>
<th>Street Address</th>
<th>LB Twp., Ocean</th>
</tr>
</thead>
</table>

**City, State, Zip Code**  
Barneget, NJ 08005

**Type of Facility (4)**

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

**Square feet**  
1800 sf

**# of Floors**  
1

**Bldg. Age**  
60

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

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

**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 Stalton Road

**City, State, Zip Code**  
Piscataway, New Jersey 08854

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

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

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

<table>
<thead>
<tr>
<th>Exterior house</th>
<th>Exterior garage</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Asbestos siding</td>
<td>Asbestos siding</td>
</tr>
<tr>
<td>1800 sf</td>
<td>450 sf</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
</tr>
</thead>
</table>

**Art of Location Normally used Solely by Maintenance/Custodial Staff (12)**

<table>
<thead>
<tr>
<th>Exterior house</th>
<th>Exterior garage</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

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

- (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
- Amount (Specify SF or LF)

**Abatement Type**

<table>
<thead>
<tr>
<th>REMOVAL</th>
<th>REPAIR</th>
<th>ENCAPSULATE</th>
<th>ENCLOSURE</th>
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</thead>
</table>

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

**NJDEP Waste Hauler ID No.**  
20223

**Cubic Yards of Waste**  
3

**City, State**  
Toms River, New Jersey

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

**Title**  
Project Manager

**Disposal Date**  
3/18/16

**Date**  
3/7/16

*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)**
03/08/16

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

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

**Type of Facility (4)**
X Other (i.e. private & commercial buildings, homes, etc.)

**County (6)**
ESSEX COUNTY

**County Code (7)**

**Square Feet**
2000

**# of Floors**
2

**Bldg. Age**

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

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

**ASCM No.**

**Name of Abatement Contractor (9)**
AAA LEAD PROFESSIONALS

**Street Address**
6 WHITE DOVE COURT

**City, State, Zip Code**
LAKEWOOD, NJ 08701

**Project Manager for Monitoring Firm**

**Telephone No.**
732-668-9078

**License No.**
1200

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

**Other – Describes:**

**Start Date (10)**
03/18/16

**Scheduled Completion Date (11)**
03/21/16

**Name of OSHA Monitor**
AAA LEAD PROFESSIONALS

**Street Address**
6 WHITE DOVE COURT

**City, State, Zip Code**
LAKEWOOD, NJ 08701

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

**In Facility (13)**

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

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

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

**Encapsulate**

**Endorse**

**Abatement Type**

**BASEMENT**

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

**In Facility (13)**

**Pipe Insulation**

**Name of Registered Waste Hauler**
NEWARK CARTING

**NJDEP Waste Hauler ID No.**
04509

**Cubic Yards of Waste**
2 YARDS

**Name of Registered Landfill**
IESI

**City, State**
NEWARK, NJ

**Disposal Date**
03/21/16

**Name of Registered Landfill**
IESI

**City, State**
Bethlehem PA

**Completed by**
JOSEPH PERLSTEIN

**Title**
OWNER

**Signature**

**Date**
03/08/16

* Do not use this form for asbestos licence exampled activities.*
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)  3 / 10 / 16
Name of Building Owner/Operator (2)  City of Camden

Agencies Notified
- EPA
- DOLWD
- DOH
- DCA (NJAC 5:23-6)

Type Notification
- Initial
- Amended
- Amendment #4
- Emergency (including justification)
- Cancellation

Street Address  520 Market Street - suite 325
City, State, Zip Code  Camden, NJ 08101

Name of Contact  Uzo Ahiarakwe
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  Pine Street Pump Station

Street Address  1169 Pine Street
City (5)  Camden
County (8)  Camden

County Code (7)(STATE USE ONLY)  117

Current Use (Prior if being demolished)  Pump Station

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

Square Feet  4,800
# of Floors  3
Bldg. Age  60

Name of Monitoring Firm Hired by Building Owner (8)  ASCM No. 117
Health & Safety Services  Controlled Environmental Systems

Project Manager for Monitoring Firm  James Proctor
Telephone No.  856-452-1311

Start Date (10)  3 / 7 / 16
Scheduled Completion Date (11)  3 / 31 / 16
Name of OSHA Monitor  CES

Occupancy Status During Abatement (Check only one)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-5:00PM____PM____AM

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

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

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

Sub Basement Through out
- Pipe Insulation & Fittings (wrap/cut)  250 LF
- Boiler Gasket Rope  40 LF x 1/4"

Name of Registered Waste Hauler  Geppert Recycling
NJDEP Waste Hauler ID No.  5
Cubic Yards of Waste  3
Name of Registered Landfill  Western Berks Community Landfill
City, State  Hatfield, PA 3/31/2016
Disposal Date  City, State  Birdsboro, PA 19508

Completed By (Print or Type)  Patricia Visco
Title  Office Manager
Signature  Date  3/10/2016

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

**Date of Notification (1)**
3 / 10 / 16

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

---

**Agencies Notified**
- EPA
- DOLWD
- DOH
- DCA
  (NJAC 5:23-B)

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

**Street Address**
PO Box 95120

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

**Name of Contact**
John Bond

**Telephone Number**

---

**FACILITY INFORMATION**

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

**City**
Camden

**County**
CAMDEN

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

**ASCM No.**
117

**Name of Abatement Contractor (9)**
Controlled Environmental Systems

**Street Address**
1121 N. Bethlehem Pike - Suite 60

**City, State, Zip Code**
Spring House, PA 19477

**Project Manager for Monitoring Firm**
Jim Proctor

**Telephone No.**
609-839-2432

**License No.**
215 542 7000

**Occupancy Status During Abatement** (Check only one)
1 Facility Closed/Vacated During Entire Period of Abatement

**Start Date (10)**
3 / 11 / 16

**Scheduled Completion Date (11)**
4 / 15 / 16

**Name of OSHA Monitor**
CES

**Scope of Work (Check all that apply)**
- >3 sf or >=236 sf
- <=60 sf or >=260 sf
- Renovation
- Demolition

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

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

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

**Amount (Specify SF or LF)**

**Abatement Type**
Remove
Repair
Encapsulate
Endure

---

**Name of Registered Waste Hauler**
Waste Management of NJ

**Waste Hauler ID No.**
17273

**Cubic Yards of Waste**
200/residence

**Name of Registered Landfill**
GROWS

**City, State**
Fairless Hills, PA

**Disposal Date**
4/15/16

**Completed By (Print or Type)**
Patricia Visco

**Title**
Office Manager

**Signature**

**Date**
3/12/16

---

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

Date of Notification (1)
3 / 10 / 16

Name of Building Owner/Operator (2)

City of Camden

Name of Contact:
John Bond

City of Camden

FACILITY INFORMATION

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

Street Address:

PO Box 95120

City, State, Zip Code:
Camden, NJ 08101

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

Square Feet
varies

# of Floors
varies

Bldg. Age
50+

Current Use (Prior to being demolished)
HOUSING DEEMED UNSAFE

Name of Monitoring Firm Hired by Building Owner (5)
Health and Safety Services

ASCM No.
117

Name of Abatement Contractor (6)
Controlled Environmental Systems

Street Address:

1121 N. Bethlehem Pike - Suite 60

City, State, Zip Code:
Spring House, PA 19477

License No.
00847

Start Date (10)
3 / 11 / 16

Scheduled Completion Date (11)
4 / 15 / 16

Name of OSHA Monitor
CES

Occupancy Status During Abatement (Check only one)
Facility Closed/Vacated During Entire Period of Abatement
Abatement Performed Outside of Normal Facility Hours - Describe
Time of Abatement: 7:00AM-5:00PM

Scope of Work (Check all that apply)
> 3 sf or > 3 ft
> 160 sf or > 250 ft
Renovation
Demolition

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

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

SEE ATTACHED EMERGENCY 200 YD per res

Yes No N/A

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

Name of Registered Waste Hauler
Waste Management of NJ
NJDEP Waste Hauler ID No.
17273

Cubic Yards of Waste
200/resident

Name of Registered Landfill
GROWS

City, State
Fairless Hills, PA

Disposal Date:
4/15/15

City, State
Tullytown PA

Completed By (Print or Type)
Patricia Visco

Title
Office Manager

Signature

Date
3/10/16

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

**Date of Notification (1)**
3 / 9 / 16

**Name of Building Owner/Operator (2)**
Kessler Institute for Rehabilitation / Job #1603-4999 / Check #8023

**Street Address**
1199 Pleasant Valley Way

**City, State, Zip Code**
West Orange, NJ 07052

**Name of Contact**
Gary Formisano

**Telephone Number**

---

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**
Kessler Institute for Rehabilitation

**Street Address**
1199 Pleasant Valley Way

**City (5)**
West Orange

**County (6)**
Essex

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

**Square Feet**

**# of Floors**

**Bldg. Age**

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

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

**Institute**

---

**Name of Monitoring Firm Hired by Building Owner (8)**
Partner Engineering & Science, Inc.

**ASCM No.**

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

**Street Address**
611 Insutrial Way W

**City, State, Zip Code**
Eatontown, NJ 07724

**Project Manager for Monitoring Firm**
Brian Nemetz

**Telephone No.**
732-904-9555

**Telephone No.**
609-265-2107

**License No.**
00529

**Name of OSHA Monitor**
EMSL Analytical

**Street Address**
30 Maple Ave. PO Box 25

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

**Start Date (10)**
3 / 21 / 16

**Scheduled Completion Date (11)**
3 / 22 / 16

---

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

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

---

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

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

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

**Amount (Specify SF or LF)**
- Pipe Fittings
- 48 LF

**Abatement Type**
- Tank Insulation
- 25 SF

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

**NJDEP Waste Hauler ID No.**
18750

**Cubic Yards of Waste**
12

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

**City, State**
Lumberton, NJ

**Disposal Date**
3/22/16

**City, State**
Tullytown, PA

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

**Title**
Operations Coordinator

**Signature**

**Date**
3/9/16

---

*Do not use this form for asbestos licensure exempted activities.*
### TABLE 2
WEST ORANGE FACILITY
COMMENTS REGARDING INSPECTION

Notes: sf = square feet
lf = linear feet

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<thead>
<tr>
<th>ACBM</th>
<th>LOCATION</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>White matrix block, grey corrugated aircell, and tan layered wafer pipe insulation and associated cementitious pipe joint compound</td>
<td>L083 (Mechanical Room)</td>
<td>1 lf damaged insulation</td>
</tr>
<tr>
<td></td>
<td>Basement hallway, adjacent L079</td>
<td>2 lf damaged insulation</td>
</tr>
<tr>
<td></td>
<td>Crawlspace area, Building C, South Pavilion, accessible through 1183</td>
<td>15 lf damaged insulation</td>
</tr>
<tr>
<td></td>
<td>L042 (IT Office)</td>
<td>2 lf damaged insulation</td>
</tr>
<tr>
<td></td>
<td>L044 (Tele/Data Room)</td>
<td>1 lf damaged insulation</td>
</tr>
<tr>
<td>Grey cementitious pipe fitting insulation associated with the fiber glass pipe insulation (ACM)</td>
<td>L070</td>
<td>3 locations</td>
</tr>
<tr>
<td></td>
<td>L080 (Maintenance Room)</td>
<td>5 locations</td>
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<tr>
<td></td>
<td>L081 (T-10 Fire Sprinkler Main)</td>
<td>1 locations</td>
</tr>
<tr>
<td></td>
<td>L083 (T-12 Mechanical Room)</td>
<td>3 locations</td>
</tr>
<tr>
<td></td>
<td>L086 (Boiler Room)</td>
<td>15 locations</td>
</tr>
<tr>
<td>Grey/white cementitious water tank insulation</td>
<td>L086 (Boiler Room)</td>
<td>25 sf damaged insulation</td>
</tr>
<tr>
<td>White matrix boiler flue insulation</td>
<td>L086 (Boiler Room)</td>
<td>30 lf cracks in insulation</td>
</tr>
</tbody>
</table>
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)
3 / 7 / 16

Name of Building Owner/Operator (2)
Princeton University-Office of Design and Construction

Street Address
200 Elm Dr

City, State, Zip Code
Princeton, NJ 08544

Name of Contact
Robert Ortega

Telephone Number

FACILITY INFORMATION

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

Street Address
199 Nassau St

City (5)
Princeton

County (6)
MERCER

County Code (7)/STATE USE ONLY

Current Use (Prior if being demolished)

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

ASCM No.

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

Street Address
Bromley Corporate Center-Three Terri Lane

City, State, Zip Code
Burlington, NJ 08016

Project Manager for Monitoring Firm
Michael Kehn

Telephone No.
609-386-8800

Start Date (10)
3 / 18 / 16

Scheduled Completion Date (11)
3 / 19 / 16

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

Time of Abatement:
AM 8:00PM - PM 5:30PM

Scope of Work (Check all that apply)
☒ ≥3 sf or ≥3 lf
☒ ≥150 sf or ≥260 lf
☒ 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)

Is Location Normally Used Solely by Maintenance/Custodial Staff?
(13)
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)
20 LF

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

Location of Registered Waste Hauler
BRISTOL ENVIRONMENTAL, INC.

NJDEP Waste Hauler ID No.
18706

Cubic Yards of Waste

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

City, State
BRISTOL, PA 19007

Disposal Date
City, State
MORRISVILLE, PA 19067

Completed By (Print or Type)
Brian Scafiro

Title
Estimator

Signature
Brian Scafiro

Date
3/1/16

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

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

**Date of Notification**: 3/8/16  
**Name of Building Owner / Operator**: CP Haddon & Copewood LLC  
**Street Address**: 826 Broadway, 9th Floor  
**City, State & Zip Code**: New York, NY 10003

### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place**: Former Plumber Building #1  
**Street Address**: 87-89 Haddon Avenue  
**City**: Camden  
**County**: CAMDEN  
**County Code**: 01

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

**Square Feet**: 35000  
**# of Floors**: 3  
**Bldg. Age**: 80  
**Current Use (Prior if being demolished)**: PLUMBING SUPPLY

**Name of Abatement Contractor**: BRISTOL ENVIRONMENTAL INC  
**Street Address**: 1123 BEAVER STREET  
**City, State & Zip Code**: BRISTOL, PA 19007

### Project Manager for Monitoring Firm: Kevin Lovely  
**Telephone Number**: 732-390-5859

**PLUMBING SUPPLY**

**Name of OSHA Monitor**: BRISTOL ENVIRONMENTAL INC  
**Street Address**: 1123 BEAVER STREET  
**City, State & Zip Code**: BRISTOL, PA 19007

### Occupancy Status During Abatement:
- [ ] Facility Closed/Vacated During Entire Period of Abatement  
- [ ] Abatement Performed Outside of Normal Hours - 7am to 3pm  
- [ ] Facility Occupied During Abatement

### Scope of Work:
- [x] ≥3 sf or ≥3 If  
- [ ] Renovation  
- [x] Demolition  
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure  
- [ ] Glove Bag Procedures  
- [ ] Non-Exempted and Non-Friable Procedure

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

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

<table>
<thead>
<tr>
<th>Ground floor Offices</th>
<th>Vat/mastic</th>
<th>2100 SF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement windows</td>
<td>Caulk/glazing</td>
<td>100 LF</td>
</tr>
<tr>
<td>Garage door</td>
<td>Caulk</td>
<td>32 LF</td>
</tr>
</tbody>
</table>

**Location of Registered Waste Hauler**: NJDEP Waste Hauler ID No. 20990  
**Name of Registered Landfill**: MINERVA LANDFILL  
**Disposal Date**: TBD  
**City, State**: WAYNESBURG, OH 44688  
**Completed By (Print or Type)**: PATRICK T. DeCaro  
**Title**: PROJ. MGR.

**Signature**: Patrick T. DeCaro  
**Date**: 3/8/15

---

PD 16016 A
**NOTIFICATION OF ASBESTOS ABATEMENT**

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>3/8/16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner / Operator (2)</td>
<td>CP Haddon &amp; Copewood LLC</td>
</tr>
<tr>
<td>Street Address</td>
<td>826 Broadway, 9th Floor</td>
</tr>
<tr>
<td>City, State &amp; Zip Code</td>
<td>New York, NY 10003</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Lewis Cook</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place (3) | BUILDING # 2 |
| Street Address | 1683 Haddon Avenue |
| City (5) | Camden |
| County (6) | CAMDEN |
| County Code (7) |  |
| ASCM No. |  |

**NAME OF MONITORING FIRM HIRED BY BUILDING OWNER (8)**

<table>
<thead>
<tr>
<th>Whitman Environmental</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
</tr>
<tr>
<td>City, State &amp; Zip Code</td>
</tr>
<tr>
<td>Telephone Number</td>
</tr>
</tbody>
</table>

**PLUMBING SUPPLY**

| Name of Abatement Contractor (9) | BRISTOL ENVIRONMENTAL INC |
| Street Address | 1123 BEAVER STREET |
| City, State & Zip Code | BRISTOL, PA 19007 |
| License Number | 00509 |

**SCOPE OF WORK (CHECK ALL THAT APPLY)**

- 23 sf or ≥3 sf
- ≥160 sf ≥260 sf
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glove Bag Procedures
- Non-Exempted and Non-Friable Procedure

**LOCATION OF ASBESTOS-CONTAINING MATERIAL (ACM) TO BE ABATED IN FACILITY**

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>First floor</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Second floor</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basement boiler room</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Windows</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>SERVICE TRANSPORT GROUP, INC.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
<td>20590</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>40</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disposal Date</td>
<td>TBD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City, State</td>
<td>NEW CASTLE, DE 19720</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Complated By (Print or Type)</td>
<td>PATRICK T. DeCaro</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Title</td>
<td>PROJ. MGR.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Signature</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**NAME OF REGISTERED LANDFILL**

| MINERVA LANDFILL |
| City, State | WAYNESBURG, OH 44688 |
| Date | 3/8/15 |
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification: 3/8/16

Name of Building Owner / Operator: CP Haddon & Copewood LLC

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

Type of Notification:
- Initial
- Amended
- Emergency
- Cancellation

Street Address:
826 Broadway, 9th Floor
New York, NY 10003

City, State & Zip Code:
New York, NY 10003

Name of Contact:
Lewis Cook

Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place:
Warehouse Building #4

Street Address:
1675 – 77 Haddon Avenue

City: Camden
County: CAMDEN
County Code: 78

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

Square Feet:
35000

# of Floors:
3

Bldg. Age:
80

Current Use (Prior if being demolished):

PLUMBING SUPPLY

Name of Monitoring Firm Hired by Building Owner:
Whitman Environmental

Street Address:
7 Pleasant Hill Road
Cranbury New Jersey

Name of Abatement Contractor:
BRISTOL ENVIRONMENTAL INC

Street Address:
1123 BEAVER STREET
BRISTOL, PA 19007

Name of OSHA Monitor:
BRISTOL ENVIRONMENTAL INC

Phone Number:

Kevin Lovely
732-390-5858

3/31/16

4/1/16

Scheduled Start Date:

Scheduled Completion Date:

Occupancy Status During Abatement:
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Hours - 7am to 3pm
- Describe:

Scope of Work:
- 3 sf or 2 sf
- 200 sf or 260 sf
- Renovation
- Demolition

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

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

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

Amount (Specify SF or LF):

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

Stairs leading to second floor:
- Transite

Yes No N/A

Transite:
6 SF

Name of Registered Waste Hauler:
SERVICE TRANSPORT GROUP, INC.

NJDEP Waste Hauler ID No.:
20950

Cubic Yards of Waste:
1

Name of Registered Landfill:
MINERVA LANDFILL

City, State:
WAYNESBURG, OH 44688

Disposal Date:
TBD

Completed By:
PATRICK T. DeCaro

Title:
PROJ. MGR.

Signature:

Date:
3/8/15

PD 16016 C
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1) 3/8/16

Name of Building Owner / Operator (2)
Point Pleasant Beach School District

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

Type Notification
☐ Initial
☐ Amended
☐ Emergency
☐ Cancellation

Street Address
299 Cooks Lane

City, State & Zip Code
Point Pleasant Beach, NJ 08742

Name of Contact
Mark McNamara

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
G Harold Antrim School

Street Address
401 Niblick Street

City (5) POINTER Pleasant Beach
County (6) Ocean
County Code (7)

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

Square Feet

# of Floors
Bldg. Age

Current Use (Prior if being demolished)
Various Services

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

Street Address
56 East Bridge Street

City, State & Zip Code
Morrisville, PA 19067

ASCM No.

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

Street Address
1123 Beaver Street

City, State & Zip Code
Bristol, PA 19007

ASCM No.

Project Manager for Monitoring Firm
Rick Beach

Telephone Number
267-991-9212

Telephone Number
(215)788-6040

License Number
00509

Scheduled Start Date (10) 3/25/16
Scheduled Completion Date (11) 4/1/16

Name of OSHA Monitor
Bristol Environmental Inc.

Street Address
1123 Beaver Street

City, State & Zip Code
Bristol, PA 19007

Name of Registered Waste Hauler
Service Transport Inc.

City, State
New Castle, DE

Disposal Date
4/1/16

Completed By (Print or Type)
Gino Pizzigoni

Title
Project Manager

Signature
Gino Pizzigoni

Date
3/8/16

Scope of Work (Check all that apply)

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

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

Attic

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

Yes ☒ No ☐ N/A ☐

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

Pipe Fitting
35 Ea.

Pipe Insulation
170 LF

Amount (Specify SF or LF)

Abatement Type

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

Name of Registered Landfill
Minerva Landfill

City, State
Waynesburg, Ohio

Cubic Yards of Waste
5 Cu YD

NJDEP Waste Hauler ID No.
20990
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 3/9/16

Name of Building Owner/Operator (2) Van Dyke

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

Street Address 164 Cranbury Rd

City, State, Zip Code Princeton Junction, NJ 08550

Name of Contact Mr. Carl Van Dyke

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Old Grover's Mill

Street Address 164 Cranbury Rd

City (5) Princeton Junction, NJ

County (6) Mercer

County Code (7) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner MECS

ASCM No.

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

Street Address PO Box 341

City, State, Zip Code Allentown, NJ 08501

Name of OSHA Monitor MECS

Telephone No. (609) 259-9688

License No. 00493

Start Date (10) 3/18/16

Scheduled Completion Date (11) 6/30/16

Occupy Status During Abatement (Check only one)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other - Describe: 8 am - 4 pm

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

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

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

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

Description of Asbestos-Containing Material (ACM)

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thermal Pipe Insulation</td>
<td>120 lf</td>
</tr>
<tr>
<td>Transite Board</td>
<td>8 sf</td>
</tr>
<tr>
<td>Transite Siding</td>
<td>600 sf</td>
</tr>
</tbody>
</table>

Location of Name of Registered Waste Hauler

<table>
<thead>
<tr>
<th>Henderson, NJ</th>
<th>Stevens Environmental Services, Inc.</th>
</tr>
</thead>
</table>

Cubic Yards of Waste Name of Registered Landfill

<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 CU</td>
<td>GROWS Landfill</td>
</tr>
</tbody>
</table>

Disposal Date City, State

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/30/16</td>
<td>Allentown, PA</td>
</tr>
</tbody>
</table>

Completed By Name of Project Manager

<table>
<thead>
<tr>
<th>Completed By</th>
<th>Name of Project Manager</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mahlon E. Stevens</td>
<td>Project Manager</td>
</tr>
</tbody>
</table>

Signature

Date 3/9/16

* 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) 3/9/2016

Name of Building Owner/Operator (2)
NJDEP - Division of Fish and Wildlife

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

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

Street Address
P.O. Box 402

City, State, Zip Code: Trenton, NJ 08625-0402

Name of Contact
Joseph Maio

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Guard House - Forked River Game Farm

Street Address
Game Farm Road

City (5)
Lacey, NJ 08731

County (6)
Ocean

County Code (7)
(State Use Only)

Square Feet

# of Floors

Bldg. Age

Current Use (Prior if being demolished)

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

Name of Monitoring Firm Hired by Building Owner (8)
Bio Terra Solutions

ASCM No.

Name of Abatement Contractor (9)
All Pro Management, LLC

Street Address
27 Outwater Ln., Suite B

City, State, Zip Code
Garfield, NJ 07026

Project Manager for Monitoring Firm
Rick Eustaquio

Telephone No.
973-494-3762

License No.
973-928-4888

Name of OSHA Monitor

Start Date (10)
03/03/2016

Scheduled Completion Date (11)
04/29/2016

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

Scope of Work (Check All That Apply)
- ≥3 sf or ≥3 if
- ≥160 sf or ≥260 if
- Renovation
- Demolition

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

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

In Facility (13)

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 LT)

Abatement Type

Removal
Repair
Encapsulate
Endorse

Interior
Grey Flue Cement
4 SF
X
X
X

Attic
 Vermiculite
1,300 SF
X
X

Interior
 VAT & Mastic
84 SF
X
X

Interior
 Boiler Insulation
84 SF
X
X

Name of Registered Waste Hauler
ALL PRO MANAGEMENT LLC

NJDEP Waste Hauler ID No.
0034880

Cubic Yards of Waste As Needed

Disposal Date
TBD

Name of Registered Landfill
IESI Landfill

City, State
Garfield, NJ

Completed by
Allen Monchik

Title
Project Manager

Signature

Date 3/9/16

* Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Faculty (13)</th>
<th>11 Melbourne Court</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff (12)</td>
<td>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems, insulation, surfacing, VAT, or other miscellaneous)</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>Exterior</td>
<td>X Caulking</td>
<td>280 LF</td>
</tr>
</tbody>
</table>

Completed by: Allen Monchik
Title: Project Manager
Signature: [Signature]
Date: MAR 11 2016
Date of Notification (1)  
02/23/2016

Name of Building Owner/Operator (2)  
NJDEP - Division of Fish and Wildlife

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

Street Address  
P.O. Box 402
City, State, Zip Code  
Trenton, NJ 08625-0402

Name of Contact  
Joseph Maio

Name of Facility Where Abatement is Taking Place (3)  
Guard House - Forked River Game Farm

Street Address  
Game Farm Road
City (5)  
Lacey, NJ 08731
County (6)  
Ocean
County Code (7)  
(STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)  
Bio Terra Solutions
ASCN No.  

Name of Abatement Contractor (9)  
All Pro Management, LLC
Street Address  
27 Outwater Ln, Suite B
City, State, Zip Code  
Garfield, NJ 07026
Telephone No.  
973-494-3762
Telephone No.  
373-928-4988
License No.  

Start Date (10)  
03/03/2016
Completion Date (11)  
04/29/2016

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 ≥30 If
X 160 sf or ≥260 If

Renovation
Demolition

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

<table>
<thead>
<tr>
<th>Location</th>
<th>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>Interior</td>
<td>X</td>
<td>Grey Flue Cement</td>
<td>4 SF</td>
<td>X</td>
</tr>
<tr>
<td>Attic</td>
<td>X</td>
<td>Vermiculite</td>
<td>1,300 SF</td>
<td>X</td>
</tr>
<tr>
<td>Interior</td>
<td>X</td>
<td>VAT &amp; Mastic</td>
<td>84 SF</td>
<td>X</td>
</tr>
<tr>
<td>Interior</td>
<td></td>
<td>Boiler Insulation</td>
<td>84 SF</td>
<td>X</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler  
ALL PRO MANAGEMENT LLC
NJDEP Waste Hauler ID No.  
0034860
Cubic Yards of Waste As Needed  
Disposal Date  
TBD
Name of Registered Landfill  
IESI Landfill
City, State  
Garfield, NJ

Completed by  
Allen Monchik
Title  
Project Manager
Signature  

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