STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:60-7 AND 12:120-7)

Date of Notification (1)
12 / 18 / 13

Name of Building Owner / Operator (2)
PSE&G

Adventures Notified
☐ EPA ☐ Initial
☐ DOH ☐ Amended
☐ DOL ☐ Amendment # 1
☐ ☐ Emergency w/ justification
☐ ☐ Cancellation

Street Address
80 PARK PLAZA

City, State, Zip Code
NEWARK, NJ 07101

Name of Contact
DAWN NEVILLE

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
SUSQUEHANNA - ROSELAND PROJECT

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

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

Square Feet N/A # Of Floors N/A Building Age N/A

Current Use (Prior if being demolished)
N/A

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

ASCM NO LVI Demolition Services Inc.

Name of Abatement Contractor (9)

Street Address
2 EAST BLACKWELL ST

City, State, Zip Code
DOVER, NJ

Telephone Number
973-365-4550

Telephone Number
973-772-3660

License Number
00860

Name of OSHA Monitor
LVI Demolition Services Inc.

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

Scheduled Start Date (10) Sched. Completion Date (11)
01 / 06 / 14 06 / 30 / 14

Scope of Work (Check All That Apply)
☐ Demolition ☐ Renovation ☐ Full Containment with Negative Pressure
☐ >60 sf or >120 sf
☐ >160 sf or >260 sf
☐ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos Containing Material (ACM) TO BE ABATED

Location
NORMAL

Location
Solely

Location
Used

Location
by Mainten-

Location
ance/Custod-

Location
ial Staff

Location
by Maintenance/Custodial Staff

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

Amount

SPECIFY

SF OR LF

Abatement Type

ENCLOSURE

ENCAP

REPAIR

REMOVAL

REMOTIONAL

NAME OF REGISTERED LANDFILL OWNER

NJDEP Waste Hauler ID No.

Cubic Yards of Waste

Disposal Date

City, State

Name of Registered Waste Hauler Owner

Completed by (Print or Type)

STEVEN STILES

Title
PROJECT MANAGER

Signature

Date
03/20/14

ASB-41
### State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

#### Date of Notification (1)
3/20/14

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

#### Name of Building Owner/Operator (2)
State of New Jersey, Department of Transpotation

#### Street Address
1035 Parkway Avenue, CN 600

#### City, State, Zip Code
Trenton, NJ 08625

#### Name of Contact
Mr. James Britton

#### Name of Facility Where Abatement is Taking Place (3)
Route 206 Bypass - Section 15, Parcel R11

#### Street Address
22 - 28 Hamilton Road

#### City (5)
Hillsborough

#### County (6)
Somerset

#### County Code (7)
State USE ONLY

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

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

#### Start Date (10)
4/7/14

#### Scheduled Completion Date (11)
4/11/14

#### Occupancy Status During Abatement (Check Only One)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other – Describe: 7:00 am - 3:30 pm

#### Scope of Work (Check All That Apply)
- ±25 sf or ±25 ft
- ±160 sf or ±280 ft
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

#### Location of Asbestos-Containing Material (ACM) TO BE ABATED
- Residence - Main House
- Behind Building 4

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

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

#### Amount (Specify SF or LF)
- 748
- 1,500

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

#### Square Feet
6,000

#### # of Floors
2

#### Bldg. Age
~50

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

#### Name of Abatement Contractor (9)
ecoservices, LLC

#### Street Address
407 West Lincoln Highway, Suite 500

#### City, State, Zip Code
Exton, PA 19341

#### Telephone No.
484-872-8884

#### License No.
01161

#### Name of OSHA Monitor
EMSL

#### Street Address
200 Route 130 North

#### City, State, Zip Code
Cinnaminson, NJ

#### Name of Registered Waste Hauler
Waste Management of New Jersey

#### NJDEP Waste Hauler ID No.
4

#### Cubic Yards of Waste
4

#### Name of Registered Landfill
GROWS

#### City, State
Morrisville, PA

#### Disposal Date
TBD

#### Completed by
Jack Bally

#### Title
Sr. Project Manager

#### Signature

#### Date
3/20/14

*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)  
3/20/14

#### Name of Building Owner/Operator (2)  
Colgate Palmolive

#### Name of Building Address (3)  
909 River Road

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

#### Name of Contact  
David Borch

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

#### Square Feet  
800,000

#### # of Floors  
2

#### Bldg. Age  
50 years

#### Current Use (Prior to being demolished)  
Administration and research

#### Name of Abatement Contractor (9)  
ecoservices, LLC

#### Name of OSHA Monitor  
EMSL

#### Start Date (10)  
3/31/14

#### Scheduled Completion Date (11)  
4/4/14

#### Occupancy Status During Abatement (Check Only One)  
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other – Describe: Area only used by custodial staff

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

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

#### Amount (Specify SF or LF)  
6

#### Abatement Type  
- 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

#### Number of Manholes  
- 2 Manholes on Campus Driveway

#### Cubic Yards of Waste  
2

#### Name of Registered Waste Hauler  
Veolia ES Technical Solutions

#### Name of Registered Landfill  
CWM Chemical Services

#### City, State Technical Solutions  
Flanders, NJ

#### City, State  
Model City, NY

#### Disposal Date  
TBD

#### Name of Registered Landfill  
CWM Chemical Services

#### Signature  
Jack Bally

---

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

- **Type of Facility**: School (K - 12)
- **Square Feet**: 16,000 sf
- **No. of Floors**: 3
- **Bldg. Age**: 50
- **Current Use (Prior to being demolished)**: School

**Location**
- **Main School North Side of the Building**
- **Street Address**: 1060-1066 South Orange Avenue
- **City**: Newark
- **County**: Essex

**Monitoring Firm**
- **Name of Firm**: Whitman Companies
- **Street Address**: 7 Pleasant Hill Rd.
- **Cranbury, NJ 08512
- **Project Manager**: Kevin Lovely
- **Phone Number**: 732-390-5858

**Abatement Contract**
- **Name of Contractor**: Paragon Contracting, Inc.
- **Street Address**: 590 River Rd.
- **Clifton, NJ 07014
- **Telephone Number**: (973) 614-1600

**Occupancy Status**
- **Occupancy Status During Abatement**: Facility closed/vacated during entire period of abatement.
- **Scope of Work**: Full Containment w/negative pressure

**Location of Asbestos-Containing Material**

<table>
<thead>
<tr>
<th>Location</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Description of Asbestos-Containing Material</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pipe Elbows</td>
<td></td>
<td></td>
<td></td>
<td>310 EA</td>
</tr>
<tr>
<td>VAT &amp; Mastic</td>
<td></td>
<td></td>
<td></td>
<td>19,000 SF</td>
</tr>
<tr>
<td>Ceiling Tiles</td>
<td></td>
<td></td>
<td></td>
<td>23,000 SF</td>
</tr>
<tr>
<td>Sink Backing</td>
<td></td>
<td></td>
<td></td>
<td>150 SF</td>
</tr>
</tbody>
</table>

**Disposal Details**
- **Registered Waste Hauler**: Paragon Contracting, Inc.
- **NJDEP Hauler ID**: 22161
- **Cubic Yards of Waste**: 120 cyds
- **Disposal Date**: TBD
- **Name of Registered Landfill**: Tullytown/GROWS
- **City, State**: Tullytown-PA
- **City, State**: Clifton, NJ 07014
- **Deadline for Disposal**: 03/18/2014

**Title of Person Completing Form**: President
- **Name**: Goran Lazevski
**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:90 and 5:16)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>3/18/14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Residential</td>
</tr>
<tr>
<td>Street Address</td>
<td>29 Imbrook Drive</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Matawan, NJ 07747</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Charles Donohue</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place (3) | Residential Property |
| Street Address | 29 Imbrook Drive |
| City (5) | Matawan, NJ |
| County (5) | Monmouth |
| Name of Monitoring Firm Hired by Building Owner (8) | MECS |
| Street Address | PO Box 341 |
| City, State, Zip Code | Crosswicks, NJ 08515 |
| Project Manager for Monitoring Firm | William Weisgarber Jr. |
| Telephone No. | (609) 298-4070 |
| Start Date (10) | 3/28/14 |
| Scheduled Completion Date (11) | 4/1/14 |
| Occupancy Status During Abatement (Check only one) | Facility Closed/Vacated During Entire Period of Abatement |
| Scope of Work (Check all that apply) | ≥3 sf or ≥3 if |
| ≥160 sf or ≥250 if |

| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) |
| 1st Floor Living room | X |
| 2nd Floor Bedrooms | |
| 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) | VAT |
| Amount (Specify SF or LF) | 312 sf |
| Name of Registered Waste Hauler | Stevens Environmental |
| City, State | Allentown, NJ |
| NDEP Waste Hauler B & No. | 18292 |
| Cubic Yards of Waste | 2 CU |
| Disposal Date | 4/1/14 |
| Name of Registered Landfill | T.R.R.F., Inc. |
| City, State | Tullytown, PA |
| Completed By | Mahlon E. Stevens |
| Title | Project Manager |
| Signature | Date | 3/18/14 |

*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)**
03/13/2014

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

**Agencies Notified**
- [X] EPA
- [X] DOL
- [X] DOH

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

**Street Address**
20-01 Pollit Drive

**City, State, Zip Code**
Fair Lawn, NJ

**Name of Contact**
Ed Primavera (Owner's Rep.)

### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place (5)**
BIOMET Inc.

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

**Square Feet**
40,000

**# of Floors**
1

**Biog.**
40

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

### Name of Monitoring Firm Hired by Building Owner
Bio-Terra Environmental Solutions LLC.

### Name of Abatement Contractor
Valiant Associates, LLC

**Street Address**
P.O. Box 1234
Union, NJ 07083

**Project Manager for Monitoring Firm**
Kick Eustaquiou

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

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

<table>
<thead>
<tr>
<th>Location Normally Used Solely by Maintenance/ Custodial Staff (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manufacturing Area</td>
<td>Elbow Insulation (wrap &amp; cut)</td>
<td>6LF</td>
</tr>
<tr>
<td>Mechanics Shop</td>
<td>Elbow Insulation (wrap &amp; cut)</td>
<td>7 LF</td>
</tr>
<tr>
<td>Mechanics Shop</td>
<td>Duct Insulation (wrap &amp; cut)</td>
<td>75 SF</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
Service Transport Group

**Cubic Yards of Waste**
3 CY

**Name of Registered Landfill**
Minerva Landfill

**City, State**
New Castle, DE

**Disposal Date**
03/31/2014

**City, State**
Waynesburg, OH

**Completed By**
Miodrag Stamenovic

**Title**
Project Manager

**Date**
03/13/2014

*Do not use this form for asbestos licensure exempted activities.*
**Emergency Check #87478**

**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to N.J.A.C. 8:55-8.1 and 12:12-9)

<table>
<thead>
<tr>
<th>Date of Notification (3)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>3-18-14</td>
<td>Rudy Manger</td>
</tr>
</tbody>
</table>

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

**Single Family Dwelling**

**Street Address:**

1221 Beach Blvd.

**City:**

Forked River NJ 08731

**County:**

Ocean

**Type of Facility (4):**

School (K-12)

Subchapter 8 (Other than K-12)

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

**Square Feet:**

600

**# of Floors:**

1

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

Single Family Dwelling

**Name of Asbestos Abatement Contractor (5):**

EPC Technologies Inc.

**Street Address:**

P.O. Box 337

**City:**

New Egypt NJ 08533

**该县, State, Zip Code:**

New Egypt NJ 08533

**Telephone No.:**

609-758-3365

**License No.:**

0639

**Name of OSHA Monitor:**

EPC Technologies Inc.

**Street Address:**

P.O. Box 337

**City:**

New Egypt NJ 08533

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

Facility Closed/Sealed During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours

Other (Describe):

Scope of Work (Check All That Apply):

3 stories or less

3 floors or less

Renovation

Demolition

Non-Exempted (*) and Non-Resilient Procedure

**Name of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (5):**

Extension Walls

Siding Shingles < 800 SF

**Name of Registered Waste Hauler:**

EPC Technologies

**City:**

New Egypt NJ

**Name of Registered Landfill:**

Waste Management of PA

**City:**

Monroeville PA

**Completed by:**

Steve Schenker

**Date:**

3-18-14

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

**Date of Notification:** 3-17-14  
**Name of Building Owner/Operator:** Louis LaRosa  
**Street Address:** 996 Magnolia Drive  
**City, State, Zip Code:** Basking Ridge, NJ 07920  
**Name of Contact:** Louis LaRosa  
**Telephone Number:**

#### Agency Information
- **EPA**
- **DEP**
- **DOH**
- **DOL**
- **DCA**

#### Facility Information
- **Name of Facility Where Abatement is Taking Place:** Single Family Dwelling  
- **Street Address:** 996 Magnolia Drive  
- **City:** Basking Ridge  
- **State:** NJ  
- **Zip Code:** 07920  
- **County:** Morris  
- **License No:** 08533  
- **License Issuance:** 1985

#### Abatement Contractor
- **Name of Abatement Contractor:** EPC Technologies Inc  
- **Street Address:** P.O. Box 337  
- **City, State, Zip Code:** New Egypt, NJ 08533

#### Abatement Details
- **Start Date:** 2-17-14  
- **Completion Date:** 3-21-14  
- **Occupancy Status During Abatement:** Yes  
- **Facility Closed/Vacated During Entire Period of Abatement:** No  
- **Abatement Performed Outside of Normal Facility Hours:** No  
- **Scope of Work:**
  - Exterior Walls
  - Siding/Shingles 1500 SF

#### Asbestos-Containing Material (ACM)
- **Location:** Exterior Walls  
- **Location Normally Used Solely by Maintenance/Custodial Staff:** Yes

#### Abatement Type
- **Type of Facility:** Single Family Dwelling  
- **Square Feet:** 2  
- **# of Floors:** 2  
- **Bldg. Age:** 55+

#### Disposal
- **Name of Registered Waste Hauler:** EPC Technologies  
- **Name of Registered Landfill:** Management of PA  
- **Disposal Date:** 3-21-14  
- **City, State:** Meansville, PA

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

Date of Notification (1) 2-6-14
Name of Building Owner/Operator (2) Louis Larosa

Agencies Notified Type Notification

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

Street Address 996 Magnolia Drive
City, State, Zip Code Basking Ridge, NJ 07920

Name of Contact Louis Larosa
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Single Family Dwelling
Street Address 996 Magnolia Drive
City (5) Basking Ridge, NJ 07920
County (6) Monmouth

Name of Abatement Contractor (9)
EPC Technologies Inc
P.O. Box 337
New Egypt, NJ 08533

ASCM No. N/A
Name of Abatement Contractor (9)
EPC Technologies Inc
P.O. Box 337
New Egypt, NJ 08533

Telephone No. 609-758-3365
License No. 08394

Start Date (10) 2-17-14
Scheduled Completion Date (11) 3-17-14

Name of OSHA Monitor
EPC Technologies Inc
P.O. Box 337
New Egypt, NJ 08533

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

Scope of Work (Check All That Apply)
- Exterior Walls
- Siding Shingles

Location of Asbestos-Containing Material (ACM) TO BE ABATED
Exterior Walls
Siding Shingles

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

Name of Registered Waste Hauler
EPC Technologies
P.O. Box 337
New Egypt, NJ 08533

Cubic Yards of Waste 8

Name of Registered Landfill
Waste Management of PA
Moonvisville, PA

Completed by
Steve Schenker
Title President

Signature
Date 2-6-14

One-Day Job, but Due to Weather Issue, Taking a 30-Day Extension

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) 3/18/14

Name of Building Owner/_operator (2) FORTUNE UND CONTRACTING

Agencies Notified
- EPA
- DigiP
- DOL

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

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

Street Address 155 ROUTE 30
City, State, Zip Code GREENFIELD, NJ 08823

FACILITY INFORMATION

Name of Contact BRUCE BROUWER
Telephone Number

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

Square Footage 10,000

COUNTY USE ONLY)

# of Floors 2
Bldg Age 40 +

Current Use (Prior to being demolished)

CURRENT ABAT FICATION

Name of Abatement Contractor (8) KLEMCO INC.

Street Address 369 S. SPRUCE AVE.
City, State, Zip Code MAPLE SHADE, NJ 08052

Telephone No. 856-779-0472
License No. 00444

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

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

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

IN FACILITY

Yes No N/A

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

X TRANSITE

3008

Name of Registered Waste Hauler KLEMCO INC.

Cubic Yards of Waste 5

Name of Registered Landfill C.M.C.M.U.J.

City, State, MAPLE SHADE, N.J. 08052

Disposal Date

Complanted By JOSEPH KLEM

Owner

Signature

Date 3/18/14

* Do not use this form for asbestos licensure exempted activities.
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 12:1:20)

**Date of Notification:** 3/18/14

**Name of Building Owner/Operator:** JONATHAN L M BECK EXCAVATING

**Street Address:** P.O. BOX 198

**City, State, Zip Code:** CAMA MAY COURT HOUSE

**Name of Contact:** JAYE

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**FACILITY INFORMATION**

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

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place</th>
<th>USE ONLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>RESIDENCE</td>
<td>VACANT</td>
</tr>
</tbody>
</table>

**Street Address:** 112 23 RD ST.

**City:** CAMA MAY

**County:** CAMA MAY

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

**Street Address:** 369 S. SPRUCE AVE.

**City, State, Zip Code:** MAPLE SHADE, NJ 08052

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

**Street Address:** 369 S. SPRUCE AVE.

**City, State, Zip Code:** MAPLE SHADE, NJ 08052

**Name of Monitoring Firm:** N/A

**Name of Monitoring Firm:** N/A

**Name of OSHA Monitor:** JOSEPH L KLEEM

**License No.:** 00444

**Square Feet:** 1000

**# of Floors:** 2

**Bldg. Age:** 40

**Current Use:** VACANT

---

**Scope of Work:**
- Demolition

---

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

- HOUSE & GARAGE

- SIDING

---

**Amount (Specify SF or LF):** 2500 SF

---

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

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

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

**Cubic Yards of Waste:** 5

**Disposal Date:**

**City, State:** WOODBINE, NJ

**Signature:** JOSEPH KLEEM

**Date:** 3/18/14

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* 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 16, 2014  
Name of Building Owner / Operator (2)  
Bank of America  

Agencies Notified  Type Notification  
☐ EPA  ☐ Emergency  
☐ DEP  ☐ Initial  
☐ DOL  ☐ Amended  
☐ DOH  ☐ Amendment #_  
☐ DCA  ☐ Cancellation  

Street Address  522 Main Street  
City, State & Zip Code  Bradley Beach, NJ 07720  
Name of Contact  Jim Kalafsky  
Telephone Number  

FACILITY INFORMATION  

Name of Facility Where Abatement is Taking Place (3)  Bank of America  
Street Address  522 Main Street  
City (5)  Bradley Beach  
County (6)  Monmouth  
County Code (7)  USE ONLY  
Name of Monitoring Firm Hired by Building Owner (8)  Environmental Testing Consultants, LLC  
ASCM No.  
Name of Abatement Contractor (9)  Synatech, Inc.  
Street Address  829 Radio Road  
City, State & Zip Code  City, State & Zip Code  
Project Manager for Monitoring Firm  
Howard Zenobi  
Telephone Number  856-482-1311  
License Number  00817  
Name of OSHA Monitor  Synatech, Inc.  
Occupancy Status During Abatement (Check only one)  
☐ Facility Closed/Vacated During Entire Period of Abatement  
☐ Abatement Performed Outside of Normal Hours  
☐ Other – Describe:  
☐ Facility Occupied During Abatement  

Scheduled Start Date (10)  March 20, 2014  
Scheduled Completion Date (11)  April 17, 2014  
Scope of Work (Check all that apply)  
☐ ≥3 sf or ≥ 50 ft  
☐ ≥160 sf or ≥260 ft  
☐ Renovation  
☐ Demolition  
☐ Full Containment with Negative Pressure  
☐ Mini-Enclosure  
☐ Glovebag Procedure  
☐ Non-Exempted(*) and Non-Friable Procedure  

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

Location Normally Used Solely by Maintenance or Custodial Staff? (12)  
☐ Yes  ☐ No  ☐ N/A  
Description of Asbestos-Containing Material (ACM)  (i.e., thermal systems, insulation, surfacing, VAT or other miscellaneous)  
Amount (Specify SF or LF)  
Abatement Type  

Basement  X  Pipe Insulation  300 LF  X  

Name of Registered Waste Hauler  Synatech, Inc.  
Cubic Yards of Waste  15  
Name of Registered Landfill  Grows Landfill  
City, State  City, State  
Little Egg Harbor, NJ 08087  
Disposal Date  April 18, 2014  
Completed By  Diane Aloia  
Title  Executive Administrator  
Signature  
Date  March 18, 2014  

*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 18, 2014

Name of Building Owner/Operator (2)
Cherry Hill Board of Education  Check # 7227

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

Street Address
45 Ranoldo Terrace
City, State, Zip Code
Cherry Hill, NJ 08034

Name of Contact
Marco Fernandez
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)
Cherry Hill High School West

City (6)
Cherry Hill

County (6)
Camden

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

Name of Abatement Contractor (9)
Shade Environmental, LLC

Street Address
1253 N. Church Street

City, State, Zip Code
Moorestown, NJ 08057

Project Manager for Monitoring Firm
Jim Guilardi

Street Address
107 Haddon Ave

City, State, Zip Code
Westmont, New Jersey 08108

Telephone No.
856-840-8800

License No.
00842

Telephone No.
(856)755-0099

Start Date (10)
April 11, 2014

Scheduled Completion Date (11)
April 18, 2014

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
☐ Boiler Room
☐ Boiler Room

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

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

Name of Registered Waste Hauler
Freehold

City, State
Mount Holly, New Jersey 08060

Disposal Date
4/19/14

Name of Registered Landfill
Grows Landfill

Completed by
Christina Lynch
Title
Operations Manager
Signature
3/19/2014

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

**State of New Jersey**

**Name of Building/Structure:**

- **Name:** Reuben Davis / Wilson Hall
- **Street Address:** 201 Mullica Hill Rd.
- **City, State, Zip Code:** Glassboro, NJ 08025

**Name of Contact:** Jack Glass

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

- **Name:** Wilson Hall
- **Street Address:** 201 Mullica Hill Rd.
- **City:** Glassboro
- **State:** NJ
- **Zip Code:** 08025

**Type of Facility:**

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

**Square Feet:**

- **5,000 SF or less:**
- **5,000 to 25,000 SF:**
- **25,000 SF or more:**

**Current Use:**

- **Prior Use:**

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

- **Prior Use:**

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

- **Name:**
- **Address:**
- **City, State, Zip Code:**

**Name of Abatement Contractor:**

- **Name:** ARI JOE LLC
- **Street Address:** 1212 Burlington Ave.
- **City:** Glassboro
- **State:** NJ
- **Zip Code:** 08025

**Telephone No.:**

- **Day:** 609-746-2345
- **Evening:**
- **License No.:** 01-070

**Occupancy Status During Abatement:**

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

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

- **Removal:**
- **Demolition:**
- **Full Containment with Negative Pressure:**
- **Meat-Enclosure:**
- **Glazed Bag Procedure:**
- **Non-Enclosed (X) and Non-Fireable Procedure:**

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

- **Basement:**

**Location Normally Used Solely by Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other asbestos-containing):**

- **Basement:**

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

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

**Abatement Type:**

- **Removal:**
- **Encapsulation:**
- **Encore:**

**Name of Registered Waste Handler:**

- **Name:** ARI JOE LLC
- **Location:** Glassboro, NJ

**Disposal Date:**

- **City, State:**

**Completed By:**

- **Name:** J.Hill
- **Title:** VP
- **Signature:** J.H.
- **Date:** 3-17-14

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

Date of Notification (1) 3/18/2014

Name of Building Owner/Operator (2)
Messercola Enterprises

Name of Contact
Fernando

Street Address
PO Box 790
City, State, Zip Code
Matawan, NJ 07747

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

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

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 sf

Name of Facility Where Abatement is Taking Place (3)
Residence
Street Address
88 Albert Drive
Beach Haven West
County (6)
Ocean
County Code (7) (STATE USE ONLY)
N/A

ASCM No.

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

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

Street Address
1889 Route 9, Unit 61
City, State, Zip Code
Toms River, New Jersey 08755-1271

Telephone Number
732-349-9932
License Number
00624

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

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

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)
03/19/2014
Scheduled Completion Date (11)
03/20/2014

Scope of Work (Check all that apply)
[ ] >3 sf or ≥3 lf
[X] ≥160 sf or ≥250 lf
[X] Renovation
[X] Demolition

Abatement Type

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)
650sf

Exterior
X Asbestos siding

Cubic Yards of Waste
2

Name of Registered Landfill (14)
T.R.R.F.

Name of Registered Waste Hauler (11)
Guardian Contracting, Inc.

Disposal Date
03/21/2014
City, State
Toms River, New Jersey

Completed by (Print or Type)
Nicholas Fernicola

Title
Project Manager
Signature

Date 3/18/2014

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