State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:69 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></td>
<td>Sudzy Laundromat LLC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>Sudzy Laundromat LLC</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>Street Address</th>
<th>City, State, Zip Code</th>
<th>Name of Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>221 Springdale Av</td>
<td>East Orange, NJ</td>
<td>John Montana</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sudzy Laundromat LLC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>221 Springdale Av</td>
<td>East Orange, NJ</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Novatech Inc Environmental</td>
<td>AIC Construction LLC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PO Box 814</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>6012 Broadway Av</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hillmann Consulting LLC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>5-17-2013</td>
<td>5-30-2013</td>
</tr>
</tbody>
</table>

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

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

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

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>San Tom Services</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NJDEP Waste Hauler ID No</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>22430</td>
<td>80</td>
<td>Medowlandsies Commission</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by</th>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leticia Torres</td>
<td>President</td>
<td>05/02/13</td>
</tr>
</tbody>
</table>

* 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):** 05/03/2013

**Page 1 of 2**

**Name of Building Owner/Operator (2):** Richard & Laura Saker

**Street Address:** 922 Highway 33, Bldg 6

City, State, Zip Code: Freehold, NJ 07728

**Name of Contact:** Leon S.

---

**FACILITY INFORMATION**

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

**Street Address:** 578 Navesink River Rd

City (5): Middletown (Red Bank)

County (6): Monmouth

**Number Code (7):** [STATE USE ONLY]

**Name of Monitoring Firm Hired by Building Owner (8):** Sky Environmental Services Inc

**Name of Abatement Contractor (9):** America Enterprise Corp

**Street Address:** 29 Northfield Ave, St 202

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

**Telephone No.:** 973-588-4821

**License No.:** 01203

**Name of OSHA Monitor:** America Enterprise Corp

**Street Address:** 29 Northfield Ave, St 202

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

---

**Start Date (10):** 05/13/2013

**Scheduled Completion Date (11):** 05/31/2013

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

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

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

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

---

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) (13)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>X</td>
<td>pipe insulation in sleeves</td>
<td>≤10 LF</td>
<td>X</td>
</tr>
<tr>
<td>Basement</td>
<td>X</td>
<td>Pipe insulation debris</td>
<td>10 SF</td>
<td>X</td>
</tr>
<tr>
<td>Crawlspace under vestibule</td>
<td>X</td>
<td>ACM Debris</td>
<td>400 SF</td>
<td>X</td>
</tr>
<tr>
<td>1st, 2nd</td>
<td>X</td>
<td>Pipe &amp; pipe joint insulation</td>
<td>535 LF</td>
<td>X</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:** America Enterprise Corp

**Cubic Yards of Waste:** TBD

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

**Disposal Date:** TBD

City, State: Morrisville, PA

**Completed by:** Maria Yagual

**Title:** Manager

**Signature:** [Signature]

**Date:** 05/03/2013

---

*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) 05/03/2013
( Page 2 of 2)

Name of Building Owner/Operator (2) Richard & Laura Saker

Agencies Notified

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

Street Address 922 Highway 33, Bldg 6
City, State, Zip Code Freehold, NJ 07728

Name of Contact Leon S.

Telepho No. 732-228-7070

FACILITY INFORMATION

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

Street Address 578 Navasink River Rd
City (5) Middletown (Red Bank)
County (6) Monmouth

County Code (7) (STATE USE ONLY) ___________________________

Square Feet 2000 SF
# of Floors 1
Bldg. Age 50+

Type of Facility (4)

Private Property

Name of Abatement Contractor (9) America Enterprise Corp

Name of Abatement Contractor (9) America Enterprise Corp

Street Address 140 Boulevard
City, State, Zip Code Mt. Lakes, NJ 07746

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

ASCM No. ___________________________

Telephone No. 973-588-4821

Start Date (10) 05/13/2013
Scheduled Completion Date (11) 05/21/2013

Telephone No. 877-977-9516
License No. 01203

Name of OSHA Monitor America Enterprise Corp

Street Address 29 Northfield Ave, St 202
City, State, Zip Code West Orange, NJ 07052

Occupancy Status During Abatement (Check Only One)

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

Other – Describe: Private Property Unoccupied

Scope of Work (Check All That Apply)

• ≥3 sf or ≥3 ft
• ≥150 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)

<table>
<thead>
<tr>
<th>Location</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exterior (former study/laundry rm)</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1st Floor</td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Yes  
No

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pipe &amp; pipe joint insulation</td>
<td>60 LF</td>
</tr>
<tr>
<td>Radiator insulation</td>
<td>35 SF</td>
</tr>
</tbody>
</table>

Abatement Type

Removal  
Repair  
Encapsulate  
Endorse

Name of Registered Waste Hauler America Enterprise Corp

NJDEP Waste Hauler ID No. 32980
Cubic Yards of Waste TBD
Disposal Date TBD

Name of Registered Landfill G.R.O.W.S Landfill
City, State Morrisville, PA

Compila by Maria Yagual
Manager

Signature ___________________________

Date 05/03/2013

* Do not use this form for asbestos licensure exempted activities.
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:58 and 12:120)

**Date of Notification (1)**
11/29/2012

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

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

**EPA**
- Initial
- Amended
- Amendment # 3
- Emergency (including justification)
- Cancellation

**Street Address**
333-357 South Livingston Avenue
City, State, Zip Code
Livingston, NJ 07039

**Name of Contact**

**Telephone Number**

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**
Monmouth Court Community Center

**Street Address**
26 Monmouth Court

**City (5)**
Livingston

**County (6)**
Essex

**County Code (7)**

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

**ASCM No.**

**Name of Abatement Contractor (9)**
Kielczewski Corporation

**Telephone No.**
609-392-4200

**License No.**
01171

**Start Date (10)**
12/03/2012

**Scheduled Completion Date (11)**
02/22/2013

**Occupancy Status During Abatement (Check One)**
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other – Describe: Open during business hours 8:00-4:00 pm

**Scope of Work (Check All That Apply)**
- Asbestos
- 33 sf or 33 if
- ≥160 sf or ≥260 If
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glossbag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

**In Facility (19)**

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</th>
<th>Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (e.g. thermal systems insulation, surfacing, VAT, etc. or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Floor Gymnasium Room 110</td>
<td>X</td>
<td>wire insulation</td>
<td>361lf</td>
<td>x</td>
</tr>
<tr>
<td>1st Floor Room 103</td>
<td>X</td>
<td>chalkboard mastic</td>
<td>150sf</td>
<td>x</td>
</tr>
<tr>
<td>1st Floor Room 103</td>
<td>X</td>
<td>wood paneling mastic</td>
<td>1,700sf</td>
<td>x</td>
</tr>
<tr>
<td>2nd Fl hallway smoke doors</td>
<td>X</td>
<td>lining/couling</td>
<td>96sf</td>
<td>x</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
Circle Rubbish

**Cubic Yards of Waste**
NJDEP Waste Hauler ID No. 18616

**Name of Registered Landfill**
Tullytown Resource Facility

**City, State**
Linden NJ

**Disposal Date**

**Completed by**
Sławomir Kielczewski

**Title**
President

**Signature**

**Date**
12/06/2012

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

Date of Notification (1)
04/26/2013

Name of Building Owner/Operator (2)

Township of Livingston

Agencies Notified Type Notification

□ EPA
□ DEP
□ DOL
□ DOH
□ DCA

□ Initial
□ Amended
□ Amendment #
□ Emergency (including justification)
□ Cancellation

Street Address
333-357 South Livingston Avenue

City, State, Zip Code
Livingston NJ 07039

Name of Contact
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Monmouth Court Community Center

Street Address
26 Monmouth Court

City (5)
Livingston

County (6)
Essex

County Code (7) (STATE USE ONLY) __________

Current Use (Prior if being demolished)
Community Center

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

ASCM No.

Name of Abatement Contractor (9)

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

Square Feet

# of Floors

Bldg. Age

Project Manager for Monitoring Firm

Street Address
120 N. Warren Street

City, State, Zip Code
Trenton NJ 08608

Telephone No.
609-392-4200

Name of OSHA Monitor

Start Date (10)
04/29/2013

Scheduled Completion Date (11)
04/29/2013

Occupancy Status During Abatement (Check Only One)
□ Facility Closed/Vacated During Entire Period of Abatement
□ Abatement Performed Outside of Normal Facility Hours
□ Other – Describe: open during business hours

Telephone No.

License No.

Scope of Work (Check All That Apply)
□ ≥3 sf or ≥3 lt
□ ≥160 sf or ≥260 lt
□ 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

1st Floor Gymnasium Room 110

x

wire insulation

36lf

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

Amount (Specify SF or LF)

Abatement Type

Endoscope

Endoscopist

Name of Registered Waste Hauler
Kielczewski Corporation

NJDEP Waste Hauler ID No.

Cubic Yards of Waste

Name of Registered Landfill
Conestoga Landfill

City, State
West Orange NJ 07052

Disposal Date

City, State
Morgantown PA

Completed by
Slawomir Kielczewski
Title
President

Signature
Kielczewski

Date
04/26/2013

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

**Date of Notification (1)**
5 / 6 / 13

**Name of Building Owner/Operator (2)**
JC Penney Corporation Inc.

**Agency Notified**
- [X] EPA
- [X] DOLWD
- [X] DHSS
- [X] DCA (NJAC 5:23-8)
- [ ] Initial
- [ ] Amended
- [ ] Amendment #2
- [ ] Emergency (including justification)
- [ ] Cancellation

**Street Address**
6501 Legacy Drive

**City, State, Zip Code**
Pflano, TX 75024

**Name of Contact**
Soy Thomas

**Telephone Number**

---

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**
Brunswick Square Mall-JC Penney

**Street Address**
775 State Rt. 18 South, Suite 600

**City (5)**
East Brunswick

**County (6)**
Middlesex

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

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

**ASCM No.**
62252

**Name of Abatement Contractor (9)**
JVN Restoration Inc

**Street Address**
47 Foster Road

**City, State, Zip Code**
Staten Island

**License No.**
00774

**Project Manager for Monitoring Firm**
Tom Rubino

**Telephone No.**
908-856-1233

**Current Use (Prior to Being Abandoned)**
Testor Tech

**Start Date (10)**
4 / 18 / 13

**Scheduled Completion Date (11)**
5 / 13 / 13

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

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

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

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

**Amount (Specify SF or LF)**

**Abatement Type**

- [X] Removal
- [ ] Repair
- [ ] Encapsulate
- [ ] Enclose

---

**1st Level Home Streets Dept.**
- [X] Plaster/Compound
- [X] VAT/MASTIC

**1st Level Home Streets Dept.**
- [X] 236SF
- [X] 1300 SF

**Name of Registered Waste Hauler**
Global Waste Industries, Inc.

**Cubic Yards of Waste**
10

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

**City, State**
Morrissette, PA

**Disposal Date**
5/18/13

**Completed By (Print or Type)**
John Tardy

**Title**
Senior Project Manager

**Signature**

**Date**
5/6/13

---

*Do not use this form for asbestos licensure exempted activities.
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:80 and 5:16)

**Date of Notification (1)**
05 / 03 / 13

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

**Street Address**
34 East Erie Avenue
Rutherford, NJ 07070

**Name of Contact**
Daniel Keeler

**Facility Information**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Private house</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>34 East Erie Avenue</td>
</tr>
<tr>
<td>City (5)</td>
<td>Rutherford, NJ 07070</td>
</tr>
<tr>
<td>County (6)</td>
<td>Bergen</td>
</tr>
<tr>
<td>County Code (7)</td>
<td>BER</td>
</tr>
<tr>
<td>Current Use (Prior to being demolished)</td>
<td></td>
</tr>
</tbody>
</table>

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

**Name of Abatement Contractor (9)**

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
<th>Envirovision Consultants, Inc</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>20-21 Wagawar Road, Bldg. #35 E</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Fair Lawn, NJ 07410</td>
</tr>
</tbody>
</table>

**Project Manager for Monitoring Firm**

<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>973-638-1777</td>
<td>01127</td>
</tr>
</tbody>
</table>

**Start Date (10)**
05 / 13 / 13

**Scheduled Completion Date (11)**
05 / 14 / 13

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

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

**Time of Abatement:** AM/PM/AM/PM/AM

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

- [ ] >300 sf or ≥300 ft²
- [ ] >160 sf or ≥160 ft²
- [x] Demolition
- [ ] Renovation
- [ ] Clean up and decontamination
- [ ] 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)**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

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

30 LF

**Abatement Type**

- [x] Removal
- [ ] Encapsulate
- [ ] Enclose

**Name of Registered Waste Hauler**
Gr Tech LLC

<table>
<thead>
<tr>
<th>N.J. DEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>033785</td>
<td>TBD</td>
<td>T.R.R.F. Inc</td>
</tr>
</tbody>
</table>

**Completed By (Print or Type)**
N. Jevtic

<table>
<thead>
<tr>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Owner</td>
<td>[Signature]</td>
</tr>
</tbody>
</table>

**Date**
05/03/2013

* Do not use this form for asbestos licensure exempted activities.
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:80 and 5:16)

Name of Building Owner/Operator (2)  Randy Catlin
Type of Facility (4)  

Agencies Notified  
☐ EPA  Type Notification  
☐ DOLWD  Initial  
☐ DHSS  Amended  
☐ DCA  Amendment #  
☐ Emergency (including justification)  
☐ Cancellation

Street Address  134 Rutland Road
City, State, Zip Code  Glen Rock, NJ 07452
Name of Contact  Randy Catlin
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)  Private house

Name of Monitoring Firm Hired by Building Owner (8)  Gr Tech LLC
Type of Abatement Contractor (9)  

Private house
Name of Abatement Contractor (9)  Gr Tech LLC

Square Feet
# of Floors
Bldg. Age

Name of Abatement Contractor (9)  Gr Tech LLC

Start Date (10)  
05 /  11 / 13
Scheduled Completion Date (11) 05 / 12 / 13

Project Manager for Monitoring Firm  Telephone No.
Envirovision Consultants, Inc  973-638-1777  01127

Name of OSHA Monitor

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

Scope of Work (Check all that apply)  
☒ Demolition
☐ Clean up and decontamination
☐ Full Containment with Negative Pressure
☐ Site-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (?) and Non-Friable Procedure

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

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

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

Amount (Specify SIF or LF)  

Abatement Type

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

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

Cubic Yards of Waste  TBD
Name of Registered Landfill  T.R.R.F. Inc

Name of Registered Waste Hauler  Gr Tech LLC
NDEP Waste Hauler ID No  0033785

City, State  Wayne, NJ 07470
Disposal Date  TBD
City, State  Tullytown, PA

Completed By (Print or Type)  N. Jevtic
Title  Owner

Signature  

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

**State of New Jersey**
**Pursuant to NJAC 8:60 and 12:120**

**Date of Notification (1)**
5-3-2013

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

**Address Where Abatement is Taking Place (3)**
**Commercial Property**

- **Street Address**: 311 Mechanic Street
- **City**: Boonton
- **State**: NJ
- **Zip Code**: 07005

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

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

**Square Feet**
50+

**# of Floors**

**Bldg. Age**
50+

**Type of Abatement Contracting (9)**
Loznica Management Corporation

**Name of OSHA Monitor**
Loznica Management Corporation

**Project Manager for Monitoring Firm (10)**
n/a

**Telephone No. (11)**
973-706-7950

**License No.**
011993

**Start Date (12)**
5-18-2013

**Scheduled Completion Date (13)**
5-22-2013

**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)**
- Renovation
- Demolition

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ground Floor</td>
<td>No N/A</td>
</tr>
</tbody>
</table>

**Description of Asbestos-Containing Material (ACM)**
- Asbestos Pipe Insulation 220 LF

**Amount (Specify SF or LF)**
- Removal
- Repair
- Encapsulate
- Endorse

**Location of Registered Waste Hauler**
Loznica Management Corporation

**City, State**
Lincoln Park, NJ 07035

**Disposal Date**
TBD

**Name of Registered Landfill**
GROWS Landfill

**City, State**
Morrisville PA 19067

**Completed by**
E. Cirovic

**Title**
Secretary

**Signature**
G. A. Cirovic

**Date**
5-3-2013

---

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

Date of Notification (1)
05 / 03 / 13

Name of Building Owner/Operator (2)
Jacqueline Touzeau

Agencies Notified
☐ EPA
☒ DOLWD
☐ DHSS
☐ OCA (NJAC 5:23-8)

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

Street Address
131 Robert Place
South Plainfield, NJ 07080

City, State, Zip Code
South Plainfield, NJ 07080

Name of Contact
Jacqueline Touzeau

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Private house
131 Robert Place
South Plainfield, NJ 07080

City (5)
South Plainfield, NJ 07080

County (6)
Middlesex

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished)

Type of Facility (4)
☐ School (K-12)
☒ Subchapter 8 (Other than K-1 2)
☐ Other (i.e., private and commercial buildings, homes, etc.)

Square Feet

# of Floors

Bldg. Age

Name of Monitoring Firm Hired by Building Owner (6)
ASCM No.
Gr Tech LLC

License No.
01127

Telephone No.
973-638-1777

Project Manager for Monitoring Firm

Name of Abatement Contractor (9)
Envirovision Consultants, Inc

Street Address
576 Valley Rd #283
Wayne, NJ 07470

City, State, Zip Code
Wayne, NJ 07470

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

Name of OSHA Monitor

Scope of Work (Check all that apply)
☐ <3 sf or >3 If
☐ ≥ 160 sf or ≥260 If
☒ Demolition

Location of Asbestos-Containing Material (ACM) TO BE ABATED
IN Facility (10)

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

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

Amount (Specify Stf or LF)

Abatement Type

Repair ☐
Encapsulate ☐
Endocure ☐

Location
Basement

Duct insulation
30 SF

Name of Registered Waste Hauler
Gr Tech LLC

Cubic Yards of Waste
TBD

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

Disposal Date
TBD

City, State
Wayne, NJ 07470

Completed By (Print or Type)

Title
Owner

Signature

Date
05/03/2013

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

Date of Notification (1)
4/26/13

Name of Building Owner/Operator (2)
Krista Rogaski

Agencies Notified

<table>
<thead>
<tr>
<th>Agency</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended (1)</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>

Street Address
302 Reserve Street

City, State, Zip Code
Boonton, NJ 07005

Name of Contact
Krista Rogaski

Telephone Number

FACILITY INFORMATION

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

Street Address
302 Reserve Street

City (5)
Boonton

County (6)
Morris

County Code (7) (STATE USE ONLY)

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

ASCM No.

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

Street Address
11 Rosengren Avenue

City, State, Zip Code
Totowa, NJ 07512

Project Manager for Monitoring Firm

Telephone No.
973-345-9685

License No.
#00675

Start Date (10)
5/09/13

Scheduled Completion Date (11)
5/10/13

Occupancy Status During Abatement (Check Only One)

Scope of Work (Check All That Apply)

Renovation
Demolition

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

TO BE ABATED
In Facility
(13)

Name of Registered Waste Hauler
D&S Abatement, Inc.

NJ DEP Waste Hauler ID No.
#20996

Cubic Yards of Waste
TBD

Name of Registered Landfill
Waste Management of PA

City, State
Totowa, NJ

Completed by
Deanna Bruskan

Title
Project Manager

Signature

Date
4/26/13

* 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** | 4/26/13  
| **Type Notification** | Initial  
| **Agency Notified** | EPA  
| **Name of Building Owner/Operator** | Ethal Berman  
| **Street Address** | 4 Oak Terrace  
| **City, State, Zip Code** | West Orange, NJ 07052  
| **Name of Contact** | c/o Karen Shapiro  
| **Telephone Number** |  

### FACILITY INFORMATION

| **Name of Facility Where Abatement is Taking Place** |  
| **Street Address** | 4 Oak Terrace  
| **City** | West Orange  
| **County** | Essex  
| **Square Feet** | N/A  
| **# of Floors** | N/A  
| **Bldg. Age** | N/A  
| **Current Use (Prior if being demolished)** | Home  

| **Name of Monitoring Firm Hired by Building Owner** | ASCM No.  
| **Name of Abatement Contractor** | D&S Abatement, Inc.  
| **Street Address** | 11 Rosengren Avenue  
| **City, State, Zip Code** | Totowa, NJ 07512  
| **Telephone No.** | 973-345-8685  
| **License No.** | #00675  
| **Name of OSHA Monitor** | D&S Abatement, Inc.  
| **Street Address** | 11 Rosengren Avenue  
| **City, State, Zip Code** | Totowa, NJ 07512  

| **Start Date** | 5/08/13  
| **Scheduled Completion Date** | 5/09/13  
| **Occupancy Status During Abatement** |  
| **Facility Closed/Vacated During Entire Period of Abatement** |  
| **Abatement Performed Outside of Normal Facility Hours** |  
| **Other – Describe** | Occupied  

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

- [x] ≥ 50 sf or ≥ 3 if  
- [x] ≥ 160 sf or ≥ 260 sf  
- [ ] Renovation  
- [ ] Demolition  
- [ ] Full Containment with Negative Pressure  
- [ ] Mini-Enclosure  
- [ ] Glovebag Procedure  
- [ ] Non-Exempted (*) and Non-Friable Procedure  

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

| **In Facility** | basement  
| **Is Location Normally Used Solely by Maintenance/Custodial Staff?** | Yes  
| **Description of Asbestos Containing Material (ACM)** | Pipe insulation  
| **Amount** | 60 LF  

#### Name of Registered Waste Hauler

| **D&S Abatement, Inc.**  
| **NJDEP Waste Hauler ID No.** | #20996  
| **Cubic Yards of Waste** | TBD  
| **Name of Registered Landfill** | Waste Management of PA  
| **City, State** | Totowa, NJ  
| **Disposal Date** | TBD  
| **City, State** | Tullytown, PA  

### Completed by

| **Deanna Brkusin**  
| **Title** | Project Manager  
| **Signature** |  
| **Date** | 4/26/13  

---

*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)
4/26/13

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

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

Name of Building Owner/Operator (2)
Eric Schrider & Lori Green

Street Address
16 Kingsbridge Road

City, State, Zip Code
Frenchtown, NJ 08825

Name of Contact
Eric Schrider

Telephone Number

FACILITY INFORMATION

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

Street Address
163 Sandford Ave

City (5)
North Plainfield

County (6)
Somerset

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
N/A

# of Floors
N/A

Bldg. Age
N/A

Current Use (Prior if being demolished)
House

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

ASCM No.

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

Street Address
11 Rosengren Avenue

City, State, Zip Code
Totowa, NJ 07512

Project Manager for Monitoring Firm

Telephone No.

License No.

973-345-8685

#00675

Start Date (10)
5/07/13

Scheduled Completion Date (11)
5/08/13

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

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

Renovation
Demolition

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

Location of Asbestos-Containing Material (ACM) (12)

TO BE ABATED
In Facility

Is Location Normally Used Solely by Maintenance/Custodial Staff? (13)
Yes No N/A

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

Amount
200 LF (Specify SF or LF)

Abatement Type

Abatement Type

Name of Registered Waste Hauler
D&S Abatement, Inc.

NJ/DEP Waste Hauler ID No.
#20996

Cubic Yards of Waste
TBD

Name of Registered Landfill
Waste Management of PA

City, State
Totowa, NJ

Disposal Date
TBD

City, State
Tullytown, PA

Completed by
Deanna Brkusin

Title
Project Manager

Signature

Date
4/26/13

ASB-41 (R-06-08)

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

(Pursuant to NJAC 8:69 and 12:126)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>5-1-13</td>
<td>D. LITTLEFIELD</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agency Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ EPA</td>
<td>Initial</td>
<td>108 KNICKERBOCKER ROAD</td>
</tr>
<tr>
<td>☑ DEP</td>
<td>Amended Amendment 6</td>
<td></td>
</tr>
<tr>
<td>☑ DOL</td>
<td>Emergency Justification</td>
<td></td>
</tr>
<tr>
<td>☑ DOH</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 Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>ENGLEWOOD, N.J. 07631</td>
<td>R. MUCHA</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>D. LITTLEFIELD</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Square Feet</th>
<th>8 of Floors</th>
<th>Size, Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>108 KNICKERBOCKER ROAD</td>
<td>1900</td>
<td>2</td>
<td>82 YRS</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>County (6)</th>
<th>County Code (7)</th>
<th>Conveyance Use (Note if being demolished)</th>
</tr>
</thead>
<tbody>
<tr>
<td>BERGEN</td>
<td></td>
<td>Residence</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (9)</th>
<th>Name of Abatement Contractor (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Best Removal Inc</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Telephone No.</th>
<th>License No.</th>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>450 S. River St</td>
<td>201-329-7444</td>
<td>00388</td>
<td>Omega Environmental Inc</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>201-329-7444</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (14)</th>
</tr>
</thead>
<tbody>
<tr>
<td>5-15-13</td>
<td>5-16-13</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>☐ Abatement Performed Outside of Normal Facility Hours</td>
</tr>
<tr>
<td>☒ Other — Describes: 8 AM - 5 PM</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ 2 stories or 2 S.F.</td>
</tr>
<tr>
<td>☒ 3 stories or 3 S.F.</td>
</tr>
<tr>
<td>☐ 1600 S.F. or 2500 S.F.</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>☒ Glovebox Procedure</td>
</tr>
<tr>
<td>☒ Non-Exempted (*) and Non-Penetrable Procedure</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>BASEMENT X THERMAL INSULATION 120 LF K</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler (16)</th>
<th>NJDEP Waste Hauler ID No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Best Removal Inc</td>
<td>17109</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>3/4 YD</td>
<td>Minerva Enterprises</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hackensack, N.J. 07601</td>
<td>5-16-13</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>R. VELDRAAN</td>
<td>Estimator</td>
<td>R. VELDRAAN</td>
<td>5-1-13</td>
</tr>
</tbody>
</table>

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

Date of Notification (1)  
05 / 01 / 13

Name of Building Owner/Operator (2)  
Magnetic Metals

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

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

Street Address  
1900 Hayes Ave

City, State, Zip Code  
Camden, NJ 08105

Name of Contact  
Kevin Carr  
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
Magnetic Metals

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

Square Feet  
75,000

# of Floors  
3

Bldg. Age  
50+

County Code (7) (STATE USE ONLY)  
Current Use (Prior if being demolished)  
Manufacturer

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

Address  
3370 Progress Drive, Suite J

Bensalem, PA 19020

Name of Abatement Contractor (9)  
Diamond Huntbach Construction Corporation

Street Address  
500 East Luzerne Street

City, State, Zip Code  
Philadelphia, PA 19124

Project Manager for Monitoring Firm  
Eric Wysocki

Telephone No.  
215-244-1300

Telephone No.  
215-739-8166

License No.  
00646

Start Date (10)  
05 / 06 / 13  
Scheduled Completion Date (11)  
07 / 15 / 13

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

Time of Abatement: 7AM-5PM, 8AM-PM

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

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

☐ Exterior  
☐ Throughout the Interior  
☐ Throughout 8-2nd Level

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)

☒ Transite Siding  
20,000 SF  
☒ Corrugated Pipe Insulation  
1,000 LF  
☒ Block Pipe Insulation  
1,500 LF  
☒ Floor Tile Grey 9" X 9"  
1,380

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

Cubic Yards of Waste  
120 CY  
Name of Registered Landfill  
Minerva

City, State  
New Castle, DE  
Disposal Date  
05/30/13  
City, State  
Waynesburg, OH 44688

Completed By (Print or Type)  
Charles F. Imbimbo  
Title  
Project Manager  
Signature  
Date 05/01/13

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

Date of Notification (1)
05 / 01 / 13

Name of Building Owner/Operator (2)
Magnetic Metals

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

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

Street Address
1900 Hayes Ave

City, State, Zip Code
Camden, NJ 08105

Name of Contact
Kevin Carr

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Magnetic Metals

Street Address
1900 Hayes Ave

City (5)
Camden

County (6)
Camden

County Code (7)/(STATE USE ONLY)

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

ASCM No.

Name of Abatement Contractor (9)
Diamond Huntbach Construction Corporation

Street Address
500 East Luzerne Street

City, State, Zip Code
Philadelphia, PA 19124

Project Manager for Monitoring Firm
Eric Wysocki

Telephone No.
215-244-1300

License No.
215-739-8165
00646

Start Date (10)
05 / 06 / 13

Scheduled Completion Date (11)
07 / 15 / 13

Name of OSHA Monitor
SAME AS ABOVE

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

Scope of Work (Check all that apply)
☐ ≥3 sf or ≥3 if
☒ ≥160 sf or ≥280 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, V&I, or other miscellaneous)

Amount (Specify SF or LF)

Abatement Type
Repair ☒ Removal ☐ Encapsulate ☐ Enclose ☐

Building 2D-2nd Level
☐ ☒ ☐ Tan Floor Tile/Mastic 9" X 9"
1,000 SF

Building 2D-3rd Level
☐ ☒ ☐ White Floor Tile/Mastic 9" X9"
600 SF

Building 2-Mezzanine Room
☐ ☒ ☐ Dark Floor Tile/Mastic 9" X 9"
600 SF

Throughout the Interior
☐ ☒ ☐ Flat Transite Panels
1,500

Name of Registered Waste Hauler Service Transport
NJ/DEP Waste Hauler ID No. 20990

Cubic Yards of Waste
120 CY

Name of Registered Landfill
Minerva

City, State
New Castle, DE

Disposal Date
06/30/13

City, State
Waynesburg, OH 44688

Completed By (Print or Type)
Charles F. Imbimbo

Title Project Manager

Signature

Date 05/01/13

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:50 and 5:16)

Date of Notification (1)  05 / 01 / 13

Name of Building Owner/Operator (2)
Magnetic Metals

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

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

Street Address
1900 Hayes Ave
City, State, Zip Code
Camden, NJ 08105

Name of Contact
Kevin Carr

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Magnetic Metals

Street Address
1900 Hayes Ave

City (5)
Camden

County Code (7)(STATE USE ONLY)
Camden

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

ASCM No.

Name of Abatement Contractor (9)
Diamond Huntbach Construction Corporation

Street Address
500 East Luzerne Street

City, State, Zip Code
Philadelphia, PA 19124

Project Manager for Monitoring Firm
Eric Wysocki

Telephone No.
215-244-1300

Start Date (10)
05 / 06 / 13

Scheduled Completion Date (11)
07 / 15 / 13

Name of OSHA Monitor
SAME AS ABOVE

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

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)

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Throughout the Interior</td>
<td>☐</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>Corrugated Trasite Panels</td>
<td>☒</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Abatement Type
- Removal
- Repair
- Enclose

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

Cubic Yards of Waste
120 CY

Name of Registered Landfill
Minerva

City, State
Waynesburg, OH 44688

Completed By (Print or Type)
Charles F. Imbimbo
Title
Project Manager

Signature

Date
05 / 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 5:16)

Date of Notification (1) 5/3/13

Name of Building Owner/Operator (2) Kevin St. Martin

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

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

Street Address 219 Lawrence Rd.

City, State, Zip Code Highland Park, NJ 08904

Name of Contact Kevin St. Martin

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Residence

Street Address 219 Lawrence Rd.

City (4) Highland Park, NJ 08904

Square Feet 2100

# of Floors 2

Bldg. Age 85

Type of Facility (5)
- School (K-12)
- Subchapter 8 (Other than K-12)
- Other (i.e., private & commercial buildings, homes, etc.)

Current Use (Prior if being demolished)
- Residential

County Code (6) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner

MECS

Name of Abatement Contractor (7)

Stevens Environmental Services, Inc.

PO Box 341

City, State, Zip Code Crosswicks, NJ 08515

Telephone No. (609) 259-9688

License No. 00493

Name of OSHA Monitor

MECS

PO Box 341

City, State, Zip Code Crosswicks, NJ 08515

Start Date (10) 5/6/13

Scheduled Completion Date (11) 5/6/13

Occupancy Status During Abatement (Check only one)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other - Describe: 8AM - 4:30PM

Scope of Work (Check all that apply)
- 25+ sf or 23 sf
- 160 sf or 200 sf
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM)

TO BE ABATED IN Facility

Yes No N/A

Basement X Pipe Insulation Debris NA X

Description of Asbestos Containing Material (ACM)

(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)

Amount (Specify SF or LF)

Abatement Type

Repair

Encapsulate

Enclose

Name of Registered Waste Hauler

Stevens Environmental Services Inc.

NJDEP Waste Hauler ID No. 18292

Cubic Yards of Waste 1/4 CU

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

City, State Allentown, NJ

Disposal Date 5/7/13

City, State Tullytown, PA

Completed By Mahlon E. Stevens

Title Project Manager

Signature

Date 5/3/13

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

**State of New Jersey**

(Pursuant to N.J.A.S. 8:69 and 8:15)

**Date of Notice:** MAY 3, 2013

**DOL - 10 DAY**

**Waiver Approved:**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (5)</th>
<th>Residence</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Street Address</strong></td>
<td>219 Lawrence Rd.</td>
</tr>
<tr>
<td><strong>City, State, Zip Code</strong></td>
<td>Highland Park, NJ 08904</td>
</tr>
</tbody>
</table>

**Facility Information**

<table>
<thead>
<tr>
<th>Name of Facility</th>
<th>MECS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name of Monitoring Firm/Building Owner</strong></td>
<td>Stevens Environmental Services, Inc.</td>
</tr>
<tr>
<td><strong>Address</strong></td>
<td>PO Box 341</td>
</tr>
<tr>
<td><strong>Telephone No.</strong></td>
<td>(609) 298-4070</td>
</tr>
<tr>
<td><strong>License No.</strong></td>
<td>00493</td>
</tr>
<tr>
<td><strong>Project Manager</strong></td>
<td>William Weisgarber Jr.</td>
</tr>
<tr>
<td><strong>Start Date</strong></td>
<td>5/5/13</td>
</tr>
<tr>
<td><strong>Scheduled Completion Date</strong></td>
<td>5/31/13</td>
</tr>
<tr>
<td><strong>Scope of Work</strong></td>
<td>°23 ft x 33 ft</td>
</tr>
<tr>
<td><strong>Location of Asbestos Containing Material (ACM) TO BE ABATED</strong></td>
<td>NA</td>
</tr>
<tr>
<td><strong>Location Normally Used Solely by Maintenance/Custodial Staff</strong></td>
<td>NA</td>
</tr>
<tr>
<td><strong>Location of Asbestos Occurrence (Specify)</strong></td>
<td>NA</td>
</tr>
<tr>
<td><strong>Description of Asbestos Occurrence (Specify)</strong></td>
<td>NA</td>
</tr>
<tr>
<td><strong>Amount of Asbestos Occurrence (Specify)</strong></td>
<td>NA</td>
</tr>
<tr>
<td><strong>Type of Asbestos Occurrence (Specify)</strong></td>
<td>NA</td>
</tr>
<tr>
<td><strong>Environmental Record of Asbestos Occurrence (Specify)</strong></td>
<td>NA</td>
</tr>
<tr>
<td><strong>Abatement Type</strong></td>
<td>NA</td>
</tr>
<tr>
<td><strong>Removal</strong></td>
<td>NA</td>
</tr>
<tr>
<td><strong>Encapsulate</strong></td>
<td>NA</td>
</tr>
<tr>
<td><strong>Demolition</strong></td>
<td>NA</td>
</tr>
<tr>
<td><strong>Containment</strong></td>
<td>NA</td>
</tr>
<tr>
<td><strong>Other</strong></td>
<td>NA</td>
</tr>
<tr>
<td><strong>Abatement Processed During Normal Hours Program</strong></td>
<td>NA</td>
</tr>
<tr>
<td><strong>Abatement Processed During Non-Normal Hours Program</strong></td>
<td>NA</td>
</tr>
<tr>
<td><strong>Abatement Processed During Normal Hours Program</strong></td>
<td>NA</td>
</tr>
<tr>
<td><strong>Abatement Processed During Non-Normal Hours Program</strong></td>
<td>NA</td>
</tr>
<tr>
<td><strong>Abatement Processed During Emergency Program</strong></td>
<td>NA</td>
</tr>
<tr>
<td><strong>Abatement Processed During Emergency Program</strong></td>
<td>NA</td>
</tr>
<tr>
<td><strong>Abatement Processed During Other Program</strong></td>
<td>NA</td>
</tr>
<tr>
<td><strong>Abatement Processed During Other Program</strong></td>
<td>NA</td>
</tr>
<tr>
<td><strong>Abatement Processed During Other Program</strong></td>
<td>NA</td>
</tr>
<tr>
<td><strong>Abatement Processed During Other Program</strong></td>
<td>NA</td>
</tr>
<tr>
<td><strong>Abatement Processed During Other Program</strong></td>
<td>NA</td>
</tr>
</tbody>
</table>

**Abatement Method**

<table>
<thead>
<tr>
<th>Method</th>
<th>Natural Traction</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Process</strong></td>
<td>Clean up</td>
</tr>
<tr>
<td><strong>Debris</strong></td>
<td>NA</td>
</tr>
<tr>
<td><strong>Waste</strong></td>
<td>NA</td>
</tr>
</tbody>
</table>

**Disposal**

<table>
<thead>
<tr>
<th>Disposal Site</th>
<th>Name of Registered Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name of Registered Hauler</strong></td>
<td>Stevens Environmental Services Inc.</td>
</tr>
<tr>
<td><strong>Hauler No.</strong></td>
<td>18222</td>
</tr>
</tbody>
</table>

**Supervision**

<table>
<thead>
<tr>
<th>Supervision</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Supervisor</strong></td>
<td>Mahlon B. Stevens</td>
</tr>
<tr>
<td><strong>Project Manager</strong></td>
<td>NA</td>
</tr>
</tbody>
</table>

**Disposal Date**

| Disposal Date | 5/3/13 |

**Notes:**

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

Date of Notification (1)
05/01/13 $200 Chk#2603

Name of Building Owner/Operator (2)
Gannet Fleming Project Development Corp

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

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

Street Address
One Cragwood Road, Suite 205
City, State, Zip Code
South Plainfield, New Jersey

Name of Contact
Greg Marone

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Ingerdion Incorporated

Street Address
10 Findeine Avenue
City (5)
Bridgewater, New Jersey 09907

County (6)
Somerset

County Code (7)
Somerset (STATE USE ONLY)

Current Use (Prior to being demolished)
Manufacturing Company

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

ASCM No.
0021

Name of Abatement Contractor (9)
Lilich Corporation

Street Address
220 Church Road
City, State, Zip Code
Bridgewater, NJ 08807

Project Manager for Monitoring Firm
Eric Houseknecht

Telephone No.
908-296-1132

License No.
01104

Name of OSHA Monitor
J&S Environmental Labs

Street Address
606 McBride Avenue
City, State, Zip Code
Woodland Park, NJ 07424

Start Date (10)
05/03/13

Scheduled Completion Date (11)
05/07/13

Occupancy Status During Abatement (Check Only One)
Facility Closed/Vacated During Entire Period of Abatement
Abatement Performed Outside of Normal Facility Hours
Other – Describe: 10AM-2AM

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

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

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

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

Amount
3,200 SF

Abatement Type
Removal

Name of Registered Waste Hauler
Lilich Corporation

Waste Hauler ID No.
18724

Disposal Date
05/08/13

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

City, State
Morrisville, Pennsylvania

Completed by
Tatiana Kalenikova
Title
Vice President

Signature

Date 05/01/13

* 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)**
05/01/13

**Name of Building Owner/Operator (2)**
Gannet Fleming Project Development Corp

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

**Type Notification**
- [x] Initial
- [x] Amended
- [x] Amendment #2
- [ ] Emergency (including justification)
- [ ] Cancellation

**Street Address**
One Cragwood Road, Suite 205

**City, State, Zip Code**
South Plainfield, New Jersey

**Name of Contact**
Greg Marone

**Telephone Number**

**FACILITY INFORMATION**

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

**Street Address**
10 Finderne Avenue

**City (5)**
Bridgewater, New Jersey 08907

**County (6)**
Somerset

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

**Square Feet**
25,000

**# of Floors**
2

**Bldg. Age**
55+

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

**Name of Abatement Contractor (9)**
Lilich Corporation

**Name of Abatement Contractor (9)**

**Street Address**
606 McBride Avenue

**City, State, Zip Code**
Woodland Park, NJ 07424

**Project Manager for Monitoring Firm**
Eric Houseknecht

**Project Manager for Monitoring Firm**

**Telephone No.**
908-296-1132

**License No.**
01104

**Start Date (10)**
05/02/13

**Scheduled Completion Date (11)**
05/07/13

**Occupancy Status During Abatement (Check Only)**
Facility Closed/Vacated During Entire Period of Abatement
Abatement Performed Outside of Normal Facility Hours
Other – Describe: 10AM-2AM

**Scope of Work (Check All That Apply)**
- [x] ≥3 sf or ≥3 ft
- [ ] ≥100 sf or ≥280 ft
- [ ] Renovation
- [x] Demolition

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

**Chemical Storage Room**

**Ceiling Transite Panels**

**Amount (Specify SF or LF)**
3,200 SF

**Abatement Type**
X

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

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

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

**Cubic Yards of Waste**
5

**Disposal Date**
04/29/13

**City, State**
Woodland Park, NJ 07424

**Name of Registered Waste Hauler**
Lilich Corporation

**NjDEP Waste Hauler ID No.**
18724

**Name of Monitoring Firm Hired by Building Owner (8)**
Accredited Environmental Tech., Inc.

**ASCM No.**
0021

**Name of OSHA Monitor**
J&S Environmental Labs

**Street Address**
2333 Route 22 West

**City, State, Zip Code**
Union, New Jersey 07083

**Completed by**
Tatiana Kelenikova

**Title**
Vice President

**Signature**

**Date**
05/01/13

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>04/23/13</th>
<th>CK: 2596</th>
<th>$200</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Gannet Fleming Project Development Corp</td>
<td></td>
<td></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>DEP</td>
<td>Amended</td>
</tr>
<tr>
<td>DOL</td>
<td>Amendment #</td>
</tr>
<tr>
<td>DOH</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>DCA</td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>One Cragwood Road, Suite 205</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State, Zip Code</td>
<td>South Plainfield, New Jersey</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Contact</th>
<th>Greg Marone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement Is Taking Place (3)</th>
<th>Ingredion Incorporated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>10 Finderne Avenue</td>
</tr>
<tr>
<td>City (5)</td>
<td>Bridgewater, New Jersey 09907</td>
</tr>
<tr>
<td>County (6)</td>
<td>Somerset</td>
</tr>
<tr>
<td>County Code (7)</td>
<td>STATE USE ONLY</td>
</tr>
<tr>
<td>Square Feet</td>
<td>25,000</td>
</tr>
<tr>
<td># of Floors</td>
<td>2</td>
</tr>
<tr>
<td>Bldg. Age</td>
<td>55+</td>
</tr>
<tr>
<td>Current Use (Prior if being demolished)</td>
<td>Manufacturing Company</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>J&amp;S Environmental Labs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>2333 Route 22 West</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Union, New Jersey 07083</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Sherrill</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>908-206-0073</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>05/02/13</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>05/07/13</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occasional 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>
<tr>
<td>Other – Describe: 5AM-2AM</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chemical Storage Room</td>
</tr>
<tr>
<td>Calling Transite Panels</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Lillich Corporation</th>
</tr>
</thead>
<tbody>
<tr>
<td>NJ/DEP Waste Hauler ID No.</td>
<td>18724</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>5</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>G.R.O.W.S Landfill</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Woodland Park, New Jersey 07424</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disposal Date</td>
<td>04/29/13</td>
</tr>
<tr>
<td>City, State</td>
<td>Morrisville, Pennsylvania</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by</th>
<th>Tatiana Kalenikova</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>Vice President</td>
</tr>
<tr>
<td>Signature</td>
<td>signature</td>
</tr>
<tr>
<td>Date</td>
<td>04/23/13</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)

Date of Notification (1)
5/2/13

Name of Building Owner/Operator (2)
Bob Hoffman (private home owner)

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

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

Street Address
67 Ralph

City, State, Zip Code
Manahawkin NJ 08050

Name of Contact
Bob

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)
Bob Hoffman (private home owner)

Street Address
67 Ralph

City (5)
Manahawkin NJ 08050

County (6)
Ocean

County Code (7)

Current Use (Prior if being demolished)
Home

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

ASCM No.

Name of Abatement Contractor (9)
Pernatco Inc.

Street Address
PO Box 329

City, State, Zip Code
West Berlin NJ 08091

Project Manager for Monitoring Firm

Telephone No.
856-753-9800

License No.
00727

Start Date (10)
5/15/13

Scheduled Completion Date (11)
5/22/13

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)
- [ ] ≥3 sf or ≥3 If
- [ ] ≥160 sf or ≥260 If
- [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
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)
1200 SF

Abatement Type

Endorse

Name of Registered Waste Hauler
United Containers

NJDEP Waste Hauler ID No.
22459

Cubic Yards of Waste
3

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

City, State
Morrisville PA 19067

Disposal Date
5/22/13

Completed by
Anthony T Perna
Title
President

Signature

Date
5/2/13

ASB-41 (R-08-18)

* Do not use this form for asbestos licensure exempted activities.
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:68 and 12-120)

**Date of Notification (1)**
5-1-13

**Name of Building Owner/Operator (2)**
W. PRENDERGAST

**Agency Notified**
- [ ] EPA
- [ ] DEP
- [ ] DOL
- [ ] DOH
- [ ] DOA
- [ ] Initial
- [ ] Amended
- [ ] Amendment (including justification)
- [ ] Cancellation

**Street Address**
2 NEWKIRK ROAD
SOMERSET, NJ 08873

**City**
SOMERSET

**County**
SOMERSET

**Name of Facility Where Abatement is Taking Place (5)**
W. PRENDERGAST

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

**Square Feet**
1700

**No. of Floors**
2

**Bldg. Age**
58 yrs

**Residence**

**Name of Monitoring Firm Hired by Building Owner (9)**
Best Removal Inc

**Street Address**
450 S. River St
Hackensack, N. J. 07601

**Project Manager for Monitoring Firm**

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

**License No.**
00388

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

**Street Address**
280 Huyler St
South Hackensack, N. J. 07606

**Start Date (10)**
5-16-13

**Scheduled Completion Date (11)**
5-18-13

**Name of OSHA Monitor**

**Location of Asbestos-Containing Material (ACM) TO BE ABATED (13)**
- [ ] Ground Floor Rooms
  - [ ] X VAT
  - [ ] 500 SF

**Name of Registered Waste Handler**
Best Removal Inc

**Disposal Date**
5-18-13

**Name of Registered Landfill**
Minerva Enterprises

**City, State**
Waynesburg, Oh

**Completed by**
P. VELDRAN

**Title**
Estimator

**Signature**
P. VELDRAN

**Date**
5-1-13
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:90 and 12:123)

Date of Notification (1) 05/1/2013

Name of Building Owner/Operator (2) Anthony Bucynxy

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

Type Notification
☐ Initial  ☑ Amended  ☐ Amendment #

Street Address 533 George Road

City, State, Zip Code Toms River, NJ, 08753

Name of Contact Anthony Bucynxy

Telephone Number

FACILITY INFORMATION

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

Street Address 533 George Road

City (5) Toms River, NJ, 08753

County (6) Ocean

County Code (7) 1000

Square Feet 1,000

# of Floors 1

Bldg. Age 72 years

Current Use (Prior if being demolished)

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

ASCM No.

Name of Abatement Contractor (9)
Sharon Quality Construction LLC

Street Address 22 Van Orden Place

City, State, Zip Code Hackensack, NJ, 07601

License No. 01135

Telephone No. 201-708-4270

Name of OSHA Monitor
San- Air Technologies Laboratories

Street Address 1551 Oakbridge Drive Suite B

City, State, Zip Code Powhatan, VA, 23139

Start Date (10) 05/10/2013

Scheduled Completion Date (11) 05/10/2013

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

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

Yes ☑ No ☒ N/A

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

Description of

Amount (Specify SF or LF)

Abatement Type

Removal
Repair
Encapsulate
Endure

.exterior siding

Shingles Siding 800 SF

Exterior siding

Shingles Siding

Name of Registered Waste Hauler
Sharon Quality Co.

NJ DEP Waste Hauler ID No. 0033967

Cubic Yards of Waste TBD

Name of Registered Landfill
Minerva Enterprise INC.

City, State
Hackensack, NJ

Disposal Date TBD

City, State
Waynesburg, OHIO

Completed by
Carlos Esquivel

Title Safety Manager

Signature

Date 5/01/2013

* Do not use this form for asbestos licensure exempted activities.
Date of Notification (1)  
5/2/13

Name of Building/Operator (2)  
Eric Illjes (private home owner)

Agencies Notified Type Notification
- EPA Initial
- DOL Amended

Street Address  
811 2nd Street

City, State, Zip Code  
Ocean City NJ 08226

Name of Contact  
Eric

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
Eric Illjes (private home owner)

Square Feet  
1000 +

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

City (5)  
Ocean City NJ 08226

County Code (7)  
Cape May

Current Use (Prior if being demolished)
- Home

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

Start Date (10)  
5/17/13

Scheduled Completion Date (11)  
5/24/13

Name of OSHA Monitor (12)  
Same

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

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

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)  
750 SF

Abatement Type
- Removal
- Repair
- Encapsulate
- Endorse

Name of Registered Waste Hauler  
United Containers

NJDEP Waste Hauler ID No.  
22459

Cubic Yards of Waste  
2

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

City, State  
Morrisville PA 19067

Completed by  
Anthony T Perna

Title  
President

Signature  
Date  
5/2/13

* Do not use this form for asbestos license exempted activities.
<table>
<thead>
<tr>
<th>Claim of Facility Where Abatement is Taking Place (3)</th>
<th>33 FIRST AVE MANASQUAN, NJ 08736</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Facility Owner (4)</td>
<td>ROBERT FISHER</td>
</tr>
<tr>
<td>Street Address</td>
<td>33 FIRST AVE</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>MANASQUAN, NJ 08736</td>
</tr>
<tr>
<td>Name of Consultant</td>
<td>JACOBS</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

**HOUSE**

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
<th>ACE INSULATION CO. INC.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>95 MENTROSZA RD</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>COLETS NECK, NJ 07726</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>732-2350</td>
</tr>
</tbody>
</table>

**SCOPE OF WORK (Check all that apply)**

- Siding

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

- Siding

**Amount (Cubic Yards or Square Feet)**

- Siding: 1500 cubic yards

**Name of Registered Wholesaler**

- ACE INSULATION CO. INC.

**City, State**

- COLETS NECK, NJ 07726

**Company No.**

- 122-2-0242

**Complier by:**

- (Signature) | Date

**State of New Jersey**

**MORATORIUM PERMISSIBLE ABATEMENT**

**Complied to N.J.A.C. 8:62-12.15C**

**Note:** Do not use this form for asbestos removal exempted activities.
<table>
<thead>
<tr>
<th><strong>State of New Jersey</strong></th>
<th><strong>FERMILAB</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>PERMIT FOR THE USE OF ASBESTOS-BEARING MATERIALS</td>
<td></td>
</tr>
<tr>
<td>(Pursuant to N.J.A.C. 8:68 and 8A:21)</td>
<td></td>
</tr>
</tbody>
</table>

**Date of Notification:** 5-3-13  
**Notice of Cancellation:** N/A  
**Notice of Amendment:** N/A  
**Notice of Emergency:** N/A  
**Notice of Preliminary Determination:** N/A  
**Notice of Final Determination:** N/A  

<table>
<thead>
<tr>
<th><strong>Agency:</strong></th>
<th><strong>N/A</strong></th>
</tr>
</thead>
</table>

**State of Building/Construction:**  
**Type of Facility:** Other (not R-12)  
**Name of Abatement Contractor:** ACE INSULATION CO.  
**Street Address:** 957 MONTROSE AVE  
**City, State, Zip Code:** COLTS NECK, N.J., 07932  
**Telephone:** N/A  
**Limitation:** N/A  
**Name of U.S. Monitor:** ACE INSULATION CO.  
**Street Address:** 957 MONTROSE AVE  
**City, State, Zip Code:** COLTS NECK, N.J., 07932  
**Telephone:** N/A  
**Limitation:** N/A  

<table>
<thead>
<tr>
<th><strong>Name of Monitoring Firm/Site:</strong></th>
<th><strong>N/A</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name of Owner:</strong></td>
<td><strong>N/A</strong></td>
</tr>
<tr>
<td><strong>Name of Firm/Site:</strong></td>
<td><strong>N/A</strong></td>
</tr>
</tbody>
</table>

**Type of Abatement:**  
**Location of Asbestos-Containing Material (ACM):**  
- **Location:** Basement  
- **Type:** Pipe Covering  
- **Amount:** 160 sq ft  
**Name of Registered Wastewater Handler:** ACE INSULATION CO.  
**City, State:** COLTS NECK, N.J.  
**Cubic Yards of Waste:** 2  
**Frame of Reference:** FRAMES  
**Name of Registered Landfill:** GROW'S  
**City, State:** TULLY TOWN, PA  
**Completion Date:** 5-13-13  

*Do not use this form for asbestos license renewal applications.*
**Notification of Asbestos Abatement**

**Data of Notification:** 5-1-13

**Agency:** EPA
**Type:** Initial Notification

**Name of Building Owner/Operator:** Bauer Properties Dol Lus-Bay
**Address:** 2910 Delaware Drive, Brick NJ 08723
**City:** Brick
**State:** NJ
**Zip Code:** 08723
**County:** Ocean

**Name of Property Where Abatement is Taking Place:** Single Family Dwelling
**Street Address:** 14 Navanna Drive
**City:** Brick
**State:** NJ
**Zip Code:** 08723
**County:** Ocean

**Name of Management Firm Hired by Building Owner:** EPC Technologies
**Address:** P.O. Box 337
**City:** New Egypt
**State:** NJ
**Zip Code:** 08533

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

**Account No.:** N/A
**Name of Gear Box Owner:** N/A
**Street Address:** P.O. Box 337
**City:** New Egypt
**State:** NJ
**Zip Code:** 08533

**City:** Brick
**State:** NJ
**Zip Code:** 08723

**Acme No.:** N/A
**Name of Asbestos Contractor:** EPC Technologies Inc.
**Address:** P.O. Box 337
**City:** New Egypt
**State:** NJ
**Zip Code:** 08533

**License No.:** 08.394
**Telephone No.:** 609-758-3365
**Telephone No.:** 609-758-3365

**Occurrence Date During Abatement:** 5-3-13
**Scheduled Completion Date:** 5-3-13

**Type of Abatement:** Non-Exempted (*) and Non-Fireable Procedure

**Location of Asbestos-Containing Material (ACM) TO BE ABATED:**
- **Location:** Extension Walls
- **Location:** Siding Shingles
  - **Amount:** 1000 SF

**Name of Registered Waste Handler:** EPC Technologies
**City:** New Egypt
**State:** NJ
**Zip Code:** 08533

**Name of Registered Landfill:** Wastewater Management of PA
**City:** Maysville
**State:** PA
**Zip Code:**

**Date:** 5-3-13

---

*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)  

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>5/2/13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>TS. RUTH SANCHEZ</td>
</tr>
<tr>
<td>Agency Notified</td>
<td>EPA</td>
</tr>
<tr>
<td>Type Notification</td>
<td>Original</td>
</tr>
<tr>
<td>Street Address</td>
<td>10 BARTHOLOMF AVE</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>PONTIPTON, LAKES 07442</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>MIKE CONNOLLY</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place (3) | TS. SANCHEZ |
| Street Address | 10 BARTHOLOMF AVE |
| City | PONTIPTON, LAKES |
| County | PASSAIC |
| Type of Facility (4) | School (K-12) |
| Square Feet | 2100 |
| 8 of Floors | 2 |
| Bldg. Age | 1940 |
| Current Use (Prior to being demolished) | RESIDENCE |

**Name of Monitoring Firm Hired by Building Owner (5)**

- **Name of Abatement Contractor (6)**
  - Best Removal Inc
  - Street Address: 450 S. River St
  - Hackensack, N.J. 07601

- **Telephone No.**
  - 201-329-4744
  - License No. 00388

- **Name of OSHA Monitor**
  - Omega Environmental Inc
  - Street Address: 280 Huyler St
  - Hackensack, N.J. 07601

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

- 2.3 sf or less
- 160 sf or less
- 260 sf or more
- Scope of Work: Full Containment with Negative Pressure
- Renovation
- Demolition
- Glovebox Procedure
- Non-Exempted ASTM Non-Permissive Procedure

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

- **Basement**: 7 VAT 850 SF

**Name of Registered Waste Handler**

- Best Removal Inc
- ID No. 17109

**Cubic Yards of Waste**

- Minerva Enterprises
- Disposal Date: 5/20/13

<table>
<thead>
<tr>
<th>Completed by</th>
<th>J. MAIORANO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>Estimator</td>
</tr>
<tr>
<td>Signature</td>
<td>[Signature]</td>
</tr>
</tbody>
</table>

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

**State of New Jersey**

(Pursuant to NJAC 8:58 and 12:120)

**Date of Notification (1):** 05/03/2013

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

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

**Type Notification:**
- [ ] Initial
- [ ] Amended
- [x] Amendment # [ ]
- [x] Emergency (Including Justification) [x]
- [ ] Cancellation

**Street Address:** 2240 RT. 50

**City, State, Zip Code:** TUCKAHOE NJ 08250

**Name of Contact:** CLYDE PETTIT

**Telephone Number:**

**FACILITY INFORMATION**

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

**Street Address:** 2240 RT. 50

**City:** TUCKAHOE

**County:** CAPE MAY

**County Code:** CAPE MAY

**Square Feet:** 2000

**# of Floors:** 3

**Bldg. Age:** 100+

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

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

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

**Street Address:** 570 CLEMS RUN

**City, State, Zip Code:** MULLICA HILL NJ 08062

**Phone Manager for Monitoring Firm:**

**Telephone No.:** 610-304-4676

**License No.:** 01145

**Start Date (10):** 05/03/2013

**Scheduled Completion Date (11):** 05/04/2013

**Name of OSHA Monitor:** EMSL

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

**Scope of Work (Check All That Apply):**
- [ ] >= 3 sf or >= 3 if
- [ ] >= 160 sf or >= 260 if
- [x] Renovation
- [x] 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 (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):** 200 SF

**Abatement Type:**
- [ ] Removal
- [ ] Repair
- [ ] Encapsulation
- [ ] Endure

**Location of Registered Waste Hauler:**

**Name of Registered Waste Hauler:** ASSURED ENVIRONMENTAL SERVICES

**Waste Hauler ID No.:** 0034885

**Cubic Yards of Waste:** 6

**Disposal Date:** 05/03/2013

**Name of Registered Landfill:** ALLIED WASTE IMPERIAL LANDFILL

**City, State:** MULLICA HILL NJ

**Completed by:** RON SWANSON

**Title:** PROJECT COORDINATOR

**Signature:**

**Date:** 05/03/2013

*Do not use this form for asbestos licensure exempted activities.*
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:66 and 12:120)

**State of New Jersey**

**Date of Notification (1)**  
05-02-13

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] EPA</td>
<td>[X] Initial</td>
<td>Englewood Hospital &amp; Medical Center</td>
</tr>
<tr>
<td>[ ] DEP</td>
<td></td>
<td></td>
</tr>
<tr>
<td>[ ] DOL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>[X] DOH</td>
<td>[X] Amended</td>
<td></td>
</tr>
<tr>
<td>[ ] DCA</td>
<td>[X] Emergency (including justification)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>350 Eagle Street</td>
<td>Englewood</td>
</tr>
</tbody>
</table>

**Name of Contact**  
Garfield McFarlane

**Telephone Number**

**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>Engelwood Hospital &amp; Medical Center</td>
<td>[X] 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>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>350 Eagle Street</td>
<td>Englewood</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>County (5)</th>
<th>County Code (7)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bergen</td>
<td>[STATE USE ONLY]</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>Hillmann Consulting LLC</td>
<td></td>
<td>Pinnacle Environmental Corp.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>1600 Route 22 East, Suite 107</td>
<td>Union, NJ 07083</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Michael Nehlsen</td>
<td>908-688-7800</td>
<td>00756</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(2)05-06-13</td>
<td>07-31-13</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check Only One)</th>
<th>Scope of Work (Check All That Apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Facility Closed/Vacated During Entire Period of Abatement</td>
<td>[ ] Demolition</td>
</tr>
<tr>
<td>[ ] Abatement Performed Outside of Normal Facility Hours</td>
<td>[ ] Renovation</td>
</tr>
<tr>
<td>[ ] Other – Describe: Floor will be vacated during entire period of abatement</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Lower Level: Staffing Office</th>
<th>Location Normally Used Solely by Maintenance/Custodial Staff?</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td>(12)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>In 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>Lower Level: Staffing Office</td>
<td>Pipe Insulation</td>
<td>225LF</td>
<td>x</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJDEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>ATC, Inc. J/FT (50071)</td>
<td>24310</td>
<td>TBD</td>
<td>Minerva Enterprises</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shirley, NY / Bronx, NY</td>
<td>TBD</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joseph Patrick</td>
<td>*</td>
</tr>
</tbody>
</table>

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

## NOTIFICATION OF ASBESTOS ABATEMENT

**Pursuant to NJAC 8:60 and 12:120**

### Date of Notification (1)
5/02/2013

### Name of Building Owner/Operator (2)
The Prudential Insurance Company of America

### Street Address
751 Broad Street, Fifth Floor
Newark, New Jersey 07102

### Name of Contact
Mr. Richard Hummers

## FACILITY INFORMATION

### Name of Facility Where Abatement is Taking Place (3)
671 Broad Street (Excavation Site)

### County (6)
Essex

### Name of Monitoring Firm Hired by Building Owner (8)
Environmental Health Investigations Inc.

### Name of Abatement Contractor (9)
PAL Environmental Services

### Street Address
11-02 Queens Plaza South
Long Island City, NY 11101

### Name of OSHA Monitor
Martin McRea

### Street Address
714 Kennedy Blvd
Bayonne, NJ 07002

### Start Date (10)
5/13/2013

### Scheduled Completion Date (11)
5/31/2013

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

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (13)</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>Excavation Site</td>
<td>X</td>
<td>Pipe Insulation</td>
<td>140 LF</td>
<td>X</td>
</tr>
<tr>
<td>Excavation Site</td>
<td>X</td>
<td>Conduit</td>
<td>35 LF</td>
<td>X</td>
</tr>
<tr>
<td>Excavation Site</td>
<td>X</td>
<td>Tank Insulation</td>
<td>24 SF</td>
<td>X</td>
</tr>
<tr>
<td>Excavation Site</td>
<td>X</td>
<td>Floor Tile</td>
<td>5 SF</td>
<td></td>
</tr>
</tbody>
</table>

### Location of Registered Waste Hauler
- NJDEP Waste Hauler ID No: 24310/19551
- Cubic Yards of Waste: 300

### Name of Registered Landfill
Minerva Enterprises

### City, State
Shirley, NY 11967 / Bronx, NY 10474

### Completed by
Aric Domozick
Title: VP Business Operations

### Disposal Date
5/31/2013

### Signature

*Do not use this form for asbestos licensure exempted activities.*
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:50 and 5:16)

### Date of Notification (1)
10 / 19 / 12

### Name of Building Owner/Operator (2)
Willingboro Broad of Education

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

### Street Address
440 Beverly-Rancocos Rd

### City, State, Zip Code
Willingboro, NJ 08046

### Name of Contact
Kelvin Smith

### Telephone Number

### FACILITY INFORMATION

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

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

#### Square Feet
75,000

#### # of Floors
2

#### Bldg. Age
40+

#### County Code (7)  
(STATE USE ONLY)
Burlington

#### Current Use (Prior if being demolished)
High School

### Name of Monitoring Firm Hired by Building Owner (6)
TTI Environmental Inc.

### ASCM No.

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

### Street Address
1253 N. Church St

### City, State, Zip Code
Mooresstown, NJ 08057

### Telephone No.
856-840-8800

### License No.
215-788-6040

### Name of OSHA Monitor
BRISTOL ENVIRONMENTAL, INC.

#### Street Address
1123 BEAVER STREET

#### City, State, Zip Code
BRISTOL, PA 19007

#### Start Date (10)  
ON SITE  
5 / 3 / 13

#### Scheduled Completion Date (11)
5 / 6 / 13

#### Occupancy Status During Abatement (Check one only)
- [X] Facility Closed/ Vacated During Entire Period of Abatement
- [X] Abatement Performed Outside of Normal Facility Hours - Describe
Time of Abatement: AM 2:30PM - PM 12:00AM

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

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

| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | Description of Asbestos Containing Material (ACM)  
(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Rooms #301A &amp; 302A</td>
<td>[X]</td>
<td>Floor tile and mastic</td>
<td>177 SF</td>
<td>[ ]</td>
</tr>
<tr>
<td>Rooms #405 thru #409</td>
<td>[X]</td>
<td>Floor tile and mastic</td>
<td>627 SF</td>
<td>[ ]</td>
</tr>
<tr>
<td>Rooms #219 &amp; 221</td>
<td>[X]</td>
<td>Floor tile and mastic</td>
<td>246 SF</td>
<td>[ ]</td>
</tr>
<tr>
<td>Boy's and Girl's locker room offices</td>
<td>[X]</td>
<td>Floor tile and mastic</td>
<td>380 SF</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

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

### NJDEP Waste Hauler ID No.
20990

### Cubic Yards of Waste

### Name of Registered Landfill
MINERVA LANDFILL

### City, State
NEW CASTLE, DE 19720

### Disposal Date

### Completed By (Print or Type)
Brian Scalfio

### Title
Estimator

### Signature

### Date
5/2/13

---

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

**Facility Information**
- **Name of Facility Where Abatement is Taking Place (3)**: Willingboro High School
- **Street Address**: 20 Kennedy Way
- **City (5)**: Willingboro
- **County (6)**: Burlington
- **Current Use (Prior to being demolished)**: High School

**Additional Information**
- **Name of Monitoring Firm HIred by Building Owner (8)**: TTI Environmental Inc.
- **ASCN No.**
- **Name of Abatement Contractor (9)**: BRISTOL ENVIRONMENTAL, INC.
- **Street Address**: 1253 N. Church St
- **City, State, Zip Code**: Moorestown, NJ 08057
- **Telephone No.**: 856-540-8800
- **License No.**: 00509
- **City, State, Zip Code**: BRISTOL, PA 19007

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

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rooms #301A &amp; 302A</td>
<td>No</td>
<td>Floor tile and mastic</td>
<td>177 SF</td>
<td>X</td>
</tr>
<tr>
<td>Rooms #405 thru #409</td>
<td>No</td>
<td>Floor tile and mastic</td>
<td>827 SF</td>
<td>X</td>
</tr>
<tr>
<td>Rooms #219 &amp; #221</td>
<td>No</td>
<td>Floor tile and mastic</td>
<td>246 SF</td>
<td>X</td>
</tr>
<tr>
<td>Boy's and Girl's locker room offices</td>
<td>No</td>
<td>Floor tile and mastic</td>
<td>380 SF</td>
<td>X</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
- SERVICE TRANSPORT GROUP, INC.
- NJDEP Waste Hauler ID No. 20890

**Cubic Yards of Waste**
- City, State: NEW CASTLE, DE 19720

**Name of Registered Landfill**
- MINERVA LANDFILL

**Disposal Date**
- City, State: WAYNESBURG, OH 44688

**Completed By (Print or Type)**
- Brian Scafiro

**Title**
- Estimator

**Signature**
- Brian Scafiro

**Date**
- 12/6/12

---

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

---

# ON HOLD SUNDAY 12/9/12
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:50 and 8:16)

### Date of Notification
10 / 19 / 12

### Name of Building Owner/Operator
Willingboro Broad of Education

### Agencies Notified
- [ ] EPA
- [x] DOLWD
- [ ] DHSS
- [ ] DCA (NJAC 5:23-8)

### Type of Notification
- [ ] Initial
- [x] Amended
- [ ] Amendment # 1-11/5/12
- [ ] Emergency (including justification)
- [ ] Cancellation

### Street Address
440 Beverly-Rancocas Rd

### City, State, Zip Code
Willingboro, NJ 08046

### Name of Contact
Kelvin Smith

### Telephone Number

### Name of Facility Where Abatement is Taking Place
Willingboro High School

### Street Address
20 Kennedy Way

### City (5)
Willingboro

### County (6)
Burlington

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

### Name of Monitoring Firm Hired by Building Owner
TTI Environmental Inc.

### ASCM No.

### Name of Abatement Contractor
BRISTOL ENVIRONMENTAL, INC.

### Street Address
1123 BEAVER STREET

### City, State, Zip Code
BRISTOL, PA 19007

### Telephone No.
215-788-6040

### License No.
00509

### Project Manager for Monitoring
Jim Gullardi

### Telephone No.
856-840-8800

### Start Date
11 / 12 / 12

### Scheduled Completion Date
ON HOLD

### Occupancy Status During Abatement
- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [x] Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM-3:00PM/11:30PM-AM

### Scope of Work
- [ ] ≥ 3 sf. or ≥ 3 if
- [x] ≥ 160 sf. or ≥ 260 sf
- [ ] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>IN Facility (13)</th>
<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>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rooms #301A &amp; 302A</td>
<td>No</td>
<td>Floor tile and mastic</td>
<td>177 SF</td>
<td>□ □ □ □</td>
</tr>
<tr>
<td>Rooms # 405 thru # 409</td>
<td>No</td>
<td>Floor tile and mastic</td>
<td>627 SF</td>
<td>□ □ □ □</td>
</tr>
<tr>
<td>Rooms #219 &amp; #221</td>
<td>No</td>
<td>Floor tile and mastic</td>
<td>248 SF</td>
<td>□ □ □ □</td>
</tr>
<tr>
<td>Boy's and Girl's locker room offices</td>
<td>No</td>
<td>Floor tile and mastic</td>
<td>380 SF</td>
<td>□ □ □ □</td>
</tr>
</tbody>
</table>

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

### NJDEP Waste Hauler ID No.
20990

### Cubic Yards of Waste

### Name of Registered Landfill
MINERVA LANDFILL

### City, State
NEW CASTLE, DE 19720

### Disposal Date

### Title
Estimator

### Signature
Brian Scafiro

### Date
11/5/10

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

Date of Notification (1)
10 / 19 / 12

Name of Building Owner/Operator (2)
Willingboro Broad of Education

Address
440 Beverly-Rancocas Rd

City, State, Zip Code
Willingboro, NJ 08046

Name of Contact
Kelvin Smith

FACILITY INFORMATION

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

Type of Facility (4)
School (K-12)

City (5)
Willingboro

Square Feet
75,000

County (6)
Burlington

No. of Floors
2

County Code (7) (STATE USE ONLY)

Bidg. Age
40+

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

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

Street Address
1253 N. Church St

Telephone No.
856-840-0800

City, State, Zip Code
Mooresville, NC 08057

License No.
00509

Project Manager for Monitoring Firm
Jim Gullandi

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL, INC.

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

Start Date (10)
11 / 2 / 12

Scheduled Completion Date (11)
12 / 31 / 12

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

Time of Abatement: AM 3:00PM -11:30PM

Scope of Work (Check all that apply)
☐ ≥ 300 sf or ≥ 3' thick
☒ ≥ 150 sf or ≥ 260 sf

☐ Renovation
☒ Demolition

Location of Asbestos-Containing Material (ACM)

TO BE ABATED
IN FACILITY

(13)

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

Yes
No
N/A

Location of

Description of

Abatement Type

Amount
(Specify SF or LF)

Removal
Repair
Encapsulation
Enclosure

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

NJDEP Waste Hauler ID No. 20960

Cubic Yards of Waste

Disposal Date

City, State
NEW CASTLE, DE 19720

Name of Registered Landfill
MINERVA LANDFILL

City, State
WAYNESBURG, OH 44688

Completed By (Print or Type)
Brian Scafiro

Title
Estimator

Signature

Date
10/19/12
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>Job #: 9388.2</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>05/01/13</td>
<td>South Jersey Hospital, Inc.</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Street Address</th>
<th>South Jersey Healthcare 1505 West Sherman Avenue</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State, Zip Code</td>
<td>Vineland, NJ 08360</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>South Jersey Healthcare 303 Irving Avenue</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City (5)</th>
<th>Bridgeton</th>
</tr>
</thead>
<tbody>
<tr>
<td>County (6)</td>
<td>Cumberland</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
<th>Name of Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jim Weltz 3370 Progress Way</td>
<td>215-244-1300</td>
<td>The Prime Group Remediation, Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scheduled Start Date (10)</th>
<th>Scheduled Completion (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>04/29/13</td>
<td>05/24/13</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Prime Group Remediation, Inc.</td>
<td>4343 'G' Street</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Facility Closed/Vacated During Entire Period of Abatement</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours -</td>
</tr>
<tr>
<td>Other - Describe:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Source of Work (Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>&gt;3 sf or &gt;3 if</td>
</tr>
<tr>
<td>&gt;160 sf or &gt;260 if</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</th>
<th>Location Normally Used Solely by Maintenance/ Custodial Staff? (12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>IN Facility (13)</td>
<td>Yes No N/A</td>
</tr>
<tr>
<td>3rd Floor - Hall - 1924 Bldg.</td>
<td>X Floor Tile / Mastic 120 SF X</td>
</tr>
<tr>
<td>1st Floor - 1924 Bldg.</td>
<td>X Floor Tile / Mastic 1,496 SF X</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>120 SF</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Removal</td>
</tr>
<tr>
<td>Repair</td>
</tr>
<tr>
<td>Encasulate</td>
</tr>
<tr>
<td>Enclose</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Reg. Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>NJDEP Waste Hauler ID # 19272</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Reg. Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minerva Landfill(OH EPA 15-1292)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Philadelphia, PA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>08/07/13</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waynesburg, OH</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vincent J. Primavera, III</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Manager</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>05/01/13</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 12:12B)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>5/3/93</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (7)</td>
<td>AMERICAN CONTRACTORS SERVICES</td>
</tr>
<tr>
<td>Address (8)</td>
<td>2547 First Road - Unit 1A</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>East Hanover Twp., N.J., 07936</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Donna</td>
</tr>
</tbody>
</table>

FACILITY INFORMATION

| Name of Facility Where Abatement is Taking Place (2) | MARY ST. |
| Type of Facility (4) | KIA MOSAIC ING |
| Cnty. Code (7) | ATLANTIC |
| Name of Abatement Contractor (9) | KIA MOSAIC INC. |
| Address (10) | 367 S. SPRING AVE |
| City, State, Zip Code | MAPLE SHADE, N.J., 08052 |
| Telephone No | 856-774-0422 |
| License No | 1400714 |
| Name of OSHA Monitor | JOSEPH KLEMM |
| Address (11) | 367 S. SPRING AVE |
| City, State, Zip Code | MAPLE SHADE, N.J., 08052 |

| Location of Asbestos Containing Material (ACM) To Be Abated | X TRANSLITE 1500 |
| Site No | SI. D. INC. |
| ACM Name | KIA MOSAIC INC. |
| D.O.E. Permit No | 19901 |
| ACM Name | KIA MOSAIC INC. |
| ACM Name | MAPLE SHADE, N.J. |
| ACM Name | SI. D. INC. |
| ACM Name | THERMALITE |
| ACM Name | TRANSLITE |

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>5/02/13</th>
<th>Name of Building Owner/Operator (2)</th>
<th>Mr. &amp; Mrs. Hamdan</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>255 Ward Place</td>
<td>South Orange</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended</td>
<td></td>
<td>07079</td>
</tr>
<tr>
<td>DOL</td>
<td>Emergency (including justification)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOH</td>
<td>Cancellation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DCA</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>House</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>255 Ward Place</td>
</tr>
<tr>
<td>City (6)</td>
<td>South Orange</td>
</tr>
<tr>
<td>County (9)</td>
<td>Essex</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>County Code (7) (STATE USE ONLY)</th>
<th>Current Use (Prior to being demolished)</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</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>D&amp;S Abatement, Inc.</td>
</tr>
</tbody>
</table>

| Street Address                                      | 11 Rosengren Avenue |
| City, State, Zip Code                               | Totowa, NJ 07512    |

<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>973-345-6685</td>
<td>#00675</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>5/14/13</td>
<td>5/15/13</td>
<td>D&amp;S Abatement, Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check Only One)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
</tr>
<tr>
<td>Other – Describe: Occupied</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 if</td>
</tr>
<tr>
<td>≥160 sf or ≥260 if</td>
</tr>
<tr>
<td>Demolition</td>
</tr>
<tr>
<td>Renovation</td>
</tr>
<tr>
<td>Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>Mini-Enclosure</td>
</tr>
<tr>
<td>Glovebag Procedure</td>
</tr>
<tr>
<td>Non-Exempted (*) and Non-Friable Procedure</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pipe insulation</td>
<td>11 LF</td>
<td>x</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler D&amp;S Abatement, Inc.</th>
<th>NJDEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>D&amp;S Abatement, Inc.</td>
<td>#20966</td>
<td>TBD</td>
<td>Waste Management of PA</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>City, State</th>
<th>Tullytown, PA</th>
</tr>
</thead>
<tbody>
<tr>
<td>TBD</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by Deanna Brkusanin</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Project Manager</td>
<td></td>
<td>5/02/13</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)

Date of Notification (1) 5/02/13

Name of Building Owner/Operator (2) Rob Cirello

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

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

Street Address
601 Prospect Street

City, State, Zip Code
Maplewood, NJ 07040

Name of Contact
Rob Cirello

Telephone Number

FACILITY INFORMATION

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

Street Address
601 Prospect Street

City (5)
Maplewood

County (6)
Essex

County Code (7)
N/A

(State USE ONLY)

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

Square Feet
N/A

# of Floors
N/A

Bldg. Age
N/A

Current Use (Prior if being demolished)
House

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

ASCM No.

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

Street Address
11 Rosengren Avenue

City, State, Zip Code
Totowa, NJ 07512

Telephone No.
973-345-8685

License No.
#00675

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

Name of OSHA Monitor
D&S Abatement, Inc.

Start Date (10)
5/15/13

Scheduled Completion Date (11)
5/16/13

Scope of Work (Check All That Apply)
- [X] ≥ 3 sf or ≥ 3 lf
- [X] ≥ 160 sf or ≥ 260 lf
- [ ] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM)

TO BE ABATED

In Facility

(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)

120 LF

Abatement Type

Endeavor

Encapsulate

Repair

Removal

Name of Registered Waste Hauler
D&S Abatement, Inc.

NJDEP Waste Hauler ID No.
#20996

Cubic Yards of Waste
TBD

Name of Registered Landfill
Waste Management of PA

City, State
Totowa, NJ

Disposal Date
TBD

City, State
Tullytown, PA

Completed by
Deanna Brkusamin

Title
Project manager

Signature

Date
5/02/13

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 8:90 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>5/02/13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Judith Joseph</td>
</tr>
<tr>
<td>Type Notification</td>
<td></td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>EPAD EPAD</td>
</tr>
<tr>
<td>Amendments</td>
<td>Initial Amended</td>
</tr>
<tr>
<td>Emergency/Justification</td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
<td>444 Elmwood Avenue</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Maplewood, NJ 07040</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Judith Joseph</td>
</tr>
<tr>
<td>TELEPHONE NUMBER</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place (3) | House |
| Street Address | 444 Elmwood Avenue |
| City (5) | Maplewood |
| County (6) | Essex |
| Current Use (Prior if being demolished) | House |

**Name of Monitoring Firm Hired by Building Owner (8) | ASCM No.**
| N/A | D&S Abatement, Inc. |
| Street Address | 11 Rosengren Avenue |
| City, State, Zip Code | Totowa, NJ 07512 |

| Project Manager for Monitoring Firm | Telephone No. | License No. |
| | | |
| Name of OSHA Monitor | D&S Abatement, Inc. | |
| Street Address | 11 Rosengren Avenue |
| City, State, Zip Code | Totowa, NJ 07512 |

**Start Date (10) | 5/20/13**

**Scheduled Completion Date (11) | 5/21/13**

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

**Scope of Work (Check All That Apply)**
- [ ] ≥3 sf or ≥3 If
- [ ] ≥180 sf or ≥260 If
- [x] Renovation Demolition
- [x] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

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

| Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) |
| | |
| pipe insulation | 85 LF |

**Name of Registered Waste Hauler | NJDEP Waste Hauler ID No.**
| D&S Abatement, Inc. | #20996 |
| Cubic Yards of Waste | TBD |

**Name of Registered Landfill | Waste Management of PA**
| City, State | Totowa, NJ |
| Disposal Date | TBD |
| City, State | Totowa, PA |

**Completed by | 5/02/13**
| Deanna Brkusianin | Project manager |

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:66 and 12:120)

Date of Notification (1) 5/1/2013
Check #2409

Name of Building Owner/Operator (2)
HOBOKEN CATHOLIC ACADEMY

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

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

Street Address
555 7th Street

City, State, Zip Code
Hoboken, NJ 07030

Name of Contact
Ron Zarino

Telephone Number

Name of Facility Where Abatement is Taking Place (3)
Hoboken Catholic Academy

Street Address
555 7th Street

City (5)
Hoboken, NJ 07030

County (6)
Hudson

County Code (7)
(State Use Only)

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

Square Feet
20,000

# of Floors
2

Bldg. Age
50+

Current Use (Prior if being demolished)
School

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

ASCM No.

Name of Abatement Contractor (9)
EA Services Corporation

Street Address
426 69th Street apt 1

City, State, Zip Code
Guttenberg, NJ 07093

Project Manager for Monitoring Firm

Telephone No.

License No.

Telephone No.
201-295-1700

License No.
01074

Start Date (10)
5/4/2013

Scheduled Completion Date (11)
5/9/2013

Name of OSHA Monitor
same as above

Occupancy Status During Abatement (Check Only One)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other – Describe: Starting 8:00 AM

City, State, Zip Code

Scope of Work (Check All That Apply)
☐ ±36 sf or ±36 if
☐ ±160 sf or ±260 if
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

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

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

Yes No N/A

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

Amount
(Specify SF or LF)

Abatement Type
Removal
Repair
Encapsulation
Endoscopy

Crawl space

Yes No N/A

16

Name of Registered Waste Hauler
NJDEP Waste Hauler ID No.
15939

Freehold Carting

Cubic Yards of Waste
Disposal Date

Name of Registered Landfill
Waste Management

tbd

tbd

tbd

tbd

City, State

City, State

PO Box 5010
Tullytown Landfill

Completed by
Gina Salvador

Title
Office Manager

Signature

Date
5/1/2013

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

Date of Notification (1):
05/02/2013

Name of Building Owner/Operator (2):
JOSE CORREIDA

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

Type Notification:
- Initial
- Amended
- Emergency (Including Justification)
- Cancellation

Street Address:
48 RONNIE DR.

City, State, Zip Code:
SHIP BOTTOM MANAHAWKIN 08050

Name of Contact:
JOHN PERRONE

Telephone Number:

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

Street Address:
48 RONNIE DR.

City (5):
SHIP BOTTOM MANAHAWKIN

County Code (7):

County Code (8):

Facility Use (Prior to Being Demolished):
YES

Type of Facility (4):
- School (K-12)
- Subchapter 8 (Other than K-12)
- Other (i.e., private 1, commercial buildings, homes, etc.)

Square Feet:
1,200

# of Floors:
1

Building Age:
66

Name of Abatement Contractor (5):
SHARON QUALITY CONSTRUCTION LLC

Street Address:
22 VAN ORDEN PL.

City, State, Zip Code:
HACKENSACK N.J. 07601

Telephone No.:
201-708-4270

Name of OSHA Monitor:

SAIN AIR TECHNOLOGIES LAB

Street Address:
1551 OAKERIDGE DR.

City, State, Zip Code:
POWHATAN VA. 23139

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

ASCM No:

Start Date (10):
05/04/2013

Scheduled Completion Date (11):
05/04/2013

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):
- <300 ft² or <30 ft
- 300 ft² or >260 ft²
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Encapsulated (1) and Non-Prepable Procedure

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

Exterior Siding:
- X
- Shingles Siding

Abatement Type:

Amount (Specify SF or LF):
(1,106 SF)

Name of Registered Waste Hauler:
SHARON QUALITY CONSTRUCTION LLC

Waste Hauler ID No.:
0033687

Volume of Waste:
TBD

Name of Registered Landfill:
MINERVA ENTERPRISE INC.

Disposal Site:
TBD

City, State:
WAYNESBURG, OHIO

Completed by:
CARLOS ESQUIVEL

Title:
SAFETY MANAGER

Signature:

Date:
05/02/2013

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:52 and 12:120)

Date of Notification (1)
May 03, 2013
Name of Building Owner/Operator (2)
Johnson Controls, Inc

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

Name of Facility Where Abatement is Taking Place (3)
Farm Office
Street Address
570 Rte 513
City (6)
Pittstown NJ
County (6)
Huntland
Name of Monitoring Firm Hired by Building Owner (8)
EHM Innovators
Street Address
260 U.S. 202
City, State, Zip Code
Flemington, NJ 08822
Project Manager for Monitoring Firm
Bob Kretvix
Telephone No.
908-397-7508

Start Date (10)
5/6/13
Scheduled Completion Date (11)
5/31/13

Name of Abatement Contractor (9)
The MACK Group, LLC.
Street Address
1500 Kings HWY N, STE 209
City, State, Zip Code
Cherry Hill, NJ 08034
Name of OSHA Monitor
The MACK Group, LLC.
Street Address
1500 Kings HWY N, STE 209
City, State, Zip Code
Cherry Hill, NJ 08034

Scope of Work (Check All That Apply)
>- 50 sf or < 50 sf
>- 100 sf or < 200 sf

Abatement Type
- 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
Location of Asbestos-Containing Material (ACM)

In Facility

To Be Abated

Description of Asbestos-Containing Material (ACM)

Amount (Specify BF or LF)

Abatement Type

rear office closet & bathroom

VAT

35 sf

riser in front office

Mastic

25 sf

Bolster

Pipe Fittings

3

Bolster Insulation

30 sf

Name of Registered Waste Hauler
NJ DEP Waste Hauler ID No.

22253

Cubic Yards of Waste

0.9

Name of Registered Landfill
Imperial Landfill

City, State

Freehold, NJ

Disposal Date

5/31/13

Tableau

5/31/13

* 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)**
05/02/2013

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

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

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

**Street Address**
72 NANCY DRIVE

**City, State, Zip Code**
MANAHAWKIN, NJ, 08050

**Name of Contact**
JOHN PERRONE

**Telephone Number**
[ ]

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

**Street Address**
72 NANCY DRIVE,

**City (5)**
MANAHAWKIN, NJ, 08050

**County Code (7)**

**Name of Monitoring Firm Hired by Building Owner (6)**
ASCM No.

**Name of Abatement Contractor (9)**
SHARON QUALITY CONSTRUCCION LLC.

**Street Address**
22 VAN ORDEN PL.

**Name of OSHA Monitor**
SAND AIR TECHNOLOGIES LAB.

**Street Address**
1551 OAKBRIDGE DR.

**Name of Registered Landfill**
MINERVA ENTERPRISE INC.

**City, State**
HACKENSACK N.J., 07601

**Square Feets**
1,200

**# of Floors**
1

**Bidg. Age**
71

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

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

**Start Date (10)**
05/02/2013

**Scheduled Completion Date (11)**
05/04/2013

**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 ≥280 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

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

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

**Amount (Specify SF or LF)**

**Abatement Type**
- Removal
- Repair
- Encapsulate
- Endorse

**Name of Registered Waste Hauler**
SHARON QUALITY CONSTRUCCION LLC.

**City, State**
HACKENSACK N.J., 07601

**Waste Hauler ID No.**
0033967

**Cubic Yards of Waste**
TBD

**Name of Registered Landfill**
MINERVA ENTERPRISE INC.

**City, State**
WAYNESBURG OHIO.

**Disposal Date**
TBD

**Completed by**
CARLOS ESQUIVEL

**Title**
SAFETY MANAGER

**Signature**

**Date**
05/02/2013

---

Do not use this form for asbestos licensure exempted activities.