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

**Date of Notification (1)**

05-07-14

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

LG Electronics

**Agencies Notified**

- EPA
- DEP
- DOL
- DOH
- DCA

**Type Notification**

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

**Street Address**

920 Sylvan Avenue

**City, State, Zip Code**

Englewood Cliffs, NJ 07632

**Name of Contact**

Steven Yu

**Telephone Number**


### FACILITY INFORMATION

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

LG Electronics

**Type of Facility (4)**

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

**Street Address**

111 Sylvan Avenue

**Square Feet**

410,000

**# of Floors**

2

**Bldg. Age**

52

**County (6)**

Bergen

**County Code (7)**

(State Use Only)

Commercial

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

Omega Environmental Services, Inc.

**ASCM No.**


**Name of Abatement Contractor (9)**

Pinnacle Environmental Corp.

**Street Address**

280 Huyler Street

**City, State, Zip Code**

South Hackensack, NJ 07606

**Telephone No.**

(201) 489-6700

**License No.**

00756

**Occupancy Status During Abatement**

- Occupied
- Vacant
- Partial

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

- Yes
- No
- N/A

**Abatement Performed Outside of Normal Facility Hours**

- Yes
- No
- N/A

**Other - Describe:**

Ranovation

**Full Containment with Negative Pressure**

- Yes
- No
- N/A

**Glovebag Procedure**

- Yes
- No
- N/A

**Non-Exempted (*) and Non-Friable Procedure**

- Yes
- No
- N/A

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

- Asbestos-Containing Material (ACM) To Be Abated
- Inside Walls

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

- Type:
- Curing (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)

**Amount (Specify SF or LF)**

180LF

**Endorsement**

- Repair
- Encapsulate
- Enclosure

**Name of Registered Waste Hauler**

ATC, Inc. J.B.T (50071)

**Cubic Yards of Waste**

10cy

**Name of Registered Landfill**

Minerva Enterprises

**Disposal Date**

TBD

**City, State**

Waynesburg, OH 44688

**Completed by**

John Tancredi

**Title**

Project Manager

**Signature**

05-07-14

---

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

(Pursuant to NJAC 8:60 and 5:16)

**State of New Jersey**

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>5 / 7 / 14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>JC Penney Corporation Inc.</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>EPA</td>
</tr>
<tr>
<td></td>
<td>DOLWD</td>
</tr>
<tr>
<td></td>
<td>DHSS</td>
</tr>
<tr>
<td></td>
<td>DCA (NJAC 5:23-8)</td>
</tr>
<tr>
<td>Type Notification</td>
<td>Initial</td>
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<tr>
<td></td>
<td>Amended</td>
</tr>
<tr>
<td></td>
<td>Emergency (including justification)</td>
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<tr>
<td>Street Address</td>
<td>6501 Legacy Drive</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Plano, TX 75024</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Soy Thomas</td>
</tr>
<tr>
<td><strong>FACILITY INFORMATION</strong></td>
<td></td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>Wayne Town Center</td>
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<tr>
<td>Street Address</td>
<td>260 Wayne Town Center</td>
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<tr>
<td>City (5)</td>
<td>Wayne</td>
</tr>
<tr>
<td>County (6)</td>
<td>Passaic</td>
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<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>Hillmann Consulting LLC</td>
</tr>
<tr>
<td>ASCM No.</td>
<td>62252</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>JVN Restoration Inc</td>
</tr>
<tr>
<td>Street Address</td>
<td>1600 Route 22 East</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Union NJ 07083</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Tom Rubino</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>908-956-1233</td>
</tr>
<tr>
<td>License No.</td>
<td>00774</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>718-605-6256</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>5 / 19 / 14</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>6 / 11 / 14</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check only one)</td>
<td></td>
</tr>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
<td></td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement:</td>
<td></td>
</tr>
<tr>
<td>Scope of Work (Check all that apply)</td>
<td></td>
</tr>
<tr>
<td>≥3 sf or ≥3 If</td>
<td></td>
</tr>
<tr>
<td>≥160 sf or ≥260 If</td>
<td></td>
</tr>
<tr>
<td>Renovation</td>
<td></td>
</tr>
<tr>
<td>Demolition</td>
<td></td>
</tr>
<tr>
<td>Full Containment with Negative Pressure</td>
<td></td>
</tr>
<tr>
<td>Mini-Enclosure</td>
<td></td>
</tr>
<tr>
<td>Glovebag Procedure</td>
<td></td>
</tr>
<tr>
<td>Non-Exempted (*) and Non-Friable Procedure</td>
<td></td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</td>
<td></td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)</td>
<td>Yes</td>
</tr>
<tr>
<td>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td></td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td>780SF</td>
</tr>
<tr>
<td>Upper Level Boys Dept</td>
<td></td>
</tr>
<tr>
<td>Upper Level Boys Dept</td>
<td></td>
</tr>
<tr>
<td>Upper Level Lingerie Dept</td>
<td></td>
</tr>
<tr>
<td>Upper Level Lingerie Dept</td>
<td></td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>Newark Carting</td>
</tr>
<tr>
<td>NJ/DEP Waste Hauler ID No.</td>
<td>NJ-566</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>40</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>T.R.R.F</td>
</tr>
<tr>
<td>City, State</td>
<td>Newark, New Jersey</td>
</tr>
<tr>
<td>Completed By (Print or Type)</td>
<td>Joseph Tardy</td>
</tr>
<tr>
<td>Title</td>
<td>Project Manager</td>
</tr>
<tr>
<td>Signature</td>
<td>Joseph Tardy</td>
</tr>
<tr>
<td>Date</td>
<td>5/7/14</td>
</tr>
</tbody>
</table>

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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 05 / 05 / 14

Name of Building Owner/Operator (2)
Simon Property Group, Inc.

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

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

Street Address
225 W. Washington Street

City, State, Zip Code
Indianapolis, IN 46204

Name of Contact
Luke Aeschliman

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Livingston Mall

Street Address
112 Eisenhower Parkway

City (5)
Livingston

County (6)
Essex

County Code (7) (STATE USE ONLY)

Square Feet
25,000

# of Floors
3

Bldg. Age
35

Current Use (Prior if being demolished)
Shopping Mall

Name of Abatement Contractor (9)
JVN Restoration Inc

Street Address
47 Foster Road

City, State, Zip Code
Staten Island NY 10309

Name of OSHA Monitor
Testor Tech

Project Manager for Monitoring Firm
Dmitry Khimich

Telephone No.
212-221-7822

License No.
718-605-6256

00774

Start Date (10)
5 / 19 / 14

Scheduled Completion Date (11)
5 / 23 / 14

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 8:30 AM-5:00 AM

Scope of Work (Check all that apply)
☐ ≥ 3sf or ≥ 3lf
☐ ≥ 160lf or ≥ 260lf
☐ 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

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount (SF or LF)</th>
<th>Removal</th>
<th>Repair</th>
<th>Encapsulate</th>
<th>Endurance</th>
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<tbody>
<tr>
<td>Floor Tiles and Mastic</td>
<td>470 SF</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Covebase Mastic</td>
<td>140 LF</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Pipe Insulation and Fittings</td>
<td>80 LF</td>
<td>☐</td>
<td>☐</td>
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Name of Registered Waste Hauler
Newark Carting

NJDEP Waste Hauler ID No.
NJ-566

Cubic Yards of Waste
10

Name of Registered Landfill
IESI

City, State
Newark, NJ

Disposal Date
5/07/14

City, State
Bethlehem, PA

Completed By (Print or Type)
Ralph Barnhardt

Title
Project Manager

Signature

Date
05-02-2014

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
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<tbody>
<tr>
<td>05 / 05 / 14</td>
<td>New Jersey State Police / Job # 1403-1857 Chk. #3366</td>
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<table>
<thead>
<tr>
<th>Agencies Notified</th>
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<tbody>
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<td>☑ EPA</td>
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<tr>
<td>☑ DOLWD</td>
</tr>
<tr>
<td>☑ DHSS</td>
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<tr>
<td>☑ DCA (NJAC 5:23-8)</td>
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<table>
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<th>Type Notification</th>
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<tr>
<td>☑ Initial</td>
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<td>☑ Amended</td>
</tr>
<tr>
<td>☑ Amendment #</td>
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<tr>
<td>☑ Emergency (including justification)</td>
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<tr>
<td>❌ Cancellation</td>
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</table>

<table>
<thead>
<tr>
<th>Street Address</th>
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<tbody>
<tr>
<td>PO Box 7068 - Facility &amp; Maintenance Unit - Bldg. 17</td>
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<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
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<tbody>
<tr>
<td>West Trenton, NJ 08628</td>
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<table>
<thead>
<tr>
<th>Name of Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr. Frank Soltis</td>
</tr>
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<table>
<thead>
<tr>
<th>Telephone Number</th>
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**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Princeton Station - Basement</td>
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<table>
<thead>
<tr>
<th>Street Address</th>
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</thead>
<tbody>
<tr>
<td>3925 Route One South</td>
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<table>
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<tr>
<th>City (5)</th>
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<tbody>
<tr>
<td>Princeton</td>
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<table>
<thead>
<tr>
<th>County (6)</th>
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<tbody>
<tr>
<td>Mercer</td>
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<table>
<thead>
<tr>
<th>County Code (7)/STATE USE ONLY</th>
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</table>

<table>
<thead>
<tr>
<th>Current Use (Prior if being demolished)</th>
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</thead>
<tbody>
<tr>
<td>State Police Barracks</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
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</thead>
<tbody>
<tr>
<td>USA Environmental</td>
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<table>
<thead>
<tr>
<th>ASCM No.</th>
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<tbody>
<tr>
<td>Asbestos and Mold Services, Corp.</td>
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<tr>
<th>Street Address</th>
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<tbody>
<tr>
<td>344 West State Street</td>
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<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
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<tbody>
<tr>
<td>Trenton, NJ 08618</td>
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<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
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<tbody>
<tr>
<td>William Weisgarber</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>(609) 743-0493</td>
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<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
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<tbody>
<tr>
<td>EMSL Analytical, Inc.</td>
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<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
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<tr>
<td>5 / 19 / 14</td>
<td>5 / 21 / 14</td>
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<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
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<tbody>
<tr>
<td>☑ Facility Closed/Vacated During Entire Period of Abatement</td>
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<tr>
<td>❌ Abatement Performed Outside of Normal Facility Hours - Describe</td>
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<table>
<thead>
<tr>
<th>Time of Abatement: AM PM</th>
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<tr>
<td>AM  PM</td>
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<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
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<tbody>
<tr>
<td>☑ Renovation</td>
</tr>
<tr>
<td>☑ Demolition</td>
</tr>
<tr>
<td>❌ Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>❌ Mini-Enclosure</td>
</tr>
<tr>
<td>❌ Glovebag Procedure</td>
</tr>
<tr>
<td>❌ Non-Exempted (*) and Non-Friable Procedure</td>
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<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
</tr>
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<tbody>
<tr>
<td>Yes</td>
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<table>
<thead>
<tr>
<th>Basement (4 landings)</th>
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<tbody>
<tr>
<td>☑ Floor Tile &amp; Mastic</td>
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<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
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</thead>
<tbody>
<tr>
<td>Freehold Cartage, Inc.</td>
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<table>
<thead>
<tr>
<th>NJDEP Waste Hauler ID No.</th>
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<tbody>
<tr>
<td>02265</td>
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<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
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<tr>
<td>5</td>
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<tr>
<th>Name of Registered Landfill</th>
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<tbody>
<tr>
<td>GROWS Landfill</td>
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<tr>
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<table>
<thead>
<tr>
<th>City, State</th>
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<tbody>
<tr>
<td>Morrisville, PA 18067</td>
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<th>Completed By (Print or Type)</th>
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<tbody>
<tr>
<td>Kimberly A. Trumbetti</td>
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<thead>
<tr>
<th>Title</th>
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<tbody>
<tr>
<td>Office Coordinator</td>
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<table>
<thead>
<tr>
<th>Signature</th>
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<table>
<thead>
<tr>
<th>Date</th>
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<tbody>
<tr>
<td>5/14</td>
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State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
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<tbody>
<tr>
<td></td>
<td>158 Jacks LLC</td>
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<table>
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<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
</tr>
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<tr>
<td>EPAP</td>
<td>Initial Amendment</td>
</tr>
<tr>
<td>DOL</td>
<td>Amended Amendment</td>
</tr>
<tr>
<td>DOH</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>DCA</td>
<td>Cancellation</td>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
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<tbody>
<tr>
<td>158 Jackson St</td>
<td>passaic, NJ 07055</td>
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<table>
<thead>
<tr>
<th>Name of Contact</th>
<th>Telephone Number</th>
</tr>
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<tbody>
<tr>
<td>Léomar Then</td>
<td></td>
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### FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Type of Facility (4)</th>
</tr>
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<tbody>
<tr>
<td>Jason Davis</td>
<td>Other (i.e. private &amp; commercial buildings, homes, etc.)</td>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
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<tbody>
<tr>
<td>158 Jackson St</td>
<td>110</td>
<td>BASEMENT</td>
<td>1889</td>
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<table>
<thead>
<tr>
<th>County Code (7)</th>
<th>Current Use (Prior if being demolished)</th>
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<tbody>
<tr>
<td>Passaic</td>
<td>WEST NEW YORK, NEW JERSEY 07093</td>
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<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>
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<tr>
<td>N/A</td>
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<td>ATC CONSTRUCTION LLC</td>
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<table>
<thead>
<tr>
<th>Street Address</th>
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<tbody>
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<td>6012 BROADWAY AV. 2</td>
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<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>201-293-2368</td>
<td>01210</td>
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<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
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<tbody>
<tr>
<td>05-18-2014</td>
<td>05-21-2014</td>
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<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
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<tbody>
<tr>
<td>Hilmannm Consulting LLC</td>
<td>1600 Route East Suit 107</td>
<td>Union, N.J. 07083</td>
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</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check Only One)</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
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</thead>
<tbody>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
<td>1600 Route East Suit 107</td>
<td>Union, N.J. 07083</td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other - Describe:</td>
<td></td>
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</table>

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
<th>Is Location Normally Used Solely by Maintenance/ Custodial Staff?</th>
</tr>
</thead>
<tbody>
<tr>
<td>In Facility (13)</td>
<td>(12)</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Description of Asbestos Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td>147 LFT</td>
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<table>
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<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>SAN TON SERVICES</td>
<td>22430</td>
<td></td>
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<table>
<thead>
<tr>
<th>Completed by</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leticia Torres</td>
<td>PRESIDENT</td>
<td>[Signature]</td>
<td>04/15/2014</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)**
04-29-14

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

**Street Address**
228 Bay Ave.

**City, State, Zip Code**
Glen Ridge NJ 07028

**Name of Contact**
Gerald Niewood

**Telephone Number**

---

**FACILITY INFORMATION**

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

**Street Address**
228 Bay Ave.

**City (5)**
Glen Ridge

**County (6)**
Essex

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

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

**ASCM No.**

**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**

---

**Start Date (10)**
05-09-14

**Scheduled Completion Date (11)**
05-10-14

**Occupy Status During Abatement (Check Only One)**
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other - Describe: 8:00 AM - 4:00 PM

---

**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**

---

**Name of Registered Waste Hauler**
Defa Contracting LLC

**NJDEP Waste Hauler ID No.**
35240

**Cubic Yards of Waste**
1

**Name of Registered Landfill**
Tullytown Resource Recovery Facility

**Disposal Date**
05-15-14

**City, State**
Union City NJ 07087

**Tullytown, PA**

---

**Completed by**
Jaime Delgado

**Title**
Proj. Manager

**Signature**

**Date**
04-29-14

---

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

---

**ASB-41 (R-06-08)**
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 04-29-14

Name of Building Owner/Operator (2) Schindler Elevator Corporation

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

Type Notification
- Initial
- Amended
- Amendment #2
- Emergency (including justification)
- Cancellation

Street Address 20 Whippany Road

City, State, Zip Code Morristown

Name of Contact Mr. Bill Rafferty

Telephone

FACILITY INFORMATION

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

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 20 yrs.

County Code (7) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)
Detail Associates

ASCM No. 00012

Pinnacle Environmental Corp.

Street Address 200 Grand Avenue

City, State, Zip Code Englewood, NJ 07631-4355

Project Manager for Monitoring Firm Stephen A. Jaraczewski

Telephone No. (201) 569-6708

Telephone No. 201-939-6565

License No. 00756

Name of OSHA Monitor Even-Air Inc.

Start Date (10) 03-26-14(10)03-31-14

02-28-15

Scheduled Completion Date (11)

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

Street Address 10-59 Jackson Avenue

City, State, Zip Code Long Island City, NY 11101

Scoops of Work (Check All That Apply)
- ≥36 sf or ≥3 if
- ≥160 sf or ≥260 if
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

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

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

Amount (Specify SF or LF)

Abatement Type

Removal Repair Encapsulate Endorse

Lower Level: Throughout
Pipe Insulation 1200LF x

Ground Level: Lobby
Pipe Insulation 400LF x

Name of Registered Waste Hauler ATC, Inc. / JBT (50071)

NJ/DEP Waste Hauler ID No. 24310

Cubic Yards of Waste TBD

Name of Registered Landfill Minerva Enterprises

City, State Shirley, NY / Bronx, NY

Disposal Date TBD

City, State Waynesburg, OH 44688

Completed by John Tancredi Title Project Manager

Signature Date 04-29-14

* Do not use this form for asbestos licensure exempted activities.
Request For Waiver of 10 Day Notice

<table>
<thead>
<tr>
<th>State of New Jersey</th>
<th>Notwithstanding of Agreement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date: 4-30-2014</td>
<td>Check # 503</td>
</tr>
<tr>
<td>Name: Mr. Bauhman</td>
<td></td>
</tr>
<tr>
<td>Address: 936 Red Rd</td>
<td></td>
</tr>
<tr>
<td>Town: Teaneck</td>
<td></td>
</tr>
<tr>
<td>County: Bergen</td>
<td></td>
</tr>
<tr>
<td>Residence:</td>
<td></td>
</tr>
<tr>
<td>Date of Notice</td>
<td></td>
</tr>
<tr>
<td>Date of Entry</td>
<td></td>
</tr>
<tr>
<td>Duration</td>
<td></td>
</tr>
</tbody>
</table>

Best Removal Inc
450 S River St
Hackensack, N.J. 07601
Telephone: 201-329-7444
Fax: 00388

Date: 5-7-2014 5-8-2014

Minerva Enterprises
Hayesburg, Ohio

S. Rasoano  Estimator

Approval

May 1 2014 02:52am
P001/001
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)  

**Date of Notification (1)**  
05 / 03 / 14  

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

**Street Address**  
268 Prospect Street  
South Orange, NJ 07079  

**Type of Facility (4)**  

**Name of Facility Where Abatement is Taking Place (5)**  
Private home  
Street Address  
268 Prospect Street  
City (5)  
South Orange, NJ 07079  
County (6)  

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

**Project Manager for Monitoring Firm**  
Telephone No.  
973-638-1777  
License No.  
01127  

**Start Date (10)**  
05 / 13 / 14  

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

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

**Scope of Work (Check all that apply)**  
>3 sf or >3 ft  
≥ 160 sf or ≥ 260 ft  
Renovation  
Demolition  

**Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility**  
Yes No N/A  
Basement  
Pipe insulation  

**Asbestos-Containing Material (ACM) (Describe Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous))**  
Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  
Amount (Specify Sf or LF)  
Abatement Type  

**Name of Registered Waste Hauler**  
Gr Tech LLC  
N.J. DEP Waste Hauler ID No.  
0033785  
Cubic Yards of Waste  
TBD  
Name of Registered Landfill  
T.R.R.F. Inc.  

**City, State**  
Wayne, NJ 07470  
Disposal Date  
TBD  
City, State  
Tullytown, PA  
Date  
05/03/2014  

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

### Date of Notification

05 / 02 / 14

### Name of Building Owner/Operator

Alan Sweetman

### Notification Information

- **Agencies Notified**
  - [X] DOLWLD
  - [X] DHSS
  - [X] NJAC 5:23-5
  - [ ] EPA
  - [ ] DCA

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

### Address Information

- **Street Address**
  - 14 Maple Lane
- **City, State, Zip Code**
  - Layton, NJ 07851

### Name of Contact

Alan Sweetman

### Telephone Number

2014 MAY 3 PM 11:23

### FACILITY INFORMATION

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

### Private Home

- **Type of Facility**
  - [X] Other (i.e., private and commercial buildings, homes, etc.)

### Address Details

- **Street Address**
  - 14 Maple Lane
- **City**
  - Layton, NJ 07851

### Project Information

- **Square Footage**
  - # of Floors
  - Bldg. Age

### Name of Monitoring Firm Hired by Building Owner

Gr Tech LLC

### Street Address

576 Valley Rd #283

### City, State, Zip Code

Wayne, NJ 07470

### Name of Abatement Contractor

Envirovision Consultants, Inc

### Street Address

20-21 Wagaw Road, Bldg. # 34A

### City, State, Zip Code

Fair Lawn, NJ 07410

### Scope of Work

- **Occupancy Status During Abatement**
  - [X] Facility Closed/Vacated During Entire Period of Abatement

### Time of Abatement

- **AM**
  - [ ]
- **PM**
  - [ ]
- **FM**
  - [ ]
- **AM**
  - [ ]

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

- **TO BE ABATED**
  - [ ]

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

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

### Amount

- **Specify SIF or LF**

### Abatement Type

- **Removal**
  - [X]
- **Repair**
  - [ ]
- **Encapsulate**
  - [ ]
- **Endorse**
  - [ ]

### Clean up and decontamination with negative pressure

### Full Containment with Negative Pressure

### Mini-Enclosure

### Gladewax Procedure

### Non-Exempted (*) and Non-Friable Procedure

### Crawl Space

- **Pipe insulation**
  - [X]
  - 150 LF

### Name of Registered Waste Hauler

Gr Tech LLC

### NJDEP Waste Hauler ID No

0033785

### Cubic Yards of Waste

TBD

### Disposal Date

TBD

### City, State

Tullytown, PA

### Name of Registered Landfill

T.R.R.F. Inc

### Owner

N. Jevtic

### Disposal Date

05/02/2014

---

*Do not use this form for asbestos licensure exempted activities.*
<table>
<thead>
<tr>
<th>Name of Building Owner/Operator:</th>
<th>PARK RIDGE NJ</th>
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</thead>
<tbody>
<tr>
<td>Name of Shell:</td>
<td>LENAARTE KB</td>
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<tr>
<td>Name of Location (City/State):</td>
<td>LENAARTE NJ</td>
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<tr>
<td>Type of Building:</td>
<td>PRIVATE HOME</td>
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<tr>
<td>Type of Location:</td>
<td>2200 SF</td>
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<tr>
<td>Estimated Number of Rooms:</td>
<td>10</td>
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<tr>
<td>Estimated Number ofinhabitants:</td>
<td>10</td>
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**NOTIFICATION OF ASBESTOS ABATEMENT**

State of New Jersey

Date of Notification: 2-2-14

[Form fields filled with details relevant to asbestos abatement]
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:80 and 12-120)

**State of New Jersey**

**Project #**

**Check # 2492**

**Date of Notification (1)**  
05/01/2014

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

**Street Address**  
65 Pleasant Hill Rd

**City, State, Zip Code**  
Chester, NJ 07930

**Name of Contact**  
Ian Scott

**Telephone Number**

---

**FACILITY INFORMATION**

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

Private House

**Street Address**

125 Maple Ave

**City (5)**

Chester, NJ 07930

**County (6)**

Morris

**County Code (7)**

(State USE ONLY)

**Type of Facility (4)**

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

**Square Feet # of Floors**

**Bldg. Age**

---

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

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

ASCM No.

Nick Restoration LLC

**Street Address**

72 Brookside Rd

**City, State, Zip Code**

Randolph NJ 07869

**Project Manager for Monitoring Firm**

**Telephone No.**

**Name of Abatement Contractor (9)**

J&S Environmental

**Street Address**

2333 RT 22

**City, State, Zip Code**

Union, NJ 07083

---

**Start Date (10)**

05/10/2014

**Scheduled Completion Date (11)**

05/13/2014

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

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

---

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

- [ ] • 3 sf or ≥3 if
- [ ] ≥100 sf or ≥250 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
- [ ] Encapsulate
- [ ] Endure

---

**Attic Area**

- [ ] vermiculite

1200 SF

**Name of Registered Waste Hauler**

Nick Restoration LLC

**NJDEP Waste Hauler ID No.**

33752

**Cubic Yards of Waste**

TBD

**Name of Registered Landfill**

G.R.O.W.S

**Disposal Date**

TBD

**City, State**

Randolph, NJ 07869

**Complied by**

Elvira Mrda

**Title**

President

**Signature**

[Signature]

**Date**

05/01/2014
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1):
05 / 01 / 14

Name of Building Owner/Operator (2):
Merck Sharp and Dohme Corporation

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

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

Street Address:
126 E. Lincoln Avenue

City, State, Zip Code:
Rahway, NJ 07065

Name of Contact:
Gerry Stankovitz

Telephone Number:

FACILITY INFORMATION

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

Building 80Y

Square Feet:
115000

County Code (7)(STATE USE ONLY):

County Code:

Vacant

Name of Monitoring Firm Hired by Building Owner (8):
EHL, Inc.

ASCM No.:

Name of Abatement Contractor (9):
USA Environmental Management, Inc.

Street Address:
655 West Shore Trail

City, State, Zip Code:
Sparta, NJ 07871

Street Address:
8436 Enterprise Avenue

City, State, Zip Code:
Philadelphia, PA 19153

Project Manager for Monitoring Firm:
Lisa Lilola

Telephone No.:
973-729-5649

License No.:
1156

Start Date (10):
5 / 26 / 14

Scheduled Completion Date (11):
8 / 26 / 14

Name of OSHA Monitor:
USA Environmental Management, Inc

Occupancy Status During Abatement (Check only one):
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00 AM-3:30 PM/____PM-____AM

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

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

<table>
<thead>
<tr>
<th>Laboratory Rooms</th>
<th>2nd and 3rd Floors</th>
<th>All Floors</th>
<th>Roof</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td>Yes</td>
</tr>
<tr>
<td>Transite Table Tops and Fume Hoods</td>
<td>Mastic</td>
<td>Duct Flange Caulks</td>
<td>Flashing</td>
</tr>
<tr>
<td>12,870 SF</td>
<td>51,560 SF</td>
<td>30,000 LF</td>
<td>6,640 SF</td>
</tr>
</tbody>
</table>

Amount (Specify SF or LF):

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

Name of Registered Waste Hauler:
Freehold Cartage Inc.

NJDEP Waste Hauler ID No.:
15939

Cubic Yards of Waste:

Name of Registered Landfill:
Lycoming County RMS

City, State:
Freehold, NJ

Disposal Date:
8/26/2014

City, State:
Montgomery, PA

Name of Registered Program Manager:
Dilip Kumar

Completed By (Print or Type):

Title:
Program Manager

Signature:

Date:
5/1/14

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

Date of Notification (1)
05 / 01 / 14

Name of Building Owner/Operator (2)
Merck Sharp and Dohme Corporation

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

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

Street Address
126 E. Lincoln Avenue

City, State, Zip Code
Rahway, NJ 07065

Name of Contact
Gerry Stankovitz

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

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Building 121/121E/122 & 123

Square Feet
115000

City (5)
Rahway

# of Floors
4

County (6)
Union

Bidg. Age
50

County Code (7) (STATE USE ONLY)

Current Use (Prior to being demolished)
Vacant

Name of Monitoring Firm Hired by Building Owner (8)
EHL, Inc.

Name of Abatement Contractor (9)
USA Environmental Management, Inc.

ASCM No.

Street Address
655 West Shore Trail

City, State, Zip Code
Sparta, NJ 07871

License No.
1156

Project Manager for Monitoring Firm
Lisa Lilioa

Telephone No.
973-729-5649

Name of OSHA Monitor
USA Environmental Management, Inc

City, State, Zip Code
Philadelphia, PA 19153

Telephone No.
215-368-5800

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

Time of Abatement: 7:00 AM - 3:30 PM AM

Start Date (10)
5 / 19 / 14

Scheduled Completion Date (11)
8 / 26 / 14

Scope of Work (Check all that apply)
☐ ≥2 sf or ≥ 23 if
☐ ≥60 sf or ≥ 260 ft
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (7) and Non-Friable Procedure

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

Yes No N/A

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

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
☐ Enclosure

Location of Registered Waste Hauler
Freehold Cartage Inc.

NJ DEP Waste Hauler ID No.
15939

Cubic Yards of Waste
1200

Name of Registered Landfill
Lycoming County RMS

City, State
Freehold, NJ

Disposal Date
8/26/2014

City, State
Montgomery, PA

Completed By (Print or Type)
Dilip Kumar

Title
Program Manager

Signature

Date
5/1/14

* Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) in Facility (13)</th>
<th>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</th>
<th>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Building 121 MER</td>
<td>YES</td>
<td>Pipe Fittings</td>
<td>4 EA</td>
<td>X</td>
</tr>
<tr>
<td>Building 121 MER</td>
<td>NO</td>
<td>Pipe Wrap Cloth</td>
<td>10 LF</td>
<td>X</td>
</tr>
<tr>
<td>Building 121 Window Sill</td>
<td>X</td>
<td>Transite</td>
<td>54 SF</td>
<td>X</td>
</tr>
<tr>
<td>Building 121 Glazing</td>
<td>X</td>
<td>Glazing</td>
<td>10 EA</td>
<td>X</td>
</tr>
<tr>
<td>Building 121 Window</td>
<td>X</td>
<td>Sill Caulk</td>
<td>85 EA</td>
<td>X</td>
</tr>
<tr>
<td>Building 121 Door</td>
<td>X</td>
<td>Caulk</td>
<td>200 LF</td>
<td>X</td>
</tr>
<tr>
<td>Building 121 Roof</td>
<td>X</td>
<td>Parapet Coping Caulk</td>
<td>150 LF</td>
<td>X</td>
</tr>
<tr>
<td>Building 121 Roof</td>
<td>X</td>
<td>Roof Tar</td>
<td>24,000 SF</td>
<td>X</td>
</tr>
<tr>
<td>Building 121 Crawl Space</td>
<td>X</td>
<td>Debris</td>
<td>2,000 SF</td>
<td>X</td>
</tr>
<tr>
<td>Building 121 E 2nd Floor</td>
<td>X</td>
<td>Pipe Fittings</td>
<td>5 EA</td>
<td>X</td>
</tr>
<tr>
<td>Building 121 E First Floor</td>
<td>X</td>
<td>Transite Table Top</td>
<td>15 SF</td>
<td>X</td>
</tr>
<tr>
<td>Building 121 E First Floor</td>
<td>X</td>
<td>Masonry Waterproofing</td>
<td>400 SF</td>
<td>X</td>
</tr>
<tr>
<td>Building 121 E Window</td>
<td>X</td>
<td>Caulk</td>
<td>63 Each</td>
<td>X</td>
</tr>
<tr>
<td>Building 121 E Window</td>
<td>X</td>
<td>Sill Caulk</td>
<td>90 EA</td>
<td>X</td>
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<tr>
<td>Building 121 E Exterior</td>
<td>X</td>
<td>Caulk</td>
<td>160 LF</td>
<td>X</td>
</tr>
<tr>
<td>Building 121 E Roof</td>
<td>X</td>
<td>Roof Tar</td>
<td>8,200 SF</td>
<td>X</td>
</tr>
<tr>
<td>Building 121 E Roof</td>
<td>X</td>
<td>Flashing</td>
<td>800 SF</td>
<td>X</td>
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<tr>
<td>Building 121 E Roof</td>
<td>X</td>
<td>Caulk Coping Stone</td>
<td>130 LF</td>
<td>X</td>
</tr>
<tr>
<td>Building 121 E Exterior</td>
<td>X</td>
<td>Duct Vent</td>
<td>20 SF</td>
<td>X</td>
</tr>
<tr>
<td>Building 123 Exterior</td>
<td>X</td>
<td>Window Caulk</td>
<td>46 EA</td>
<td>X</td>
</tr>
<tr>
<td>Building 123 Door</td>
<td>X</td>
<td>Caulk</td>
<td>2 EA</td>
<td>X</td>
</tr>
<tr>
<td>Building 123 Roof</td>
<td>X</td>
<td>Roof Tar</td>
<td>9,500 SF</td>
<td>X</td>
</tr>
<tr>
<td>Building 123 Roof</td>
<td>X</td>
<td>Copying Stone Caulk</td>
<td>300 LF</td>
<td>X</td>
</tr>
<tr>
<td>Date of Notification (1)</td>
<td>4/24/14</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------------------------</td>
<td>--------</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Asbestos Abatement Notification**

**Person(s) Responsible for Site Notification:**
- Steve Swank

**Address:**
- 141 CHESTNUT ST.
- LEONA, N.J. 07605

**Person(s) Responsible for Site Control:**
- Steve Swank

**Type of Facility:**
- Residence

**Building(s) Affected:**
- CHESTNUT ST.

**Asbestos-containing Materials (ACMs):**
- **Location:** Basement
  - **Description:** Pipe Insulation
  - **Amount:** 500 lbs

**Additional Information:**
- **Name of Registered Asbestos Inspector:**
- **Name of Registered Contractor:**
- **Name of Registered Abatement Contractor:**
- **Name of Contractor Overseeing Abatement:**
- **Name of Person(s) Responsible for Site Control:**
- **Name of Person(s) Responsible for Site Notification:**

**Date:**
- 4/24/14

---

*Do not use this form for asbestos fibercom exempted abatement.*
**Facility Information**

- **Name of Facility Where Abatement Is Taking Place (8):** Mercer County Medical Examiner's Office/Morgue
- **Street Address:** 10 E. Park Avenue
- **City:** West Trenton
- **County:** Mercer
- **County Code:** (STATE USE ONLY)
- **Name of Managing Firm Hired by Building Owner (8):** Penwell Associates, Inc.
- **Address:** 516 East Street, Suite 18
- **City, State, Zip Code:** Haddon Heights, NJ 08035
- **Telephone No.:** 856-547-0505
- **Start Date:** May 5, 2014
- **Scheduled Completion Date:** May 11, 2014
- **Name of Registered Waste Hauler:** NJDEP Waste Hauler ID No. 15535
- **Cubic Yards of Waste:** 30
- **Disposal Date:** 5/1/14
- **Name of Registered Landfill:** G.R.O.W.S. North Landfill
- **City, State:** Morrisville, PA

**Abatement Type**

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

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

- **Amount (Specify 3D or 3F):** 1,150 BF

**Name of Building Owner/Operator (2):** The County of Mercer

**Street Address:** 300 Scotch Road

**City, State, Zip Code:** West Trenton, NJ 08626

**Name of Contact:**

**Date:** 5/1/2014

---

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

Date of Notification (1)
May 1, 2014

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

Type of Notification
[x] Initial Notification
Amended Notification
Emergency (including justification)
cancellation

Name of Building Owner/Operator (2)
Pegasus Real Estate Solutions

Street Address
1018 Washington Street

City, State, Zip Code
Hoboken, NJ 07030

Name of Contact
Miguel Peralto

Telephone Number

FACILITY INFORMATION

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

Street Address
817 Washington Street

City
Hoboken

County (6)
Hudson

County Code (7) (STATE USE ONLY)

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

Square Feet
10,000 sf

# of Floors
1

Bldg. Age
80

Current Use (Prior if being demolished)
Warehouse

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

Street Address
1889 Rte. 9, Unit 61

City, State, Zip Code
Toms River, NJ 08755

License Number
00624

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

Telephone Number
732-349-9932

Name of Monitoring Firm Hired by Building Owner (8)
Guardian Contracting, Inc.

ASCM No.

Project Manager for Monitoring Firm
Nicholas Fernicola

Telephone Number
732-349-9932

Scheduled Start Date (10)
5/14/14

Scheduled Completion Date (11)
5/16/14

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

Scope of Work (Check all that apply)
[x] >3 sf or >3 ft
[x] Renovation
[x] Demolition

[x] Full Containment with Negative Pressure
[x] Mini-Enclosure
[x] Glovebag Procedure
[x] 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, VAT, or other miscellaneous)
Asbestos tank insulation

Amount (Specify SF or LF)
120 sf

Removal
[x]

Repair

Encapsulation

Enclosure

Abatement Type

Name of Registered Waste Hauler
Guardian Contracting, Inc.

NJDEP Waste Hauler ID No.
20223

Cubic Yards of Waste

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

City, State
Toms River, New Jersey

Disposal Date
5/19/14

City, State
Tullytown, Pennsylvania

Completed by (Print or Type)
Nicholas Fernicola

Title
Project Manager

Signature

Date
5/1/2014

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

Date of Notification (1) May 1, 2014

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

Name of Building Owner/Operator (2)
Crow Disposal & Demolition 24201

Street Address
14 45th Street

City, State, Zip Code
Asbestos Control Licensing
Maplewood, NJ 07040

Name of Contact
Wayne Crow

Telephone Number

FACILITY INFORMATION

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

Street Address
2214 Mill Burn Avenue

City
Maplewood

County (6)
Essex

County Code (7)
(STATE USE ONLY)

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

ASCM No.

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

Street Address
1889 Route 9, Unit 61

City, State, Zip Code
Toms River, New Jersey 08755-1271

Telephone Number
732-349-9932

License Number
00624

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

Street Address
1056 Stetson Road

City, State, Zip Code
Piscataway, New Jersey 08854

Current Use (Prior if being demolished)
Residence

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

Square feet
2000 sf

# of Floors
2

Bldg. Age
80

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 ≥60 sf
[ ] ≥60 sf or ≥260 sf
[ ] Demolition

Removal

Renovation

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)
2000 sf

Abatement Type

REM

RENO

ENC

ENC

Name of Registered Waste Hauler
Guardian Contracting, Inc.

NJDEP Waste Hauler ID No. 20223

Cubic Yards of Waste 3

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

City, State
Toms River, New Jersey

Disposal Date
5/20/14

City, State
Tullytown, Pennsylvania

Completed by (Print or Type)
Nicholas Fernicola

Title
Project Manager

Date
5/1/2014

Signature

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

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

**State of New Jersey**

**Date of Notification (1)**
May 1, 2014

**Name of Building Owner/Operator (2)**
Jason Del Giudice

**Name of Contact**
Jason Del Giudice

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

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

**Street Address**
5 Whetherell Rd.

**City, State, Zip Code**
Hillsborough, NJ 08844

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

**Square feet**
1600 sf

**# of Floors**
2

**Blg. Age**
49

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

**Scope of Work (Check all that apply)**
- [x] ≥300 sf or ≥300 If
- [x] ≥1600 sf or ≥2600 If
- [x] Demolition
- [ ] Renovation
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (?) and Non-Friable Procedure

**Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)**
- Exterior
  - YES
  - NO
  - N/A

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

**Exterior Location Normally Used Solely by Maintenance/Custodial Staff (12)**
- Asbestos siding

**Amount (Specify SF or LF)**
1000 sf

**Abatement Type**
- [x] Enclosure

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

**NJDEP Waste Hauler ID No.**
20223

**Cubic Yards of Waste**
2

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

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

**Disposal Date**
05/06/2014

**City, State**
Tullytown, Pennsylvania

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

**Title**
Project Manager

**Signature**
[Signature]

**Date**
5/1/2014

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

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
Pursuant to NJAC 8:60-12:120

Date of Notification: 5/12/14
Name of Building Owner/Abatement Contractor:

Type Notification: [ ] New [ ] Amended [ ] Amendment

Street Address: 12 Derry Drive
City: Ocean City
County: Cape May

Name of Facility Where Abatement is Taking Place: Residence

Type of Facility: (Check only one)
[ ] School (K-12) [ ] Subchapter 8 (Other than K-12)
[ ] Other (i.e., private & commercial buildings,
otherwise indicated)

Square Feet: 1000

Current Use: [ ] Primary [ ] Secondary [ ] Vacant

Name of Abatement Contractor: Klemco Inc.

Name of Building Owner/Abatement Contractor: [ ] ACU No.

License No: 009-6779-0422

Name of OSHA Monitor: Joseph Klemm

Scheduling Completion Date: 5/19/14

Scope of Work: [ ] Renovation Demolition
[ ] Painting

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

<table>
<thead>
<tr>
<th>Material</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Siding</td>
<td>X</td>
</tr>
<tr>
<td>Transite</td>
<td>X</td>
</tr>
</tbody>
</table>

Amount (Specify SF or LF):

Name of Registered Waste Hauler: Klemco Inc.

Cubic Yards of ACM:

CITY/STATE: Woodbine, N.J.

Name: Joseph Klemm

Signature: Date: 5/12/14

Do not use this form for asbestos abatement exempted facilities
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

**Date of Notification:**
5/2/2014

**Name of Building Owner/Operator:**
A to Z Site Contractors, Inc.

**Street Address:**
940 Park Avenue

**City, State, Zip Code:**
Lakewood, New Jersey 08701

**Name of Contact:**
Irving Perstein

**Telephone Number:**
1-732-394-3366

---

### FACILITY INFORMATION

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

**Street Address:**
27 11th Street

**City:**
Lakewood

**County:**
Ocean

**County Code:**
078

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

**Square Feet:**
2000 sf

**# of Floors:**
2

**Bldg. Age:**
60

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

**Name of Abatement Contractor:**
Guardian Contracting, Inc.

**Street Address:**
1889 Route 9, Unit 61

**City, State, Zip Code:**
Toms River, New Jersey 08755-1271

**Telephone Number:**
732-349-9932

**License Number:**
00624

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

**Street Address:**
1056 Stelton Road

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

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or Lf)</th>
<th>Abatement Type</th>
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<tbody>
<tr>
<td>Basement</td>
<td>X</td>
<td>Asbestos pipe insulation</td>
<td>200 lf</td>
<td>X</td>
</tr>
</tbody>
</table>

**Completed by (Print or Type):**

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guardian Contracting, Inc.</td>
<td>Project Manager</td>
</tr>
</tbody>
</table>

**Disposal Date:**
5/6/14

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

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

**Cubic Yards of Waste:**
3

**Disposal Date:**
5/6/14

**City, State:**
Tullytown, Pennsylvania

**Date:**
5/2/2014

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

Date of Notification: May 2, 2014

Name of Building Owner/Operator: Chris Wady
Street Address: 425 Ryerside Avenue
City, State, Zip Code: New Milford, NJ 07646
Name of Contact: Chris Wady
Telephone Number: 862-29

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place:
Residence
Street Address: 306 8th Avenue
City, County, Zip Code: Ortley Beach, Ocean, 08755
Name of Monitoring Firm Hired by Building Owner: N/A

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

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

Name of Abatement Contractor: Guardian Contracting, Inc.
Street Address: 1889 Route 9, Unit 61
City, State, Zip Code: Toms River, New Jersey 08755-1271
Telephone Number: 732-349-9932
License Number: 00624
Name of OSHA Monitor: E.M.S.L. Analytical
Street Address: 1056 Stelton Road
City, State, Zip Code: Piscataway, New Jersey 08854

Occupancy Status During Abatement: [X] Facility Closed/Vacated During Entire Period of Abatement
[ ] Abatement Performed Outside of Normal Facility Hours
[ ] Other - Describe:

Scope of Work: [ ] 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:

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exterior</td>
<td>[X] YES</td>
</tr>
<tr>
<td></td>
<td>Asbestos siding</td>
</tr>
<tr>
<td></td>
<td>1400 sf</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler: Guardian Contracting, Inc.
NIHFW Waste Hauler ID No.: 20223
Cubic Yards of Waste: 3
Name of Registered Landfill: T.R.R.F.

City, State: Toms River, New Jersey
Disposal Date: 5/8/14
City, State: Tullytown, Pennsylvania
Date: 5/2/14

Completed by (Print or Type):
Title: Project Manager
Signature: [Signature]

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

**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

**Date of Notification (1):** May 2, 2014

**Name of Building Owner/Operator (2):** Elite Construction Corp.

**Street Address:** 24207

**City, State, Zip Code:** Mantua, NJ 08051

**Name of Contact:** Nick

**Telephone Number:**

### FACILITY INFORMATION

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

**Street Address:** 208 Sherman Avenue

**City:** Seaside Heights  
**County:** Ocean  
**County Code:** (STATE USE ONLY)

**Name of Monitoring Firm Hired by Building Owner (8):** ASDM, Inc.

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

**Street Address:** 1889 Route 9, Unit 61

**City, State, Zip Code:** Toms River, New Jersey 08755-1271

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

**Square feet:** 1000 sf  
**# of Floors:** 1  
**Bldg. Age:** 60

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

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

**Scheduled Start Date (10):** 5/8/14  
**Scheduled Completion Date (11):** 5/7/14

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

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

**Asbestos-Containing Material (ACM) Normally used by Maintenance/Custodial Staff (12):**

<table>
<thead>
<tr>
<th>Location of ACM TO BE ABATED in facility (13)</th>
<th>Is Location Normally used by Maintenance/Custodial Staff (12)</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exterior</td>
<td>X</td>
<td>Asbestos siding</td>
<td>1000 sf</td>
<td>X</td>
</tr>
</tbody>
</table>

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

**NJDEP Waste Hauler ID No.:** 20223

**Cubic Yards of Waste:** 3

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

**City, State:** Toms River, New Jersey  
**Diposal Date:** 5/8/14

**City, State:** Tullytown, Pennsylvania  
**Date:** 5/2/14

**Completed by (Print or Type):** Nicholas Pernicola  
**Title:** Project Manager  
**Signature:**

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

(Pursuant to NJAC 8:60 and 5:16)

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>Name of Building Owner/Operator</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 / 29 / 14</td>
<td>E. I. DuPont</td>
</tr>
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</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>✓ DOLWD</td>
<td>Amended Amendment #</td>
</tr>
<tr>
<td>✓ DHSS</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>☐ DCA (NJAC 5:23-8)</td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>250 Cheesquake Road</td>
<td>Parlin, NJ 08859</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Name of Contact</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nichol Reinhold</td>
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</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place</th>
</tr>
</thead>
<tbody>
<tr>
<td>Building 190</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Building Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>250 Cheesquake Road</td>
<td>Parlin, NJ 08859</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
</tr>
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<tbody>
<tr>
<td>85000</td>
<td>1</td>
<td>+/- 50</td>
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<th>County Code (STATE USE ONLY)</th>
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<tr>
<td>Middlesex</td>
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<table>
<thead>
<tr>
<th>ASCM No.</th>
<th>Name of Abatement Contractor</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>USA Environmental Management, Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
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</thead>
<tbody>
<tr>
<td>8436 Enterprise Avenue</td>
<td>Philadelphia, PA 19153</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone No.</th>
<th>License No.</th>
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</thead>
<tbody>
<tr>
<td>609-571-7522</td>
<td>1156</td>
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</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardno ATC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 / 13 / 14</td>
<td>5 / 14 / 14</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement</th>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Facility Closed/Vacated During Entire Period of Abatement</td>
<td>USA Environmental Management, Inc</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>8436 Enterprise Avenue</td>
<td>Philadelphia, PA 19153</td>
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**Scope of Work**

<table>
<thead>
<tr>
<th>Scope of Work</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Renovation</td>
<td></td>
</tr>
<tr>
<td>☐ Demolition</td>
<td></td>
</tr>
<tr>
<td>☐ Full Containment with Negative Pressure</td>
<td></td>
</tr>
<tr>
<td>☐ Mini-Enclosure</td>
<td></td>
</tr>
<tr>
<td>☐ Glovebag Procedure</td>
<td></td>
</tr>
<tr>
<td>☐ Non-Exempted (*) and Non-Friable Procedure</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
</tr>
</thead>
<tbody>
<tr>
<td>IN Facility (13)</td>
<td>Yes</td>
</tr>
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<table>
<thead>
<tr>
<th>Time of Abatement</th>
<th>Description of Asbestos Containing Material (ACM)</th>
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<tbody>
<tr>
<td>7:30 AM-3:30PM/PM-AM</td>
<td>(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
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<table>
<thead>
<tr>
<th>Mechanical Room</th>
<th>Pipe Insulation</th>
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<tbody>
<tr>
<td>☐</td>
<td>35 LF</td>
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</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler:</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>USA Environmental Management, Inc.</td>
<td>GROWS</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Philadelphia, PA</td>
<td>5/20/2014</td>
<td>Morristown, PA</td>
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<table>
<thead>
<tr>
<th>Completed By</th>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dilip Kumar</td>
<td>Program Manager</td>
<td></td>
</tr>
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| Date | 4/28/14 |

*Do not use this form for asbestos licensure exempted activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1)
5 / 1 /14

Name of Building Owner/Operator (2)
VERIZON
Street Address
126 LAKESIDE BLVD.
City, State, Zip Code
LANDING, NEW JERSEY 07850
Name of Contact
DOUGLAS J. O'HARE

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
VERIZON - BERGEN CENTRAL OFFICE

Street Address
71 MADISON AVENUE
City (5)
JERSEY CITY
County (6)
HUDSON
County Code (7) (STATE USE ONLY)

Type of Facility (4)
School (K-12) -
Subchapter B (Other Than K-12) -
X Other (ie. private & comm. bldgs. homes, etc.) -

Square Feet
113,347
# of Floors
2
Bldg. Age
40

TELECOMMUNICATIONS

Name of Abatement Contractor (9)
PAR ENVIRONMENTAL CORPORATION
Street Address
313 SPOOK ROCK ROAD
City, State, Zip Code
SUFFERN, NEW YORK 10901
Telephone Number
845-365-7500
License Number
460

Expected State Date (10)
5 / 2 /14

Sched. Completion Date (11)
6 / 30 /14

Name of OSHA Monitor
QUALITY ENVIRONMENTAL

Occupancy Status During Abatement (Check only one)
Facility Closed/Vacated During Entire Period of Abatement
X Abatement Performed Outside of Normal Facility Hours - Describe:
FRIDAY 4 PM-12:30 AM/SATURDAY 7AM-3:30 PM

Street Address
1376 ROUTE 9
City, State, Zip Code
WAPPINGERS FALLS, NEW YORK 12590

Scope of Work (Check all that apply)
X Demolition
X Renovation
X Mini-Enclo .
X Glovebag Procedure
X Non-Friable Procedure

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

Yes No N/A

BASEMENT HALLWAY ADJACENT TO
CABLE VAULT

X PIPE INSULATION

20 LF

X

Name of Registered Waste Hauler
EXPRESS WASTE LLC
Hauler ID No.
614 FRELINGHUYSEN AVENUE
15939

Name of Registered Landfill
CUMBERLAND COUNTY LANDFILL
620 NEWVILLE ROAD

City, State
NEWARK, NEW JERSEY 07114
Disposal Date
05/02/06/30/2014

Completed by (Print or Type)
BENJAMIN SANCHEZ
Title
DIRECTOR OF OPERATIONS
Signature
Date
3/11/14
**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:80-7 and 12:120-17)

---

**Date of Notification (1)**

<table>
<thead>
<tr>
<th>Agency Notified</th>
<th>Type Notification</th>
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<tbody>
<tr>
<td>EPA</td>
<td>Initial Notification</td>
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<tr>
<td>DEP</td>
<td>Amended Notification</td>
</tr>
<tr>
<td>DOL</td>
<td>Cancellation</td>
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<tr>
<td>DOH</td>
<td>On Hold</td>
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<tr>
<td>DCA</td>
<td>EMERGENCY NOTIFICATION</td>
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**Name of Building Owner/Operator (2)**

VERIZON

**Street Address**

126 LAKESIDE BLVD.

**City, State, Zip Code**

LANDING, NEW JERSEY 07850

**Name of Contractor**

DOUGLAS J. OHARE

**Telephone Number**

---

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

VERIZON - BERGEN CENTRAL OFFICE

**Street Address**

71 MADISON AVENUE

**City (6) CITY**

JERSEY CITY

**County (6) COUNTY**

HUDSON

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

ASCM No. 17

**Square Feet**

113,347

**# of Floors**

2

**Bldg. Age**

40

---

**Type of Facility (4)**

School (K-12)

Subchapter 8 (Other than K-12)

X Other (ie. private & comm. bldgs., homes, etc.)

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

TELECOMMUNICATIONS

---

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

VERIZON c/o ESIS, INC.

**Street Address**

906 McCURRY AVENUE

**City, State, Zip Code**

STEWART, IOWA 52175

**Project Manager for Monitoring Firm**

DANIEL PETROVAY

**Telephone Number**

412-373-8520

**License Number**

---

**Name of Abatement Contractor (9)**

PAR ENVIRONMENTAL CORPORATION

**Street Address**

313 SPOOK ROCK ROAD

**City, State, Zip Code**

SUFFERN, NEW YORK 10901

**Telephone Number**

845-369-7500

**License Number**

460

**Name of OSHA Monitor**

QUALITY ENVIRONMENTAL

---

**Expected State Date (10)**

5 / 2 / 14

**Sched. Completion Date (11)**

6 / 30 / 14

**Month**

5

**Day**

2

**Year**

2014

---

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

X Facility Closed/Vacated During Entire Period of Abatement

Other - Describe: MONDAY - FRIDAY 4PM-2:30AM

---

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

Demolition

X Renovation

>35SF OR LF

>160 SF OR 200 LF

---

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

TO BE ABATED in Facility (13)

---

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

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

---

**Amount (Specify SF or LF)**

---

**Abatement Type**

---

**ENCLOSURE**

---

**ENCAPSULATE**

---

**ENCASE**

---

**ENCAPSULATE**

---

**ENCASE**

---

---

**BASEMENT HALLWAY ADJACENT TO**

CABLE VAULT

X PIPE INSULATION

---

**Name of Registered Waste Hauler**

EXPRESSION WASTE LLC

**Street Address**

614 FREILINGHUYSEN AVENUE

**City, State**

NEWARK, NEW JERSEY 07114

**Cubic Yards of Waste**

5

**Name of Registered Landfill**

CUMBERLAND COUNTY LANDFILL

**Street Address**

520 NEWVILLE ROAD

**City, State**

WOODBRIDGE, NEW JERSEY 07095

**Disposal Date**

05/02-05/30/2014

---

**Completed by (Print or Type)**

BENJAMIN SANCHEZ

**Title**

DIRECTOR OF OPERATIONS

**Signature**

---

**Date**

09/14/2014
**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:60 and 5:16)

---

**Date of Notification (1)**

4 / 17 / 14

---

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

Woodbridge Township School District

---

**Agency Notified**

- [ ] EPA
- [ ] DOH
- [ ] DSHS
- [ ] DCA (NJAC 5:23-8)

---

**Type Notification**

- [ ] Initial
- [ ] Amended
- [ ] Emergency (including justifiication)
- [ ] Cancellation

---

**Street Address**

PO Box 428 School St.

---

**City, State, Zip Code**

Woodbridge, NJ 07095

---

**Name of Contact**

c/o Dominick Dercole

---

**Telephone Number**

---

---

**FACILITY INFORMATION**

---

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

Woodbridge High School Athletic & Rec Facility Development

---

**Street Address**

25 Kelly St.

---

**City (5)**

Woodbridge, NJ

---

**County (6)**

Middlesex

---

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

---

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

Environmental Connections, Inc

---

**ASCM No.**

---

**Name of Abatement Contractor (9)**

BRISTOL ENVIRONMENTAL, INC.

---

**Street Address**

120 N. Warren St.

---

**City, State, Zip Code**

Trenton, NJ 08608

---

**Project Manager for Monitoring Firm**

Dominick Dercole

---

**Telephone No.**

609-392-4200

---

**Telephone No.**

215-788-6040

---

**License No.**

00509

---

**Name of OSHA Monitor**

BRISTOL ENVIRONMENTAL, INC.

---

**Start Date (10)**

4 / 28 / 14

---

**Scheduled Completion Date (11)**

5 / 1 / 14

---

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

- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM

---

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

- [ ] 3 or more Story
- [ ] 3 or more Story
- [ ] 160 sf or more
- [ ] 260 sf or more

---

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

---

**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)**

600 SF

---

**Name of Registered Waste Hauler**

SERVICE TRANSPORT GROUP, INC.

---

**NJDEP Waste Hauler ID No.**

20999

---

**Cubic Yards of Waste**

---

**Name of Registered Landfill**

MINERVA LANDFILL

---

**City, State**

NEW CASTLE, DE 19720

---

**Disposal Date**

---

**City, State**

WAYNESBURG, OH 44688

---

**Completed By (Print or Type)**

Brian Scafre

---

**Title**

Estimator

---

**Signature**

---

**Date**

5/1/14

---

---

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

**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

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<th>Date of Notification</th>
<th>Name of Building Owner/Operator</th>
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</thead>
<tbody>
<tr>
<td>4/17/14</td>
<td>Woodbridge Township School District</td>
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<table>
<thead>
<tr>
<th>Agencies Notified</th>
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<tbody>
<tr>
<td>□ EPA</td>
<td>□ initial</td>
</tr>
<tr>
<td>☑ DOLWD 955</td>
<td>☑ amended</td>
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<tr>
<td>☑ DHSS 9401</td>
<td>□ emergency (including justification)</td>
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<td>□ DCA (NJAC 5:23-8)</td>
<td>□ cancellation</td>
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<tbody>
<tr>
<td>PO Box 428 School St.</td>
<td>Woodbridge, NJ 07095</td>
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<table>
<thead>
<tr>
<th>Name of Contact</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>clo Dominick Dercole</td>
<td></td>
</tr>
</tbody>
</table>

---

### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place (3)**  
Woodbridge High School Athletic & Rec Facility Development

<table>
<thead>
<tr>
<th>Address</th>
<th>County Code (7) (STATE USE ONLY)</th>
<th>Current Use (Prior to being demolished)</th>
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</thead>
<tbody>
<tr>
<td>25 Kelly St.</td>
<td>Middlesex</td>
<td>Educational facility</td>
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</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Environmental Connections, Inc</td>
<td></td>
<td>BRISTOL ENVIRONMENTAL, INC.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>120 N. Warren St.</td>
<td>609-392-4200</td>
<td>215-788-6040</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dominick Dercole</td>
<td>BRISTOL ENVIRONMENTAL, INC.</td>
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<table>
<thead>
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<th>Start Date</th>
<th>Scheduled Completion Date</th>
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<td>5/2/14</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
<th>Scope of Work (Check all that apply)</th>
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<tbody>
<tr>
<td>☑ Facility Closed/Vacated During Entire Period of Abatement</td>
<td>□ 23 sf or greater</td>
</tr>
<tr>
<td>□ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM/ PM-AM</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</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>
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</thead>
<tbody>
<tr>
<td>IN Facility</td>
<td>Yes/No/N/A</td>
<td>(12)</td>
<td></td>
<td></td>
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<table>
<thead>
<tr>
<th>Concession stand</th>
<th>Transite</th>
<th>600 SF</th>
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<tbody>
<tr>
<td>☑</td>
<td></td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJ DEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
<th>Disposal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>SERVICE TRANSPORT GROUP, INC.</td>
<td>20990</td>
<td></td>
<td>MINERVA LANDFILL</td>
<td></td>
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</tbody>
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<table>
<thead>
<tr>
<th>City, State</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEW CASTLE, DE 15720</td>
<td>Estimator</td>
<td>Brian Scalfino</td>
<td>4/17/14</td>
</tr>
</tbody>
</table>

---

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

**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:60 and 5:16)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>2</th>
<th>12</th>
<th>13</th>
</tr>
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<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Belleville Equities, LLC</td>
<td></td>
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<tr>
<td>/ Job # 1402-1843 Chk. #NA</td>
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<tr>
<td>Agencies Notified</td>
<td>Type Notification</td>
<td></td>
<td></td>
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<tr>
<td>✗ EPA</td>
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<tr>
<td>✗ DOLWD</td>
<td>Amended</td>
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<td>Emergency (including justification)</td>
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<td>✗ DCA</td>
<td>Cancellation</td>
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</tr>
<tr>
<td>(NJAC 5:23-8)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
<td>3110 37th Avenue, Suite 500</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Long Island, NY 11101</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Mr. George Valiotis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Telephone Number</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>Belleville Equities, LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>520 Belleville Avenue</td>
</tr>
<tr>
<td>City (5)</td>
<td>Belleville</td>
</tr>
<tr>
<td>County (6)</td>
<td>Essex</td>
</tr>
<tr>
<td>County Code (7)(STATE USE ONLY)</td>
<td></td>
</tr>
<tr>
<td>Square Feet</td>
<td>220,000</td>
</tr>
<tr>
<td># of Floors</td>
<td>8</td>
</tr>
<tr>
<td>Bidg. Age</td>
<td>80 years</td>
</tr>
<tr>
<td>Current Use (Prior if being demolished)</td>
<td>Vacant</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Mr. Steve Fianigan</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>856-848-0800</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>02 / 26 / 14</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>05 / 31 / 14</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check only one)</td>
<td></td>
</tr>
<tr>
<td>✗ Facility Closed/Vacated During Entire Period of Abatement</td>
<td></td>
</tr>
<tr>
<td>☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM PM PM AM</td>
<td></td>
</tr>
<tr>
<td>Scope of Work (Check all that apply)</td>
<td></td>
</tr>
<tr>
<td>☒ ≥3 sf or ≥3 lf</td>
<td></td>
</tr>
<tr>
<td>☒ ≥160 sf or ≥260 lf</td>
<td></td>
</tr>
<tr>
<td>☐ Renovation</td>
<td></td>
</tr>
<tr>
<td>☐ Demolition</td>
<td></td>
</tr>
<tr>
<td>☐ Full Containment with Negative Pressure</td>
<td></td>
</tr>
<tr>
<td>☐ Mini-Enclosure</td>
<td></td>
</tr>
<tr>
<td>☐ Glovebag Procedure</td>
<td></td>
</tr>
<tr>
<td>☐ Non-Exempted (*) and Non-Friable Procedure</td>
<td></td>
</tr>
<tr>
<td>SEE ATTACHED - 4 additional pages</td>
<td>Pipe Insulation</td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</td>
<td></td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</td>
<td>Yes</td>
</tr>
<tr>
<td>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td></td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td></td>
</tr>
<tr>
<td>Abatement Type</td>
<td>Removal</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>Freehold Cartage, Inc.</td>
</tr>
<tr>
<td>City, State</td>
<td>Freehold, NJ</td>
</tr>
<tr>
<td>Completed By (Print or Type)</td>
<td>Kimberly A. Trumbetti</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)**
May 5, 2014

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

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

**Street Address**
21 E. Front street, Suite 250

**City, State, Zip Code**
Red Bank, NJ 07701

**Type of Availability**

<table>
<thead>
<tr>
<th>Facility</th>
<th>School (k-12)</th>
<th>Subchapter 8 (other than k-12)</th>
<th>Other (i.e., private &amp; commercial buildings, homes, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ]</td>
<td>[ ]</td>
<td>[ x ]</td>
<td></td>
</tr>
</tbody>
</table>

**Square Feet**
1500 sf

**# of Floors**
1

**Bldg. Age**
60

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

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

**Street Address**
1889 Route 9, Unit 61

**City, State, Zip Code**
Toms River, New Jersey 08755-1271

**Telephone Number**
973-349-9932

**License Number**
00624

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

**Street Address**
1056 Stelton Road

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

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

<table>
<thead>
<tr>
<th>Scope of Work</th>
<th>[ ] Full Containment with Negative Pressure</th>
<th>[ ] Mini-Enclosure</th>
<th>[ ] Glovebag Procedure</th>
<th>[ x ] Non-Exempted (*) and Non-Friable Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Amount (Specify SF or LF)**
1250 sf

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

**Disposal Date**
5/5/14

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

**Cubic Yards of Waste**
3

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

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

**Waste Hauler ID No.**
20223

**Title**
Project Manager

**Signature**

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

Date of Notification (1)
May 5, 2014

Name of Building Owner/Operator (2)
West State Street Properties, LLC

Agencies Notified
EPA
DEP
DOL
DOH
DCA

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

Street Address
128 West State Street
City, State, Zip Code
Trenton, NJ 08608

Name of Contact

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

County Code (7)
Residence

Name of Abatement Contractor (9)
Shade Environmental, LLC

Name of Facility Where Abatement is Taking Place (3)
128 West State Street

Name of Monitoring Firm Hired by Building Owner (6)
USA Environmental Management, Inc.

ASCM No.

Current Use (Prior if being demolished)

Square Feet
1,200

Type of Occupancy (10)

City (5)
Trenton

$ of Floors
3

County (6)
Mercer

Bidg. Age
100

Name of OSHA Monitor
EMSL

Street Address
344 West State Street

Start Date (10)
May 17, 2014

Scheduled Completion Date (11)
May 17, 2014

Telephone No.
609-656-8101

City, State, Zip Code
Trenton, NJ 08618

Name of Abatement Contractor (9)
Shade Environmental, LLC

Street Address
623 Cutler Ave.

Telephone No.
(856) 755-0099

City, State, Zip Code
Maple Shade, NJ 08052

License No.
00842

Street Address
107 Haddon Ave

City, State, Zip Code
Westmont, New Jersey 08108

Scope of Work (Check All That Apply)
z3 sf or z3 sf
z180 sf or z280 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>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>XXX</td>
<td>Grey Paper Insulation</td>
<td>5 SF x</td>
</tr>
<tr>
<td>Basement</td>
<td>XXX</td>
<td>9&quot;x9&quot; Floor Tile</td>
<td>26 SF x</td>
</tr>
<tr>
<td>Basement</td>
<td>XXX</td>
<td>Pipe Insulation</td>
<td>15 LF x</td>
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</tbody>
</table>

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

Cubic Yards of Waste
5

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

City, State
Mount Holly, New Jersey 08060

Disposal Date
5/17/14

Completed by
Christina Lynch
Title
Operations Manager

Signature

Date
5/5/2014

* Do not use this form for asbestos licensure exempted activities.
**STATE OF NEW JERSEY**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to N.J.A.C. 8:60 AND 12:120)

**Date of Notification (1):** 5/05/2014

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

**Name of Building Owner/Operator (2):** United Water

**Street Address:** 700 Kinderkamack Road

**City, State, Zip Code:** Oradell, NJ 07649

**Name of Contact:** Mr. Keith Wood

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>United Waters</td>
</tr>
<tr>
<td>Street Address : 67 Francisco Avenue</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>City (6)</th>
<th>County (6)</th>
<th>County Code (7)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Little Falls</td>
<td>Passaic</td>
<td>ASCM No. 00079</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Bldg, Owner (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Envirovision Consultants, Inc</td>
</tr>
</tbody>
</table>

**Street Address:** 20-21 Wagaw Road-Bidg 36E

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
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</thead>
<tbody>
<tr>
<td>Fair Lawn, NJ 07410</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr. Guillermo Morales</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone Number</th>
<th>License Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>973-636-9145</td>
<td>00809</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Scheduled Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>5/16/2014</td>
<td>5/23/2014</td>
</tr>
</tbody>
</table>

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

- Facility Closed/Vacated During Entire Period of Abatement

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

- > 3 sf or > 3 if
- > 160 sf or > 260 if
- Renovation
- Demolition

**Location of Asbestos-Containing Material (ACM) In Facility (13):**

<table>
<thead>
<tr>
<th>First Floor/Office Attic</th>
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</thead>
<tbody>
<tr>
<td>X</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Location normally used solely by maint/custodial staff? (12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>150 LF</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Rem.</td>
</tr>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Reg. Waste Hauler</th>
<th>NJDEP Waste Hauler ID #</th>
<th>Cubic Yards of Waste</th>
<th>Name of Reg. Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>MTM Metro Corporation</td>
<td>26552</td>
<td>20</td>
<td>Tullytown</td>
</tr>
</tbody>
</table>

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

**Completed by (Print or Type):**

<table>
<thead>
<tr>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Business Administrator</td>
<td>Elizabeth Maslarkov</td>
</tr>
</tbody>
</table>

**Date:** 5/05/2014

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

**State of New Jersey**

**Date of Notification:** 4-30-2014

**Name of Building Owner/Operator:** To Feit

**Address:** 121 North Main Street

**City, State Zip Code:** Boonton, NJ 07005

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

**Type of Facility:** Residential

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

**Street Address:** 121 North Main Street

**City:** Boonton

**County:** Morris

**Square Feet:** 1450

**# of Floors:** 2

**Bldg. Age:** 119 Years

**Name of Other (Prior if being demolished):** Residence

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

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

**Name of Abatement Contractor:** Best Removal Inc

**Telephone No.:** 450 S River St

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

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

**Street Address:** 280 Huyley St

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

**Start Date:** 5/12/2014

**Scheduled Completion Date:** 5/13/2014

**Occupancy Status During Abatement:**

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

**Scope of Work:**

- **Removal**
- **Demolition**
- **Fell Containment with Negative Pressure**
- **Dry Bagging**
- **Non-Tarped (*) and Non-Resilient Procedure**

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

- **Location Normally Used Solely by Maintenance/Custodial Staff:**
  - **Yes:** No
  - **Sheet:** Yes, No

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

- **Location:** Thermal Insulation
  - **Amount:** 120 LF

**Name of Registered Waste Handler:**

**ID No.:** 17109

**Cubic Yards of Waste:** 140

**Name of Registered Landfill:** Minerva Enterprises

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

**Disposal Date:** 5/13/14

**City, State:** Waynesburg, Oh

**Completed by:**

**Title:** Estimator

**Signature:** R. Veldean

**Date:** 4-30-2014

---

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

Date of Notification (1) 05/05/14 CK: 3083 $200
Name of Building Owner/Operator (2) Luke Iorio

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

Street Address
15 Primrose Avenue
City, State, Zip Code
New Providence, New Jersey 07974

Name of Contact
Gio Schummi Remodelers, Carl

FACILITY INFORMATION

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

Street Address
15 Primrose Drivee
City (5)
New Providence, New Jersey 07974

County (6)
Union
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
2,000
# of Floors
2
Bldg. Age
55+

Current Use (Prior if being demolished)
Residence

Name of Abatement Contractor (9)
Lillich Corporation

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

Project Manager for Monitoring Firm
Name of OSHA Monitor
J&S Environmental Labs.

Telephone No.
973-226-8400
License No.
01104

Start Date (10) 05/15/14
Scheduled Completion Date (11) 05/16/14

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

Scope of Work (Check All That Apply)

- ≥ 250 sf or ≥ 2500 sf
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM)
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, VAC, or other miscellaneous)

Amount
1,300 LF
Specify
SF or LF

Exterior
Transite Siding
Abatement Type
Removal
Repair
Encapsulate
Enclosure

Name of Registered Waste Hauler
Lillich Corporation

NJDEP Waste Hauler ID No.
18724

Cubic Yards of Waste
4

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

Disposal Date
05/19/14

City, State
Woodland Park, New Jersey 07424

Complied by
Tatiana Kalenikova
Title
Vice President

Signature
Date
05/15/14

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

**Name of Building Owner/Operator:** Forest Shackleton Private Home  
**Street Address:** 12 East 13th ST  
**City, State, Zip Code:** North Beach Haven NJ 08008  
**Name of Contact:** Forest  
**Telephone Number:**

### FACILITY INFORMATION

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

- **Square Feet:** 1000+  
- **# of Floors:** 1  
- **Bldg. Age:** 35+

- **Current Use (Prior if being demolished):** Garage

- **Name of Facility Where Abatement is Taking Place:** Forest Shackleton Private Home
- **Street Address:** 12 East 13th ST
- **City:** North Beach Haven NJ 08008
- **County:** Ocean
- **County Code:** 000

### Name of Monitoring Firm Hired by Building Owner

**Name:** ASCM No.

**Address:** PO Box 929
**City:** West Berlin NJ 08091
**State:** N/A
**Zip Code:**

### Project Manager for Monitoring Firm

**Name:** Pernaco Inc.
**Address:**
**City:** Same
**State:** Same
**Zip Code:**

### Start Date

**Date:** 5/7/14
**Scheduled Completion Date:** 5/9/14

### Occupancy Status During Abatement

- **Facility Closed/Vacated During Entire Period of Abatement:** Yes
- **Abatement Performed Outside of Normal Facility Hours:** No

### Scope of Work

- **Renovation**
- **Demolition**

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) in Facility</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exterior Siding</td>
<td>N/A</td>
<td>Other - Describe:</td>
<td>1000SF</td>
</tr>
</tbody>
</table>

### Name of Registered Waste Hauler

**Name:** United Containers  
**ID No.:** 22459  
**Disposal Date:** 5/9/14  
**City:** Morrisville PA 19067  
**State:**

### Completed by Anthony T Perna

**Title:** President

**Signature:**

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

Date of Notification (1)
May 05, 2014

Agency Notified
☐ EPA
☐ DOL
☐ DOH
☐ DCA

Type Notification
☐ Initial
☐ Amended
☐ Emergency (including justication)
☐ Cancellation

Name of Building Owner/Operator (2)
Jim Rielly

Street Address
86 Van Riper Avenue

City, State, Zip Code
Clifton, NJ 07011

Name of Contact
Jim Rielly

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
N/A

Street Address
86 Van Riper Avenue

City (5)
Clifton, NJ 07011

County (6)
Essex

County Code (7) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner
N/A

ASCM No.

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

Street Address
223 Randolph Avenue

City, State, Zip Code
Clifton, NJ 07011

Project Manager for Monitoring Firm

Telephone No.

License No.
973-478-4681
00120

Start Date (10)
May 15, 2014

Scheduled Completion Date (11)
May 18, 2014

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

Street Address
484 Valley Brook Avenue

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

Occuancy 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 lb
☐ > 160 sf or > 260 lb
☐ Renovation
☐ Demolition

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, VAT, or other miscellaneous)

Amount (Specify SF or LF)
84 LF

Basement

Thermal Systems Insulation

Name of Registered Waste Hauler

NJDEP Waste Hauler ID No
12695 / 50071

Cubic Yards of Waste
0.0

Name of Registered Landfill
Minerva Enterprises, Inc.

Disposal Date
5/19/14

City, State
Waynesburg, OH

Completed by
G. Roger Woodman
Title
Safety Officer

Signature

Date
5/5/2014

* 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)
5-5-14

### Name of Building Owner/Operator (2)
Pella LLC/Guy Andy

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

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

### Street Address
1317 Beach Ave

### City, State, Zip Code
Cape May, NJ 08204

### Name of Contact
Barney

### Telephone Number

### FACILITY INFORMATION

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

#### Street Address
1511 York Ave

#### City, State, Zip Code
Cape May, NJ

#### County Code (7)
Cape May

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

#### Square Feet
40000

#### # of Floors
1

#### Bidg. Age
65

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

### ASCM No.

### Name of Abatement Contractor (9)
Ani & Joe LLC

### Street Address
1212 Burlington Ave

### City, State, Zip Code
Delanco, NJ 08075

### Project Manager for Monitoring Firm

### Telephone No.

### License No.
07010

### Start Date (10)
5-5-14

### Scheduled Completion Date (11)
5-15-14

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

### Scope of Work (Check All That Apply)
- [ ] ±3 sf or ±5 sf
- [ ] ±160 sf or ±260 sf
- [ ] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

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

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

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

### Amount (Specify SF or LF)

### Abatement Type
- [ ] Removal
- [ ] Repair
- [ ] Encapsulate
- [ ] Endose

### Name of Registered Waste Hauler
J Robinson Waste

### NJDEP Waste Hauler ID No.
18687

### Cubic Yards of Waste
40cy

### Name of Registered Landfill
Wm Of Pa

### City, State
Bellmawr, NJ

### Completion Date
5-5-14

### Completed by
Joseph T Hill

### Title
VP

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

Date of Notification (1) 05/05/14

Name of Building Owner/Operator (2) THOMAS KINCAD

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

Street Address 5 SILVERS LANE

City, State, Zip Code CRANBURY NJ 08512

Name of Contact THOMAS KINCAD

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) 6 LOUISE DR.

County (6) MIDDLESEX

Current Use (Prior if being demolished) 1800

Bldg. Age 2

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

County Code (7) (STATE USE ONLY) 

Name of Monitoring Firm Hired by Building Owner (5) ASCM No. AACA LEAD PROFESSIONALS

Name of Abatement Contractor (9) AACA LEAD PROFESSIONALS

Street Address 6 WHITE DOVE COURT

City, State, Zip Code LAKewood, NJ 08701

Project Manager for Monitoring Firm Telephone No. 732-668-9078

License No. 1200

Start Date (10) 05/15/14

Scheduled Completion Date (11) 05/15/14

Name of OSHA Monitor AACA LEAD PROFESSIONALS

Street Address 6 WHITE DOVE COURT

City, State, Zip Code LAKewood, NJ 08701

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)
☐ 23 sq ft or 23 if ☑ Renovation
☐ 1600 sq ft or 2200 if ☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exampted (*) 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

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 ☐ Endorse

BASEMENT ☑ FLOOR TILES 1000SF X

Name of Registered Waste Hauler

NEWARK CARTING

NJDEP Waste Hauler ID No. 04506

Cubic Yards of Waste 10

Name of Registered Landfill

IESI

Disposal Date 05/15/14

City, State BETHLEHEM PA

Completed by

JOSEPH PERLSTEIN

Title OWNER

Signature

Date 05/05/14

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

**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>5-6-14</td>
<td>Lisa Lang</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ EPA</td>
<td>X Initial</td>
<td>74 West Cliff Street</td>
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<tr>
<td>□ DEP</td>
<td></td>
<td></td>
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<tr>
<td>□ DOL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ DOH</td>
<td></td>
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<tr>
<td>□ DCA</td>
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<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Name of Contact</th>
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<tbody>
<tr>
<td>Somerville NJ 08807</td>
<td>Lisa Lang</td>
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<th>FACILITY INFORMATION</th>
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<tbody>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
</tr>
<tr>
<td>Street Address</td>
</tr>
<tr>
<td>City (5)</td>
</tr>
<tr>
<td>County (6)</td>
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</table>

<table>
<thead>
<tr>
<th>Type of Facility (4)</th>
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<tbody>
<tr>
<td>☒ Single Family Dwelling</td>
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</table>

<table>
<thead>
<tr>
<th>ASCM No.</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>EPC Technologies Inc</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>P.O. Box 337</td>
<td>609 758-3365</td>
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<table>
<thead>
<tr>
<th>License No.</th>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>00394</td>
<td></td>
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<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
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<td>5-22-14</td>
<td>5-22-14</td>
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<tr>
<th>Scope of Work (Check All That Apply)</th>
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<tr>
<td>☒ 23 sf or 23 ft</td>
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<td>☒ 160 sf or 2280 ft</td>
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<td>□ Renovation</td>
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<tr>
<td>□ Demolition</td>
</tr>
<tr>
<td>□ Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>□ Mini-Enclosure</td>
</tr>
<tr>
<td>□ Glovebag Procedure</td>
</tr>
<tr>
<td>□ Non-Exempted (*) and Non-Friable Procedure</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
<th>Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
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<tbody>
<tr>
<td>Basement</td>
<td>X</td>
<td>Pipe Insulation</td>
<td>100 LF</td>
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<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
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</thead>
<tbody>
<tr>
<td>EPC Technologies</td>
</tr>
</tbody>
</table>

<table>
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<tr>
<th>NJ/DEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
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<tbody>
<tr>
<td>17000</td>
<td>2</td>
<td></td>
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<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>City, State</th>
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<tbody>
<tr>
<td>5-23-14</td>
<td>Moonachie PA</td>
</tr>
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<table>
<thead>
<tr>
<th>Completed by</th>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Steve Schenk</td>
<td>President</td>
<td>Steve Schenk</td>
</tr>
</tbody>
</table>

| MAY - 8 2014 |

* 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) 5-6-14

Name of Building Owner/Operator (2) Boys' & Girls' Club of Mercer Co.

Agencies Notified (3)
- [ ] Initial
- [X] Amended
- [ ] Amendment
- [ ] Emergency (Including justification)
- [ ] Cancellation

Type Notification
- [X] Initial
- [ ] Amended
- [ ] Amendment
- [ ] Emergency

EPA
- [ ] Initial
- [X] Amended
- [ ] Amendment
- [ ] Emergency
- [ ] Cancellation

Street Address 212 Centre Street
City, State, Zip Code Trenton NJ 08611

Name of Contact David Anderson
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Boys' & Girls' Club of Mercer Co.

Street Address 1040 Spruce Street
City (5) Lawrence NJ 08648

County (6) Mercer

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

ASCM No. N/A

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

License No. 00394

Project Manager for Monitoring Firm Steve Schenke

Telephone No. 609-758-3365

Start Date (10) May 20, 2014
Scheduled Completion Date (11) June 13, 2014

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

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

In Facility (13) Southend Roof Section X

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

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

Amount (Specify SF or LF) 3600 SF

Abatement Type

Name of Registered Waste Hauler EPC Technologies

NUDEP Waste Hauler ID No. 17000

Cubic Yards Disposal Date 15 Various Dates

Name of Registered Landfill Waste Management of PA

City, State New Egypt, NJ

Completed by Steve Schenke
Title President
Signature

Date 5-6-14

* 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:** 5-6-14

**Name of Building Owner/Operator:** 12 Ventures, LLC

**Street Address:**
- 1623 Martin Rd
- Neptune, NJ 07753

**Type of Facility:**
- Single Family Dwelling
- Vacant

**City:**
- Belmar, NJ 07719

**County:** Monmouth

**Name of Monitoring Firm Hired by Building Owner:**
- EPC Technologies

**ASCM No.:** N/A

**Name of Abatement Contractor:**
- EPC Technologies Inc

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

**New Egypt, NJ 08533**

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

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

**License No.:** 00394

**Project Manager:**
- Steve Schenke

**Start Date:**
- May 19, 2014

**Scheduled Completion Date:**
- May 23, 2014

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

**Scope of Work:**
- Renovation Demolition

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

**Yes/No/N/A:**
- Yes

**Description of Asbestos-Containing Material (ACM):**
- Siding, Shingles

**Amount (Square Footage):** 2,500 SF

**Abatement Type:**
- Encapsulation

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

**NJDEP Waste Hauler ID No.:** 17000

**Cubic Yards of Waste:** 15

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

**City, State:**
- Monroeville, PA

**Disposal Date:**
- 5-23-14

**Completed by:**
- Steve Schenke

**Title:** President

**Signature:**
- [Signature]

**Date:**
- 5-6-14

---

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

Date of Notification (1) 05/05/14

Name of Building Owner/Operator (2)
March Associates Construction, Inc.

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

Street Address
601 Hamburg Turnpike #300
Wayne, NJ 07470

City, State, Zip Code
Wayne, NJ 07470

Name of Contact
Louis March

Telephone Number

FACILITY INFORMATION

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

Street Address
52 Hemlock Terrace
Wayne

City (5)
Passaic

County (6)
County Code (7)
Passaic

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

ASCM No.

Name of Abatement Contractor (9)
Stanmark Contractors, LLC

Street Address
27 Edsall Drive
Sussex, NJ 07461

City, State, Zip Code
Sussex, NJ 07461

Project Manager for Monitoring Firm

Technical No.

Telephone No.
973-864-2022

License No.
01137

Start Date (10) 05/16/14

Scheduled Completion Date (11) 05/20/14

Name of OSHA Monitor
AmeriSci

Occuaptancy 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)

- ≥23 sf or ≥2 lt
- ≥160 sf or ≥2600 lb
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovetag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

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

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

Amount (Specify SF or LF)

Abatement Type
Removal Repair Encapsulate

Endorsement

Name of Registered Waste Hauler
Pro-Tech

NJDEP Waste Hauler ID No.
190713

Cubic Yards of Waste
10

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

City, State
New Haven, CT

Disposal Date on completion

Name of Registered Waste Hauler

Completed by
Marko Stankovic
Title President

Signature

Date
05/05/14

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

Date of Notification (1)
4/29/14
Name of Building Owner/Operator (2)
Jeff & Rong Li

Agencies Notified
EPA, DEP
Type Notification
Initial
Street Address
42 Meadowbrook Road
City, State, Zip Code
Short Hills, NJ 07078
Name of Contact
Jeff & Rong Li

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
House
Street Address
42 Meadowbrook Road
City (5)
Short Hills
County (6)
Essex
County Code (7)
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
Name of OSHA Monitor
D&S Abatement, Inc.
Street Address
11 Rosengren Avenue
City, State, Zip Code
Totowa, NJ 07512

Start Date (10)
5/13/14
Scheduled Completion Date (11)
5/14/15

Scope of Work (Check All That Apply)
- ≥33 sq ft or ≥33 sq ft
- ≥160 sq ft or ≥260 sq ft
- 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)
basement
Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)
Yes
No
N/A
Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)
pipe insulation
Amount (Specify SF or LF)
35 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 Brikusanin
Title
Project Manager
Signature
Date
4/29/14

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

**Date of Notification (1):**
4/29/14

**Name of Building Owner/Operator (2):**
Stephen Kaye

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

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

**Street Address:**
29 Stone Ledge Road

**City, State, Zip Code:**
Upper Saddle River, NJ 07458

**Name of Contact:**
Stephen Kaye

**Telephone Number:**

---

**FACILITY INFORMATION**

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

**Street Address:**
29 Stone Ledge Road

**City (5):**
Upper Saddle River

**Counties (6):**
Bergen

**County Code (7):**
N/A

**Current Use (Prior to 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

**Start Date (10):**
5/14/14

**Scheduled Completion Date (11):**
5/15/15

**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):**
- [X] ≥3 sf or ≥3 lf
- [ ] ≥180 sf or ≥280 lf
- [ ] Renovation
- [ ] Demolition
- [X] Full Containment with Negative Pressure
- [X] Mini-Enclosure
- [X] Glovebag Procedure
- [ ] Non-Enclosed () and Non-Friable Procedure

---

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

<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>
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<tbody>
<tr>
<td>pipe insulation</td>
<td>60 LF</td>
<td>X</td>
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**Name of Registered Waste Hauler:**
D&S Abatement, Inc.

**NJDPR 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

**Completed by:**
Deanna Brkusin

**Title:**
Project Manager

**Signature:**

**Date:**
4/29/14

---

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

Date of Notification (1) 4/23/14
Name of Building Owner/Operator (2) Alex Paszkiewicz

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

Street Address
76 Lawrence Ave
City, State, Zip Code
West Orange, NJ 07052
Name of Contact
Frank Barszcz
Telephone Number

FACILITY INFORMATION

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

Street Address
76 Lawrence Ave
City (5)
West Orange
County Code (6)
Essex
County Code (7) (STATE USE ONLY) __________

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

Square Feet
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)
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.
Telephone No.
License No.

973-345-8685
#00675

Start Date (10) 5/19/14
Scheduled Completion Date (11) 5/20/14
Name of OSHA Monitor
D&S Abatement, Inc.

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

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 lf
☐ ≥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

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)
descriptions:

Amount (Specify SF or LF) 136 LF

Abatement Type
☐ Removal
☐ Repair
☐ Encapsulate
☐ Endorse

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 Brkusanic
Title
Project Manager
Signature

Date 4/23/14

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

**Date of Notification (1)***
4/29/14

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

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

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

**Street Address***
306 Maolis Avenue

**City, State, Zip Code***
Glen Ridge, NJ 07028

**Name of Contact***
Felicia Berger

**Telephone Number***

**FACILITY INFORMATION**

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

**Street Address***
306 Maolis Avenue

**City (5)***
Glen Ridge

**County (6)***
Essex

**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

**License No.***
#00675

**Telephone No.***
973-345-8685

**Start Date (10)***
5/15/14

**Scheduled Completion Date (11)***
5/16/14

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

**Scope of Work (Check All That Apply)***
- ≥ 3 sf or ≥ 3 ft
- ≥ 190 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***

<table>
<thead>
<tr>
<th>In Facility (13)</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>basement</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>pipe insulation</td>
<td></td>
<td></td>
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</table>

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

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

**Abatement Type***

<table>
<thead>
<tr>
<th>Removal</th>
<th>Repair</th>
<th>Encapsulation</th>
<th>Enclosure</th>
</tr>
</thead>
<tbody>
<tr>
<td>x</td>
<td></td>
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<td></td>
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**Name of Registered Waste Hauler***
D&S Abatement, Inc.

**NJDEP Waste Hauler ID No.***
#20998

**Cubic Yards of Waste***
TBD

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

**City, State***
Totowa, NJ

**Disposal Date***
TBD

**City, State***
Tulltown, PA

**Complied by***
Deanna Bruskas

**Title***
Project Manager

**Signature***

**Date***
4/29/14

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

Date of Notification (1)
5/2/14

Name of Building Owner/Operator (2)
Shannon & Micheal Ogden Private Home

Agencies Notified

<table>
<thead>
<tr>
<th>Agency</th>
<th>Notification Type</th>
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</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
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<tr>
<td>DOH</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>DCA</td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

Street Address
101 North Burgee

City, State, Zip Code
Little Egg Harbor NJ 08087

Name of Contact
Shannon

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Shannon & Micheal Ogden Private Home

Street Address
101 North Burgee

City (5)
Little Egg Harbor NJ 08087

County (6)
Ocean

County Code (7)

Type of Facility (4)
\[ \]

Square Feet
1000+

# of Floors
2

Bldg. Age
35 +

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)
Pernaco Inc.

Street Address
PO Box 329

City, State, Zip Code
West Berlin NJ 08091

Project Manager for Monitoring Firm

Street Address

City, State, Zip Code

Telephone No.
856-753-9800

License No.
00727

Start Date (10)
5/5/14

Scheduled Completion Date (11)
5/7/14

Name of OSHA Monitor
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:

Scope of Work (Check All That Apply)

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

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

In Facility (13)

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

Yes
No
N/A

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

Amount (Specify SF or LF)

Abatement Type

Exterior Siding

Exterior Siding

1200 SF

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
Elm NJ

Disposal Date
5/7/14

City, State
Morrisonville PA 19067

Completed by
Anthony T Perna

Title
President

Signature

Date
5/2/14

* 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)
01 / 15 / 14
Name of Building Owner/Operator (2)
Princeton University-Office of Design and Construction

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

Type Notification
☒ Initial
☒ Amended
☐ Amendment #6-5/2/14
☐ Emergency (including justification)
☐ Cancellation

Street Address
200 Elm Dr.

City, State, Zip Code
Princeton, NJ 08544

Name of Contact
Robert Ortega

Facility Information

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

Street Address
Washington Rd

City (5)
Princeton

County (6)
MERCER

County Code (?)(STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (3)
ATC Associates Inc.

ASCM No.

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

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

Project Manager for Monitoring Firm
Michael Keehn

Telephone No.
609-386-8800

Telephone No.
215-788-6040

License No.
00509

Start Date (10)
02 / 05 / 14

Scheduled Completion Date (11)
ON HOLD

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL, INC.

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: 6:30AM-3:00PM/4:00PM-7:00AM

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 If
☐ ≥160 sf or ≥280 If

☒ Renovation
☐ Demolition

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

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

Throughout Levels C, B and A
☐ ☒ ☐ ☐

Floor tile and mastic
1,465 SF

Office A-7J
☐ ☐ ☐ ☐

Window Caulk
96 LF

Throughout Levels C, B and A
☐ ☐ ☒ ☐

Duct work
1775 SF

Name of Registered Waste Hauler
SERVICE TRANSPORT GROUP INC

NJDEP Waste Hauler ID No.
20990

Cubic Yards of Waste

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

City, State
NEW CASTLE, DE

Disposal Date

City, State
MORRISVILLE, PA 19087

Completed By (Print or Type)
Brian Scafrone

Title
Estimator

Signature

Date
5/2/14

*Do not use this form for asbestos licensure exempted activities.
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 6:16)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>01 / 15 / 14</th>
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</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
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<tbody>
<tr>
<td>□ EPA</td>
</tr>
<tr>
<td>✗ DOLWD</td>
</tr>
<tr>
<td>□ DHSS</td>
</tr>
<tr>
<td>□ DCA (NJAC 5:23-8)</td>
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<table>
<thead>
<tr>
<th>Type Notification</th>
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</thead>
<tbody>
<tr>
<td>□ Initial</td>
</tr>
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<td>□ Amended</td>
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<tr>
<td>□ Amendment #5-4/25/14</td>
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<tr>
<td>□ Emergency (including justification)</td>
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<td>□ Cancellation</td>
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<table>
<thead>
<tr>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Princeton University-Office of Design and Construction</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Street Address</th>
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</thead>
<tbody>
<tr>
<td>200 Elm Dr.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
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<tbody>
<tr>
<td>Princeton, NJ 08544</td>
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<table>
<thead>
<tr>
<th>Name of Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Robert Ortaga</td>
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<table>
<thead>
<tr>
<th>Telephone Number</th>
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<tr>
<td>4</td>
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**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
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<tbody>
<tr>
<td>Princeton University-Firestone Library</td>
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<table>
<thead>
<tr>
<th>Street Address</th>
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<tbody>
<tr>
<td>Washington Rd</td>
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<table>
<thead>
<tr>
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<tbody>
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<td>Princeton</td>
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<table>
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<table>
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<th>County Code (*) (STATE USE ONLY)</th>
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<table>
<thead>
<tr>
<th>Current Use (Prior if being demolished)</th>
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<tbody>
<tr>
<td>Library</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ATC Associates Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ASCM No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASCM No.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>BRISTOL ENVIRONMENTAL, INC.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
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<tbody>
<tr>
<td>1123 BEAVER STREET</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>BRISTOL, PA 19007</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
</tr>
</thead>
<tbody>
<tr>
<td>Michael Keehn</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone No.</th>
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<tbody>
<tr>
<td>609-386-8800</td>
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<table>
<thead>
<tr>
<th>License No.</th>
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<tbody>
<tr>
<td>00509</td>
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<table>
<thead>
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<th>Start Date (10)</th>
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<tbody>
<tr>
<td>2 / 5 / 14</td>
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<table>
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<tr>
<th>Scheduled Completion Date (11)</th>
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<tbody>
<tr>
<td>5 / 2 / 14</td>
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</tbody>
</table>

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

- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [x] Abatement Performed Outside of Normal Facility Hours - Describe
  - Time of Abatement: 6:30AM-3:00PM/___PM-____AM

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
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<tbody>
<tr>
<td>[x] ≥25 sf or ≥250 sf</td>
</tr>
<tr>
<td>[x] Renovation</td>
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<tr>
<td>[ ] Demolition</td>
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</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>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>Floor tile and mastic</td>
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<table>
<thead>
<tr>
<th>Office A-7J</th>
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</thead>
<tbody>
<tr>
<td>Window Caulk</td>
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<thead>
<tr>
<th>Throughout Levels C, B and A</th>
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<tbody>
<tr>
<td>Duct work</td>
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**Name of Registered Waste Hauler**

<table>
<thead>
<tr>
<th>SERVICE TRANSPORT GROUP INC</th>
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<table>
<thead>
<tr>
<th>NJDEP Waste Hauler ID No. 20950</th>
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<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
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<tbody>
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<td></td>
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</table>

**Name of Registered Landfill**

<table>
<thead>
<tr>
<th>G.R.O.W.S. NORTH LANDFILL</th>
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<table>
<thead>
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<th>City, State</th>
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<table>
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<tbody>
<tr>
<td>Brian Scahiro</td>
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<table>
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<tbody>
<tr>
<td>Estimator</td>
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<table>
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<tr>
<th>Signature</th>
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<tbody>
<tr>
<td>[Signature]</td>
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<table>
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<tr>
<td>MAY 11 2014</td>
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**Note:** 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

<table>
<thead>
<tr>
<th>01</th>
<th>15</th>
<th>14</th>
</tr>
</thead>
</table>

#### Name of Building Owner/Operator

Princeton University-Office of Design and Construction

#### Street Address

200 Elm Dr.

#### City, State, Zip Code

Princeton, NJ 08544

#### Name of Contact

Robert Ortega

#### Telephone Number

MAY 8, 2014

### FACILITY INFORMATION

#### Name of Facility Where Abatement is Taking Place

Princeton University-Firestone Library

#### Street Address

Washington Rd

#### City

Princeton

#### County

MERGER

#### County Code

STATE USE ONLY

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

Library

#### Name of Monitoring Firm Hired by Building Owner

ATC Associates Inc.

#### ASCM No.

Name of Abatement Contractor

BRISTOL ENVIRONMENTAL, INC.

#### Street Address

1123 BEAVER STREET

#### City, State, Zip Code

BURLINGTON, NJ 08016

#### Project Manager for Monitoring Firm

Michael Keheh

#### Telephone No.

609-386-8800

#### Start Date

2 / 5 / 14

#### Scheduled Completion Date

4 / 25 / 14

#### Occupancy Status During Abatement

- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 6:30AM-3:00PM/ 3:00PM- 6:00AM

#### Scope of Work

- [ ] ≥ 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**

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>SERVICE TRANSPORT GROUP INC</td>
</tr>
</tbody>
</table>

#### Cubic Yards of Waste

G.R.O.W.S. NORTH LANDFILL

#### Name of Registered Landfill

NEW CASTLE, DE

#### City, State

MORRISVILLE, PA 19067

#### Completed By (Print or Type)

Brian Scafiro

#### Title

Estimator

#### Signature

Brian Scafiro

#### Date

4/16/14

---

*Do not use this form for asbestos abatement.

---

*Form ASB-41*

---

*May 11, 2014 154003-B*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)
01 / 15 / 14

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

Agency Notified
☐ EPA
☐ DOLWD
☐ DHSS
☐ DCA (NJAC 5:23-8)

Type Notification
☐ Initial
☐ Amended
☐ Amendment #3-4/3/14
☐ Emergency (including justification)
☐ Cancellation

Street Address
200 Elm Dr.

City, State, Zip Code
Princeton, NJ 08544

Name of Contact
Robert Ortega

Telephone Number

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

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

Square Feet

# of Floors

Bidg. Age

Name of Monitoring Firm Hired by Building Owner (8)
ATC Associates Inc.

ASCM No.

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

Street Address
Three Terri Center

City, State, Zip Code
Burlington, NJ 08016

Project Manager for Monitoring Firm
Michael Keen

Telephone No.
609-386-8800

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)
2 / 5 / 14

Scheduled Completion Date (11)
4 / 18 / 14

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: 8:30AM-3:00PM/ PM-AM

Scope of Work (Check all that apply)
☐ Renovation
☒ Demolition

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

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

(13)

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

Endorse

Repair
Removal

Location
Throughout Levels C, B and A
Office A-TJ
Throughout Levels C, B and A

Name of Registered Waste Hauler
SERVICE TRANSPORT GROUP INC

NJDEP Waste Hauler ID No.
20990

Cubic Yards of Waste

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

City, State
NEW CASTLE, DE

Morrisville, PA 19007

Completed By (Print or Type)
Brian Scafiro

Title
Estimator

Signature
Date

Disposal Date

City, State
# State of New Jersey
## NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 5:80 and 5:16)

### Date of Notification (1)
01 / 15 / 14

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

**Street Address**
200 Elm Dr.

**City, State, Zip Code**
Princeton, NJ 08544

**Telephone Number**

### Name of Facility Where Abatement is Taking Place (3)
Princeton University-Firestone Library

**FACILITY INFORMATION**

**Street Address**
Washington Rd

**City, State, Zip Code**
Princeton, NJ 08544

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

**ASCM No.**

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

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

**Street Address**
1123 BEAVER STREET

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

**Telephone No.**
609-385-8800

**License No.**
215-788-6040

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

**Street Address**
1123 BEAVER STREET

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

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

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

- [ ] ≥ 3 sf or ≥ 23 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)**

- [ ] Throughout Levels C, B and A
- [ ] Office A-7J
- [ ] Throughout Levels C, B and A

**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)**

- [ ] Floor tile and mastic
- [ ] Window Caulk
- [ ] Duct work
- [ ] Other

**Amount (Specify SF or LF)**

- [ ] 1,465 SF
- [ ] 96 LF
- [ ] 1775 SF

**Abatement Type**

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

**Title**
Estimator

**Signature**

**City, State**
NEW CASTLE, DE

**Disposal Date**

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

**City, State**
MORRISVILLE, PA 19067
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 8:16)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>01 / 15 / 14</th>
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</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Princeton University-Office of Design and Construction</td>
</tr>
<tr>
<td>Street Address</td>
<td>200 Elm Dr.</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Princeton, NJ 08544</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Robert Ortiza</td>
</tr>
</tbody>
</table>

FACILITY INFORMATION

| Name of Facility Where Abatement is Taking Place (3) | Princeton University-Firestone Library |
| Street Address | Washington Rd |
| City | Princeton |
| County | MERCER |

Name of Monitoring Firm Hired by Building Owner (8) | ATC Associates Inc. |
| Street Address | Three Terri Center |
| City, State, Zip Code | Burlington, NJ 08016 |

Project Manager for Monitoring Firm | Michael Keehn |
| Telephone No. | 609-385-8800 |

Start Date (10) | 4/15/14 |
| Scheduled Completion Date (11) | 4/14/14 |

Occupancy Status During Abatement (Check only one) |
- Facility Closed/Vacated During Entire Period of Abatement |
- Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:00PM/PM-AM |

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

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
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<tbody>
<tr>
<td>Floor tile and mastic</td>
<td>1,466 SF</td>
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</tr>
<tr>
<td>Window Caulk</td>
<td>96 LF</td>
<td>☒</td>
</tr>
<tr>
<td>Duct work</td>
<td>1776 SF</td>
<td>☒</td>
</tr>
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</table>

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>InA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Throughout Levels C, B and A</td>
<td>☒</td>
<td>☒</td>
<td>☒</td>
</tr>
<tr>
<td>Office A-7-J</td>
<td>☒</td>
<td>☒</td>
<td>☒</td>
</tr>
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<td>Throughout Levels C, B and A</td>
<td>☒</td>
<td>☒</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 | G.R.O.W.S. NORTH LANDFILL |
| City, State | MORRISVILLE, PA 19067 |

Completed By (Print or Type) | Brian Scaffo |
| Title | Estimator |
| Signature | |
| Date | |
### Notification of Asbestos Abatement

**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 8:16)

**Date of Notification (1)**
01 / 15 / 14

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

**Street Address**
200 Elm Dr.

**City, State, Zip Code**
Princeton, NJ 08544

**Name of Contact**
Robert Ortega

**Telephone Number**

### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place (3)**
Princeton University-Firestone Library

**Street Address**
Washington Rd

**City (5)**
Princeton

**County (6)**
MERcer

**Name of Monitoring Firm Hired by Building Owner (8)**
ATC Associates Inc.

**Street Address**
Three Terri Center

**City, State, Zip Code**
Burlington, NJ 08016

**Project Manager for Monitoring Firm**
Michael Knecht

**Telephone No.**
609-396-8900

**License No.**
215-792-9004

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

**Street Address**
1123 BEAVER STREET

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

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

**Street Address**
1123 BEAVER STREET

**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 Time of Abatement: 7:00AM-5:00PM - PM - AM

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

- [ ] 25 or 253
- [ ] 2560 or 2250
- [ ] Demolition
- [ ] Renovation

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

<table>
<thead>
<tr>
<th>TO BE ABATED</th>
<th>IS Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>IN Facility</td>
<td>(13)</td>
<td>(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td></td>
</tr>
<tr>
<td>Throughout Levels C, B and A</td>
<td>No</td>
<td>Floor tile and mastic</td>
<td><strong>1,483 SF</strong></td>
</tr>
<tr>
<td>Office A-T-J</td>
<td>No</td>
<td>Window Caulk</td>
<td><strong>96 LF</strong></td>
</tr>
<tr>
<td>Throughout Levels C, B and A</td>
<td>No</td>
<td>Duct work</td>
<td><strong>1776 SF</strong></td>
</tr>
</tbody>
</table>

### Name of Registered Waste Hauler

**SERVICE TRANSPORT GROUP INC**

**City, State**
NEW CASTLE, DE

**NJ/DEP Waste Hauler ID No.**
20900

**Cubic Yards of Waste**

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

**City, State**
MORRISVILLE, PA 19067

**Disposal Date**

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

**Title**
Estimator

**Signature**