State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60 and 12:120)

D&S Proj. #: MS 12-169

Date of Notification (1)
10 15 1/11 10 1 2

Name of Building Owner/Operator (2)
KAY POGGIOLI

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

Type Notification
- Initial
- Amended
- Emergency
- Cancellation

Amendment #:___

Name of Contact
KAY POGGIOLI

Street Address
159 SOUTH IRVING STREET

City, State, Zip Code
RIDGEWOOD, NJ 07450

Square Foot # of Floors

Telephone Number

Type of Facility (4)
- School (K-12)
- Subchapter 8 (Other than K-12)
- Other (Private/Commercial
  Buildings, Homes, etc.)

Location of asbestos-containing material (acm) to be
abated in facility (13)

Location normally used solely by
maintenance/custodial
staff(12)

Description of asbestos-containing
material (ACM)
PIPE INSULATION

Amount (Specify SF or
LF)
300 L FT

Full Containment w/negative pressure
- Mini-enclosure
- Glovebag procedure
- Non-Exempted (*) and Non-friable procedure

Registered Waste Hauler
D & S RESTORATION, INC.

NJDEP Hauler ID: 13506

Cubic Yards of Waste
3 YDS

Name of Registered Landfill
TULLYTOWN, RESOURCE RECOVERY

City, State
PATRICK, NJ 07503

Disposal Date
05/25/12

Completed by (Print or Type)
BOGDAN JORDZIC

Title
PRESIDENT

Signature

Date
05/10/12

*Do not use this form for asbestos removal activities.
**State of NJ**
**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>05/19/12</td>
<td>ERIC DEPOWSKI</td>
</tr>
</tbody>
</table>

- **Agencies Notified**
  - ☑ DOL (Emergency)
  - ☑ DOH
  - ☑ DCA

- **Type Notification**
  - ☑ Initial
  - ☑ Amended
  - ☑ Amendment #:

- **City, State, Zip Code**
  - WASHINGTON TWP, NJ

- **Name of Contact**
  - ERIC DEPOWSKI

- **Telephone Number**

### FACILITY INFORMATION

**Name of facility where abatement is taking place (3)**

**ERIC DEPOWSKI**

**Street Address**

263 STANDISH ROAD

**City (5)**

WASHINGTON

**County (6)**

BERGEN

**County Code (7) (State use only)**

**Type of Facility (4)**

- ☑ School (K - 12)
- ☑ Subchapter 8 (Other than K-12)
- ☑ Other (Private/Commercial Bldgs./Homes, etc.)

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

- **Name of Abatement Contractor (9)**
  - D & S RESTORATION, INC.

- **Street Address**
  - 20 California Ave.

- **City, State, Zip Code**
  - Paterson, NJ 07503

- **Telephone Number**
  - 973-345-8020

- **License Number**
  - 00159

**Name of OSHA Monitor**

D & S Restoration, Inc.

**Street Address**

20 California Avenue

**City, State, Zip Code**

Paterson, NJ 07503

- **Start Date (10)**
  - 05/30/12

- **Sched. Completion Date (11)**
  - 06/15/12

- **Occupancy Status During Abatement (Check only one)**
  - ☑ Facility closed/vacated during entire period of abatement.
  - ☑ Abatement performed outside of normal facility hours- Describe: NORMAL HOURS

- **Scope of Work (check all that apply)**
  - ☑ >3 sf or >3 lf
  - ☑ Renovation
  - ☑ Demolition

- **Location of asbestos-containing material (acm) to be abated in facility (13)**

- **Description of asbestos-containing material (ACM)**

<table>
<thead>
<tr>
<th>Location</th>
<th>Description</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>BASEMENT BOILER</td>
<td>PIPE INSULATION</td>
<td>70 LF</td>
</tr>
<tr>
<td>BASEMENT</td>
<td>BOILER INSULATION</td>
<td>45 SF FT</td>
</tr>
</tbody>
</table>

- **Registered Waste Hauler**
  - D & S RESTORATION, INC.
    - NJDEP Hauler Id# 13506
    - Cubic Yards of Waste 2 YDS

- **Name of Registered Landfill**
  - TULLYTOWN, RESOURCE RECOVERY

- **City, State**
  - TULLYTOWN, PA

- **Disposal Date**
  - 06/01/12

- **Completed by (Print or Type)**
  - BOGDAN JOLDZIC

- **Title**
  - PRESIDENT

- **Signature**

- **Date**
  - 05/09/12
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)

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

Name of Building Owner/Operator (2)
CHUCK & MARY JANE BAINBRIDGE

Street Address
96 HOPPER AVENUE

City, State, Zip Code
WALDWICK, NJ

Name of Contact

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

CHUCK AND MARY JANE BAINBRIDGE

Type of Facility (4)
- School (K - 12)
- Subchapter 8 (Other than K-12)
- Other (Private/Commercial Bldgs./Homes, etc.)

Square Feet

# of Floors

Bldg. Age

Name of Monitoring Firm Hired by Bldg. Owner (6)

Name of Abatement Contractor (9)

D & S RESTORATION, INC.

Street Address
20 California Ave.

City, State, Zip Code
Paterson, NJ 07503

Telephone Number
973-345-8020

License Number
00159

Name of OSHA Monitor

D & S Restoration, Inc.

Street Address
20 California Avenue

City, State, Zip Code
Paterson, NJ 07503

Occuption Status During Abatement (Check only one)
- Facility closed/vacated during entire period of abatement.
- Abatement performed outside of normal facility hours.
- Other-Describe: NORMAL HOURS

Scope of Work (check all that apply)
- >3 sf or >3 ft
- Renovation
- >160 sf or >260 ft
- Demolition

Location of asbestos-containing material (acm) to be abated in facility (13)

<table>
<thead>
<tr>
<th>Location of asbestos-containing material (acm) to be abated in facility (13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>PIPE INSULATION</td>
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</tbody>
</table>

Registered Waste Hauler

D & S RESTORATION, INC.

City, State
Paterson, NJ 07503

Cubic Yards of Waste
2 YDS

Name of Registered Landfill
TULLYTOWN, RESOURCE RECOVERY

City, State
TULLYTOWN, PA

Disposal Date
05/22/12

Completed by (Print or Type)
Bogdan Joldzic

Title
President

Signature

Date
05/10/12

* Do not use this form for asbestos licensure exempted activities.
**Notification of Asbestos Abatement**
(Pursuant to NJAC 8:60 and 12:120)

**State of NJ**

### Date of Notification (1)
- 01/11/12

### Name of Building Owner/Operator (2)
- RANDI SARA

### Street Address
- 10 WASHINGTON AVENUE

### City, State, Zip Code
- GRIGGSTOWN, NJ 08540

### Name of Contractor
- RANDI SARA

### Name of Monitoring Firm Hired by Bldg. Owner (8)
- ASCM No.

### Type of Facility (4)
- School (K - 12)
- Subchapter 8 (Other than K-12)
- Other (Private/Commercial Bldgs./Homes, etc.)

### Square Feet
- 30 SQ FT

### Name of Abatement Contractor (9)
- D & S RESTORATION, INC.

### Street Address
- 20 California Ave.

### License Number
- 00159

### Name of OSHA Monitor
- D & S Restoration, Inc.

### Street Address
- 20 California Avenue

### City, State, Zip Code
- Paterson, NJ 07503

<table>
<thead>
<tr>
<th>Description of asbestos-containing material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>R</th>
<th>E</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>BOILER</td>
<td>30 SQ FT</td>
<td></td>
<td></td>
<td></td>
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</table>

### Location of asbestos-containing material (acm) to be abated in facility (13)
- Yes
- No
- N/A

### Scope of Work (check all that apply)
- Renovation
- Demolition

### Occupancy Status During Abatement (Check only one)
- Facility closed/evacuated during entire period of abatement.
- Abatement performed outside of normal facility hours:
- Other

### Project Manager for Monitoring Firm
- Phone Number

### Start Date (10)
- 05/22/12

### Sched. Completion Date (11)
- 05/31/12

### Disposal Date
- 05/23/12

### Registered Waste Hauler
- NJDEP Hauler ID#
- 13506

### Cubic Yards of Waste
- 1 YD

### Name of Registered Landfill
- TULLYTOWN, RESOURCE RECOVERY

### City, State
- TULLYTOWN, PA

### Completed by (Print or Type)
- BOGDAN JOLDZIC

### Title
- PRESIDENT

### Signature
- Date
- 05/10/12
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (10)
10/25/12

Name of Building Owner/Operator (2)
MICHAEL TCHEYAN

Street Address
54 LENOX ROAD

City, State, Zip Code
SUMMIT, NJ 07901

Name of Contact
MICHAEL TCHEYAN

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

MICHAEL TCHEYAN

Street Address
54 LENOX ROAD

City (5) County (6) County Code (7) (State use only)
SUMMIT UNION

Name of Monitoring Firm Hired by Bldg. Owner (9)
ASCM No.

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm

Phone Number

Start Date (10) Sched. Completion Date (11)
05/16/12 05/25/12

Occupancy Status During Abatement (Check only one)
Facility closed/evacuated during entire period of abatement.
Abatement performed outside of normal facility hours.
Other-Describe: NORMAL HOURS

Scope of Work (check all that apply)

Renovation

Location of asbestos-containing material (ACM) to be abated in facility (13)

Description of asbestos-containing material (ACM)

Amount (Specify SF or LF)


<table>
<thead>
<tr>
<th>Location of asbestos-containing material (ACM)</th>
<th>Description of asbestos-containing material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CRAWL SPACE 1 BASEMENT</td>
<td>PIPE INSULATION</td>
<td>63 sq. ft.</td>
</tr>
<tr>
<td>CRAWL SPACE 2 BASEMENT</td>
<td>PIPE INSULATION</td>
<td>28 sq. ft.</td>
</tr>
</tbody>
</table>

Registered Waste Hauler
D & S RESTORATION, INC.

Disposal Date
05/09/12

Name of Registered Landfill
TULLYTOWN, RESOURCE RECOVERY

City, State
PATerson, NJ 07503

Compiled by (Print or Type) Bogdan Iovanic
Date
05/09/12

* Do not use this form for asbestos lichen removal activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:69-12:120)

Date of Notification (1): 05/09/2012
Name of Building Owner/Operator (2): Township of Cranford

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

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

Street Address: 8 Springfield Avenue
City, State, Zip Code: Cranford, NJ 07016
Name of Contact: Sandra Caceres-Cardenas
Telephone Number: 888-305-1204

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

Street Address: 8 Springfield Avenue
City: Cranford
County: Union
County Code: [STATE USE ONLY] 0010

Name of Monitoring Firm Hired by Building Owner (5):
RK Occupational
ASCN No. 0090

Name of Abatement Contractor (6):
VMC Company, Inc.

Street Address: 208 Plaget Ave.
City, State, Zip Code: Clifton, NJ 07011

Project Manager for Monitoring Firm:
Jonathan Gilbert
Telephone No. 856-768-8414

Start Date (10): 05/23/2012
Scheduled Completion Date (11): 06/04/2012

License No. 00704

Name of OSHA Monitor: N/A

Occupy 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):
- [ ] ≥30 ft or ≥3 If
- [x] ≥160 sf or ≥260 lf
- [x] Renovation
- [x] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Filter Procedure

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

<table>
<thead>
<tr>
<th>Location of ACM</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of ACM (i.e., thermal systems insulation, surface, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boiler Room</td>
<td>[x]</td>
<td>Boiler/Tank/Breach insulation</td>
<td>535SF</td>
<td>x</td>
</tr>
<tr>
<td>Boiler Room</td>
<td>[x]</td>
<td>Pipe Fitting insulation</td>
<td>85LF</td>
<td>x</td>
</tr>
<tr>
<td>Lower Hall</td>
<td>[x]</td>
<td>Duct insulation</td>
<td>180SF</td>
<td>x</td>
</tr>
<tr>
<td>Mechanical Room</td>
<td>[x]</td>
<td>Pipe Fitting insulation</td>
<td>30LF</td>
<td>x</td>
</tr>
<tr>
<td>Health Room</td>
<td>[x]</td>
<td>Pipe Fitting insulation</td>
<td>45LF</td>
<td>x</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler:
Newark Carting Inc.
NJDEP Waste Hauler ID No. 05049
Cubic Yards of Waste: GROWS

City, State: Newark, NJ
Disposal Date: City, State: Morrisville, PA

Completed by:
Voytek Roszkowski
Title: President
Signature:
Date: 05/09/2012

* 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)

Job #: 1205-1643
Check #: 2699

Date of Notification (1) 5/11/12

Name of Building Owner / Operator (2)
New Jersey State Police

Agencies Notified Type Notification
☑ EPA
☑ DEP
☑ DOL
☑ DOH
☑ DCA
☑ Initial
☑ Amended
☑ Emergency
☑ Cancellation

Street Address
341 Espanong Road
Lake Hopatcong, NJ 07849

Name of Contact
Mr. Frank Solits

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Marine Station
341 Espanong Road

City (5) Lake Hopatcong
County (6) Morris
County Code (7) 08886

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

Square Feet
1300

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

Vacant Property

Name of OSHA Monitor
EMSL Analytical

City, State & Zip Code
Hainesport, NJ 08036

Telephone Number
609-702-0400

License Number
00862

Project Manager for Monitoring Firm
Dave or Steve Flanigan

Street Address
3859 Sylon Blvd.

Telephone Number
856-848-0800

City, State & Zip Code
Westmont, NJ 08108

Scheduled Start Date (10)
5/21/12

Scheduled Completion Date (11)
5/23/12

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

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

Location of Asbestos-Containing Material (ACM)

TO BE ABATED in Facility (13)

Marine Station

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

Yes No N/A

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

Floor Tile and Mastic 500 SF

Amount (Specify SF or LF)

Abatement Type

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

Name of Registered Waste Hauler
Horizon Disposal

Cubic Yards of Waste
5

Name of Registered Landfill
GROWS

Disposal Date
5/24/12

City, State
Morrisville, PA

Completed By (Print or Type)
Kim Trumbetti

Title
Admin.

Date
5/11/12
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:20)

Date of Notification (1)
05/10/2012

Name of Building Owner/Operator (2)
Bergen County Technical Schools

Address
Street Address
327 East Ridgewood Avenue
City, State, Zip Code
Paramus, NJ 07652

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Bergen County Technical School

Street Address
504 Rouye 46
City (5)
Teterboro

County Code (7) (STATE USE ONLY)


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

Name of Abatement Contractor (9)
VMC Company, Inc

Street Address
1253 North Church Road

City, State, Zip Code
Moorestown, NJ 08057

Telephone No.
856-840-8815

License No.
00704

Name of OSHA Monitor
N/A

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

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

In Facility

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

Various Locations

Yes
No
N/A

Floor mastic

Amount (Specify SF or LF)
1200SF

Abatement Type

Full Containment with Negative Pressure

Removal
Repair
Enclosure

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

Name of Registered Waste Hauler
Newark Carting Inc

Cubic Yards of Waste

Name of Registered Landfill
GROWS

City, State
Newark, NJ

Completed by
Vojtek Roszkowski

Title
President

Signature

Date
05/10/2012

* 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)**
05/11/2012

**Name of Building Owner / Operator (2)**
Graham Foods Packaging

**Street Address**
2401 Pleasant Valley Road
City, State & Zip Code
York, PA 17402

**Name of Contact**
Kevin Morrison

**Telephone Number**
RECEIVED
MAY 15 2012

---

### FACILITY INFORMATION

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

**Street Address**
600 5th Street

**City (5)**
Belvidere

**County (6)**
Warren

**County Code (7)**
NA

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

**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**
90k production
60k warehouse

**# of Floors**
1

**Bldg. Age**
70 years

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

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

**Street Address**
3859 Sylon Blvd.

**City, State & Zip Code**
Hainesport, NJ 08036

**Telephone Number**
609-702-0400

**License Number**
00862

**Name of OSHA Monitor**
EMSL Analytical

**Street Address**
107 Haddon Ave.

**City, State & Zip Code**
Westmont, NJ 08108

---

### OCCUPANCY STATUS DURING ABATEMENT

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

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

---

### ABATEMENT TYPE

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

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

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

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

**Abatement Type**
- [ ] Removal
- [ ] Repair
- [ ] Encapsulate
- [ ] Enclosure

---

### WASTE INFORMATION

**Name of Registered Waste Hauler**
NJDEP Waste Hauler ID No. 226112

**Cubic Yards of Waste**
4

**Name of Registered Landfill**
GROWS

**City, State**
Morrisville, PA

**Disposal Date**
5/21/12

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

**Title**
Admin.

**Signature**

**Date**
5/11/12
DATE OF NOTIFICATION: 05/04/12

NAME OF BUILDING OWNER / OPERATOR: NBC

ADDRESS: 1242 W-30 ROCKEFELLER PLAZA

CITY, STATE, ZIP CODE: NEW YORK, NY 10112

NAME OF CONTACT: VINCENT LACERRA

ADDRESS: 60 SELLARS STREET

CITY, COUNTY, STATE: KEARNY, HUDSON, NEW JERSEY

NUMBER OF FLOORS: N/A

BUILDING AGE: 50+

NAME OF FACILITY WHERE ABATEMENT IS TAKING PLACE: 60 SELLARS STREET

TYPE OF FACILITY: STORAGE

NAME OF ABATEMENT CONTRACTOR: LVI Environmental Services Inc.

ADDRESS: 462 GETTY AVENUE

CITY, STATE: CLIFTON, NJ 07011

LICENSE NUMBER: 973-772-3560

ASCM NO: 00117

NAME OF MONITORING FIRM HIRED BY BLDG. OWNER: LEA ENVIRONMENTAL

ADDRESS: 901 ROUTE 168, SUITE 405

CITY, STATE, ZIP CODE: TURNERSVILLE, NJ 08012

TELEPHONE NUMBER: 856-262-2335

SCHEDULED START DATE: 06/18/12

SCHEDULED COMPLETION DATE: 07/06/12

OCCUPANCY STATUS DURING ABATEMENT: Facility Closed/Vacated During Entire Period of Abatement

NAME OF OSHA MONITOR: LVI Environmental Services Inc.

ADDRESS: 462 GETTY AVENUE

CITY, STATE: CLIFTON, NJ 07011

SCOPE OF WORK:
- Demolition
- 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:

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/ Custodial Staff (12)</th>
<th>Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Asbestos Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES NO N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

STORAGE UNITS 1 - 19: 23,000 SF

NAME OF REGISTERED WASTE HAULER: NEWARK CARTING

CUBIC YARDS OF WASTE: 4508

NAME OF REGISTERED LANDFILL: I.E.S.I.

DISPOSAL DATE: BETHLEHEM, PA

COMPLETED BY: STEVEN STILES

TITLE: PROJECT MANAGER

SIGNATURE: 

DATE: 05/14/12
STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:60-7 AND 12:120-7
ANNUAL NOTIFICATION)

Date of Notification (1)
05 / 04 / 12

Name of Building Owner / Operator (2)
NBC

Street Address
1242 W-30 ROCKEFELLER PLAZA

City, State, Zip Code
NEW YORK, NY 10112

Name of Contact
VINCENT LACERRA

Phone Number
148

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
60 SELLARS STREET

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

Square Feet
N/A

Building Age
50 +

Current Use (Prior if being demolished)
STORAGE

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

Name of Abatement Contractor (9)
LVI Environmental Services Inc.

Street Address
801 ROUTE 168, SUITE 405

City, State, Zip Code
TURNERSVILLE, NJ 08012

Project Mgr. For Monitoring Firm
TIFFANY WOLF

Telephone Number
856-262-2335

Clifton, NJ 07011

Name of OSHA Monitor

Street Address
462 Getten Avenue

City, State, Zip Code
CLIFTON, NJ 07011

Occupy Status During Abatement (Check Only 1)
□ Facility Closed/Vacated During Entire Period of Abatement
□ Abatement Performed Outside of Normal Facility Hours - Describe: 7:00AM-3:30PM
□ Other - Describe: __

Scope of Work (Check All That Apply)
□ Demolition
□ Renovation
□ Full Containment with Negative Pressure
□ ≥360 sf or ≥60 ft
□ Glovebag Procedure
□ Non-Exempt (*) and Non-Friable Procedure

Location of Asbestos Containing Material (ACM) TO BE ABATED

Location

Described of Asbestos - Containing Material (ACM)

Amount

Abatement Type

Location of Asbestos Containing Material (ACM) TO BE ABATED

Is Location

(ACM)

(Let: thermal systems insulation, surfacing, VAT, or other miscellaneous)

Removal

Encapsulation

STORAGE UNITS 1 - 19

Name of Registered Waste Hauler
NEWARK CARTING

Cubic Yards
23,000 SF

Name of Registered Landfill
BETHLEHEM, PA

Completed by (Print or Type)
STEVEN STILES

Signature

Date
05/04/12
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:59 and 12:120)

Date of Notification (1) 5/14/12

Name of Building Owner/Operator (2) Simon Properties

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

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

Street Address 150 Quakerbridge Mall

City, State, Zip Code Lawrenceville, NJ 08648

Name of Contact Allen W Weber

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Mall Space #2010 and #2012

Street Address 150 Quakerbridge Mall

City (5) Lawrenceville

County (6) Mercer

County Code (7) [STATE USE ONLY]

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

Name of Abatement Contractor (9)
ecoservices, LLC

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

Square Feet 1,000,000

# of Floors 2

Bldg. Age 40+

Current Use (Prior to being demolished)
commercial property

Project Manager for Monitoring Firm Tony Alessandrini

Telephone No. 610-755-7563

License No. 01161

Name of OSHA Monitor EMSL

Start Date (10) 5/15/12

Scheduled Completion Date (11) 6/1/12

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

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
<th>Is Location Normally Used Solely by Maintenance/ Custodial Staff?</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>Space 2012</td>
<td>[x]</td>
<td>ceramic floor tile grout</td>
<td>2200 x</td>
</tr>
<tr>
<td>Space 2012</td>
<td>[x]</td>
<td>floor tile</td>
<td>450 x</td>
</tr>
<tr>
<td>Space 2010</td>
<td>[x]</td>
<td>Joint Compound on Wallboard</td>
<td>5000 x</td>
</tr>
<tr>
<td>Space 2010</td>
<td>[x]</td>
<td>Floor Tile and Mastic</td>
<td>300 x</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler WM of Central NJ

Cubic Yards of Waste 100

Name of Registered Landfill GROWS

Disposal Date TBD

City, State Morristown, NJ

Completed by Jack Bally Title Senior Project Manager Signature

Do not use this form for asbestos license use exempted activities.
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 12:120)

Date of Notification (1)
April 27, 2012

Name of Building Owner/Operator (2)
Tom Morrisroe

Agencies Notified

- EPA
- DEP
- DOL
- DOH
- DCA

Type Notification

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

Street Address
83 Hixon Place

City, State, Zip Code
South Orange, NJ 07079

Name of Contact
Tom Morrisroe

FACILITY INFORMATION

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

Street Address
83 Hixon Place

City (5)
South Orange

County Code (7)
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 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

Project Manager for Monitoring Firm

Telephone No.
973-345-8685

License No.
#00675

Start Date (10)
5/10/12

Scheduled Completion Date (11)
5/11/12

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 ≥ 300 sf
- ≥ 160 sf or ≥ 260 sf
- Demolition
- 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

Name of Registered Waste Hauler

D&S Abatement, Inc.

NDEP 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 Brikusnin

Title
Project Manager

Signature

Date
4/27/12

* Do not use this form for asbestos licensure exempted activities.
# State of New Jersey
## Notification of Asbestos Abatement
(Pursuant to NJAC 8:30 and 12:120)

### Date of Notification (1)
5/10/12

### Name of Building Owner/Operator (2)
Marcia Baulch, ESTATE

### Street Address
97 Spring Hollow Road

### City, State, Zip Code
Fair Hills, NJ 07931

### Name of Owner
Jim Walsh

### Name of Facility Where Abatement is Taking Place (3)
Baulch Estate

### Street Address
97 Spring Hollow Road

### City
Fair Hills

### County
Somerset

### Type of Facility (4)
Demolition

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

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

### Street Address
AASC Contracting Inc.

### City, State, Zip Code
105 Lowell Road, Glen Rock, NJ 07452

### Project Manager for Monitoring Firm
Telephone No.

### Telephone No.
201-202-2941

### License No.
000166

### Name of Abatement Contractor (9)
Omega Environmental Services Inc.

### Street Address
290 Hyer Street, Hackensack, NJ 07606

### Occupancy Status During Abatement (Check Only One)
Facility Closed/Vacated During Entire Period of Abatement

### Start Date (10)
5/10/12

### Scheduled Completion Date (11)
5/12/12

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

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely Maintenance/Custodial Staff (12)</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal system insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specific SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>basement</td>
<td>x</td>
<td>Insulation</td>
<td>64.5 SF</td>
</tr>
<tr>
<td>x</td>
<td></td>
<td>Pipe</td>
<td>8 LF</td>
</tr>
</tbody>
</table>

### Name of Registered Waste Hauler

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJ/DEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>R. McDonald</td>
<td>20785</td>
<td>5</td>
<td>IESI PA Bethlehem Landfill Corp.</td>
</tr>
</tbody>
</table>

### Completed by
R. McDonald

### Title
President

### Signature
[Signature]

### Date
5/10/12

*Do not use this form for asbestos license exempted activities.*
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>05 / 09 / 12</th>
</tr>
</thead>
</table>

**Name of Building Owner/Operator (2)**
Avantor Performance Materials

**Name of Facility Where Abatement is Taking Place (3)**
Avantor Performance Materials - Building 135

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

**Square Feet**
4000

**# of Floors**
1

**Bldg. Age**
60

**Name of Monitoring Firm Hired by Building Owner (8)**
Health & Safety Services, Inc.

**ASCM No.**

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

**Street Address**
550 East Union Street

**City, State, Zip Code**
West Chester, PA 129382

**Telephone No.**
610-701-9000

**License No.**
00508

**Name of OSHA Monitor**
Vertex Engineering

**Key Information**

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

**Scope of Work (Check all that apply)**
☐ ≥3 sf or ≥3 if
☐ ≥150 sf or ≥200 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)**
Bld. 135 Boiler House - Boiler 3

**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)**
50 LF

**Abatement Type**

**Name of Registered Waste Hauler**
N.E.T.S.

**NJDEP Waste Hauler ID No.**
18947

**Cubic Yards of Waste**
10

**Name of Registered Landfill**
BFI Imperial

**City, State**
Hazelton, PA

**Disposal Date**
TBD

**City, State**
Imperial, PA

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

**Title**
Estimator

**Signature**

**Date**
5/9/12

*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)**
04 / 30 / 12

**Name of Building Owner/Operator (2)**
Avantor Performance Materials

**Street Address**
600 N. Broad Street

**City, State, Zip Code**
Phillipsburg, NJ 08865-1271

**Name of Contact**
Robert Snyder

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**
Avantor Performance Materials - Building 135

**Street Address**
600 N. Broad Street

**City (6)**
Phillipsburg, NJ 08865-1271

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

<table>
<thead>
<tr>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>4000</td>
<td>1</td>
<td>60</td>
</tr>
</tbody>
</table>

**County (6)**
Warren

<table>
<thead>
<tr>
<th>County Code (7)</th>
<th>STATE USE ONLY</th>
</tr>
</thead>
</table>

**Name of Monitoring Firm Hired by Building Owner (8)**
Health & Safety Services, Inc.

**ASCM No.**

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

**Street Address**
550 East Union Street

**City, State, Zip Code**
West Chester, PA 129382

**Name of OSHA Monitor**
Vertex Engineering

**Street Address**
1102 Baltimore Pike, Suite 201

**City, State, Zip Code**
Glen Mills, PA 19342

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

- [ ] ≥3 sf or ≥30 sf
- [ ] ≥160 sf or ≥260 sf
- [ ] 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, VAT, or other miscellaneous)**

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>50 LF</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bld. 135 Boiler House - Boiler 3</td>
<td>Yes</td>
<td>Pipe Insulation</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
N.E.T.S.

**NJDEP Waste Hauler ID No.**
18947

**Cubic Yards of Waste**
10

**Name of Registered Landfill**
BFI Imperial

**City, State**
Hazelton, PA

**Disposal Date**
TBD

**Title**
Estimator

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

**Signature**

**Date**

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

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

Date of Notification (1)
04 / 09 / 12

Name of Building Owner/Operator (2)
Avantor Performance Materials

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

Type Notification
□ Initial
□ Amended
□ Amendment #002
□ Emergency (Including Justification)
□ Cancellation

Street Address
600 N. Broad Street

City, State, Zip Code
Phillipsburg, NJ 08865-1271

Name of Contact
Robert Snyder

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Avantor Performance Materials - Building 135

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

Street Address
600 N. Broad Street

City (5)
Phillipsburg, NJ 08865-1271

County (6)
Warren

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished)
60

Name of Monitoring Firm Hired by Building Owner (8)
Health & Safety Services, Inc.

ASCM No.

Name of Abatement Contractor (9)
Alliance Environmental Systems

Street Address
318 12th Street

City, State, Zip Code
Hammondton, New Jersey 08037

License No.
610-701-5008

Telephone No.
(609) 704-8850

City, State, Zip Code
West Chester, PA 129382

Project Manager for Monitoring Firm
Jim Proctor

Telephone No.

Name of OSHA Monitor
Vertex Engineering

Street Address
1102 Baltimore Pike, Suite 201

City, State, Zip Code
Glen Mills, PA 19342

Start Date (10)
5 / 02 / 12

Scheduled Completion Date (11)
05 / 04 / 12

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

(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)

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

(13)

Yes
No
N/A

Bld. 135 Boiler House - Boiler 3
Pipa Insulation
50 LF

Name of Registered Waste Hauler
N.E.T.S.

NJDEP Waste Hauler ID No.
18947

Cubic Yards of Waste
10

Name of Registered Landfill
BFI Imperial

City, State
Hazelton, PA

Disposal Date
TBD

City, State
Imperial, PA

Completed By (Print or Type)
John Heemer

Title
Estimator

Signature

Date
4/9/12

* 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)
04 / 04 / 12

Name of Building Owner/Operator (2)
Avantor Performance Materials

Agencies Notified
- EPA
- NJAC 8:23-8
- DOLWD
- DHSS
- DCA

Type Notification
- Initial
- Amended
- Amendment #001
- Emergency (Including justification)
- Cancellation

Street Address
600 N. Broad Street

City (5)
Phillipsburg, NJ 08865-1271

County (6)
Warren

Name of Monitoring Firm Hired by Building Owner (8)
Health & Safety Services, Inc.

Name of Abatement Contractor (9)
Alliance Environmental Systems

Name of OSHA Monitor
Vertex Engineering

Start Date (10)
04 / 10 / 12

Scheduled Completion Date (11)
04 / 13 / 12

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: ZAM---05PM/3:30PM---AM

Scope of Work (Check all that apply)
- ≥3 sf or ≥3 if
- ≥168 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

Bld. 135 Boiler House - Boiler 3
Pipe Insulation
50 LF

Name of Registered Waste Hauler N.E.T.S.

NJDEP Waste Hauler ID No. 18947

Cubic Yards of Waste
10

Name of Registered Landfill
BFI Imperial

City, State
Hazleton, PA

Disposal Date
TBD

City, State
Imperial, PA

Completed By (Print or Type)
John Heemer

Title
Estimator

Signature

Date
04/3/12

* 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)
03 / 21 / 12

Name of Building Owner/Operator (2)
Avantor Performance Materials

Name of Facility Where Abatement is Taking Place (3)
Avantor Performance Materials - Building 135

Street Address
600 N. Broad Street

City (5)
Phillipsburg, NJ 08865-1271

County (6)
Warren

Name of Monitoring Firm Hired by Building Owner (8)
Health & Safety Services, Inc.

ASCM No. ASCM No.

Name of Abatement Contractor (9)
Alliance Environmental Systems

Street Address
550 East Union Street

City, State, Zip Code
West Chester, PA 129382

Project Manager for Monitoring Firm
Jim Proctor

Telephone No.
609-704-8850

Name of OSHA Monitor
Vertex Engineering

Start Date (10)
04 / 03 / 12

Scheduled Completion Date (11)
04 / 06 / 12

Occupancy Status During Abatement (Check only one)

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

Scope of Work (Check all that apply)

- [ ] 3 sq ft or 3 LF
- [ ] 160 sq ft 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

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

Amount (Specify SF or LF)
50 LF

Abatement Type

Location

Bld. 135 Boiler House - Boiler 3

Pipe Insulation

Name of Registered Waste Hauler

N.E.T.S.

City, State
Hazelton, PA

Name of Registered Landfill
BFI Imperial

City, State
Imperial, PA

Completed By (Print or Type)
John Heemer

Title
Estimator

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

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

## Date of Notification
5/9/12

## Name of Building Owner / Operator
Old Bridge Township Board of Education

## Old Bridge Administration Bldg., County Route 516

## City, State & Zip Code
Matawan, NJ 07747

## Name of Contact
Mr. Frank Frazzitta

## FACILITY INFORMATION

### Name of Facility Where Abatement is Taking Place
Walter Schirra ES

### Street Address
1 Awn Street

### City
Old Bridge

### County
Middlesex

### County Code

### Type of Facility
- School (K-12) NON SUB-CHAPTER 8
- Other (i.e., private & commercial buildings, homes, etc.)

### Square Feet
50000

### # of Floors
1

### Bldg. Age
40+

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

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

### Street Address
120 North Warren Street

### City, State & Zip Code
Trenton, NJ 08601

### Project Manager for Monitoring Firm
Ryan Broadwater

### Telephone Number
609-392-4200

### Scheduled Start Date
5/7/12

### Scheduled Completion Date
5/12/12

### Occupancy Status During Abatement
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Hours – 7am to 3pm
  - 4 PM to 12:30 AM
- Facility Occupied During Abatement

### Scope of Work
- ≥ 3 sf or ≥ 3 If
- ≥160 sf ≥260 sf
- Renovation
- Demolition

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

#### TO BE ABATED

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</th>
<th>Is Location Normally Used Solely by Maintenance or Custodial Staff?</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Purpose Room</td>
<td>Yes</td>
</tr>
<tr>
<td>Pipe Insulation</td>
<td>Yes</td>
</tr>
</tbody>
</table>

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

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

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

### Name of Registered Waste Hauler
NJDEP Waste Hauler ID No. 20990

### Cubic Yards of Waste
1/2 Cu Yd

### Name of Registered Landfill
Minerva Landfill

### City, State
New Castle, DE
Waynesburg, Ohio

### Completed By (Print or Type)
Gino Pizzigoni

### Title
Project Manager

### Signature

### Date
5/9/12
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to N.J.A.C. 8:60 and 12:120)

**Date of Notification:** 5/10/12

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
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</thead>
<tbody>
<tr>
<td>✗ EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>✗ DOL</td>
<td>Amended #2</td>
</tr>
<tr>
<td>✗ DOH</td>
<td>Emergency</td>
</tr>
<tr>
<td>✗ DCA</td>
<td>Cancellation</td>
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</table>

**Name of Building Owner / Operator:** PSE&G

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State &amp; Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>80 Park Plaza</td>
<td>Newark, NJ 07101</td>
</tr>
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</table>

**Name of Contact:** Bob Cacanese

### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place:** PSE&G Exterior

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State &amp; Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Devlin Ave. &amp; West Broad Street</td>
<td>Hammonton, NJ 08037</td>
</tr>
</tbody>
</table>

**County:** Burlington

**County Code:** Burlington

**Health & Safety Services**

**Name of Health & Safety Services Firm:**

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State &amp; Zip Code</th>
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</thead>
<tbody>
<tr>
<td>318 12th Street</td>
<td>Hammonton, NJ 08037</td>
</tr>
</tbody>
</table>

**Project Manager for Monitoring Firm:**

**Name of Project Manager:** James Proctor

**Scheduled Start Date:** 5/14/12

**Scheduled Completion Date:** 6/29/12

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

**Describe:**

**Scope of Work:**

- ≥3 sf or ≥3 lf
- ≥160 sf ≥260 lf
- Renovation
- Demolition

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

**Is Location Normally Used Solely by Maintenance or Custodial Staff?**

Yes No N/A

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

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

**Amount (Specify SF or LF):** 1,500 LF

**Abatement Type:**

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

**Name of Registered Waste Hauler:**

**Name of Registered Landfill:**

**Waste Management**

<table>
<thead>
<tr>
<th>City, State</th>
<th>Name of Landfill</th>
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</thead>
<tbody>
<tr>
<td>Elizabeth, NJ</td>
<td>Grows Landfill</td>
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**Completed By:**

<table>
<thead>
<tr>
<th>Print or Type</th>
<th>Title</th>
<th>Office Coord.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gwen Trumbetti</td>
<td>Signature</td>
<td>5/10/12</td>
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**NOTIFICATION OF ASBESTOS ABATEMENT**

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

**Date of Notification**: 5/9/12

<table>
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<td>DOH</td>
<td>Cancellation</td>
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<tr>
<td>DCA</td>
<td></td>
</tr>
</tbody>
</table>

**Name of Building Owner / Operator**: Kearny Board of Education

**Street Address**: 100 Davis Ave.

**City, State & Zip Code**: Kearny, NJ 07032

**Name of Contact**: Michael DeVita

**Telephone Number**:

**Facility Information**

- **Name of Facility Where Abatement is Taking Place**: High School
- **Street Address**: 336 Devon Street
- **City**: Kearny
- **County**: Hudson
- **State Code**: NJ

**Type of Facility**

- 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)**: School

**Name of Abatement Contractor**: AbateTech, Inc.

**Street Address**: PO Box 25

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

**Telephone Number**: 609-225-2107

**License Number**: 00529

**Name of OSHA Monitor**: EMSL Analytical

- **Street Address**: 108 Haddon Ave.
- **City, State & Zip Code**: Westmont, NJ 08108

**Scheduled Start Date**: 4/6/12

**Scheduled Completion Date**: 12/31/12

**Occupancy Status During Abatement**

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement performed outside of normal hours
  - **Description**: 3:30 PM to 11:30 PM
- Facility Occupied During Abatement

**Scope of Work**

- ≥3 sf or ≥3 #
- ≥160 sf or ≥260 #
- Renovation
- Demolition

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

- **TO BE ABATED in Facility (13)**

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

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

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

<table>
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<tr>
<th>Location</th>
<th>Is Location Used</th>
<th>Description of ACM</th>
<th>Amount</th>
</tr>
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<tbody>
<tr>
<td>Boiler Room</td>
<td></td>
<td>Breeching Material</td>
<td>1,090 SF</td>
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<tr>
<td>1st Floor Corridor</td>
<td></td>
<td>Pipe Insulation</td>
<td>768 LF</td>
</tr>
<tr>
<td>Room 117</td>
<td></td>
<td>Pipe Insulation</td>
<td>20 LF</td>
</tr>
<tr>
<td>Room 101</td>
<td></td>
<td>Pipe Insulation</td>
<td>50 LF</td>
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<tr>
<td>Room 101D</td>
<td></td>
<td>Pipe Insulation</td>
<td>10 LF</td>
</tr>
<tr>
<td>Room 122</td>
<td></td>
<td>Pipe Insulation</td>
<td>350 LF</td>
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</table>

**Name of Registered Waste Hauler**: N.J. DEP Waste Hauler ID No. 18750

**Cubic Yards of Waste**: 30

**Name of Registered Landfill**: TRRF Landfill

**City, State**: Lumberton, NJ

**Disposal Date**: 12/31/12

**Completed By (Print or Type)**

- **Name**: Gwen Trumbetti
- **Title**: Opps. Coord.

**Signature**: [Signature]

**Date**: 5/9/12
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to N.J.A.C. 8:60 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>5/10/12</th>
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<tbody>
<tr>
<td>Name of Building Owner / Operator (2)</td>
<td>Bristol-Myers Squibb Company</td>
</tr>
<tr>
<td>Street Address</td>
<td>311 Pennington - Rocky Hill Rd.</td>
</tr>
<tr>
<td>City, State &amp; Zip Code</td>
<td>Pennington, NJ 08534-2130</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Yasmin Reyes</td>
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</table>

### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place (3)**
Burke & Kerr Farm Roof

Street Address
311 Pennington - Rocky Hill Rd.

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

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

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

Street Address
30 Maple Ave

City, State & Zip Code
Lumberton, NJ 08048

**License Number**
00529

**Name of OSHA Monitor**
EMSL Analytical

Street Address
108 Haddon Ave.

City, State & Zip Code
Westmont, NJ 08108

**Scheduled Completion Date (11)**
5/19/12

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

- ≥3 sf or ≥3 ft²
- ≥160 sf ≥260 ft²
- Renovation
- Demolition

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

| TO BE ABATED in Facility (13) |

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

| Yes | No | N/A |

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

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

**Abatement Type**

| Removal | Repair | Encapsulate | Enclose |

**Exterior of Corn Crib**

**Roofing Material**

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

NJ DEP Waste Hauler ID No. 18750

Cubic Yards of Waste
25

Disposal Date
5/19/12

**Name of Registered Landfill**
TRRF Landfill

City, State
Tullytown, PA

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

Title
Opps. Coord.

Signature

Date
5/10/12
State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1)  
[0][5][1][1][1][2]

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<td>EPA</td>
<td>Initial</td>
<td>Salvatore San Philip</td>
</tr>
<tr>
<td>DEP</td>
<td></td>
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<tr>
<td>DOL</td>
<td>Amendment</td>
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<td>DOH</td>
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<td></td>
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<tr>
<td>DCA</td>
<td>Cancellation</td>
<td></td>
</tr>
</tbody>
</table>

Street Address  
254 Dewitt Avenue

City, State, Zip Code  
Belleville, NJ 07109

Name of Contact  
Salvatore San Philip

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
Salvatore San Philip

Street Address  
254 Dewitt Avenue

City (5)  
Belleville, NJ 07109

County (6)  
Essex

County Code (7)  
(State use only)

Type of Facility (4)
- School (K - 12)
- Subchapter 8 (Other than K-12)
- Other (Private/Commercial Bldgs./Homes, etc.)

Square Feet  
# of Floors  
Bldg. Age

Current Use (Prior if being demolished)  
Residential

Name of Monitoring Firm Hired by Bldg. Owner (8)  
n/a

ASCM No.

Name of Abatement Contractor (9)
B & G Restoration, Inc.

Street Address  
105 Ryerson Road

City, State, Zip Code  
Lincoln Park, NJ 07035

License Number  
973-696-6869

Name of OSHA Monitor  
B & G Restoration, Inc.

Street Address  
105 Ryerson Road

City, State, Zip Code  
Lincoln Park, NJ 07035

Scheduled Start Date (10)  
5/23/2012

Sched. Completion Date (11)  
5/24/2012

Occupancy Status During Abatement (Check only one)
- Facility closed/evacuated during entire period of abatement.
- Abatement performed outside of normal facility hours-
  Describe:  

Scope of Work (check all that apply)
- Demolition
- Renovation  
- Full Containment w/negative pressure
- Glovebag procedure
- Mini-enclosure
- Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)

| basement | pipe insulation | 14 lf |

Registered Waste Hauler  
B & G Restoration, Inc.

NJDEP Hauler ID#  
19563

Cubic Yards of Waste  
1/2 yard

Name of Registered Landfill  
Tullytown Resource & Recovery Center

City, State  
Tullytown, PA

Completed by (Print or Type)  
Gordana Luna

Title  
Treasurer

Signature  
Gordana Luna

Date  
5/11/2012
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1)
10 15 1/11 1/11 1/12

Name of Building Owner/Operator (2)

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<tr>
<td>DOH</td>
<td>Cancellation</td>
</tr>
<tr>
<td>DCA</td>
<td></td>
</tr>
</tbody>
</table>

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
Residence

Street Address
120 Lakewood Avenue
City, State, Zip Code
Cedar Grove, NJ 07009

Name of Contact
Carmen Findlay

FACILITY INFORMATION

Type of Facility (4)
- School (K-12)
- Subchapter B (Other than K-12)
- Other (Private/Commercial Blgs./Homes, etc.)

Square Feet # of Floors Bldg. Age

Current Use (Prior if being demolished)
Residential

Name of Monitoring Firm Hired by Bldg. Owner (5)
n/a

ASCM No.

Name of Abatement Contractor (9)
B & G Restoration, Inc.

Street Address
105 Ryerson Road
City, State, Zip Code
Lincoln Park, NJ 07035

Telephone Number
973-696-6869
License Number
0378

Name of OSHA Monitor
B & G Restoration, Inc.

Street Address
105 Ryerson Road
City, State, Zip Code
Lincoln Park, NJ 07035

Occupy Status During Abatement (Check only one)
- Facility closed/vacated during entire period of abatement.
- Abatement performed outside of normal facility hours.
- Other: Describe:

Scheduled Start Date (10)
5/22/2012

Scheduled Completion Date (11)
5/23/2012

Scope of Work (check all that apply)
- Demolition
- Renovation
- Full Containment w/negative pressure
- Glovebag procedure
- Mini-enclosure
- Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)

<table>
<thead>
<tr>
<th>Location</th>
<th>Is location normally used solely by maintenance/custodial staff (12)</th>
<th>Location normally used solely by maintenance/custodial staff (12)</th>
<th>Description of asbestos-containing material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Ret. Elim. Rep. Encap</th>
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</thead>
<tbody>
<tr>
<td>Basement</td>
<td>Yes</td>
<td>X</td>
<td>Pipe insulation</td>
<td>105 LF</td>
<td>X</td>
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State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1)
10/15/2012

Name of Building Owner/Operator (2)
Ann Moors

Street Address
1 Barberry Road

City, State, Zip Code
Convent Station, NJ 07961

Name of Contact
Liz Harper

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
Ann Moors

Street Address
1 Barberry Road

City (5)
Convent Station, NJ 07961

County (6)
Morris

Type of Facility (4)

Other (Private/Commercial Blids/Homes, etc.)

Square Feet

# of Floors

Bldg. Age

CURRENT USE (Prior if being demolished)

residential

n/a

Street Address

City, State, Zip Code

Current Use

License Number

973-696-6869

Name of OSHA Monitor

B & G Restoration, Inc.

Street Address

105 Ryerson Road

City, State, Zip Code

Lincoln Park, NJ 07035

Occupancy Status During Abatement (Check only one)

Facility closed/vacated during entire period of abatement.

Abatement performed outside of normal facility hours.

Describe:

Other-Describe:

Scope of Work (check all that apply)

Demolition

Renovation

Full Containment w/negative pressure

Glovebag procedure

Mini-enclosure

Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)

Yes

No

N/A

Description of asbestos-containing material (ACM)

Amount

(Specify SF or

Removal

Repair

Encap

EncL

basement

crawl space #1

crawl space #2

pipe insulation

pipe insulation

pipe insulation

245 lf

25 lf

40 lf

Registered Waste Hauler

B & G Restoration, Inc.

NJDEP Hauler ID# 19563

Cubic Yards of Waste

4 yards

Name of Registered Landfill

Tullytown Resource & Recovery Center

City, State

Lincoln Park, NJ 07035

Disposal Date

5/29/2012

City, State

Tullytown, PA

Completed by (Print or Type)

Gordana Luna

Title

Treasurer

Signature

Date

5/8/2012
State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60-7 and 12:120-7)  
Check #: 5250  
MAY 15, 2012

**B & G proj. #: 2012-96**

**Date of Notification (1):**

- **Agency Notified:**
  - [ ] EPA  
  - [x] DEP  
  - [x] DOL  
  - [ ] DOH  
  - [ ] DCA  
  - [x] Initial  
  - [ ] Amendment  
  - [ ] Cancellation

- **Name of Building Owner/Operator (2):** Jordan & Michael Rodner
- **Street Address:** 27 Lake Road
- **City, State, Zip Code:** Millburn, NJ 07041
- **Name of Contact:** Liz Dotson

**FACILITY INFORMATION**

- **Name of Facility where abatement is taking place (3):** Millburn, NJ 07041
- **County:** Essex
- **County Code:** 
- **Square Feet:**
- **# of Floors:**
- **Bldg. Age:**

**Type of Facility (4):**
- [ ] School (K-12)
- [ ] Subchapter 8 (Other than K-12)
- [x] Other (Private/Commercial Blgs./Homes, etc)

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

**Name of Abatement Contractor (9):** B & G Restoration, Inc.
- **Street Address:** 105 Ryerson Road
- **City, State, Zip Code:** Lincoln Park, NJ 07035
- **License Number:** 973-696-6869

**Name of OSHA Monitor:** B & G Restoration, Inc.
- **Street Address:** 105 Ryerson Road
- **City, State, Zip Code:** Lincoln Park, NJ 07035

**Scheduled Start Date (10):** 5/21/2012
**Scheduled Completion Date (11):** 5/22/2012

**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):**
- [ ] Demolition
- [x] Renovation
- [ ] >2 sf or >3 if
- [ ] >160 sf or >260 sf
- [ ] Full Containment w/negative pressure
- [ ] Glovebag procedure
- [x] Mini-enclosure
- [ ] Non-friable procedure

**Location of asbestos-containing material to be abated in facility (13):**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
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</thead>
<tbody>
<tr>
<td>Thin duct insulation</td>
<td>24 sf</td>
<td>24 sf</td>
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**Quantity:**

<table>
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<tr>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
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<tbody>
<tr>
<td>1 1/2 yards</td>
<td>Tullytown Resource &amp; Recovery Center</td>
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**Completed by (Print or Type):**

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<tr>
<th>Gordon Luna</th>
<th>Treasurer</th>
<th>Signature</th>
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<td>Gordon Luna</td>
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State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)
Emergency Non Sub

Date of Notification (1)
10/15/2012

Name of Building Owner/Operator (2)
Cedar Grove Public Schools

Address of Building
520 Pompton Avenue

City, State, Zip Code
Cedar Grove, NJ 07009

Name of Contact
Mario Getta

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
Leonard R Parks Administration Building (non sub 8)

Street Address
520 Pompton Avenue

City
Cedar Grove, NJ 07009

County
Essex

Name of AHERA Consultant
AHERA Consultant

Address
P.O. Box 385
Oceanville, NJ 08231

Project Manager for Monitoring Firm
John Smoyer

Phone Number
609-652-1833

Scheduled Start Date (10)
5/14/2012

Occupancy Status During Abatement (Check only one)
- Facility closed for abatement program during entire period of abatement
- Abatement performed outside of normal facility operating hours
- Other
  - Shift 4:00 pm - 12:00 am

Scope of Work (check all that apply)
- Demolition
- Renovation
- Location of asbestos-containing material to be abated in facility (13)
- Yes
- No
- N/A

Description of asbestos-containing material (ACM)
011 & Mastic

Amount (Specify SF or LF)
4,840 sf

Area A - P Including Area B

Registered Waste Handler
B & G Restoration, Inc.

City State
Lincoln Park, NJ 07035

Completed by (Print or Type)
Gordana Luna

Signature
Gordana Luna

Date
5/21/2012
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)

B & G proj. #: 2012-54

Date of Notification (1)

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<th>9</th>
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<th>11</th>
<th>12</th>
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Name of Building Owner/Operator (2)
Cedar Grove Public Schools
Street Address
520 Pompton Avenue
City, State, Zip Code
Cedar Grove, NJ 07009
Name of Contact
Mario Gaita

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
Leonard R. Parks Administration Building (non sub 8)
Street Address
520 Pompton Avenue
City (5) County (8) County Code (7) (State use only)
Cedar Grove, NJ 07009 Essex

Name of Asbestos Abatement Contractor (9)
B & G Restoration, Inc.
Street Address
105 Ryerson Road
City, State, Zip Code
Lincoln Park, NJ 07035

Type of Facility (4)
School (K - 12)
Subchapter 8 (Other than K-12)
Other (Private/Commercial Bldgs/Homes, etc.)

Square Foot # of Floors Bidg. Age

Current Use (Prior if being demolished)
School (non sub 8)

Occupancy Status During Abatement (Check only one)
- Facility closed/vacated during entire period of abatement
- Abatement performed outside of normal facility hours
- Other-Describe: Shift 4:00 pm - 12:30 am

Schedule Start Date (10) Schedule Completion Date (11)
5/14/2012 5/18/12

Scope of Work (check all that apply)
Demolition
Renovation
Full Containment Win-negative pressure
Mini-enclosure
Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)

Areas H - P including Area E

Yes No N/A

Descriptive asbestos-containing material (ACM)
Amount (Specify SF or LF)
Remove
Repair
Encap

Registered Waste Hauler
B & G Restoration, Inc.
INDEP Hauler License #: 5639
Cubic Yards of Waste:
7 yards
Disposal Date
5/21/2012
City, State
Lincoln Park, NJ 07035

Name of Registered Lender
Tullytown Resource & Recovery Center
City, State
Tullytown, PA

Completed by (Print or Type)
Gordana Luna
Title
Treasurer
Date
5/9/12
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)***Emergency Non Sub 8***

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
Leonard R Parks Administration Building (non sub 8)
Street Address
520 Pompton Avenue
City, State, Zip Code
Cedar Grove, NJ 07009
Name of Monitoring Firm Hired by Bldg. Owner (8)
AHERA Consultants
Phone Number
609-652-1833
Scheduled Start Date (10)
5/14/2012
Scheduled Completion Date (11)
5/18/12
Occupancy Status During Abatement (Check only one)
Yes
Other-Describe: Shift 4:00 pm - 12:30 am
Scope of Work (check all that apply)
Demolition
Renovation
>3 sf or >3 lf
>160 sf or >260 lf
Location of asbestos-containing material to be abated in facility (13)

<table>
<thead>
<tr>
<th>Areas H - P including Area E</th>
<th>VAT &amp; Mastic</th>
<th>Description of asbestos-containing material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>VAT &amp; Mastic</td>
</tr>
</tbody>
</table>

Registered Waste Hauler
B & G Restoration, Inc.
NJDEP Hauler ID# 19563
Cubic Yards of Waste 7 yards
Name of Registered Landfill Tullytown Resource & Recovery Center
City, State
Lincoln Park, NJ 07035
Disposal Date 5/21/2012
Completed by (Print or Type) Gordana Luna
Title Treasurer
Signature

Date 5/9/12
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

State of New Jersey

Date of Notification (1)
[05] [10] [12] [ ]

Name of Building Owner/Operator (2)
Hoffmann-LaRoche

Agency Notified
( ) EPA
( ) DEP
( ) DOL
( ) DOH
( ) DCA

Type Notification
( ) Emergency
( ) Initial
( ) Amended
( ) Cancellation

Street Address
340 Kingsland Street

City, State, Zip Code
Nutley, NJ 07110

Name of Contact
Behrami Irani

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Building 39

Street Address
same as above

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

City (5) County (6) County Code (7)
Essex (STATE USE ONLY)

Square Feet

# of Floors
2

Bldg. Age

Current use (Prior if being demolished)
boiler house

Name of Monitoring Firm Hired by Building Owner (8)
ASCM No.
Owner EHS Dept. or (EHI)

Street Address
340 Kingsland (655 West Shore Tr.)

City, State, Zip Code
Nutley, NJ (Sparta, NJ)

Project Manager for Monitoring Firm
Telephone Number
973-235-3286 (973-729-5649)

Scheduled Start Date (10)

Scheduled Completion Date (11)

Month Day Year
Month Day Year

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: 7 am – 230 pm

Scope of Work (Check all that apply)
[ x ] Demolition
[ x ] Full Containment with Negative Pressure w/ remote shower
[ x ] Renovation
[ x ] Mini-Enclosure
(x) Glovebox Procedure
[ ] Non-Friable Procedure

Is Location Used Solely By Maintenance/ Custodial Staff (12)

Abatement Type

Removal Repair Encapsulation Enclosure

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

Amount (Specify SF or LF)

Name of Registered Waste Hauler
NJDEP Waste Hauler ID No 304597

Waste Management

Cubic Yards of Waste

Name of Registered Landfill
Tullytown Resource Recovery & Grand Central

City, State
Morrisville, PA

Comissioned By (Print or Type)
Sharon Hendee

Title
owner

Signature

Date 5/10/12

* work and completion dates subject to other trades and possible additional quantities after demo commences.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1) [05/10] [12]
Name of Building Owner/Operator (2) Hoffmann-LaRoche
Agencies Notified
( ) EPA
( ) DEP
( ) DOL
( ) DOH
( ) DCA
Type Notification
( ) Initial Notification
( ) Amended Notification
( ) Cancellation
Name of Facility Where Abatement is taking Place (3) Building 76
Street Address "same as above"
City (5) County (6) Essex County Code (7) (STATE USE ONLY)
Name of Monitoring Firm Hired by Building ASCM No. Owner (8) E.H.I
Name of Abatement Contractor (9) Power-R-Save Inc.
Street Address 655 W. Shore Trail
City, State, Zip Code Sparta, NJ 07871
Project Manager for Monitoring Firm Telephone Number 973-729-5649
Scheduled Start Date (10) Sched. Completion Date (11)
Month Day Year Month Day Year
Occupancy Status During Abatement (Check only one)
[ ] Facility Closed/Vacated During Entire Period of Abatement
[ ] Abatement Performed Outside of Normal Facility Hours - Describe:
[ ] Other - Describe: 7 am - 3:30 pm
Scope of Work (Check all that apply)
[ ] Demolition
[ ] Renovation
[ ] ≥ 3 sf or ≥ 3 if
[ ] ≥ 160 sf or ≥ 260 if
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
[ ] Full Containment with Negative Pressure
[ ] Mini-Enclosure with remote decon
[ ] Glovebag Procedure
[ ] Non-Friable Procedure

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
<th>Location Used</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>(2) valves</td>
<td>4 LF</td>
<td>R</td>
<td></td>
</tr>
<tr>
<td>Sub basement</td>
<td>(2) elbows (1) valve</td>
<td>4 LF</td>
<td>R</td>
<td></td>
</tr>
</tbody>
</table>
Name of Registered Waste Hauler Waste Management NJDEP Waste Hauler ID No 304397 Cubic Yards of Waste Name of Registered Landfill Tullytown Resource Recovery & Grand Central
City, State Morrisville PA Disposal Date City, State Tullytown, PA, Pen Argyl PA
Completed By (Print or Type) Sharon Hendee Title Owner Signature

**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

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

**Date of Notification (1)**
- 5/9/12

**Name of Building Owner / Operator (2)**
- Kennedy Health Facilities

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3)
- Kennedy Memorial Hospital

Street Address
- 18 East Laurel Rd.

City (5) County (6) County Code (7)
- Stratford Camden

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

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

Current Use (Prior if being demolished)
- Hospital

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

Street Address
- 3370 Progress Drive
- Bensalem, PA 19020

City, State & Zip Code
- Lumberton, NJ 08048

License Number
- 00529

Name of OSHA Monitor
- EMSL Analytical

Street Address
- 108 Haddon Ave.
- Westmont, NJ 08108

Name of Registered Waste Hauler (11)
- AbateTech, Inc.

City, State
- Lumberton, NJ

Disposal Date
- 5/11/12

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

Location

- Pharmacy Area

- Asbestos Fireproofing

- 381 SF

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

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

**Amount (Specify SF or LF)**

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

**Abatement Type**

- Removal
- Repair
- Encapsulate
- Enclose

**Pharmacy Area**

- ☒
- ☐
- ☐

**Asbestos Fireproofing**

- ☒
- ☐
- ☐

**Name of Registered Landfill**

- TRRF Landfill

**Disposal Date**
- 5/11/12

**City, State**
- Tullytown, PA

**Completed By (Print or Type)**
- Gwen Trumbetti

**Title**
- Opps. Coord.

**Signature**
- [Signature]

**Date**
- 5/9/12
# State of New Jersey

## NOTIFICATION OF ASBESTOS ABATEMENT

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

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>Name of Building Owner / Operator</th>
<th>Type of Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>5/10/12</td>
<td>Robert Wood Johnson Hospital</td>
<td>Initial</td>
</tr>
</tbody>
</table>

### FACILITY INFORMATION

- **Name of Facility Where Abatement is Taking Place**: Robert Wood Johnson Hospital - Pent House
- **Street Address**: One Robert Wood Johnson Place
- **City (5)**: New Brunswick
- **County (6)**: Middlesex
- **County Code (7)**: 
- **Type of Facility**: Subchapter 8 (Other than K-12)
- **Square Feet**: 
- **# of Floors**: 
- **Bldg. Age**: 
- **Current Use (Prior if being demolished)**: Hospital

### Name of Monitoring Firm Hired by Building Owner
- **Name**: Omega Environmental
- **Street Address**: 280 Huyler Street
- **City, State & Zip Code**: South Hackensack, NJ 07606

### Project Manager for Monitoring Firm
- **Name**: Geiser Fajardo
- **Telephone Number**: 201-489-8400

### Scheduled Start Date
- **5/29/12**

### Scheduled Completion Date
- **6/1/12**

### Occupancy Status During Abatement
- **Facility Closed/Vacated During Entire Period of Abatement**: 
- **Abatement Performed Outside of Normal Hours**: 
- **Facility Occupied Performed Abatement**: 

### Scope of Work
- **≥3 sf or ≥3 ft**: 
- **Renovation**: 
- **Demolition**: 

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

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

### Description of Asbestos-Containing Material (ACM)
- **Is Location Normally Used Solely by Maintenance or Custodial Staff?**
- **Description of Asbestos-Containing Material (ACM)**: 
  - (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)

### Amount (Specify SF or LF)
- **Duct Insulation**: 200 SF

### Abatement Type
- **Removal**: 
- **Repair**: 
- **Encapsulation**: 
- **Envelope**: 

### Name of Registered Waste Hauler
- **AbateTech, Inc.**
- **City, State**: Lumberton, NJ

### Completed By (Print or Type)
- **Gwen Trumbetti**
- **Title**: Opps. Coord.
- **Signature**: 
- **Date**: 5/10/12
### NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 6:16)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>5/10/12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Richard Chisholm</td>
</tr>
<tr>
<td>Street Address</td>
<td>19 Chestnut Street</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Princeton, NJ 08542</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Richard Chisholm</td>
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</table>

#### FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Residence</th>
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</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>19 Chestnut Street</td>
</tr>
<tr>
<td>City (5)</td>
<td>Princeton</td>
</tr>
<tr>
<td>County (6)</td>
<td>Mercer</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>MECS</td>
</tr>
<tr>
<td>Street Address</td>
<td>PO Box 341</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Crosswick, NJ 08515</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>William Weisgarber Jr.</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>(609) 298-4070</td>
</tr>
</tbody>
</table>

#### Start Date (10) | 5/21/12 |
#### Scheduled Completion Date (11) | 5/22/12 |

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

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

- ≥ 25 sf or ≥ 3 ft
- ≥ 160 sf or ≥ 260 ft
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

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

- Yes
- No
- N/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)
- pipe insulation 120 LF

#### Amount (Specify SF or LF)
- 120 LF

#### Name of Registered Waste Hauler
- Stevens Environmental Services Inc.
  
<table>
<thead>
<tr>
<th>NJDEP Waste Hauler ID No.</th>
<th>18292</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cubic Yards of Waste</td>
<td>2 CU</td>
</tr>
</tbody>
</table>

#### Name of Registered Landfill
- T.R.R.F., Inc. Landfill
  
<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>5/22/12</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State</td>
<td>Tullytown, PA</td>
</tr>
</tbody>
</table>

Completed By
- Mahlon E. Stevens
  
<table>
<thead>
<tr>
<th>Title</th>
<th>Project Manager</th>
</tr>
</thead>
</table>

Signature Date 5/10/12

* 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 / 09 / 12

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

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

Name of Building Owner/Operator (2)
Leon Lazarus & Shirley Weitz

Street Address
11 Stonelea Drive
City, State, Zip Code
West Windsor, NJ 08550

Name of Contact
Shirley Weitz

FACILITY INFORMATION

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

Square Feet
1900
# of Floors
2
Bldg. Age
50+

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

Name of Monitoring Firm Hired by Building Owner (9)
Mercor

Environmental Connection
ASCM No.

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

Street Address
120 N Warren Street
City, State, Zip Code
Trenton, NJ 08608

Project Manager for Monitoring Firm
Rick Beach
Telephone No.
609-392-4200

License No.
215-788-6040
00509

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-3:30PM/
5:00PM-12AM

Start Date (10)
5 / 23 / 12
Scheduled Completion Date (11)
5 / 23 / 12

Scope of Work (Check all that apply)
☒ ≥3,000 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

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

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

Amount (Specify SF or LF)

Abatement Type
☐ Removal
☐ Repair
☐ Encapsulation
☐ Enclose

Foundation Heat Registers
☒ ☐ ☐ Transite

40 SF

Name of Registered Waste Hauler
SERVICE TRANSPORT GROUP, INC.

N/DEP Waste Hauler ID No.
209990

Cubic Yards of Waste
1/2

Name of Registered Landfill
GROWS Landfill

City, State
NEW CASTLE, DE 19720

Disposal Date
5/21/12

Completed By (Print or Type)
Gino Pizzigoni
Title
Estimator

Signature
Date
5/12/12

* 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)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>05 / 08 / 12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Virtua Memorial Hospital of Burlington County</td>
</tr>
<tr>
<td>Street Address</td>
<td>175 Madison Ave.</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Mount Holly, NJ 08060</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Diana Amey</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place (3) | Virtua Memorial Hospital of Burlington County |
| Street Address | 175 Madison Ave. |
| City (5) | Mount Holly |
| County (6) | Burlington |

| Name of Monitoring Firm Hired by Building Owner (8) | AET, Inc. |
| ASCM No. | |
| Name of Abatement Contractor (9) | BRISTOL ENVIRONMENTAL, INC. |
| Street Address | 1123 BEAVER STREET |
| City, State, Zip Code | BRISTOL, PA 19007 |
| Telephone No. | 215-788-6040 |
| License No. | 00509 |

| Start Date (10) | 05 / 09 / 12 |
| Scheduled Completion Date (11) | 05 / 09 / 12 |

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

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

- ≥23 sf or ≥3 ft
- ≥160 sf or ≥960 ft
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebox Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

| Corridor outside kitchen | ☐ ☑ ☐ ☐ |
| Floor tile and mastic | ☑ |

| Name of Registered Waste Hauler | SERVICE TRANSPORT GROUP, INC. |
| NJ/DEP Waste Hauler ID No. | 20990 |
| Cubic Yards of Waste | 2 |
| Name of Registered Landfill | Minerva Landfill |
| Disposal Date | 5/9/12 |
| City, State | Waynesburg, OH |

| Completed By (Print or Type) | Gino Pizzigoni |
| Title | Estimator |
| Signature | |
| Date | 5/8/12 |

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