State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:99 and 12:20)

**Date of Notification (1):** 3/15/13  
**Name of Building Owner/Operator (2):** Township of Lebanon  
**Address:** 530 West Hill Road  
**City:** Glen Gardner  
**State:** NJ  
**Zip Code:** 08826  
**Name of Contact:** Walter Matarazzo

**Name of Facility Where Abatement is Taking Place (3):** Residential  
**Street Name:** 2063 Route 31  
**City:** Glen Gardner  
**County:** Hunterdon  
**Name of Monitoring Firm Hired by Building Owner (4):** Powi/Save  
**Name of Abatement Contractor (5):** Powi/Save  
**Street Address:** 27 West Street  
**City:** Bloomfield  
**State:** NJ  
**Zip Code:** 07003  
**Telephone No.:** 973-680-0080  
**License No.:** 357  
**Name of OSHA Monitor:**

**Shift Date (10):** 3/15/13  
**Scheduled Completion Date (11):** 3/21/13

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

**Location of Asbestos-Containing Material (ACM) (6):**

<table>
<thead>
<tr>
<th>Location</th>
<th>% Location Normally Used Solely by Maintenance/Operational Staff</th>
<th>Description of ACM (7)</th>
<th>Amount (Specify ft² or Lb)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/2 story level</td>
<td>N/A</td>
<td>1400 ft² of siding</td>
<td>32100 ft²</td>
<td></td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:** N.J.D.E.P. Waste Hauler ID No: 18262  
**Disposal Date:**

**City:** Tullytown  
**State:** PA

**Completed by:** Sharon Hendricks  
**Title:** sec/treas  
**Signature:** [Signature]

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

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

**Job #: 1302-1725**  
**Check #: 3065**

### FACILITY INFORMATION

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

**Square Feet**  
70,000

**# of Floors**  
5

**Bldg. Age**  
1980

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

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Criterion Laboratories</td>
<td></td>
<td>Asbestos and Mold Services, Corp.</td>
</tr>
</tbody>
</table>

**Street Address**  
3370 Progress Drive, Suite J

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

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eric Wysocki</td>
<td>215-244-1300</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scheduled Start Date</th>
<th>Scheduled Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>3/12/13</td>
<td>3/19/13</td>
</tr>
</tbody>
</table>

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

Abatement Performed Outside of Normal Hours

Describe:
Isolated Area

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

- ≥3 sf or ≥3 lf
- ≥160 sf or ≥280 lf
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glove Bag Procedures
- Non-Exempted and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Basement Boiler Room</th>
<th>Location Normally Used Solely by Maintenance or Custodial Staff?</th>
<th>Transite Panels &amp; associated debris</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td></td>
<td>60 CF</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td></td>
<td>4 ea</td>
</tr>
<tr>
<td></td>
<td>N/A</td>
<td></td>
<td>70 LF</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**  
NJDEP Waste Hauler ID No.
22812

**Horizon Disposal**  
City, State  
Trenton, NJ

**Name of Registered Landfill**  
GROWS
City, State  
Morrisville, PA

**Disposal Date**  
3/19/13

**Completed By (Print or Type)**  
Kim Trumbetti  
Title  
Admin.

**Signature**  
[Signature]

**Date**  
3/15/13
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 / 18 / 13</td>
<td>Rukh Edison Plaza</td>
</tr>
</tbody>
</table>

Agencies Notified
- [ ] EPA
- [■] DOLWD
- [■] DHSS
- [■] DCA
  (NJAC 5:23-8)
- [ ] Amended
- [ ] Emergency (including justification)
- [ ] Cancellation

Street Address
- 3000 Hadley Road
- City, State, Zip Code
- South Plainfield, NJ 07080

Name of Contact
- Mr. Paul Fick

Telephone Number
- [ ]

FACILITY INFORMATION

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

Street Address
- 121 James Street
- County Code (7) [STATE USE ONLY]
- Middlesex

Name of Monitoring Firm HIred by Building Owner (8)
- Tiger Environmental

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

Street Address
- 16 West Elizabeth Avenue
- City, State, Zip Code
- Linden, NJ 07036

Project Manager for Monitoring Firm
- Kelly Walton

Telephone No.
- 908-862-4301

License No.
- 00862

Start Date (10)
- 4 / 01 / 13

Scheduled Completion Date (11)
- 4 / 01 / 13

Name of OSHA Monitor
- EMSL Analytical, Inc.

Street Address
- 200 U.S. Route 130 North
- City, State, Zip Code
- Cinnaminson, NJ 08077

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

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

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

<table>
<thead>
<tr>
<th>Kitchen Floor</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Sheet Goods &amp; Floor Tile</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
- Horizon Disposal, Inc.

Name of Registered Landfill
- GROWS Landfill

City, State
- Trenton, NJ

Disposal Date
- 4/1/13

Morristown, PA 19067

Completed By (Print or Type)
- Kimberly A. Trumbetti
  Title: Office Coordinator

Signature
- [

Date
- 3/18/13

* Do not use this form for asbestos licensure exempted activities.
**Date of Notification (1) 3 / 18 / 13**

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

- **Rukh Edison**
- **Edison Plaza**
- **Job # 1303-1734: Chk. #3058**

**Agency Notified**

- **EPA**
- **DOLWD**
- **DHSS**
- **DCA**
  - (NJAC 5:23-8)

**Type Notification**

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

**Street Address**

- **3000 Hadley Road**

**City, State, Zip Code**

- **South Plainfield, NJ 07080**

**Name of Contact**

- **Mr. Paul Fick**

**Telephone Number**

**FACILITY INFORMATION**

- **Name of Facility Where Abatement is Taking Place (3)**
  - **Residential Property**
- **Square Feet**
  - **1200**
- **# of Floors**
  - **1**
- **Bldg. Age**
  - **60**

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

- **Vacant**

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

- **Vacant**

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

- **Tiger Environmental**

**ASCM No.**

**Name of Abatement Contractor (9)**

- **Asbestos and Mold Services, Corp.**

**Street Address**

- **3859 Sylon Boulevard**

**City, State, Zip Code**

- **Hainesport, NJ 08036**

**License No.**

- **000862**

**Start Date (10)**

- **4 / 01 / 13**

**Scheduled Completion Date (11)**

- **4 / 01 / 13**

**Name of OSHA Monitor**

- **EMSL Analytical, Inc.**

**Street Address**

- **200 U.S. Route 130 North**

**City, State, Zip Code**

- **Cinnaminson, NJ 08077**

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

- **≥3 sf or ≥3 if**
- **≥15 sq ft or ≥260 sq ft**
- **Renovation**
- **Demolition**
- **Negative Pressure ENcl**
- **Mini-Enclosure**
- **Glovebag Procedure**
- **Non-Exempted (*) and Non-Friable Procedure**

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

- **Back Porch Area**
  - **Floor Tile**
    - **112 SF**

**Name of Registered Waste Hauler**

- **Horizon Disposal, Inc.**
- **NJDEP Waste Hauler ID No. 22612**

**Cubic Yards of Waste**

- **5**

**Name of Registered Landfill**

- **GROWS Landfill**
- **City, State**
  - **Edison, NJ**
- **Disposal Date**
  - **4/1/13**
- **City, State**
  - **Morrisville, PA 19067**

**Completed By (Print or Type)**

- **Kimberly A. Trumbetti**
  - **Title**
    - **Office Coordinator**
  - **Signature**

**Date**

- **3/1/13**

*Do not use this form for asbestos licensure exempted activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:69 and 12:129)

Date of Notification (1)
03/13/2013

Agencies Notified

<table>
<thead>
<tr>
<th>Agency</th>
<th>Notification Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>X EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>X DEP</td>
<td>Amended</td>
</tr>
<tr>
<td>X DOL</td>
<td>Amendment #1</td>
</tr>
<tr>
<td>X DOH</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>X OCA</td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

Name of Building Owner/Operator (2)
St. Joseph Parish

Street Address
120 Hoboken Road

City, State, Zip Code
East Rutherford, NJ, 07073

Name of Contact
Joe Astarita

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
8,500

# of Floors
3

Bldg. Age
90

Current Use (Prior to being demolished)
School

Name of Facility Where Abatement is Taking Place (3)
St. Joseph Parish

Street Address
20 Hackensack Street

City (5)
East Rutherford, NJ, 07073

County (6)
Bergen

County Code (7)
(State Use Only)

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

ASCN No.

Name of Abatement Contractor (9)
National Fireproofing & Installation Co.

Street Address
105 Plauderville Ave.

City, State, Zip Code
Garfield, NJ, 07026

Telephone No.
201-569-9708

License No.
01154

Name of OSHA Monitor
National Fireproofing & Installation Co.

Street Address
105 Plauderville Ave.

City, State, Zip Code
Garfield, NJ, 07026

Start Date (10)
03/22/2013

Scheduled Completion Date (11)
03/24/2013

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

Location (13)

Location Normally Used Solely by Maintenance/Custodial Staff? (14)

- 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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>2nd. Floor</td>
<td>No</td>
<td>VAT/Mastic</td>
<td>1,320</td>
<td></td>
</tr>
<tr>
<td>2nd. Floor</td>
<td>Yes</td>
<td>Ceiling tiles</td>
<td>1,320</td>
<td></td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
ATC

N/DEP Waste Hauler ID No.
8939

Cubic Yards of Waste
15

Name of Registered Landfill
Minerva Enterprise

City, State
Waynesburg, NY

Disposal Date
03/26/2013

City, State
Shirley, NY

Completed by
Renata Koloska

Title
Office Manager

Signature
Renata Koloska

Date
03/12/2013

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

**Date of Notification (1)**: 03/01/2013
**Name of Building Owner/Operator (2)**: ST. JOSEPH PARISH

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

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

**Street Address**

120 HOBOKEN ROAD

**City, State, Zip Code**
EAST RUTHERFORD, NJ, 07073

**Name of Contact**
JOE ASTARITA
**Telephone Number**

### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place (3)**: ST. JOSEPH PARISH

**Street Address**
20 HACKENSACK ROAD

**City (5)**
EAST RUTHERFORD, NJ, 07073

**County (6)**
BERGEN

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

**Square Feet**
6,500

**# of Floors**
3

**Bldg. Age**
90

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

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

**Address**
300 GRAND AVENUE

**City, State, Zip Code**
ENGLEWOOD, NJ, 07631

**Name of Abatement Contractor (9)**
NATIONAL FIREPROOFING INSTALLATING CO.

**Address**
300 GRAND AVENUE

**City, State, Zip Code**
ENGLEWOOD, NJ, 07631

**Telephone No.**
201-569-6100

**License No.**
ATF 1797

**Name of OSHA Monitor**
DAI ENVIRONMENTAL SERVICES

**Start Date (10)**
03/15/2013

**Scheduled Completion Date (11)**
03/17/2013

**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)**

- [x] Renovation
- [ ] Demolition

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

<table>
<thead>
<tr>
<th>TO BE ABATED</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 (S&amp;F or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>1ST FLOOR</td>
<td>V</td>
<td>VAT/MASTIC</td>
<td>1,320 SF</td>
<td></td>
</tr>
<tr>
<td>2ND FLOOR</td>
<td>V</td>
<td>CEILING TIES</td>
<td>1,320 SF</td>
<td></td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
MINIVERA ENTERPRISE

**City, State**
WAYNESBURG, NY

**Disposal Date**
03/19/13

**Name of Registered Landfill**
MINIVERA ENTERPRISE

**City, State**
WAYNESBURG, NY

**Disposal Date**
03/19/13

**Signature**
SHIRLEY

**Title**
OFFICE MANAGER

**Date**
03/19/13

*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) 3/18/2013

Name of Building Owner/Operator (2)
Francine Grande

Agencies Notified
[ ] EPA
[ ] DEP
[ x ] DOH
[ x ] DCA
[ ] Initial Notification
[ ] Amended Notification
[ ] Emergency (including justification)
[ ] Cancellation

Street Address
321 Pleasant Run Road
City, State, Zip Code
Branchburg, NJ 08853
Name of Contact
Francine Grande

FACILITY INFORMATION

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

Street Address
114 E. Massachusetts
City
LBI
County Code (7) (STATE USE ONLY)
Ocean

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

Square feet
1500 sf
# of Floors
1
Bldg. Age
60

Current Use (Prior to being demolished)
Residence

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
[ ] Glovebag Procedure
[ x ] Non-Exempted (*) and Non-Friable Procedure

Project Manager for Monitoring Firm

Scheduled Start Date (10)
3/19/13
Scheduled Completion Date (11)
1/21/13

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

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

Exterior
X
Asbestos siding

Amount (Specify SF or LF)
1300 sf

Abatement Type
X

Location of 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)

3
Name of Registered Landfill
T.R.R.F.

Name of Registered Waste Hauler
Guardian Contracting, Inc.
NJDEP Waste Hauler ID No.
20223
Cubic Yards of Waste

City, State
Toms River, New Jersey
Disposal Date
1/22/13

Completed by (Print or Type)
Nicholas Fernicola
Title
Project Manager
Signature

Date
3/18/2013

*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)**
3/18/2013

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

**Street Address**
645 5th Avenue

**City, State, Zip Code**
Lyndhurst, NJ 07071

**Name of Contact**
Jim Bodei

**Telephone Number**

---

### FACILITY INFORMATION

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

**Street Address**
45 Sylvia Lane

**City**
Mahwah

**County (6)**
Ocean

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

**Square feet**
1000 sf

**# of Floors**
1

**Bldg. Age**
60

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

**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 Stetson Road

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

**Project Manager for Monitoring Firm**

**Telephone Number**

---

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

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

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

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

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

<table>
<thead>
<tr>
<th>Location Normally used</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>Exterior</td>
<td>X</td>
<td>Asbestos siding</td>
<td>850 sf</td>
<td>X</td>
</tr>
</tbody>
</table>

**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**
1/22/13

**City, State**
Tullytown, Pennsylvania

**Date**
3/18/2013

---

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

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

## Date of Notification (1)
3/19/13

## Name of Building Owner/Operator (2)
Robert Keenan/ Private Home

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

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

## Street Address
20 West Navisink

## City, State, Zip Code
Tuckerton NJ 08087

## Name of Contact
Dave

## FACILITY INFORMATION

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

### Square Feet
1000+

### # of Floors
1

### Bldg. Age
35+

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

### Name of Facility Where Abatement is Taking Place (3)
Robert Keenan / Private Home

### Street Address
20 West Navisink

### City (5)
Tuckerton NJ 08087

### County Code (7)
County Code: ____________

### Ocean

### ASCM No.
N/A

### Name of Abatement Contractor (6)
Pernaco Inc

### Street Address
PO Box 329

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

### Telephone No.
856-840-8815

### License No.
00727

### Project Manager for Monitoring Firm

### Start Date (10)
3/29/13

### Scheduled Completion Date (11)
4/5/13

### 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] ≥3 sf or ≥3 lf
- [ ] ≥150 sf or ≥260 lf
- [x] Renovation
- [x] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>In Facility</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exterior Siding</td>
<td>x</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Is Location, Normally Used Solely by Maintenance/Custodial Staff?

<table>
<thead>
<tr>
<th>(12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>NJDEP Waste Hauler ID No. 22459</td>
</tr>
</tbody>
</table>

### Cubic Yards of Waste
2

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

### City, State
Morrisville PA 19067

### Disposal Date
4/5/13

### Completed by
Anthony T. Perna

### Title
President

### Signature

### Date
3/19/13

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

Date of Notification (1)
2/19/13

Name of Building Owner/Operator (2)
NJ Transit Headquarters

Street Address
One Penn Plaza East

City, State, Zip Code
Newark NJ 07105

Name of Contact
Russell

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Newark Penn Station Lobby

Type of Facility (4)

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

Square Feet
1,000

# of Floors
2

Bldg. Age
35

Current Use (Prior to being demolished)

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

ASCM No.

Name of Abatement Contractor (9)
Pernaco Inc

Street Address
1253 North Church Street

City, State, Zip Code
Moorestown NJ 08057

Telephone No.
856-840-8815

License No.
00727

Name of OSHA Monitor
Same

Occupy Status During Abatement (Check Only One)

☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other – Describe: Night Shift 11 pm to 5 am

Scope of Work (Check All That Apply)

☐ Less then 3,000 sf
☐ 3,001 sf to 5,000 sf
☐ 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

☐ Removal
☐ Repair
☐ Encapsulate
☐ Enclosure

Location of Registered Waste Hauler
United Containers

Cubic Yards of Waste
.5

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

City, State
Morrismville PA 19067

Disposal Date
3/22/13

Completed by
Anthony T Perna

Title
President

Signature

Date
2/19/13

ASB-41 (R-06-08)

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>3/19/13</td>
<td>Len Imperiale / Private Home</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>32 South Burgee</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended</td>
<td></td>
</tr>
<tr>
<td>DOL</td>
<td>Amendment #</td>
<td></td>
</tr>
<tr>
<td>DOH</td>
<td>Emergency (including justification)</td>
<td></td>
</tr>
<tr>
<td>DCA</td>
<td>Cancellation</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Name of Contact</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuckerton NJ 08087</td>
<td>Len</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Len Imperiale / Private Home</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>32 South Burgee</td>
<td>Tuckerton NJ 08087</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>County (6)</th>
<th>County Code (7)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ocean</td>
<td>(STATE USE ONLY)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Current Use (Prior if being demolished)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuckerton NJ 08087</td>
<td>House</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 Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
<td>Pernaco Inc</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>West Berlin NJ 08091</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>3/28/13</td>
<td>4/5/13</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>856-840-8815</td>
<td>00727</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>≥3 sf or ≥3 if</th>
<th>Demolition</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥160 sf or ≥260 if</td>
<td>Full Containment with Negative Pressure</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<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>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
</tr>
<tr>
<td>No</td>
<td>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Exterior Siding</th>
<th>Exterior Siding</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥1200 Sf</td>
<td>x</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>United Containers</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>G.R.O.W.S.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>4/5/13</td>
<td>Morrisville PA 19067</td>
</tr>
</tbody>
</table>

**Completed by**

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anthony T Pema</td>
<td>President</td>
<td></td>
<td>3/19/13</td>
</tr>
</tbody>
</table>

* Do not use this form for asbestos licensure exempted activities.
# State of New Jersey
## NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:160 and 8:166)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>3/18/13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>LODI BOARD OF EDUCATION</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>EPA, DOHWD, DHSS</td>
</tr>
<tr>
<td>Type Notification</td>
<td>Initial</td>
</tr>
<tr>
<td>Street Address</td>
<td>P.O. Box 915, LODI, NJ 07644</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>LODI, NJ 07644</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>ANTHONY LUNA</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
<tr>
<td>FACILITY INFORMATION</td>
<td></td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>WASHINGTON SCHOOL</td>
</tr>
<tr>
<td>Street Address</td>
<td>310 NORTH MAIN STREET</td>
</tr>
<tr>
<td>City (5)</td>
<td>LODI</td>
</tr>
<tr>
<td>County (6)</td>
<td>BERGEN</td>
</tr>
<tr>
<td>Type of Facility (4)</td>
<td>School (K-12)</td>
</tr>
<tr>
<td>Square Feet</td>
<td>500</td>
</tr>
<tr>
<td># of Floors</td>
<td>3</td>
</tr>
<tr>
<td>Bidg Age</td>
<td>25</td>
</tr>
<tr>
<td>Current Use (Prior if being demolished)</td>
<td>Boiler Room in School</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>K+A ENVIRONMENTAL CONTRACTORS</td>
</tr>
<tr>
<td>Street Address</td>
<td>20 LAUCK ROAD, MOUNTAIN, PA 19540</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>MOUNTAIN, PA 19540</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>K+A ENVIRONMENTAL CONTRACTORS</td>
</tr>
<tr>
<td>Street Address</td>
<td>20 LAUCK ROAD, MOUNTAIN, PA 19540</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>MOUNTAIN, PA 19540</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>MIKE KALI</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>610-856-7720</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>C.E.I. LAB</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>3/15/13</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>3/19/13</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check only one)</td>
<td></td>
</tr>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
<td></td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement</td>
<td>7:00 AM-5:00 PM - PM-AM</td>
</tr>
<tr>
<td>Scope of Work (Check all that apply)</td>
<td></td>
</tr>
<tr>
<td>Alternatives to Abatement (Check all that apply)</td>
<td></td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</td>
<td></td>
</tr>
<tr>
<td>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td>THERMAL SYSTEM INSULATION</td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td>9 LF</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>K+A ENVIRONMENTAL CONTRACTORS</td>
</tr>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
<td>00815</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>1</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>IMPERIAL LANDFILL</td>
</tr>
<tr>
<td>City, State</td>
<td>IMPERIAL, PA</td>
</tr>
<tr>
<td>Completed By (Print or Type)</td>
<td>ANTHONY SANTARELLI</td>
</tr>
<tr>
<td>Title</td>
<td>OPERATION</td>
</tr>
<tr>
<td>Signature</td>
<td>ANTHONY SANTARELLI</td>
</tr>
<tr>
<td>Date</td>
<td>3-18-13</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>3/19/13</td>
<td>Jacqueline Bennings</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</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>

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>VACANT HOUSE</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>172 Reiso St.</td>
<td>3500</td>
<td>3</td>
<td>110 yrs</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City (5)</th>
<th>County Code (6)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elizabeth</td>
<td>UNION</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Finishing Touch Asbestos</td>
<td>P.O. Box 400</td>
<td>Oceanport, NJ 07707</td>
</tr>
<tr>
<td>Abatement Corporation</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Abatement Monitor (10)</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>732-225-8372</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>3/21/13</td>
<td>3/24/13</td>
</tr>
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</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 23 ft</td>
</tr>
<tr>
<td>160 sf or 260 ft</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</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>DEMOSS FUSE</td>
<td>Yes/No/N/A</td>
<td>MISCIRROUS</td>
<td>50 SF</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJ DEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Finishing Touch, Inc.</td>
<td>12058</td>
<td>1152</td>
<td>G.B.O.W.A.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by</th>
<th>Title</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joseph L. Miller</td>
<td>PRESIDENT</td>
<td>3/19/13</td>
</tr>
</tbody>
</table>

ASB-41 (R-06-08)  
* Do not use this form for asbestos license exempted activities.
**NOTIFICATION OF ASBESTOS ABATEMENT**

**State of New Jersey**

**Pursuant to NJAC 8:59 and 12:120**

**Date of Notification (1):** 3/18/13

**Name of Building Owner/Operator (2):** HS C. Woonen

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

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

**Street Address:** 11 TUGBY RD

**City, State, Zip Code:** CEDAR GROVE, NJ 07009

**Name of Contact:** HS Woonen

**FACILITY INFORMATION**

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

**Street Address:** 11 TUGBY RD

**City (5):** CEDAR GROVE

**County (6):** ESSEX

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

**Square Foot:** 2000

**# of Floors:** 2

**Bldg. Age:** 85 YRS

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

**Name of Monitoring Firm Hired by Building Owner (6):** Best Removal Inc

**ASCN No.:**

**Name of Abatement Contractor (9):** Omega Environmental Inc

**Street Address:** 280 Ruyler St

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

**License No.:** 00388

**Start Date (10):** 4/3/13

**Scheduled Completion Date (11):** 4/4/13

**Occupancy Status During Abatement (Check only one):**
- [ ] Fully Vacated
- [ ] Partial Vacated
- [ ] No Vacated

**Scope of Work (Check all that apply):**
- [ ] Demolition
- [ ] Renovation
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Frangible Procedure

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

- [ ] Thermal System Insulation
- [ ] Acoustic Insulation
- [ ] Fireproofing
- [ ] Miscellaneous

**Amount:** 125 LF Y

**Name of Registered Waste Hauler:** Best Removal Inc

**ID No.:** 17109

**Cubic Yards of Waste:** 2

**Name of Registered Landfill:** Minerva Enterprises

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

**Disposal Date:** 4/4/13

**Name of Registered Landfill:** Minerva Enterprises

**City, State:** Waynesburg, Oh

**Completed by:** J. Maiorano

**Title:** Estimator

**Signature:** Woonen

**Date:** 3/18/13

---

*Do not use this form for asbestos licensure or permit applications.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:13J)

Name of Building Owner/Operator: McAtee

Name of Abatement Contractor: 

Type of Asbestos: 

Facility Information

Type of Facility: 

Current Use: vacant

Location of Facility: 

Description of Asbestos Containing Material (ACM): 

Amount: 

Location of ACM: 

Name of Responsible Contractor: 

Name of Responsible Person: 

Signature: 

Date: 

Do not use this form for asbestos license exempted activities.
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 13:410)

**Date of Notification:** 3/18/13

**Name of Building Owner/Operator:** Wm. Hargrove Co.

**Subject Address:** 1507 STATE ST.
**City:** CAMDEN, N.J., **State:** N.J., **ZIP Code:** 08104

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

**Square Feet:** 1000
**Stories:** 1
**Building Age:** 50

**Name of Abatement Contractor:** KIEMO INC.

**Located at:** 369 S. SPRUCE AVE.
**City:** MAPLE SHADE, N.J., **ZIP Code:** 08052

**Scheduled Completion Date:** 4/4/13

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

**Type of Work:**
- Removal
- Demolition

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

**Amount:** 1800 lbs.

**Name of Registered Waste Hauler:** KIEMO INC.

**Name of Registered Landfill:** C.W.O.S.

**City:** MAPLE SHADE, N.J.

**Date:** 3/18/13

---

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

**Date of Notification (1):** 03/11/13  
**Name of Building Owner/Operator (2):** Community Food Bank of N.J.  
**Street Address:** 31 Evans Terminus Rd.  
**City, State, Zip Code:** Hillside, NJ 07205  
**Name of Contact:** Jim Doty  
**Telephone Number:** [Redacted]

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Food Bank of N.J.</td>
<td></td>
</tr>
</tbody>
</table>

- **Street Address:** 31 Evans Terminus Rd.  
- **City:** Hillside  
- **County:** Union  
- **Name of Monitoring Firm Hired by Building Owner (8):** M/A  
- **ASCM No.:**  
- **Name of Abatement Contractor (9):** LESCO SERVICES INC.  
- **Street Address:** 156 Maple Ave  
- **City:** Wallington  
- **State:** NJ  
- **Zip Code:** 07057  
- **License No.:** 011007  
- **Name of OSHA Monitor:** LESLAI VALODUA  
- **Street Address:** 156 Maple Ave  
- **City:** Wallington  
- **State:** NJ  
- **Zip Code:** 07057

**Start Date (10):** 06/18/13  
**Scheduled Completion Date (11):** 03/13/13

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

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

**Location of Asbestos-Containing Material (ACM) TO BE ABATED:**  
<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</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>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thrift store</td>
<td>Yes</td>
<td>Asbestos ceiling insulation 500SF X</td>
<td></td>
</tr>
</tbody>
</table>

**Amount (Specify SF or LF):**  
**Name of Registered Waste Hauler:** Newland Carting Inc.  
**NUDEP Waste Hauler ID No.:** 07-409  
**Cubic Yards of Waste:** 150  
**Name of Registered Landfill:**  
**Disposal Date:** 05/13/13  
**City:** Poenisville  
**State:** PA

**Completed by:** LESLAI VALODUA  
**Title:** President  
**Signature:** [Redacted]  
**Date:** 03/13/13

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

(State of New Jersey)

(Pursuant to NJAC 8:89 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>03/12/2013</td>
<td>Perth Amboy BOE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Contact (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>Mario Cofini</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>
<td></td>
</tr>
<tr>
<td>DCA</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>St. Mary's School Gym Building</td>
<td>148 Barracks Street</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City (5)</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perth Amboy, NJ 08861</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>County (6)</th>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Middlesex</td>
<td>AHERA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ASCM No.</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Nick Restoration LLC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Smoyer</td>
<td>(609) 652-1833</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>04/01/2013</td>
<td>04/05/2013</td>
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</table>

<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
<th>License No.</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>973-933-2550</td>
<td>72 Brookside Rd</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check Only One)</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>![Facility Closed/ Vacated]</td>
<td>2333 RT 22</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>![23 sf or 23 ft]</td>
</tr>
<tr>
<td>![≥ 160 sf or ≥ 250 ft]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gymnasium area/Teacher's Break</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<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, V.A.T., or other miscellaneous)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>90 LF</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
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</thead>
<tbody>
<tr>
<td>90 LF</td>
<td>x</td>
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</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nick Restoration LLC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Disposal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>33782</td>
<td>TBD</td>
<td>TBD</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>G.R.O.W.S</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elvira Mrda</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>President</td>
<td>[Signature]</td>
<td>03/12/2013</td>
</tr>
</tbody>
</table>
**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>3/15/13</th>
</tr>
</thead>
</table>

**Name of Building Owner/Operator (2)**  
Trans Fabrication, East Rutherford

**Street Address**  
601 W. Classics Landing Road

**City, State, Zip Code**  
EGC Hanover Twp., N.J., 08015

**Name of Contact**  
Klemco Inc.

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>RESIDENCE</th>
</tr>
</thead>
</table>

**Type of Facility (4)**

| □ School (K-12) | □ Subchapter 9 (Other than K-12) | □ Other (I.e., private & commercial buildings, names, etc.) |

**Square Feet**  
1000

**Current Use**  
VACANT

**County Code (5) | OCEAN CITY |**

**County (6) | CAGE MAY |**

**Name of Abatement Contractor (8)**  
Klemco Inc.

**Street Address**  
369 S. Spruce Ave.

**City, State, Zip Code**  
Maple Shade, N.J., 08052

**Type of Monitoring Firm**  
N/A

**Telephone No.**  
856-779-0422

**License No.**  
00464

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

**Name of OSHA Monitors**  
Joseph Klemm

**Start Date (10)**  
4/2/13

**Scheduled Completion Date (11)**  
4/7/13

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

<table>
<thead>
<tr>
<th>Location Normally Used Solely by Maintenance/ Custodial Staff (12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

**Renovation or Demolition**  
☒ Renovation

**Description of Asbestos-Containing Material (ACM)**  
(Non-Friable or Friable)  
(Non-Friable (1) and Non-Friable Procedure)

**Amount**  
2000

**Abatement**  
☑ Translocate

**Name of Registered Waste Handler**  
Klemco Inc.

**Hazard Waste Handler D No.**  
12094

**Cubic Yards of Waste**  
5

**Name of Registered Landfill**  
C.M.C., M.U., N.J.

**City, State**  
Maple Shade, N.J., 08052

**Disposal Date**  

**City, State**  
Woodbine, N.J.

**Completed By**  
Joseph Klemm

**Owner**  

**Signature**  
Joseph Klemm

**Date**  
3/15/13

*Do not use this form for asbestos licensure exempted activities.*
<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>3/19/13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>SAME RICH CONTRACTING</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>Type Notification</td>
</tr>
<tr>
<td>☑ EPA</td>
<td>□ Inadvertent</td>
</tr>
<tr>
<td>□ DCCP</td>
<td>□ Amended</td>
</tr>
<tr>
<td>□ DOH</td>
<td>□ Emergency (Including Justification)</td>
</tr>
<tr>
<td>□ DCA</td>
<td>□ Cancellation</td>
</tr>
<tr>
<td>Street Address</td>
<td>185 N, 50</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>EAGLEFIELD, N.J., 08230</td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>RESIDENCE</td>
</tr>
<tr>
<td>Street Address</td>
<td>108 1ST AVENUE</td>
</tr>
<tr>
<td>City (5)</td>
<td>STONE HAMMER</td>
</tr>
<tr>
<td>County (6)</td>
<td>CAP MAY</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>KLEEMCO INC</td>
</tr>
<tr>
<td>Street Address</td>
<td>369 S. SPRUCE AVE.</td>
</tr>
<tr>
<td>County Code (7) (STATE USE ONLY)</td>
<td>1090</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>KLEEMCO INC</td>
</tr>
<tr>
<td>Current Use (Prior to being demolished)</td>
<td>VACANT</td>
</tr>
<tr>
<td>Type of Facility (4)</td>
<td>School (K-12)</td>
</tr>
<tr>
<td></td>
<td>Subchapter 6 (Other than K-12)</td>
</tr>
<tr>
<td></td>
<td>Other (i.e., private &amp; commercial buildings homes, etc.)</td>
</tr>
<tr>
<td>San Date (10)</td>
<td>4/3/13</td>
</tr>
<tr>
<td>Sched. Completion Date (11)</td>
<td>4/10/13</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check only one)</td>
<td>Facility Closed/ Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>□ Abatement Performed Outside of Normal Facility Hours</td>
<td>Other - Describe:</td>
</tr>
<tr>
<td>Scope of Work (Check all that apply)</td>
<td>Renovation</td>
</tr>
<tr>
<td></td>
<td>Demolition</td>
</tr>
<tr>
<td></td>
<td>Full Containment with Negative Pressure</td>
</tr>
<tr>
<td></td>
<td>Non-Enclosure</td>
</tr>
<tr>
<td></td>
<td>Glovebag Procedure</td>
</tr>
<tr>
<td></td>
<td>Non-Exempted (1) and Non-Exempted Procedure</td>
</tr>
<tr>
<td>Location of Asbestos Containing Material (ACM) TO BE ABATED</td>
<td>SIDING</td>
</tr>
<tr>
<td></td>
<td>TRANSITE</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>KLEEMCO INC</td>
</tr>
<tr>
<td>MDWEP Waste Hauler ID No.</td>
<td>17927</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>MAPLE SHADE, N.J., 08052</td>
</tr>
<tr>
<td>Disposal Date</td>
<td></td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>C.M.C., M.U.A.</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>JOSEPH KLEMM</td>
</tr>
<tr>
<td>Telem. Number</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Do not use this form for asbestos license exempted activities*
Date of Notification (1)
03/18/2013

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

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

Name of Building Owner/Operator (2)
RANCH HOPE

Name of Facility Where Abatement is Taking Place (3)
EMD COTTAGE F

Street Address
37 SAWMILL ROAD

City, State, Zip Code
ALLOWAY, NJ 08001

County (6)
SALEM

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
4250

# of Floors
1

Bldg. Age
30+

Current Use (Prior if being demolished)
RESIDENTIAL

Name of Monitoring Firm Hired by Building Owner (8)
STRATEGIC ENVIRONMENTAL

ASCM No.

Name of Abatement Contractor (9)
ASSURED ENVIRONMENTAL SERVICES INC.

Street Address
1634 S DELAWARE STREET

City, State, Zip Code
PAISLBORO, NJ 08066

Project Manager for Monitoring Firm
ED KEEGAN

Telephone No.
856-423-5711

Start Date (10)
03/18/2013

Scheduled Completion Date (11)
04/08/2013

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 LF)
100 SF

Abatement Type
☐ Removal
☐ Repair
☒ Encapsulate
☐ Enclosure

Name of Registered Waste Hauler
NETS

NJ DEP Waste Hauler ID No.

Cubic Yards of Waste
TBD

Name of Registered Landfill
ALLIED WASTE IMPERIAL LANDFILL

City, State
HAZLETON, PA

Disposal Date
04/08/2013

City, State
IMPERIAL, PA

Completed by
RON SWANSON

Title
PROJECT COORDINATOR

Signature

Date
03/18/2013

Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:130)

Date of Notification (1): 3/19/13

Name of Building Owner/Operator (2): Clean Tech Contracting

Type of Notification:
- [ ] Initial
- [ ] Amended
- [ ] Amendment II
- [ ] Emergency (including justification)
- [ ] Cancellation

Address:

Street Address: 3505 Vernon Lane
City, State, Zip Code: Ocean City, NJ, 08230

Name of Contractor:

Name: Joseph Klemm
Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):
- [ ] RESIDENCE
- [ ] SCHOOL (K-12)
- [ ] SUBCHAPTER B (Other than K-12)
- [ ] CEM (i.e., private & commercial buildings, homes, etc.)

Square Feet: 1000

Current Use (Prior to being demolished):
- [ ] RESIDENCE
- [ ] VACANT

Site Address:

Street Address: 369 S. Spruce Ave.
City, State, Zip Code: Maple Shade, NJ, 08052

License No.:

Name of Abatement Contractor (8):

Name: Klemco, Inc.
Telephone No.:

Name of OSHA Monitor:

Name: Joseph Klemm
Telephone No.:

Name of Registered Waste Hauler:

Name: Klemco, Inc.
Telephone No.:

Cubic Yards of Waste:

Amount (Estimate) (SF or LF):

Amout (SF or LF):

Date of Abatement:

Cbelow the line:

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)

**Date of Notification (1):** 3-19-13

**Name of Building Owner/Operator (2):** Habitat For Humanity

**Street Address:** 425 South Broadway

**City, State, Zip Code:** Pitman, NJ 08071

**Name of Contact:** Bob Harms

**FACILITY INFORMATION**

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

**Square Feet:**

**# of Floors:**

**Bldg. Age:** 30+ yrs

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

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

**Street Address:** 315 Holly Ave

**City (5):** Pitman, NJ

**County (6):** Gloucester

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

**ASCM No.:** N/A

**Name of Abatement Contractor (8):** EPC Technologies Inc

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

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

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

**License No.:** 00394

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

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

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

**Start Date (10):** 3-24-13

**Scheduled Completion Date (11):** 4-6-13

**Occupancy Status During Abatement (Check Only):**
- [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] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [x] Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Floor Tiles</td>
<td>800 SF</td>
</tr>
<tr>
<td>Veneer tiles</td>
<td>1500 SF</td>
</tr>
</tbody>
</table>

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

**NJDEP Waste Hauler ID No.:** 170000

**Cubic Yards of Waste:** 12

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

**City, State:** Moonville, PA

**Disposal Date:** 4-7-13

**Completed by:** Steve Schenker

**Title:** President

**Signature:**

**Date:** 3-19-13

*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)
3/18/13

Name of Building Owner/Operator (2)
Vincent Congro / Private Home

Agency Notified
[ ] EPA  [ ] DEP  [ ] DOL  [ ] DOH  [ ] DOA

Type Notification
[ ] Initial  [ ] Amended  [ ] Amendment #
[ ] Emergency (Including Justification)  [ ] Cancellation

Street Address
44 Sylvia lane

City, State, Zip Code
Manahawkin NJ 08050

Name of Contact
Vincent

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)
Vincent Congro / Private Home

Street Address
44 Sylvia lane

City
Manahawkin NJ 08050

County
Ocean

Square Feet
1000

Current Use (Prior to being demolished)
House

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

# of Floors
1

Bldg. Age
35+

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

Name of Abatement Contractor (9)
Pernaco Inc.

Street Address
PO Box 329

City, State, Zip Code
West Berlin NJ 08091

Project Manager for Monitoring Firm

Name of OSHA Monitor
Same

Telephone No.

License No.
856-753-9800
00727

Start Date (10)
3/28/13

Scheduled Completion Date (11)
4/3/13

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
[ ] 3160 sf or ≥260 ft
[ ] Renovation
[ ] Demolition
[ ] Full Containment with Negative Pressure
[ ] Minimize Enclosure
[ ] Glovebag Procedure
[ ] Non-Exempted (*) and Non-Friable Procedure

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

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

Exterior Siding
Yes  No  N/A

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

Amount
1200 SF

Abatement Type

Name of Registered Waste Hauler
United Containers

Cubic Yards of Waste
2

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

City, State
Morrisville PA 19067

Disposal Date
4/3/13

Completed by
Anthony T Perna
Title
President

Signature

Date
3/18/13

* 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): 3/11/13

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

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

Name of Building Owner/Operator (2): GUSINDE/PRIVATE HOME

Street Address: 266 EVERGREEN DR
City, State, Zip Code: BAYVILLE NJ
Name of Contact: 
Telephone Number: 

FACILITY INFORMATION

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

Street Address: 266 EVERGREEN DR
City (3): BAYVILLE
County (6): ocean

Square Feet: 1500
# of Floors: 1
Bldg. Age: 25

Current Use (Prior if being demolished): HOME

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): N/A

ASCM No.: 

Name of Abatement Contractor (9): a-one waste solutions

Street Address: po box 204
City, State, Zip Code: MEDFORD, NJ 08055

Project Manager for Monitoring Firm: 

Telephone No.: 
Telephone No.: 856 753 8100
License No.: 01197

Start Date (10): 3/22/13
Scheduled Completion Date (11): 3/25/13

Name of OSHA Monitor: SAME

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

Scope of Work (Check All That Apply): 
- 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>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>EXTERIOR SIDING</td>
<td>X</td>
<td>EXTERIOR SIDING</td>
<td>1500</td>
<td>x</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler: A-ONE HAULING

NJ DEP Waste Hauler ID No.: 21079

Cubic Yards of Waste: 2

Name of Registered Landfill: GROWS LANDFILL

Disposal Date: 3/25/13

City, State: TULLEYTOWN, PA

Completed by: jamie burns

Title: owner
Signature: 
Date: 3/11/13

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) 3/10/13
Name of Building Owner/Operator (2) HENRY & ANNE MAGIERSKI /PRIVATE HOME

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>32 SHIP DR</td>
</tr>
<tr>
<td>DEP</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOH</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DCA</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

City, State, Zip Code MYSTIC ISLAND NJ
Name of Contact HENRY
Telephone Number

FACILITY INFORMATION
Name of Facility Where Abatement is Taking Place (3)
residence
Street Address 32 SHIP DR
City (5) MYSTIC ISLAND
County (6) ocean
County Code (7) __________
Current Use (Prior if being demolished) HOME

<table>
<thead>
<tr>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>800</td>
<td>1</td>
<td>30</td>
</tr>
</tbody>
</table>

Name of Monitoring Firm Hired by Building Owner (8) N/A
ASCM No. Name of Abatement Contractor (9) a-one waste solutions
Street Address Street Address po box 204
City, State, Zip Code medford nj 08055
Project Manager for Monitoring Firm
Telephone No. Telephone No. 856 753 8100
License No. 01197

Start Date (10) 3/1/13
Scheduled Completion Date (11) 3/21/13
Name of OSHA Monitor SAME

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

Scope of Work (Check All That Apply)

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

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

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) 800

Abatement Type
Removal
Repair
Encapsulation
Endorse

EXTERIOR SIDING X EXTERIOR SIDING

Name of Registered Waste Hauler A-ONE HAULING
NJDEP Waste Hauler ID No. 21079
Cubic Yards of Waste 3
Name of Registered Landfill grows
Disposal Date 3/25/13
City, State TULLYtown, PA

Completed by jamie burns
Title owner
Signature
Date 3/25/13

ASB-41 (R-06-08)
Do not use this form for asbestos licensure exempted activities.