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

Date of Notification (1)
Agencies Notified
☐ EPA
☐ DEP
☐ DOL
☐ DOH
☐ DCA
☐ Initial
☐ Amended
☐ Amendment #
☐ Emergency (including justification)
☐ Cancellation

Name of Building Owner/Operator (2)
Buckeye Perth Amboy Terminal, LLC

Street Address
1 Greenway Plaza Suite 600
City, State, Zip Code
Houston, TX 77046

Name of Contact
Clint Johnson
Telephone Number

FACILITY INFORMATION
Name of Facility Where Abatement is Taking Place (3)
Buckeye Perth Amboy Terminal – Fabrication Shop

Street Address
380 Maurer Road
City (5)
Perth Amboy
County (6)
Middlesex
County Code (7)

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

ASCM No.
Name of Abatement Contractor (9)
Brandenburg

Street Address
2217 Spellman Drive
City, State, Zip Code
Bethlehem, PA 18015

Project Manager for Monitoring Firm

Telephone No.
610-691-1800
License No.

Start Date (10)
Scheduled Completion Date (11)

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 ft or ≥ 3 if
☒ ≥ 160 ft or ≥ 260 if
☐ Renovation
☒ Demolition

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
Enclosure

Fabrication shop office
Fabrication shop
Fabrication shop

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

Cubic Yards of Waste

Name of Registered Landfill
Minerva Landfill

City, State
New Castle, DE

Disposal Date

Completed by
Jason C. Kappel
Title
Project Manager
Signature

Date
5/15/13

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

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

<table>
<thead>
<tr>
<th>State of New Jersey</th>
</tr>
</thead>
</table>

**Name of Building Owner/Operator:** Buckeye Perth Amboy Terminal, LLC

**Street Address:** 1 Greenway Plaza Suite 600

**City, State, Zip Code:** Houston, TX 77046

**Name of Contact:** Clint Johnson

**Telephone Number:**

### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place:** Buckeye Perth Amboy Terminal -- Truck Load Rack & Driver Building

**Street Address:** 380 Maurer Road

**City:** Perth Amboy

**County:** Middlesex

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

**Square Feet:**

**# of Floors:** 1

**Bldg. Age:**

**Current Use:** Prior to being demolished: truck load rack and driver building

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

**ASCM No.:**

**Name of Abatement Contractor:** Brandenburg

**Street Address:** 2217 Spillman Drive

**City, State, Zip Code:** Bethlehem, PA 18015

**Name of OSHA Monitor:**

**Telephone No.:** 610-691-1800

**License No.:**

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

- [x] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Other -- Describe:

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

- [x] ≥30 sf or ≥3 ft
- [ ] ≥160 sf or ≥2260 ft
- [x] Renovation
- [x] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
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</table>

**Truck load rack**

**Truck load rack**

**Truck load rack driver building**

**Name of Registered Waste Hauler:** Service Transport Group, Inc.

**NUDEP Waste Hauler ID No.:** 20990

**Cubic Yards of Waste:**

**Name of Registered Landfill:** Minerva Landfill

**Disposal Date:**

**City, State:** Waynesburg, OH

**Completed by:**

**Signature:**

**Date:** 5/15/13

---

*Do not use this form for asbestos licensure exempted activities.*
<table>
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<th>04 / 22 / 13</th>
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<th>City, State, Zip Code</th>
<th>NEWARK, NJ 07102</th>
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<tr>
<th>Name of Contact</th>
<th>DEBRA PERRY</th>
</tr>
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## FACILITY INFORMATION

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<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>ST. JOHN'S CHURCH</th>
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<th>Street Address</th>
<th>118 SUMMIT AVENUE</th>
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<th>HUDSON</th>
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| County Code (7) | |
|-----------------| |

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<tr>
<th>Square Feet</th>
<th>25000 +</th>
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<table>
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<th># Of Floors</th>
<th>1 1/2</th>
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<th>Building Age</th>
<th>150 +</th>
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<th>VACANT - FORMER CHURCH</th>
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<th>Name of Monitoring Firm Hired by Bldg. Owner (8)</th>
<th>ASCM NOA</th>
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<th>City, State, Zip Code</th>
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<tr>
<th>Project Mgr. For Monitoring Firm</th>
<th>Eric Houseknecht</th>
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<th>Telephone Number</th>
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<th>973-772-3660</th>
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<th>Occupancy Status During Abatement (Check Only 1)</th>
<th>Facility Closed/Vacated During Entire Period of Abatement</th>
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<tr>
<th>Abatement Performed Outside of Normal Facility</th>
<th>Hours - Describe: __ M-F - 7:00aM - 4:00PM</th>
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| Other - Describe: | |
|-------------------| |

## Scope of Work (Check All That Apply)

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

<table>
<thead>
<tr>
<th>Location of Asbestos Containing Material (13)</th>
<th>TO BE ABATED</th>
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<tr>
<th>Is Location Normally Used Solely by Maintenance/ Custodial Staff (12)</th>
<th>YES NO N/A</th>
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<tbody>
<tr>
<td>ROCK</td>
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<td>ROOF</td>
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<td>REAR 1ST STORY</td>
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<th>Description of Asbestos - Containing Material (ACM)</th>
<th>(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
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| Amount (Specify SF or LF) | |
|--------------------------| |

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<tr>
<th>Name of Registered Waste Hauler</th>
<th>LVI DEMOLITION</th>
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<th>Cubic Yards</th>
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<th>Name of Registered Landfill</th>
<th>GROWS / WASTE MGMT</th>
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<th>City, State</th>
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| Disposal Date | |
|---------------| |

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<th>Completed by (Print or Type)</th>
<th>JOHN FOLSOM</th>
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<tr>
<th>Title</th>
<th>Project Manager</th>
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| Signature | |
|-----------| |

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<th>05/15/13</th>
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STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:60-7 AND 12:120-7)

Date of Notification (11)

PROJECT ON HOLD

Name of Building Owner / Operator (2)
EPISCOPAL DIOCESE

Agencies Notified
EPA

Type of Notification
Initial

Street Address
31 MULBERRY STREET

DEP
Amended

City, State, Zip Code
NEWARK, NJ 07102

DOH
Amendment # 1

Name of Contact /
DEBRA PERRY

DOL
Emergency w/ justification

Telephone Number

Cancellation

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
ST. JOHN'S CHURCH

City (5)
JERSEY CITY

County (6)
Hudson

County Code (7)

Square Feet
25000 +

Building Age

Current Use (Prior if being demolished)
VACANT - FORMER CHURCH

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

AET

Type of Facility (4)

LVI DEMOLITION SERVICES INC.

ASCM NO

Street Address

907 Doolittle Drive

City, State, Zip Code
Bridgewater, NJ 08807

EAST HANOVER, NJ 07936

Project Mgr. For Monitoring Firm
Eric Houseknecht

Telephone Number
908-218-1108

License Number
00860

Sched. Start Date (10)
05/06/13

Sched. Completion Date (11)
05/17/13

Occupancy Status During Abatement (Check Only 1)
Facility Closed/Vacated During Entire Period of Abatement

Name of OSHA Monitor
LVI DEMOLITION SERVICES INC.

Street Address
32 Williams Parkway

City, State, Zip Code
EAST HANOVER, NJ 07936

Hours - Describe: M-F - 7:00am - 4:00pm

Other - Describe:

Scopes of Work (Check All That Apply)

Demolition

Renovation

Full Containment with Negative Pressure

≥3sf or ≥1if

Mini - Enclosure

≥60 sf or ≥260 if

Glovebag Procedure

Non-Exempted (*) and Non-Friable Procedure

Scope of Work - Location of Asbestos Containing

Location of Asbestos Containing

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

ROOF

ROOF FLASHING

ROOF FELT

REAR 1ST STORY

Name of Registered Waste Hauler
LVI DEMOLITION

Name of Registered Landfill
GROWS / WASTE MGMT

Cubic Yards of Waste

ROOF

MOP

VAI

RAL

SUL

Name of Registered Landfill

Cubic Yards of Waste

ROOF FLASHING

MOP

EPA

RAL

SUL

ROOF FELT

MOVA

AP

OS

Name of Registered Landfill

Cubic Yards of Waste

ROOF

MOP

VAI

RAL

SUL

Completed by (Print or Type)
JOHN FOLSOM

Title
Project Manager

Signature

Date
05/07/13

ASB-41
STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:60-7 AND 12:120-7)

Date of Notification (1)

04 / 22 / 13

Name of Building Owner / Operator (2)

EPISCOPAL DIOCESE

Street Address

31 MULBERRY STREET

City, State, Zip Code

NEWARK, NJ 07102

Name of Contact

DEBRA PERRY

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

ST. JOHN'S CHURCH

Type of Facility (4)

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

Square Feet

25,000 +

Building Age

150 +

Vacant - Former Church

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

ASCM NOT

LVI DEMOLITION SERVICES INC.

Street Address

907 Doolittle Drive

City, State, Zip Code

Bridgewater, NJ 08807

Project Mgr. For Monitoring Firm

Eric Houseknecht

Telephone Number

908-213-1168

Telephone Number

973-772-3650

License Number

00890

Occupancy Status During Abatement (Check Only 1)

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

Hours - Describe: M-F: 7:00AM - 4:00PM

Other - Describe:

Name of OSHA Monitor

LVI DEMOLITION SERVICES INC.

Street Address

32 Williams Parkway

City, State, Zip Code

EAST HANOVER, NJ 07936

Scope of Work (Check All That Apply)

☒ Demolition
☐ Renovation
☐ Full Containment with Negative Pressure
☐ Non-Exempted (*) and Non-Friable Procedure

☐ ≥36sf or ≥36lf
☐ ≥160 sf or ≥260 lf

Description of Asbestos - Containing Material (ACM)

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

Amount (Specify SF or LF)

Abatement Type

Location of Asbestos Containing Materials

TO BE ABATED

in Facility

(13)

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

YES NO N/A

ROOF

REAR 1ST STORY

Name of Registered Waste Hauler

LVI DEMOLITION

Cities, State

EAST HANOVER, NJ

Cubic Yards of Waste

GROWS / WASTE MGMT

Name of Registered Landfill

Disposal Date

City, State

MORRISVILLE, PA

Completed by (Print or Type) Title

JOHN FOLSOM Project Manager

Signature Date

04/22/13
### State of New Jersey
### NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

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<td>VPGS, LLC</td>
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**Agencies Notified**
- [x] EPA
- [x] DOLWD
- [x] DHSS
- [x] DCA (NJAC 5:23-8)

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

**Street Address**
1745 Shea Center Drive, Suite 190
Highlands Ranch, Colorado

**City, State, Zip Code**

**Name of Contact**
Dennis Queereux

**Telephone Number**

### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place**
Building #2, Building #3, Building #16 & Building #20 A,B,C

**Street Address**
1050 State Street
Perth Amboy NJ

**City**
Perth Amboy

**County**
Middlesex

**Name of Monitoring Firm Hired by Building Owner**
Cardno ATC

**ASCM No.**
00098

**Name of Abatement Contractor**
JVN Restoration Inc

**Street Address**
47 Foster Road
Staten Island

**City, State, Zip Code**
New York NY 10010

**Name of OSHA Monitor**
Testo Tech

**License No.**
00774

**Start Date**
5 / 16 / 13

**Scheduled Completion Date**
7 / 16 / 13

**Occupancy Status During Abatement**
- [x] Facility Closed/Vacated During Entire Period of Abatement
- [x] Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-4:00PM PM - 5:00AM AM

**Scope of Work**
- [ ] 3/sf or >3k
- [ ] 1600 sf or >260k
- [ ] Renovation
- [x] Demolition

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

**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 $ or LF)**

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<th>Abatement Type</th>
<th>Removal</th>
<th>Repair</th>
<th>Encapsulation</th>
<th>Enclosure</th>
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**Window & Doors**
- [ ] Caulking
- [x] VAT/Mastic
- [ ] Glue Dots
- [ ] Compound/Plaster

**94 SF**

**Various Locations**
- [ ] 7,800 SF
- [ ] 800 SF
- [ ] 4,400 SF

**Name of Registered Waste Hauler**
Global Waste Industries, Inc.
NJDEP Waste Hauler ID No. NJ-22147

**Cubic Yards of Waste**
300

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

**City, State**
Hackettstown, NJ

**Disposal Date**
7/15/13

**City, State**
Morrisville, PA

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

**Title**
Senior Project Manager

**Signature**

**Date**
5/15/13

*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)

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<td>5 / 15 / 13</td>
<td>VPGLS, LLC</td>
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**Agencies Notified**
- [x] EPA
- [x] DOLWD
- [x] DHSS
- [x] DCA (NJAC 5:23-8)

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<td>[ ] Amended</td>
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<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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**Street Address**

1745 Shea Center Drive, Suite 180

**City, State, Zip Code**

Highlands Ranch, Colorado

**Name of Contact**

Dennis Queux

**Telephone Number**

---

**FACILITY INFORMATION**

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

Building #2, Building #3, Building #16 & Building #20 A, B & C

**Street Address**

1050 State Street

**City (5)**

Perth Amboy NJ

**County (6)**

Middlesex

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

Current Use (Prior if being demolished)

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

Cardno ATC

**ASCM No.**

00098

**Name of Abatement Contractor (9)**

JVN Restoration Inc

**Street Address**

104 East 25th Street

**City, State, Zip Code**

New York NY 10010

**Project Manager for Monitoring Firm**

Fred Burkhardt

**Telephone No.**

212-353-8280

**License No.**

718-605-6256

**Start Date (10)**

5 / 16 / 13

**Scheduled Completion Date (11)**

7 / 15 / 13

**Name of OSHA Monitor**

Testor Tech

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

- [x] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00 AM - 4:00 PM/ 10:00 AM

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

- [ ] ≥ 1,000 sf or ≥ 300 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 (13)**

<table>
<thead>
<tr>
<th>Various Locations</th>
<th></th>
<th>Transite</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No</td>
<td>19,539 SF</td>
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</table>

<table>
<thead>
<tr>
<th>Exterior</th>
<th>Paint</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>14,432 SF</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Various Locations</th>
<th>Pipe Insulation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>846 LF</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Roof</th>
<th>Tar/ Roofing Material/ Flashing</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>3,810 SF</td>
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</tbody>
</table>

**Name of Registered Waste Hauler**

Global Waste Industries, Inc.

**NJDEP Waste Hauler ID No.**

NJ-22147

**Cubic Yards of Waste**

300

**Name of Registered Landfill**

G.R.O.W.S., Inc

**City, State**

Hackettsown, NJ

**Disposal Date**

7/15/13

**Completed By (Print or Type)**

John Tardy

**Title**

Senior Project Manager

**Signature**

Tardy

**Date**

5/15/13

---

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

Date of Notification (1)
05/08/13 Check #2624

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

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

Street Address
4000 Hadley Road
City, State, Zip Code
South Plainfield, New Jersey 07080

Name of Contact
Tim McGuire
Telephone Number

FACILITY INFORMATION

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

Street Address
84 Runyon Road
City (5)
Clifton, New Jersey 07013
County (6)
Passaic
County Code (7) (STATE USE ONLY) ______

Square Feet
2000
# of Floors
2
Bldg. Age
55+

Current Use (Prior if being demolished)
Residence

Name of Monitoring Firm Hired by Building Owner (8)
N/A
ASCN No. ________________________________________

Name of Abatement Contractor (9)
Lilich Corporation
Street Address
606 McBride Avenue
City, State, Zip Code
Woodland Park, New Jersey 07424

Project Manager for Monitoring Firm
Street Address
Telephone No.
606 McBride Avenue
973-225-8400

Start Date (10) Scheduled Completion Date (11)
Name of OSHA Monitor
J & S Environmental Laboratories Inc.
Name of Registered Waste Hauler
Lilich Corporation
NJDEP Waste Hauler ID No. 18724
Cubic Yards of Waste
15
City, State
Woodland Park, New Jersey
Diposal Date
05/28/13
Name of Registered Landfill
G.R.O.W.S Landfill
City, State
Morrissette, Pennsylvania

Completed by Tatiana Kalenikova
Title Vice President
Signature ____________________________________________________________________________
Date 05/08/13

Scope of Work (Check All That Apply)

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

Renovation
☐
Demolition ☐

Location of Asbestos-Containing Material (ACM)

TO BE ABATED

In Facility (13)

House Exterior
X

Kitchen & Basement Staircase Landing
X

Basement
X

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

Yes
No
N/A

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

Transite Siding
1250 SF

cubic X

Brown Linoleum & Adhesive
150 SF

cubic X

Floor Tile & Mastic
660 SF

cubic X

Transite Exhaust Pipe
1 L F

cubic X

Amount (Specify SF or LF)

Abatement Type

Removal
Repair
Encapsulation
Enclosure

* Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>X</td>
<td>Gray Exterior Window Glaze</td>
<td>72 SF</td>
<td>X</td>
</tr>
<tr>
<td>Garage</td>
<td>X</td>
<td>Gray Interior Window Glaze</td>
<td>50 LF</td>
<td>X</td>
</tr>
</tbody>
</table>
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)  

Date of Notification (1)  
05/13/13  

Name of Building Owner/Operator (2)  
Mahwah Board of Education  

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

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

Street Address  
60 Ridge Road  

City, State, Zip Code  
Mahwah NJ 07430  

Name of Contact  
Scot Van De Mark  

Telephone Number  

FACILITY INFORMATION  

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

Street Address  
50 Ridge Road  

City (5)  
Mahwah  

County (6)  
Bergen  

County Code (7)  

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

ASCM No.  
090  

Name of Abatement Contractor (9)  
Bako Construction & Restoration, Inc.  

Street Address  
403 St. James Avenue  

City, State, Zip Code  
Phillipsburg, NJ 08865  

Project Manager for Monitoring Firm  
Jon Gilbert  

Telephone No.  
908 454 6316  

Current Use (Prior if being demolished)  
High School Field House  

Start Date (10)  
06/05/13  

Scheduled Completion Date (11)  
06/08/13  

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

Scope of Work (Check All That Apply)  
☐ ≥23 sf or ≥3 if  
☐ ≥160 sf or ≥280 if  
☐ Renovation  
☐ Demolition  
☐ Full Containment with Negative Pressure  
☐ Mini-Enclosure  
☐ Glovebag Procedure  
☐ Non-Exempted (*) and Non-Friable Procedure  

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

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

Abatement Type  
Removal ☑ Repair ☐ Encapsulate ☐ Endorse ☐  

Endorsement:  

Name of Registered Waste Hauler  
Bako Construction & Restoration, Inc.  

NJDEP Waste Hauler ID No.  
20889  

Cubic Yards of Waste  
10  

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

City, State  
Totowa NJ  

Disposal Date  
06/10/13  

City, State  
Morrisville PA  

Completed by  
Goran Kojic  

Title  
Project Manager  

Signature  
05/13/13  

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

Date of Notification (1)
5/13/2013

Name of Building Owner/Operator (2)
CONGOLEUM CORPORATION

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

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

Street Address
1945 E. STATE STREET

City, State, Zip Code
TRENTON

Name of Contact
DAVID J. D'ANDREA

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
CONGOLEUM CORPORATION

Street Address
1945 E. STATE STREET

City (5)
TRENTON

County
NEW JERSEY

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished)

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

Name of Abatement Contractor (9)
CREAM RIDGE ENVIRONMENTAL INC.

Street Address
15 BLACK FOREST ROAD

City, State, Zip Code
HAMILTON, NJ 08691

Project Manager for Monitoring Firm

Telephone No.
609-890-7110

License No.
00676

Start Date (10)
5/14/2013

Scheduled Completion Date (11)
5/15/2013

Name of OSHA Monitor
N/A

Occupancy Status During Abatement (Check only one)
☒ Facility Closed/Vacated During Entire Period of Abatement
☒ Abatement performed outside of working hours 3PM-11 PM

Scope of Work (Check all that apply)

☒ ≥ 3 sf or ≥ 3 if
☒ ≥ 160 sf or ≥ 260 if

☐ Renovation
☐ Demolition

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

MANUFACTURING PLANT

TRANSITE PANELS

640 SQ. FT.

X

COOLING TUNNEL AREA

(20 4X8 PANELS)

X

Name of Registered Waste Hauler
NJDEP Waste Hauler ID No.
17304

Cubic Yards of Waste
10 YD

Name of Registered Landfill
GROWS

City, State
BELLMAWR, NJ 08031

Disposal Date
5/16/2013

City, State
MORRISVILLE, PA

Completed By
DAVID D'ANDREA

Title
PRESIDENT

Signature 27-Mar

Date 5/13/2013

ASB-41

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

Date of Notification (1)  
[Date: 05/17/2013]

Name of Building Owner/Operator (2)  
ALAN SHAIMEN

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

Type Notification  
Initial/Amended

Amendment #:  

Name of Contact  
ALAN SHAIMEN

FACILITY INFORMATION

Name of facility where abatement is taking place (3)  
ALAN SHAIMEN

Street Address  
111 YANTAKAW ROAD

City, State, Zip Code  
Upper Montclair, NJ 07043

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  

# 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  
01169

Name of OSHA Monitor  
D & S Restoration, Inc.

Street Address  
20 California Avenue

City, State, Zip Code  
Paterson, NJ 07503

Current Use (Prior if being demolished)  

Start Date (10)  
05/22/13

Sched. Completion Date (11)  
06/10/13

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

Other-Describe:  

Scope of Work (check all that apply)  
- 0.3 sf or greater  
- Renovation  
- 260 sf or greater  
- Demolition

Location of asbestos-containing material (ACM) to be abated in facility (13)  
GARAGE  
- Location normally used solely by maintenance/custodial staff

Description of asbestos-containing material (ACM)  
DUCT INSULATION  
77 SQ FT

Amount (Specify SF or LF)  

Removal/Repair/Encapsulation  
- X Remove

Registered Waste Hauler  
D & S RESTORATION, INC

NJDEP Hauler ID  
13506

Cubic Yards of Waste  
1 YD

Name of Registered Landfill  
TULLYTOWN, RESOURCE RECOVERY

City, State  
PATerson, NJ 07503

Disposal Date  
05/23/13

City, State  
PATTerson, PA

Completed by (Print or Type)  
BOGDAN JOLDZIC

Title  
PRESIDENT

Date  
05/07/2013

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

Date of Notification (1)
10/5/18

Name of Building Owner/Operator (2)
MARK MAGGI

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

Type Notification
☒ Initial  ☐ Amended  ☐ Amendment #

Emergency (including justification)
☐

City, State, Zip Code
RED BANK, NJ

Name of Contact
MARK MAGGI

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
MARK MAGGI

Street Address
5 ALSTON COURT

City (5)
RED BANK

County (8)
MONMOUTH

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

ASCM No.

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  License Number
973-345-8020  01169

Name of OSHA Monitor
D & S Restoration, Inc.

Street Address
20 California Avenue

City, State, Zip Code
Paterson, NJ 07503

Start Date (10)
05/20/13

Sched. Completion Date (11)
06/06/13

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: NORMAL HOURS

Scope of Work (check all that apply)
☒ >2 sf or >2 ft  ☑ Renovation  ☑ Demolition
☑ >160 sf or >260 ft  ☐

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

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

Yes  No  N/A

PIPE INSULATION  24-60 1 ft

Amount (Specify SF or LF)

Removal  Repair  Encapsulation

Registered Waste Hauler
D & S RESTORATION, INC.
NJDEP Hauler ID# 13506
Cubic Yards of Waste 1 YD

Name of Registered Landfill
TULLYTOWN, RESOURCE RECOVERY

City, State
Paterson, NJ 07503

Disposal Date 05/21/13

Completed by (Print or Type)
BOGDAN JOLDZIC

Title  PRESIDENT

Signature

Date 05/08/13

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

Date of Notification (1) 05/10/13 #2826 $200

Name of Building Owner/Operator (2) Elmora Hills Healthcare & Rehabilitation

Street Address 225 South Elmora Street
City, State, Zip Code Elizabeth, New Jersey 07202
Name of Contact C/o Detail Associates Stephen J.

FACILITY INFORMATION

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

Square Feet 40,000
# of Floors 5
Bldg. Age 55+

Current Use (Prior to being demolished) Rehabilitation Center

Name of Facility Where Abatement is Taking Place (3) Elmora Hills Healthcare Rehabilitation

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

Name of Abatement Contractor (9) Lillich Corporation

Street Address 300 Grand Avenue
City, State, Zip Code Englewood, New Jersey 07631
Street Address 606 McBride Avenue
City, State, Zip Code Woodland Park, New Jersey 07424

Project Manager for Monitoring Firm Stephen Jaraczewski
Telephone No. 201-569-6709

License No. 01104

Start Date (10) 05/28/13
Scheduled Completion Date (11) 08/21/13

Occupancy Status During Abatement (Check Only One)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other - Describe: 7AM Start (24/7 for 1 week, break every other wk, 5 phases)

Scope of Work (Check All That Apply)
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Fireable Procedure

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

<table>
<thead>
<tr>
<th>Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up Ramp &amp; Hallway</td>
<td>X</td>
<td>Asbestos Ceiling Tiles</td>
<td>3,356 SF</td>
<td>X</td>
</tr>
<tr>
<td>Room #237</td>
<td>X</td>
<td>Asbestos Ceiling Tiles</td>
<td>400 SF</td>
<td>X</td>
</tr>
<tr>
<td>Medical Examination Room</td>
<td>X</td>
<td>Asbestos Ceiling Tiles</td>
<td>156 SF</td>
<td>X</td>
</tr>
<tr>
<td>Room #234</td>
<td>X</td>
<td>Asbestos Ceiling Tiles</td>
<td>225 SF</td>
<td>X</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler Lillich Corporation
NJDEP Waste Hauler ID No. 18724
Cubic Yards of Waste 80
Name of Registered Landfill G.R.O.W.S. Landfill
City, State Woodland Park, New Jersey 07424
Disposal Date 08/22/13
City, State Morrisville, Pennsylvania

Completed by Tatiana Kalenikova Title Vice President
Signature
Date 05/10/13

* Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)</th>
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<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Room #236</td>
<td>X</td>
<td>Asbestos Ceiling Tiles</td>
<td>400 SF</td>
<td>X</td>
</tr>
<tr>
<td>Front of Elevator</td>
<td>X</td>
<td>Asbestos Ceiling Tiles</td>
<td>160 SF</td>
<td>X</td>
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</tbody>
</table>
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:30 and 12:120)

Date of Notification (1)
05/09/13 CK# 2625 $200

Name of Building Owner/Operator (2),
Elmora Hills Healthcare & Rehabilitation

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

Street Address
225 South Elmora Street
City, State, Zip Code
Elizabeth, New Jersey 07202
Name of Contact
C/o Detail Associates Stephen J.

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)
Elmora Hills Healthcare & Rehabilitation

Street Address
225 South Elmora Street

City (5)
Elizabeth, New Jersey 07202
County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished)
Rehabilitation Center

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

Square Feet
40,000

# of Floors
5

Bldg. Age
55+

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

Name of Abatement Contractor (9)
Lilich Corporation

Street Address
300 Grand Avenue
City, State, Zip Code
Englewood, New Jersey 07631

Project Manager for Monitoring Firm
Stephen Jaraczewski

Telephone No.
201-569-6708

Start Date (10)
05/21/13

Scheduled Completion Date (11)
08/21/13

Name of OSHA Monitor
J&S Environmental Labs

Telephone No.
973-225-8400

License No.
01104

Street Address
2333 Route 22 West
City, State, Zip Code
Union, New Jersey 07083

Occupancy Status During Abatement (Check Only One)

Facility Closed/Vacated During Entire Period of Abatement
Abatement Performed Outside of Normal Facility Hours
Other - Describe: 7AM Start (24/7 for one week, break every other wk, 5 phases)

Scope of Work (Check All That Apply)

a3 sf or 3sf
>600 sf or 2260 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 of Asbestos-Containing Material (ACM) TO BE ABATED IN FACILITY (13)</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up Ramp &amp; Hallway</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Room #237</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical Examination Room</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Room #234</td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Description of AsbestosContaining Material (ACM) (I.e. thermal systems insulation, surfacing, Vat, or other miscellaneous)

<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
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<td>3,356 SF</td>
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<td>Asbestos Ceiling Tiles</td>
<td>400 SF</td>
<td>x</td>
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<tr>
<td>Asbestos Ceiling Tiles</td>
<td>156 SF</td>
<td>x</td>
</tr>
<tr>
<td>Asbestos Ceiling Tiles</td>
<td>225 SF</td>
<td>x</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
Lilich Corporation

NJDEP Waste Hauler ID No.
19724

Cubic Yards of Waste
80

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

City, State
Woodland Park, New Jersey 07424

Completed by
Tatiana Kalenikova
Vice President

Signature
Date
05/09/13

* Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (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>Room #236</td>
<td>X</td>
<td>Asbestos Ceiling Tiles</td>
<td>400 SF</td>
<td>X</td>
</tr>
<tr>
<td>Front of Elevator</td>
<td>X</td>
<td>Asbestos Ceiling Tiles</td>
<td>160 SF</td>
<td>X</td>
</tr>
</tbody>
</table>
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
05/09/13 CKF 2625 $200

Name of Building Owner/Operator (2)
Elmora Hills Healthcare & Rehabilitation

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

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

Street Address
225 South Elmora Street

City, State, Zip Code
Elizabeth, New Jersey 07202

Name of Contact
C/o Detail Associates, Stephen J.

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Elmora Hills Healthcare & Rehabilitation

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

Street Address
225 South Elmora Street

City (5)
Elizabeth, New Jersey 07202

County (6)

County Code (7)

Union

Current Use (Prior to being demolished)
Rehabilitation Center

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

Name of Abatement Contractor (9)
Lilich Corporation

Street Address
300 Grand Avenue

City, State, Zip Code
Englewood, New Jersey 07631

Project Manager for Monitoring Firm
Stephen Jaraczewski

Telephone No.
201-569-8708

Start Date (10)
05/21/13

Scheduled Completion Date (11)
08/21/13

Occupancy Status During Abatement (Check Only One)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other – Describe: 7AM Start/4/7 for one week, break every other week, 5 phases

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM) (if thermal systems insulation, surfacing, VAT, etc., other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up Ramp &amp; Hallway</td>
<td>Yes</td>
<td>Asbestos Ceiling Tiles</td>
<td>3,356 SF</td>
<td>x</td>
</tr>
<tr>
<td>Room #237</td>
<td>Yes</td>
<td>Asbestos Ceiling Tiles</td>
<td>400 SF</td>
<td>x</td>
</tr>
<tr>
<td>Room #234</td>
<td>Yes</td>
<td>Asbestos Ceiling Tiles</td>
<td>156 SF</td>
<td>x</td>
</tr>
<tr>
<td>Medical Examination Room</td>
<td>Yes</td>
<td>Asbestos Ceiling Tiles</td>
<td>225 SF</td>
<td>x</td>
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</tbody>
</table>

Name of Registered Waste Hauler
Lilich Corporation

NJDEP Waste Hauler ID No.
18724

Cubic Yards of Waste
80

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

City, State
Woodland Park, New Jersey 07424

Disposal Date
08/22/13

City, State
Morrisville, Pennsylvania

Completed by
Tatiana Kalenikova

Title
Vice President

Signature

Date
05/09/13

* Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (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>Room #236</td>
<td>Yes</td>
<td>X</td>
<td>Asbestos Ceiling Tiles</td>
<td>400 SF</td>
</tr>
<tr>
<td>Front of Elevator</td>
<td>Yes</td>
<td>X</td>
<td>Asbestos Ceiling Tiles</td>
<td>160 SF</td>
</tr>
</tbody>
</table>
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>5/13/2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>JEML Investment inc</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Street Address</th>
<th>1905 New York Ave</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State, Zip Code</td>
<td>Union City NJ</td>
</tr>
</tbody>
</table>

**Name of Contact**
Jorge Perez

**Telephone Number**

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Private Property</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>1905 New York Ave</td>
</tr>
<tr>
<td>City (5)</td>
<td>Union City NJ</td>
</tr>
<tr>
<td>County (6)</td>
<td>Hudson</td>
</tr>
<tr>
<td>Current Use (Prior if being demolished)</td>
<td>Garage</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>First Phase Group Inc</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State, Zip Code</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**Project Manager for Monitoring Firm**
N/A

**Telephone No.**
N/A

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>5/14/2013</th>
</tr>
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<tbody>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>5/16/2013</td>
</tr>
</tbody>
</table>

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

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

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

<table>
<thead>
<tr>
<th>Exterior Roof</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>Roof Flashing</td>
<td>150SF</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Minerva Enterprises</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asbestos Transportation Company</td>
<td>NJDEP Waste Hauler ID No. 24310</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
<th>Disposal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State</td>
<td>waynesburg OH 44688</td>
</tr>
</tbody>
</table>

**Completed by**
Edwin Precilla

**Title**
Project Manager

**Signature**

**Date**
5/13/2013

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

Date of Notification (1)
5-13-2013

Name of Building Owner/Operator (2)
K. SPENO

Agency Notified
☐ EPA
☐ DEP
☐ DOL
☐ DOH
☐ DCA

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

Street Address
50 BEDFORD ROAD
SUMMIT, N.J. 07901

City, State, Zip Code
SUMMIT, N.J. 07901

Name of Contact
K. SPENO

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
K. SPENO

Street Address
50 BEDFORD ROAD

City (5)
SUMMIT

County (6)
UNION

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)
Best Removal Inc

Street Address
450 S. River St

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

Telephone No.
201-329-7444

License No.
00388

Name of OSHA Monitor
Omega Environmental Inc

Street Address
280 Huyler St

City, State, Zip Code
SOUTH HACKENSACK, N.J. 07606

Start Date (10)
5-23-13

Scheduled Completion Date (11)
5-24-13

Occupancy Status During Abatement (Check only one)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other – Describe: 8AM - 5PM

Scope of Work (Check all that apply)
☐ ≥ 3 sf or ≥ 3 II
☐ ≥ 180 sf or ≥ 260 II

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

Amount (Specify SF or LF)

Abatement Type
☐ Full Containment with Negative Pressure
☐ Mini-Enclosures
☐ Glovebox Procedure
☐ Non-Encapsulated (*) and Non-Fissible Procedure

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

Location Normally Used Solely by Maintenance/Custodial Staff

GARAGE BASEMENT

X THERMAL INSULATION DEBRIS

40 SF

X THERMAL INSULATION

40 LF

Name of Registered Waste Hauler
Best Removal Inc

Waste Hauler ID No.
17109

Cubic Yards of Waste
12 YD

Name of Registered Landfill
Minerva Enterprises

City, State
WAYNESBURG, OH

Corrected by
R. VELDRAN

Title
Estimator

Signature
R. VELDRAN

Date
5-13-13

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

Date of Notification (1)
04/15/2013

Name of Building Owner/Operator (2)
GEM Motel LLC

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

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

Street Address
4 Gateway Drive

City, State, Zip Code
Colts Neck, New Jersey 07722

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
GEM Motel

Street Address
930 US-1

City (5)
Avanel

County (6)
Middlesex

County Code (7)
(State Use Only) N/A

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

ASCM No.

Name of Abatement Contractor (9)
Sky Contracting, LLC

Street Address
1385 Valley Road, Suite K

City, State, Zip Code
Wayne, New Jersey 07470

Square Feet
8,600

# of Floors
2

Bldg. Age
70

Current Use (Prior if being demolished)
Commercial

Name of OSHA Monitor
Sky Contracting, LLC

Street Address
1385 Valley Road, Suite K

City, State, Zip Code
Wayne, New Jersey 07470

Start Date (10)
ASAP

Scheduled Completion Date (11)
TBD

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)
☐ ≤25 sf or ≤2500 sf
☐ >25 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)
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 (Specify SF or LF)
100 SF

Abatement Type
☐ Removal
☐ Repair
☐ Encapsulate
☐ Enclose

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

NJDEP Waste Hauler ID No.

Cubic Yards of Waste
100

Name of Registered Landfill
BFI Imperial Landfill

Disposal Date
TBD

City, State
Imperial, PA

Completed by
Predrag Sarcev
Title
Vice President

Signature

Date
04/15/2013

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

Date of Notification (1)
May 13, 2013

Name of Building Owner/Operator (2)
Jade Hackettstown Associates, LLC

Name of Facility Where Abatement is Taking Place (3)
demolition site

Address
91 Main Street
Hackettstown, NJ

City (5)

County (6)
Warren

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

Telephone No.
1-800-9696-AET

Project Manager for Monitoring Firm
Eric

Start Date (10)
5/14/13

Scheduled Completion Date (11)
8/1/13

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

Abatement Performed Outside of Normal Facility Hours

Other - Describe:

Scope of Work (Check All That Apply)

- 3 af or >3 If
- 160 sf or >260 If

Renovation
Demolition

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

Is Location Normally Used Solely by Maintenance/Custodial Staff?

Name of Registered Waste Hauler
Newark Carting

Complied by
Mike Cooper

Type Notification
Initial
Amended
Emergency (including justification)
Cancellation

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)
demolition site

Name of Abatement Contractor (9)
The MACK Group, LLC

Street Address
1500 Kings HWY N, STE 209

City, State, Zip Code
Cherry Hill, NJ 08034

License No.
00781

Name of OSHA Monitor
The MACK Group, LLC.

Street Address
1500 Kings HWY N, STE 209

City, State, Zip Code
Cherry Hill, NJ 08034

Abatement Type
Full Containment with Negative Pressure
Mini-Enclosure
Gluebag Procedure
Non-Exempted (*) and Non-Flammable Procedure

Amount (Specify SP or LF)

Abatement Type
Removal
Repair
Endoscope
Enclosure

Location of Asbestos-Containing Material (ACM)

Name of Registered Landfill
IESI Landfill

Disposal Date
8/1/13

City, State
Bethlehem, PA

Date
5/13/13

Cubic Yards of Waste

Signature

Title
President

Cubic Yards of Waste
75.9

NJ DEP Waste Hauler ID No.
4509

Disposal Date
8/1/13

City, State
Bethlehem, PA

Date
5/13/13

Signature

Title
President

Note: Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</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>2 &amp; 3</td>
<td>X</td>
<td>fire doors</td>
<td>2</td>
<td>Removal</td>
</tr>
<tr>
<td>3</td>
<td>X</td>
<td>Floor Tile</td>
<td>470 s/f</td>
<td>X</td>
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<tr>
<td>5</td>
<td>X</td>
<td>Fire Proofing</td>
<td>5535 s/f</td>
<td>X</td>
</tr>
<tr>
<td>11</td>
<td>X</td>
<td>TSI</td>
<td>150 s/f</td>
<td>X</td>
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<td>13</td>
<td>X</td>
<td>TSI</td>
<td>2 s/f</td>
<td>X</td>
</tr>
<tr>
<td>rest of site</td>
<td>X</td>
<td>Roofing</td>
<td>85300 s/f</td>
<td>X</td>
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<tr>
<td>&quot;</td>
<td>X</td>
<td>flashing</td>
<td>10900 s/f</td>
<td>X</td>
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<tr>
<td>&quot;</td>
<td>X</td>
<td>windows caulk &amp; glazings</td>
<td>225</td>
<td>X</td>
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<tr>
<td>&quot;</td>
<td>X</td>
<td>Exterior masonry &amp; boiler brick</td>
<td>6000 s/f</td>
<td>X</td>
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<td>&quot;</td>
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<td>Schedule of Completion (II)</td>
<td>6-1-13</td>
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<td>----------------------------</td>
<td>--------</td>
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<tr>
<td>Name of Approval Comissioner (VII)</td>
<td>GAD Insulation Co. Inc.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Address</td>
<td>95 MONTROSE AVE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>COLTS NECK, N.J 07726</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Telephone</td>
<td>732-949-1757</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of Responsible Person</td>
<td>Jack Gable</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date Completed</td>
<td>5-15-13</td>
<td></td>
<td></td>
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</tbody>
</table>

*Do not use this item for asbestos because exempted activities.*
<table>
<thead>
<tr>
<th>Date of Expiration</th>
<th>5-14-13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Contractor</td>
<td>BILL WEAVER</td>
</tr>
<tr>
<td>Address 1</td>
<td>2206 BALTIMORE AVE</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>LAVALLETTI, NJ 08735</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>OCEAN</td>
</tr>
<tr>
<td>Certification No.</td>
<td>A108347</td>
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<tr>
<td>Date of Expiration</td>
<td>5-30-13</td>
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<tr>
<td>Occupancy Status During Abatement</td>
<td>(Check only one)</td>
</tr>
<tr>
<td>Pre-Existing Permits</td>
<td></td>
</tr>
<tr>
<td>Abatement Procedure</td>
<td></td>
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<tr>
<td>Amount (2)</td>
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<tr>
<td>2700</td>
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</tbody>
</table>

**Description of Asbestos-Containing Material (ACM):**
- Location of ACM: **Unasbestos**
- ACM: Unasbestos |
- Amount: 2700 |

**Location of Abatement:**
- 2206 BALTIMORE AVE | LAVALLETTI, NJ 08735 |
- Contractor: BILL WEAVER |
- Date Completed: 5-14-13
# State of New Jersey
# NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

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

**Name of Building Owner/Operator (2)**
Dwaine Tutrone (Private House)

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>□ DEP</td>
<td>□ Amended</td>
</tr>
<tr>
<td>□ DOH</td>
<td>□ Amendment #</td>
</tr>
<tr>
<td>□ DCA</td>
<td>□ Cancellation</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Street Address    | 56 Nancy Dr.      |
| City, State, Zip Code | Manahawkin NJ 08050 |

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

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dwaine Tutrone (Private House)</td>
</tr>
</tbody>
</table>

| Street Address    | 56 Nancy Dr.      |
| City, State, Zip Code | Manahawkin NJ 08050 |

<table>
<thead>
<tr>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
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</thead>
<tbody>
<tr>
<td>1000 +</td>
<td>1</td>
<td>35+</td>
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<table>
<thead>
<tr>
<th>Type of Facility (4)</th>
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<tbody>
<tr>
<td>□ Other (i.e. private &amp; commercial buildings, homes, etc.)</td>
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</table>

<table>
<thead>
<tr>
<th>Current Use (Prior if being demolished)</th>
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</thead>
<tbody>
<tr>
<td>Home</td>
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<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
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<tbody>
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<table>
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<tr>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pernaco Inc.</td>
</tr>
</tbody>
</table>

| Street Address      | PO Box 329 |
| City, State, Zip Code | West Berlin NJ 08091 |

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
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<table>
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<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
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<tr>
<td>5/24/13</td>
<td>5/30/13</td>
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<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check Only One)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>□ Abatement Performed Outside of Normal Facility Hours</td>
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<tr>
<td>□ Other — Describe:</td>
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<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
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</thead>
<tbody>
<tr>
<td>□ ≥3 sf or ≥3 ff</td>
</tr>
<tr>
<td>□ ≥160 sf or ≥280 ff</td>
</tr>
<tr>
<td>□ Renovation</td>
</tr>
<tr>
<td>□ Demolition</td>
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<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>TO BE ABATED</td>
</tr>
<tr>
<td>In Facility (13)</td>
</tr>
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<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)</th>
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<tbody>
<tr>
<td>Yes</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
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<table>
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<tr>
<th>Amount (Specify SF or LF)</th>
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<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
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<tbody>
<tr>
<td>United Containers</td>
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</table>

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

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

<table>
<thead>
<tr>
<th>City, State</th>
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<tbody>
<tr>
<td>Elm NJ</td>
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<thead>
<tr>
<th>Disposal Date</th>
<th>Name of Registered Landfill</th>
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<tbody>
<tr>
<td>5/30/13</td>
<td>G.R.O.W.S.</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>Anthony T Perna</td>
<td>President</td>
<td>[Signature]</td>
<td>5/13/13</td>
</tr>
</tbody>
</table>

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

Date of Notification (1)  5-1-2013

Name of Building Owner/Operator (2) Richard Denby

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

Type Notification
[X] Initial Notification
[ ] Amended Notification
[X] Emergency
[ ] Cancellation

Facility Information
Name of Facility Where Abatement is Taking Place (3)
Same as above

Street Address
89 Hillside Ave

City, State, Zip Code
Verona, NJ, 07044

Name of Contact
Richard Denby

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

Square Feet 1600 sf
# of Floors 2
Bldg. Age 70

Current Use (Prior if being demolished)

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

ASCM No.

Street Address

Name of Abatement Contractor (9)
AZTECH MANAGEMENT, Inc.

Street Address
86 Christopher St.

City, State, Zip Code
Montclair, NJ 07042

Telephone Number
(973) 744-8800

License Number
00371

Name of OSHA Monitor
N/A

Street Address

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

Other (Describe):

Schedule Start Date (10) 5-10-2013
Scheduled Completion Date (11) 5-13-2013

Month Day Year
Month Day Year

Scope of Work (Check all that apply)
[X] ≥ 3 sq ft or ≥ 3’ LF
[ ] ≥ 160 sq ft or ≥ 260 LF
[X] Renovation
[ ] Demolition

Name of Registered Waste Hauler
AZTECH MANAGEMENT, INC.

Waste Hauler ID No. 17040

City, State
Montclair, NJ 07042

Cubic Yards of Waste 1.5

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

Disposal Date 5-14-2013

City, State
Morrisville, PA 19067

Completed By (Print or Type) Constantine Vivian
Title President

Signature
Date 5-1-2013

[Handwritten Signature]
### NOTIFICATION OF ASBESTOS ABATEMENT

**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

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

**Date of Notification (1)**
5/14/13

**Name of Building Owner/Operator (2)**
John Lally (Private Home)

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

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

**Street Address**
68 Weaver Dr.

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

**Name of Contact**
John

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**
John Lally (Private Home)

**Street Address**
68 Weaver Dr.

**City (5)**
Manahawkin NJ 08050

**County Code (7)**
Ocean

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

**Square Feet**
1000+

**Bldg. Age**
35+

**# of Floors**
1

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

**Name of Monitoring Firm Hired by Building Owner (6)**
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**

**Telephone No.**

**Telephone No.**
856-753-9800

**License No.**
00727

**Start Date (10)**
5/27/13

**Scheduled Completion Date (11)**
5/31/13

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

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

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

**Amount (Specify SF or LF)**
1100 SF

**Abatement Type**
- [x] Removal
- [ ] Repair
- [ ] Encapsulation
- [ ] Endosil

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

**Is Location Normally Used Solely by Maintenance/Custodial Staff?**
Yes
**Exterior Siding**

**Name of Registered Waste Hauler**
United Containers

**NJDEP Waste Hauler ID No.**
22459

**Cubic Yards of Waste**
3

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

**City, State**
Morrisville PA 19067

**Disposal Date**
5/31/13

**Completed by**
Anthony T. Perna

**Title**
President

**Signature**

**Date**
5/14/13

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

State of New Jersey

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

**Date of Notification:** 5-13-13

**Name of Building Owner/Operator:** Bob Ulrich

**Address:**
- **Street Address:** 11 Sparrowcreek Cir
- **City:** White Plains
- **State:** NY
- **Zip Code:** 10605

**Name of Facility Where Abatement Is Taking Place:** Single Family Dwelling

**Street Address:** 23 Susan Lane

**City:** Manahawkin
**State:** NJ
**Zip Code:** 08050

**Type of Facility:** Single Family Dwelling

**Name of Disposal Firm Hired by Building Owner:** EPC Technologies

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

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

**Type of Facility:** Single Family Dwelling

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

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

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

**Start Date:** 5-16-13

**Scheduled Completion Date:** 5-17-13

**Scope of Work:**
- Extension Walls
- Siding Shingles

**Amount (Specify SF or LF):** 2000 SF

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

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

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

**Waste Management of PA:**
- **Name of Registered Lanch:**
- **City:** New Egypt
- **State:** NJ
- **Zip Code:** 08533
- **Date:** 5-13-13

**Compliance by:**
- **Name:** Steve Schenker
- **Title:** President
- **Signature:**

---

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

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<tr>
<th>Date of Notification (1)</th>
<th>5/13/2013</th>
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<th>Type of Notification</th>
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<tbody>
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<td>[ ] EPA</td>
<td>[ ] Initial Notification</td>
</tr>
<tr>
<td>[ ] DEP</td>
<td>[ ] Amended Notification</td>
</tr>
<tr>
<td>[X] DOL</td>
<td>[X] Emergency (including justification)</td>
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<td>[ ] DOH</td>
<td>[ ] Cancellation</td>
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<table>
<thead>
<tr>
<th>Name of Building Owner/Operator (2)</th>
<th>Shlomo Horowitz</th>
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<tr>
<th>Street Address</th>
<th>130 Ventura Drive</th>
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<th>Lakewood, New Jersey 08701</th>
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<table>
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<tr>
<th>Name of Contact</th>
<th>Shlomo Horowitz</th>
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**FACILITY INFORMATION**

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<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Residence</th>
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<th>Street Address</th>
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<th>Lakewood</th>
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<th>Ocean</th>
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<tr>
<th>Name of Abatement Contractor (9)</th>
<th>Guardian Contracting, Inc.</th>
</tr>
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<tr>
<th>Street Address</th>
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<tr>
<th>City, State, Zip Code</th>
<th>Toms River, New Jersey 08755-1271</th>
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<thead>
<tr>
<th>Name of OSHA Monitor</th>
<th>E.M.S.L. Analytical</th>
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<tbody>
<tr>
<td>Street Address</td>
<td>1056 Stelton Road</td>
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<th>City, State, Zip Code</th>
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<th>Project Manager for Monitoring Firm</th>
<th>Telephone Number</th>
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<th>Scheduled Completion Date (11)</th>
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<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
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<tbody>
<tr>
<td>[X] Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>[ ] Abatement Performed Outside of Normal Facility Hours</td>
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<tr>
<td>[ ] Other – Describe</td>
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<tr>
<th>Scope of Work (Check all that apply)</th>
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<tr>
<td>[ ] 3 sf or &gt;3 ft</td>
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<tr>
<td>[X] 2160 sf or ≥260 ft</td>
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<tr>
<td>[X] Renovation</td>
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<td>[X] Demolition</td>
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<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>
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<tbody>
<tr>
<td>YES</td>
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<tr>
<td>-----</td>
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<tr>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
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<tr>
<td>Asbestos siding</td>
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<th>1500 sf</th>
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<tr>
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<tr>
<td>NJDEP Waste Hauler ID No.</td>
<td>20222</td>
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<th>T.R.R.F.</th>
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<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
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<th>Disposal Date</th>
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<tr>
<th>City, State</th>
<th>Tullytown, Pennsylvania</th>
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<tr>
<th>Completed by (Print or Type)</th>
<th>Nicholas Fernicola</th>
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<table>
<thead>
<tr>
<th>Title</th>
<th>Project Manager</th>
</tr>
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<tbody>
<tr>
<td>Signature</td>
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<table>
<thead>
<tr>
<th>Date</th>
<th>5/13/2013</th>
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</thead>
</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 9, 2013

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

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

Name of Building Owner/Operator (2)
George Ogden

Street Address
208 Worstall Alley
City, State, Zip Code
Newton, PA 18940

Name of Contact
George Ogden

FACILITY INFORMATION

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

Street Address
34 Ocean Avenue

Manasquan
County (6)
Monmouth
County Code (7) (STATE USE ONLY)

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

ASCN 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
F.M.S.I., Analytical

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

Project Manager for Monitoring Firm

Scheduled Start Date (10)
05/10/13

Scheduled Completion Date (11)
05/13/13

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

Scope of Work (Check all that apply)
[ ] >3 sf or ≥23 if
[X] ≥160 sf or ≥260 sf
[ ] Renovation
[X] Demolition

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

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

Exterior
X
Asbestos siding
1300 sf
X

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
05/14/13

City, State
Tullytown, Pennsylvania

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

Signature

Date
5/9/2013

*Do not use this form for asbestos licensure exempted activities.*
Date of Notification (1)
05/10/2013

Name of Building Owner/Operator (2)
JOE ZARINKO

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

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

Name of OSHA Monitor
EMSL

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Description</th>
<th>Amount (Specify SF or LF)</th>
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<tbody>
<tr>
<td>-</td>
<td>PAPER DUCT INSULATION</td>
<td>14 LF</td>
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</table>

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

Type of Notification
- Amended
- Emergency (including justification)

Name of Contact
SCOTT SHEPPARD

Name of Registered Waste Hauler
ASSURED ENVIRONMENTAL SERVICES

Abatement Started Date
05/13/2013

Abatement Completed Date
05/14/2013

Cubic Yards of Waste
4

Disposal Date
05/18/2013

Name of Registered Landfill
ALLIED WASTE IMPERIAL LANDFILL

City, State
MULLICA HILL NJ

Completed by
RON SWANSON

Title
PROJECT COORDINATOR

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)**
05/10/2013

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

**Street Address**
7 NORTH 10TH STREET

**City, State, Zip Code**
MILLVILLE NJ 08332

**Name of Contact**
SCOTT SHEPPARD

---

**FACILITY INFORMATION**

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

**Street Address**
7 NORTH 10TH STREET

**City (5)**
MILLVILLE

**County (6)**
CUMBERLAND

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

**Address of Abatement Contractor (9)**
ASSUREMENTAL ENVIRONMENTAL SERVICES INC.

**Street Address**
570 CLEMS RUN

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

**Project Manager for Monitoring Firm**
RICK PELLISSIER

**Telephone No.**
484-432-9363

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

**License No.**
01145

**Name of OSHA Monitor**
EMSL

**Street Address**
200 RT 130 NORTH

**City, State, Zip Code**
CINNAMINSON NJ 08077

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

**Scheduled Completion Date (11)**
05/14/2013

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

**Scope of Work (Check All That Apply)**
- ≥ 3,000 sf or ≥ 30 if
- ≥ 160 sf or ≥ 260 sf if

**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? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>BASEMENT</td>
<td>Yes</td>
<td>PAPER DUCT INSULATION</td>
<td>14 LF</td>
<td>Full Containment with Negative Pressure</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
ASSUREMENTAL ENVIRONMENTAL SERVICES

**City, State**
MULLICA HILL NJ

**Disposal Date**
05/15/2013

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

**City, State**
IMPERIAL PA

**Completed by**
RON SWANSON

**Title**
PROJECT COORDINATOR

**Signature**

---

* Do not use this form for asbestos licensure exempted activities.
GAC Project # 060-13

Date of Notification (1)
May 10, 2013

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

Name of Building Owner/Operator (2)
RUTGERS, THE STATE UNIVERSITY OF NJ

Street Address
ENVIRONMENTAL HEALTH & SAFETY DEPT.
27 ROAD 1, BLDG 4085, LIVINGSTON CAMPUS

City, State, Zip Code
PISCATAWAY, NJ 08854

Name of Contact
MICHAEL SMITH, ENV.

HEALTH & SAFETY

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
BUSCH CENTRAL HEATING, BLDG# 3540

Street Address
BUSCH CAMPUS

City (5)
PISCATAWAY

County (6)
MIDDLESEX

County Code (7)
(State Use Only)

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

ASCN No
0098

Name of Contractor (9)
GREENWOOD ABATEMENT CONSULTANTS, INC.

Street Address
268 MAIN STREET

City State, Zip Code
BUTLER, NJ 07405

Type of Facility (4)

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

Sqr. Feet
N/A

# of Floors
2

Bid Date
10/16/13

Years
1

Current Use (prior if being demolished)
HEATING PLANT

Street Address
3 TERRI LANE

City, State, Zip Code
BURLINGTON, NJ 08016

Name of OSHA Monitor
ENVIROVISION, INC.

Street Address
20-21 WARGARAW ROAD

City, State, Zip Code
FAIRLAWN, NJ

Scheduled Start Date (10)
05/20/13

Scheduled Completion Date (11)
05/28/13

Occupy Status During Abatement (Check only one)

[ ] Facility Closed/ Vacated During Entire Period of Abatement

[ ] Abatement Performed Outside of Normal Facility Hours -
Describe

[ ] Other - Describe

Shift Hours: 9:00 PM - 5:00 AM

Scope of Work (Check all that apply)

[ ] ≥ 3 sf or ≥ 3 lf
[ ] ≥ 160 sf or ≥ 260

[ ] Renovation
[ ] Demolition

Full Containment with Negative Pressure

Mini-Enclosure

Glovebag Procedure

Non-Exempted (*) and Non-Fireable Procedure

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

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

[ ] YES
[ ] NO
[ ] NA

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

Amount (Specify SF or LF)

Abatement Type

Remove, Repair, Reroof, Endorse

Pump Room

[ ] TSI

<9 LF

[ ]

Name of Reg. Waste Hauler
See Hauler Below #1 & 2

NJDEP Waste Hauler ID #
See Below

Cubic Yards of Waste
10 CY

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

Disposal Date
05/28/13

City, State
100 New Ford Mill Rd. Morrisville, PA 19067
215-736-1700

Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405
NJDEP # 12561

Disposal Date

Hauler #2) Horizon Disposal Services, Inc., Trenton, NJ 08611
NJ DEP # 22512

Combullse (Print or Type)
RAYMOND C. PEDALINO
SENIOR PROJECT MANAGER

Signature
Raymond C. Pedalino

Date
May 10, 2013

Copies To: Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:18)

Name of Building Owner/Operator (2)
Rosemary Wieczorek
Street Address
310 Kennedy Blvd.
City, State, Zip Code
Bayonne, NJ 07002

Name of Contact
Rosemary Wieczorek

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Private house
Street Address
310 Kennedy Blvd.
City (5)
Bayonne, NJ 07002
County (6)
Hudson

County Code (7) (STATE USE ONLY)

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

Name of Abatement Contractor (9)
Gr Tech LLC
Street Address
576 Valley Rd #283
City, State, Zip Code
Wayne, NJ 07470

License No.
973-638-1777
01127

Name of OSHA Monitor:
Envirovision Consultants, Inc
Street Address
20-21 Wagawar Road, Bldg. #35 E
City, State, Zip Code
Fair Lawn, NJ 07410

Start Date (10)
05 / 22 / 13

Scheduled Completion Date (11)
05 / 23 / 13

Occupancy Status During Abatement (Check only one)

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

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

Scope of Work (Check all that apply)

□ >3 sf or >3 If
□ > 100 sf or >200 If

□ Renovation
□ Demolition

Location of Asbestos-Containing Material (ACM)

TO BE ABATED
IN Facility

(13)

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

Yes No N/A

Description of Asbestos-Containing Material (ACM)

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

Amount (Specify Sf or LF)
65 LF

Abatement Type

□ Removal
□ Repair
□ Encapsulation
□ Envelope

Clean up and decontamination
□ Full Containment with Negative Pressure
□ Mini-Enclosure
□ Glovebag Procedure
□ Non-Exempted (*) and Non-Fitable Procedure

Name of Registered Waste Hauler
Gr Tech LLC
City, State
Wayne, NJ 07470

Cubic Yards of Waste
TBD

Name of Registered Landfill
T.R.R.F. Inc
City, State
Tullytown, PA

Title
Owner

Completed By (Print or Type)
N Jevtic

Signature

Date
05/10/2013

* Do not use this form for asbestos lice or exempted activities.
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATMENT**
(Pursuant to N.J.A.C. 8:60 and 12:120)

**Date of Notification (1):** 4/29/13

**Name of Building Owner / Operator (2):** Wells Fargo Bank

**Street Address:**
One South Broad Street
Philadelphia, PA 19107

**Name of Contact:** Orville Bishcoff

**AGENCIES NOTIFIED:**
- [ ] EPA
- [ ] DEP
- [ ] DOL
- [x] Amended R#1-5/10/13
- [ ] DOH
- [ ] DCA

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3):** Wells Fargo Bank NBOC

**Street Address:**
100 Fidelity Plaza

**City (5):** North Brunswick
**County (6):** Middlesex

**County Code (7):** ASCM No.

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

**Street Address:**
28 North Pennell Road
**City, State & Zip Code:** Media, PA 19063

**Project Manager for Monitoring Firm:** Dave Turotsy
**Telephone Number:** 610-891-0114

**Scheduled Start Date (10):** 5/15/2013
**Scheduled Completion Date (11):** 5/16/2013

**Occupy Status During Abatement:**
- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [x] Abatement Performed Outside of Normal Hours – 7am to 3pm
  **Describe:** 6:00 PM - 2:00 AM
- [ ] Facility Occupied During Abatement

**Scope of Work (Check all that apply):**
- [ ] ≥ 3 sf or ≥ 3 lf
- [ ] ≥ 160 sf ≥ 260 lf
- [x] Renovation
- [ ] Demolition

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

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

**Above Ceiling:**
- [ ] Yes
- [x] No
- [ ] N/A

**Pipe insulation:**
- [x] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glove Bag Procedures
- [ ] Non-Exempted and Non-Friable Procedure

**Amount (Specify SF or LF):** 65 LF

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

**Name of Registered Waste Hauler:** Service Transport Inc.
**Cubic Yards of Waste:** 4

**Name of Registered Landfill:** Minerva Landfill

**City, State:** New Castle, DE
**Disposal Date:** 5/13/2013
**City, State & Zip Code:** Waynesburg, Ohio

**Completed By (Print or Type):**
**Title:** Project Manager
**Name:** Gino Pizzigoni
**Signature:**

**Gino Pizzigoni**

---

**GI 13058**
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:18D)

Date of Notification (1): 4/29/13

Name of Building Owner / Operator: Wells Fargo Bank

Agencies Notified:
- EPA
- DEP
- DOL 680
- DOL 691
- DCA

Type Notification:
- Initial
- Amended
- Emergency
- Cancellation

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):
Wells Fargo Bank NBOC

Street Address:
100 Fidelity Plaza

City (5): North Brunswick
County (6): Middlesex
County Code (7):

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

ASCM No.

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

Square Feet: 30000
# of Floors: 2
Bidg. Age: 45+

Current Use (Prior if being demolished):

Bank:
Bristol Environmental, Inc.

Name of Abatement Contractor (9):
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
- Facility Occupied During Abatement

Describe:
Sat. 12:00 PM - Sunday 8 AM

Scope of Work (Check all that apply):
- ≥3 sf or ≥3 if
- ≥160 sf ≥260 if
- 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):
Pipe insulation 65 LF

Location Name of Registered Waste Hauler:
Service Transport Inc.

Waste Hauler ID No.:
20990

Cubic Yards of Waste:
4

Name of Registered Landfill:
Minerva Landfill

Disposal Date:
5/13/2013

City, State:
Waynesburg, Ohio

Completed By (Print or Type):
Gino Pizzigoni

Title:
Project Manager

Signature:

Date: 4/29/13

GI 13058
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:6C and 12:120)

Date of Notification (1)  
5/03/13  

Name of Building Owner/Operator (2)  
Betsy Compton

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

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

Street Address  
19 Badeu Avenue  

City, State, Zip Code  
Summit, NJ 07901

Name of Contact  
Betsy Compton

FACILITY INFORMATION

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

Street Address  
19 Badeu Avenue

City (5)  
Summit

Square Feet  
N/A  

# of Floors  
N/A  

Bldg. Age  
N/A

County Code (7)  
(STATE USE ONLY)

County (6)  
Union

Current Use (Prior if being demolished)  
House

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

ASCM No.  

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

Street Address  
11 Rosengren Avenue

City, State, Zip Code  
Totowa, NJ 07512

Telephone No.  
973-345-8685  

License No.  
#00675

Start Date (10)  
5/17/13

Scheduled Completion Date (11)  
5/18/13

Occupy 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)  

[ ] 12 or 16sf or more  
[ ] 220 sf or more  
[ ] Renovation  
[ ] Demolition  
[ ] Full Containment with Negative Pressure  
[ ] Mini-Enclosure  
[ ] Glovebag Procedure  
[ ] Non-Exempted (*) and Non-Friable Procedure

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

Location Normally Used Solely by Maintenance/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)  
70 LF

Abatement Type  

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

NUDEP 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, Zip Code  
Tullytown, PA

Completed by  
Deanna Bruszansin

Title  
Project Manager

Signature  
[Signature]

Date  
5/03/13

* 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)
5/03/13

Name of Building Owner/Operator (2)
Joseph & Maryann Benning

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

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

Street Address
45 Rowan Road
City, State, Zip Code
Summit, NJ 07901

Name of Contact
Joseph & Maryann Benning

FACILITY INFORMATION

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

Street Address
45 Rowan Road

City (5)
Summit

County (6)
Union

County Code (7)
N/A

Square Feet
N/A

# of Floors
N/A

Bldg. Age
N/A

Current Use (Prior if being demolished)
House

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

ASCM No.

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

Street Address
11 Rosengren Avenue

City, State, Zip Code
Totowa, NJ 07512

Project Manager for Monitoring Firm

Telephone No.

TelephoneNumber
973-345-8685

License No.
#00675

Start Date (10)
5/23/13

Scheduled Completion Date (11)
5/24/13

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

Scope of Work (Check All That Apply)
- 23 sf or ≤25 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</th>
<th>Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (13)</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>crawl space</td>
<td>X</td>
<td></td>
<td>pipe insulation</td>
<td>40 LF</td>
</tr>
<tr>
<td>basement</td>
<td>X</td>
<td></td>
<td>pipe insulation</td>
<td>82 LF</td>
</tr>
<tr>
<td>garage</td>
<td>X</td>
<td></td>
<td>pipe insulation</td>
<td>18 LF</td>
</tr>
</tbody>
</table>

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

Cubic Yards of Waste
TBD

Disposal Date
TBD

Name of Registered Landfill
Waste Management of PA

City, State
Totowa, NJ

Completed by
Deanna Brkusani

Title
Project Manager

Signature

Date
5/03/13

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

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

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>Name of Building Owner/Operator</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>5/13/13</td>
<td>Pinelands Construction</td>
<td>300 77th St.</td>
<td>May 16, 2013</td>
</tr>
</tbody>
</table>

## Facility Information

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place</th>
<th>Type of Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residence</td>
<td>Other (i.e. private &amp; commercial buildings, homes, etc.)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>County Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>273 38th St.</td>
<td>08243</td>
</tr>
</tbody>
</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>N/A</td>
<td></td>
<td>Klemco Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date</th>
<th>Scheduled Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>5/28/13</td>
<td>6/4/13</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Renovation</td>
</tr>
<tr>
<td>Demolition</td>
</tr>
<tr>
<td>Prespray</td>
</tr>
<tr>
<td>Non-Exempted (and Non-Friable Procedure)</td>
</tr>
</tbody>
</table>

## Location of Asbestos-Containing Material (ACM) to be Abated

### Siding

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) to be Abated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Siding</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
</tr>
</thead>
<tbody>
<tr>
<td>1800</td>
</tr>
</tbody>
</table>

## Name of Registered Waste Hauler

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Number of Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Klemco Inc.</td>
<td>12084</td>
<td>1800</td>
<td>C.M.C.M.U.A.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed By</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joseph Klemm</td>
<td>Klemm</td>
<td>5/13/13</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>May 13, 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner / Operator (2)</td>
<td>Bank of America</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>Type Notification</td>
</tr>
<tr>
<td>□ EPA</td>
<td>□ Initial</td>
</tr>
<tr>
<td>□ DEP</td>
<td>□ Amended Amendment #_</td>
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<tr>
<td>□ DOL</td>
<td>□ Cancellation</td>
</tr>
<tr>
<td>□ DOH</td>
<td></td>
</tr>
<tr>
<td>□ DCA</td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
<td>2100 New Jersey Avenue</td>
</tr>
<tr>
<td>City, State &amp; Zip Code</td>
<td>North Wildwood, NJ 08260</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Jim Kalafsky</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Bank of America</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>2100 New Jersey Avenue</td>
</tr>
<tr>
<td>City (5)</td>
<td>North Wildwood</td>
</tr>
<tr>
<td>County (6)</td>
<td>County Code (7)</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>ASCM No.</td>
</tr>
<tr>
<td>Environmental Testing Consultants, LLC</td>
<td></td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Telephone Number</td>
</tr>
<tr>
<td>Howard Zenobi</td>
<td>856-682-1311</td>
</tr>
<tr>
<td>Scheduled Start Date (10)</td>
<td>Scheduled Completion Date (11)</td>
</tr>
<tr>
<td>May 23, 2013</td>
<td>June 3, 2013</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 Hours</td>
<td></td>
</tr>
<tr>
<td>Other - Describe:</td>
<td></td>
</tr>
</tbody>
</table>

| Scope of Work (Check all that apply) | |
| □ ≥3 sf or ≥50 ft | □ Renovation |
| □ ≥160 sf or ≥260 ft | □ Demolition |
| Full Containment with Negative Pressure |
| Mini-Enclosure |
| Glovebag Procedure |
| Non-Exempted(*) and Non-Friable Procedure |

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
<th>Location Normally Used Solely by Maintenance or Custodial Staff? (12)</th>
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<tbody>
<tr>
<td>ATM Room</td>
<td>X</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
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<th>Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Yes</td>
<td>□ Cubic Yards of Waste</td>
</tr>
<tr>
<td>□ No</td>
<td>□ Name of Registered Landfill</td>
</tr>
<tr>
<td>□ N/A</td>
<td>□ Material (Specify SF or LF)</td>
</tr>
<tr>
<td></td>
<td>□ Abatement Type</td>
</tr>
<tr>
<td></td>
<td>□ Removal</td>
</tr>
<tr>
<td></td>
<td>□ Encapsulate</td>
</tr>
<tr>
<td></td>
<td>□ Repair</td>
</tr>
<tr>
<td></td>
<td>□ Enclosure</td>
</tr>
<tr>
<td></td>
<td>□ Non-Exempted(*) and Non-Friable Procedure</td>
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<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>N/JDEP Waste Hauler ID No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Synatech, Inc.</td>
<td>27429</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>3</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>June 4, 2013</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>Grow's Landfill</td>
</tr>
<tr>
<td>City, State</td>
<td>Morrisville, PA</td>
</tr>
<tr>
<td>Little Egg Harbor, NJ, 08087</td>
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<table>
<thead>
<tr>
<th>Completed By</th>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diane Aloi</td>
<td>Executive Administrator</td>
<td>[Signature]</td>
</tr>
<tr>
<td>Date</td>
<td>May 13, 2013</td>
<td></td>
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*Do not use this form for asbestos licensure exempted activities.
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<thead>
<tr>
<th>Date of Notification (1)</th>
<th>5/13/13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Lou Papaccioi (private home)</td>
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<tr>
<td>Agencies Notified</td>
<td>EPA, DEP, DOL, DOH, DCA</td>
</tr>
<tr>
<td>Type Notification</td>
<td>Initial</td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>Lou Papaccioi (private home)</td>
</tr>
<tr>
<td>Street Address</td>
<td>43 Phyllis Lane</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Manahawkin NJ 08050</td>
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<tr>
<td>County Code (7)</td>
<td>(STATE USE ONLY)</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>Pernaco Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td>PO Box 329</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>West Berlin NJ 08091</td>
</tr>
<tr>
<td>Current Use (Prior if being demolished)</td>
<td>Home</td>
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<tr>
<td>Square Feet</td>
<td>1000+</td>
</tr>
<tr>
<td># of Floors</td>
<td>1</td>
</tr>
<tr>
<td>Bldg. Age</td>
<td>35+</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td></td>
</tr>
<tr>
<td>Telephone No.</td>
<td></td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>5/24/13</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>5/30/13</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check Only One)</td>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>Other – Describe:</td>
<td></td>
</tr>
<tr>
<td>Scope of Work (Check All That Apply)</td>
<td>23 sf or 23 if</td>
</tr>
<tr>
<td></td>
<td>&gt;=160 sf or &gt;=260 if</td>
</tr>
<tr>
<td></td>
<td>x Demolition</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>Exterior siding</td>
<td></td>
</tr>
<tr>
<td>Exterior siding</td>
<td>1200 SF</td>
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<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>Name of Registered Landfill</td>
<td>G.R.O.W.S.</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>N.J. DEP Waste Hauler ID No. 22459</td>
</tr>
<tr>
<td>United Containers</td>
<td>Cubic Yards of Waste</td>
</tr>
<tr>
<td>Date Completed</td>
<td>5/13/13</td>
</tr>
<tr>
<td>City, State</td>
<td>Elm NJ</td>
</tr>
<tr>
<td>Completed by</td>
<td>Anthony T Perna</td>
</tr>
<tr>
<td>Title</td>
<td>President</td>
</tr>
</tbody>
</table>

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

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

**State of New Jersey**

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

A Capital Improvements

**Street Address**

19 Lincoln Avenue

**City, State, Zip Code**

Pompton Lakes, NJ 07444

**Name of Contact**

Anthony Faure

**Name of Abatement Contractor (9)**

J.R. Contracting & Environmental Consulting, Inc.

**Street Address**

1141 Route 23

**City, State, Zip Code**

Wayne NJ 07470

**Telephone Number**

973-628-9508

**License No.**

00468

**Name of OSHA Monitor**

Enviro Vision Consultants, Inc.

**Street Address**

20-21 Wagrazz Road, Bldg. #4A

**City, State, Zip Code**

Fairlawn NJ 07410

---

**FACILITY INFORMATION**

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

**Square Feet**

<table>
<thead>
<tr>
<th># of Floors</th>
<th>Bldg. Age</th>
</tr>
</thead>
</table>

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

---

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

Residence

**Street Address**

116 Oxford Avenue

**City (9)**

Bergen

**County (6)**

(SAEE USE ONLY)

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

ASCM

**Street Address**

---

**Project Manager for Monitoring Firm**

**Telephone Number**

---

**Scheduled State Date (10)**

05/10/2013

**Scheduled Completion Date (11)**

05/10/2013

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

☑ Facility Closed/Vacated During Entire Period of Abatement

☐ Abatement Performed Outside of Normal Facility Hours

**Other - Describe:**

---

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

☑ ≥ 3 ft or ≥ 3 H

☑ ≥ 160 ft or ≥ 260 H

☐ Renovation

☐ Demolition

---

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

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

---

**Exterior**

Yes

**Transite siding**

1000 SF

---

**Name of Registered Waste Hauler**

J.R. Contracting & Environmental Consulting, Inc.

**HAULER ID No.**

17819

**Cubic Yards of Waste**

G.R.O.W.S

**Name of Registered Landfill**

**CITY**

Wayne NJ 07470

**Disposal Date**

Morrisville PA

**Completed by (Print or Type)**

Jerry Bijeonic

**Project Manager**

Go to

**Signature**

5/10/2013

---

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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notice 5/6/13
Name of Building Owner / Operator (2)
Hartz Meadow Plaza Inc.

Agencies Notified
- EPA X Emergency Notification
- DEP X Initial Notification
- DOL X Amended Notification
- DOH X Cancellation
- DCA

Street Address
400 Plaza Drive
City, State & Zip Code
Secaucus, NJ 07096

Name of Contact
John Cramer
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Commercial Building
600 Plaza Drive

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

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

Square Feet
20,000
# of Floors 1
Bldg. Age 28

Current Use (Prior if being demolished)
Office

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

ASCM No.

Name of Abatement Contractor (9)
Global Abatement Services, LLC

Street Address
443 Schoolhouse Road
City, State & Zip Code
Monroe Township, NJ 08831

Project Manager for Monitoring Firm
Geiser Fajardo
Telephone Number 201-489-8700

Name of OSHA Monitor
Global Abatement Services, LLC

Street Address
443 Schoolhouse Road
City, State & Zip Code
Monroe Township, NJ 08831

Scheduled Start Date (10)
5/8/13

Scheduled Completion Date (11)
5/10/13

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

Scope of Work (Check all that apply)
X Demolition
X Large Project
Quantity is ≥ 3 SF or ≥ 3 LF ACM
X Quantity is ≥ 160 SF or ≥ 260 LF ACM

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

Amount (Specify Square Feet or Linear Feet)
1,000 LF

Exterior Site N/A
Roof Flashing/Debris
Clean up

Name of Registered Waste Hauler
Freehold Cartage

Freehold, NJ

Cu. Yds. of Waste
500 CY

Name of Registered Landfill
TRRF

Disposal Date 5/10/13
City, State
Tullytown, Pa

Completed By (Print or Type)
Dominick Tringali
Title Pres.
Signature Dominick Tringali
Date 5/6/13

ASB-41 JUN 95 G4687
State of New Jersey  

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

Date of Notification (1): 5-10-2013  

Name of Building Owner/Operator (2): Estate of Dorothy Huber  
City, State, Zip Code: Maplewood, NJ, 07040  

FACILITY INFORMATION  

Name of Facility Where Abatement is Taking Place (3): Same as above  
Street Address: 31 Overlook Terrace  

City (5): Essex  
County (6): Essex  
County Code (7): ESSEX  

Name of Monitoring Firm hired by Building Owner (8): AZTECH MANAGEMENT, Inc.  
Name of Abatement Contractor (9): AZTECH MANAGEMENT, Inc.  
Address: 86 Christopher St.  
City, State, Zip Code: Montclair, NJ 07042  

Schedule Start Date (10): 5-20-2013  
Schedule Completion Date (11): 5-22-2013  

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

Scope of Work (Check all that apply):  
- [X]3 sf or <3 1f  
- [X] Renovation  
- [ ] ≥160 sf or >260 sf  
- [ ] Demolition  
- [X] Pull Containment with Negative Pressure  
- [ ] Mini-Enclosure  
- [X] Glovebag Procedure  
- [ ] Non-Permissible Procedure  

Abatement Type:  
- [X] Remedial  
- [ ] Repair  
- [X] Encapsulation  
- [X] Closure  

Location of Asbestos-Containing Material (ACM) to be Abated (13):  
- [X] Basement  
- [X] Pipe Insulation  
- [X] VAT Tiles  

Cubic Yards of Waste (15): 1.5  
Name of Registered Landfill Disposal Site: G.R.O.W.S.  
Name of Registered Landfill: Morrisville, PA 19067  

Disposal Date: 5-23-13  
Completed By: Constantine Vivian  
Title: President  
Date: 5-10-2013
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 12:120)

Date of Notification (1) May 13, 2013

Agency Notified
- EPA
- DEP
- DOL
- DOE
- DCA
- DOH
- DOA

Name of Building Owner/Operator (2)
City of Atlantic City

Street Address
1301 Buckman Blvd

Name of Contact
Lois Anderson

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Old Apartment Bldg.

Street Address
34 South Pennsylvania Ave

City (5)
Atlantic City

County (6)
Atlantic

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

Name of Abatement Contractor (8)
Adf 4x4 LLC

Street Address
1212 Burlington Ave

City, State, Zip Code
Delran NJ 08075

Project Manager for Monitoring Firm
Telephone No.

License No.
866 624 0971 01070

Start Date (10): May 24th
Scheduled Completion Date (11): June 10 - 2013

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

Scoops of Work (Check all that apply)
- 3-12 sf or 2-2.9 sf
- 2-100 sf or 2-250 sf
- Renovation
- Demolition

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

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

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

Amount (Specify SF or LF)

Abatement Type

Cementitious Encasement

Endorse

Endorse

Name of Registered Waste Handler
J Robinson

NJDEP Waste Handler ID No.
24676

Cubic Yards of Waste
20

Name of Registered Landfill
Wat CO Pa

City, State
Bellmack, PA

Disposal Date
170D

City, State
Wellsford Pa

Completed by:
J Hill

Title: VP

Signature: DH

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

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<thead>
<tr>
<th>Date of Notification (1)</th>
<th>4-25-13</th>
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<tbody>
<tr>
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<td>Larry Hiershon</td>
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<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
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<th>Telephone Number</th>
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<td>Initial</td>
<td>phil Greseler</td>
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<tr>
<td>DEP</td>
<td>Amended #</td>
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<tr>
<td>DOL</td>
<td>Emergency (including justification)</td>
<td></td>
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<td>DOH</td>
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<td>DCA</td>
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<th>Type of Facility (4)</th>
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<tbody>
<tr>
<td>Resident</td>
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<td>Ocean City</td>
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<td></td>
<td></td>
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<tr>
<td>County</td>
<td>Atlantic</td>
</tr>
<tr>
<td>Current Use</td>
<td>(Prior if being demolished)</td>
</tr>
<tr>
<td>Resident</td>
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<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (5)</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor (6)</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>Ani &amp; Joe LLC</td>
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</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>1212 Burlington Ave</th>
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<tr>
<td>City, State, Zip Code</td>
<td>Delanco, NJ, 08075</td>
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<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
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<tr>
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<td>856-824-0971</td>
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<td>5-14-13</td>
<td>5-20-13</td>
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<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check Only One)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
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<tr>
<td>Other – Describe: Demo</td>
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<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥3 sf or ≥3 if</td>
</tr>
<tr>
<td>≥160 sf or ≥260 if</td>
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<tr>
<td>Demolition</td>
</tr>
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<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete House</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></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
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<tbody>
<tr>
<td>160yards</td>
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<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
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<td></td>
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<table>
<thead>
<tr>
<th>Abatement Type</th>
</tr>
</thead>
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<td></td>
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<table>
<thead>
<tr>
<th>Location of Registered Waste Hauler</th>
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</thead>
<tbody>
<tr>
<td>Earth Tec</td>
</tr>
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<table>
<thead>
<tr>
<th>NJ/DEP Waste Hauler ID No.</th>
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<tbody>
<tr>
<td>16429</td>
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<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
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<tbody>
<tr>
<td>120</td>
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<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.C.U.A</td>
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<table>
<thead>
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<th>Disposal Date</th>
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<table>
<thead>
<tr>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ocean View, NJ</td>
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</table>

<table>
<thead>
<tr>
<th>Completed by</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joseph T Hill</td>
<td>VP</td>
<td></td>
<td>4-25-13</td>
</tr>
</tbody>
</table>

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