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>05/14/2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency Notified</td>
<td></td>
</tr>
<tr>
<td>0 EPA</td>
<td></td>
</tr>
<tr>
<td>0 DEP</td>
<td></td>
</tr>
<tr>
<td>0 DOL</td>
<td></td>
</tr>
<tr>
<td>0 VOH</td>
<td></td>
</tr>
<tr>
<td>0 DCA</td>
<td></td>
</tr>
<tr>
<td>Type Notification</td>
<td></td>
</tr>
<tr>
<td>0 Initial</td>
<td></td>
</tr>
<tr>
<td>0 Amended</td>
<td></td>
</tr>
<tr>
<td>0 Emergency (including justification)</td>
<td></td>
</tr>
<tr>
<td>0 Cancellation</td>
<td></td>
</tr>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Monarch Homes</td>
</tr>
<tr>
<td>Street Address</td>
<td></td>
</tr>
<tr>
<td>625 Woodbridge Ave</td>
<td></td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td></td>
</tr>
<tr>
<td>Highland Park, N.J. 08904</td>
<td></td>
</tr>
<tr>
<td>Name of Contact</td>
<td></td>
</tr>
<tr>
<td>Trent Teger</td>
<td></td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
<td></td>
</tr>
<tr>
<td>210 Golf Edge Dr.</td>
<td></td>
</tr>
<tr>
<td>City (5)</td>
<td></td>
</tr>
<tr>
<td>Westfield, N.J.</td>
<td></td>
</tr>
<tr>
<td>County Code (6) (STATE USE ONLY)</td>
<td></td>
</tr>
<tr>
<td>Union</td>
<td></td>
</tr>
<tr>
<td>Square Feet # of Floors</td>
<td>3,000 1</td>
</tr>
<tr>
<td>01.06.2013 06/16/2013</td>
<td></td>
</tr>
<tr>
<td>Current Use (Prior if being demolished)</td>
<td>Residential</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td></td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED (IN Facility (13))</td>
<td>Basement</td>
</tr>
<tr>
<td>TO Location Normally Used Solely by Maintenance/ Custodial Staff? (12)</td>
<td>X</td>
</tr>
<tr>
<td>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAC, or other miscellaneous)</td>
<td>9&quot; x 9&quot; Floor tile 2,500 SF X</td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td></td>
</tr>
<tr>
<td>Abatement Type</td>
<td></td>
</tr>
<tr>
<td>Endorsement</td>
<td></td>
</tr>
<tr>
<td>Removal</td>
<td></td>
</tr>
<tr>
<td>Repair</td>
<td></td>
</tr>
<tr>
<td>Endorsement</td>
<td></td>
</tr>
<tr>
<td>Name of Registered Waste Hauler (14)</td>
<td>Novatech Inc</td>
</tr>
<tr>
<td>NJ/DEP Waste Hauler ID No</td>
<td>1B501</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>20</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>G.R.O.W.S</td>
</tr>
<tr>
<td>City, State</td>
<td>Old Bridge, N.J. 08857</td>
</tr>
<tr>
<td>Name of Location</td>
<td></td>
</tr>
<tr>
<td>Disposable Date</td>
<td></td>
</tr>
<tr>
<td>City, State</td>
<td>Harrisville, PA</td>
</tr>
</tbody>
</table>

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

Date of Notification (1) 05 / 17 / 13

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

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

Name of Building Owner/Operator (2)
A.P. Construction, Inc.

Street Address
915 S. Black Horse Pike
City, State, Zip Code
Blackwood, NJ 08012

Name of Contact
Mr. Pete Bellantoni

FACILITY INFORMATION

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

Street Address
781 Lakeland Road

City (5)
Blackwood

County (6)
Camden

County Code (7) [STATE USE ONLY]

Square Feet
500

# of Floors
1

Bldg. Age
50+

Current Use (Prior if being demolished)
Vacant Shed

Name of Monitoring Firm Hired by Building Owner (8)

Name of Abatement Contractor (9)
Diamond Huntbach Construction Corporation

Street Address
500 East Luzerne Street

City, State, Zip Code
Philadelphia, PA 19124

Project Manager for Monitoring Firm

Telephone No.

License No.
215-739-8166
00646

Start Date (10) 05 / 31 / 13

Scheduled Completion Date (11) 06 / 10 / 13

Name of OSHA Monitor
SAME AS ABOVE

Occupancy Status During Abatement (Check only one)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-4PM PM-AM

Scope of Work (Check all that apply)
- ≥2 sf or ≥3 if
- ≥160 sf or ≥260 if
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

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

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

Amount (Specify SF or LF)
350 SF

Abatement Type

Enclosure

Exterior Siding
- Transite Shingles

Name of Registered Waste Hauler
Diamond Huntbach Construction

NJDEP Waste Hauler ID No.
19689

Cubic Yards of Waste
1 C.Y.

Name of Registered Landfill
Minerva

City, State
Philadelphia, Pa

Disposal Date
6/28/13

City, State
Waynesburg, OH 44688

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

Signature

Date 05/17/13

* 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)**
5/21/13

**Name of Building Owner/Operator (2)**
Robert Near (Private Near)

**Street Address**
515 S Bay Ave
City, State, Zip Code
Beach Haven NJ 08008

**Name of Contact**
Rob

**Telephone Number**

**FACILITY INFORMATION**

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

**Square Feet**
1000+

**# of Floors**
2

**Bldg. Age**
35+

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

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

**Street Address**
515 S Bay Ave
City (5)
Beach Haven NJ 08008

**County (6)**
Ocean

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

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

**ASCM No.**

**Name of Abatement Contractor (9)**
Pernaco Inc.

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

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

**License No.**
00727

**Start Date (10)**
6/3/13

**Scheduled Completion Date (11)**
6/7/13

**Name of OSHA Monitor**
Same

**On-Site Manager**

**Street Address**

**City, State, Zip Code**

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

**Scope of Work (Check All that Apply)**
- 23 to 33 ft
- 260 to 360 ft
- Renovation
- Demolition

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

**TO BE ABATED**
- In Facility

**LOCATION OF ASBESTOS CONTAINING MATERIAL**

**Locates Normaly Used Solely by Maintenance/Custodial Staff? (12)**

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

**Exterior Siding**

<table>
<thead>
<tr>
<th>Exterior Siding</th>
<th>2100 SF</th>
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**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.

**Disposal Date**
6/7/13

**City, State**
Morrisville PA 19067

**Completed by**
Anthony T Perna

**Title**
President

**Signature**

**Date**
5/21/13

* 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) 5/21/13

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

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

Street Address 63 Mural

City, State, Zip Code Manahawkin NJ 08050

Name of Contact John

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)
John Mahoney (Private Home)

Street Address 63 Mural

City (5) Manahawkin NJ 08050

County (6) Ocean

County Code (7) (STATE USE ONLY) 

Current Use (Prior if being demolished)
Home

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

N/A

Name of Abatement Contractor (9) Phone No. 856-753-9800

Street Address PO Box 329

City, State, Zip Code West Berlin NJ 08091

Project Manager for Monitoring Firm

Telephone No.

Start Date (10) 6/3/13

Scheduled Completion Date (11) 6/7/13

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 sf or ≥3 li
☐ ≤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)

Is Location Normaly 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

Name of Registered Waste Hauler

United Containers

NJDEP Waste Hauler ID No. 22459

Cubic Yards of Waste 2

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

City, State Elm NJ

Disposal Date 6/7/13

City, State Morrisville PA 19067

Completed by Anthony T Perna Title President

Signature Date 5/21/13

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
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<tbody>
<tr>
<td>05/20/13</td>
<td>EASTERN PROPERTIES</td>
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<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Building Owner/Operator (2)</th>
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<tr>
<td>EPA</td>
<td>Initial</td>
<td>EASTERN PROPERTIES</td>
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<tr>
<td>DOL</td>
<td>Amended</td>
<td></td>
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<tr>
<td>DOH</td>
<td>Amendment #</td>
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<tr>
<td>DCA</td>
<td>Emergency (including justification)</td>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>4A CEDAR BROOK DR</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State, Zip Code</td>
<td>CRANBURY NJ 08512</td>
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<table>
<thead>
<tr>
<th>Name of Contact</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>ZEV STERN</td>
<td></td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Type of Facility (4)</th>
</tr>
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<tbody>
<tr>
<td>780 OLD NEW BRUNSWICK RD</td>
<td>School (K-12)</td>
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<tr>
<td></td>
<td>Subchapter 8 (Other than K-12)</td>
</tr>
<tr>
<td></td>
<td>Other (i.e. private &amp; commercial buildings, homes, etc.)</td>
</tr>
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<table>
<thead>
<tr>
<th>Square Foot</th>
<th># of Floors</th>
<th>Bldg. Age</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>2</td>
<td></td>
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<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
</tr>
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<tbody>
<tr>
<td>AAI LEAD PROFESSIONALS</td>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>6 WHITE DOVE CT</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State, Zip Code</td>
<td>LAKEWOOD NJ 08701</td>
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<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>732-668-9078</td>
<td>1200</td>
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<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
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<tbody>
<tr>
<td>06/8/13</td>
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<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check Only One)</th>
<th>Name of OSHA Monitor</th>
</tr>
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<tbody>
<tr>
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<td></td>
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</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
<th>Renovation Demolition</th>
<th>Full Containment with Negative Pressure</th>
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</thead>
<tbody>
<tr>
<td>≥3 sf or ≥3 ft</td>
<td>90</td>
<td></td>
</tr>
<tr>
<td>≥160 sf or ≥260 ft</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>New or Existing, Not Used Solely by Maintenance/Custodial Staff.</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
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</thead>
<tbody>
<tr>
<td>ROOFING MATERIAL 300 SF X</td>
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<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Cubic Yards of Waste</th>
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<tbody>
<tr>
<td>NEWARK CARTING</td>
<td>04509</td>
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<table>
<thead>
<tr>
<th>City, State</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEWARK NJ</td>
<td>IESI</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by</th>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>JOSEPH PERLSTEIN</td>
<td>PRESIDENT</td>
<td></td>
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<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>BEHLEHEM PA</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>5-21-13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Franchi Demolition</td>
</tr>
<tr>
<td>Street Address</td>
<td>P.O. Box 734</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Camden, NJ 08101</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Mark Franchi</td>
</tr>
<tr>
<td>Type of Facility (4)</td>
<td>Single Family Dwelling</td>
</tr>
<tr>
<td>Square Feet</td>
<td>600</td>
</tr>
<tr>
<td># of Floors</td>
<td>2</td>
</tr>
<tr>
<td>Bidg. Age</td>
<td>70</td>
</tr>
<tr>
<td>County Code (7)</td>
<td>0803</td>
</tr>
<tr>
<td>Current Use (Prior to being demolished)</td>
<td>Single Family Dwelling</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>EPC Technologies Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td>P.O. Box 337</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>New Egypt, NJ 08533</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>609-759-3365</td>
</tr>
<tr>
<td>License No.</td>
<td>00394</td>
</tr>
</tbody>
</table>

**Start Date (10) | 5-31-13**

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

**Name of Registered Waste Hauler:**

| Name of Registered Waste Hauler | EPC Technologies |
| Cubic Yards of Waste | 1 |
| Name of Registered Landfill | Waste Management of PA |
| City, State | New Egypt, NJ |
| Disposal Date | 5-31-13 |

**Signature:**

| Name | Steve Schenken |
| Title | President |

*Do not use this form for asbestos licensure exempted activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:90 and 12:120)

Date of Notification (1)
5-17-2013

Name of Building Owner/Operator (2)
Tommy Setiawan.

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

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

Name of Contact
Tommy Setiawan.

Street Address
13 Spalding Dr.

City, State, Zip Code
Livingston NJ. 07039

Telephone Number

FACILITY INFORMATION

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

Street Address
13 Spalding Dr.

City (5)
Livingston NJ.

County (6)
Essex.

County Code (7)

Name of Abatement Contractor (9)
Green Environmental Services.

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

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm

Telephone No.

Start Date (10)
5-17-2013

Scheduled Completion Date (11)
5-17-2013

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

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

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

Is Location Normally Used Solely by Maintenance/Custodial Staff?

Yes | No | N/A
---|---|---
X

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

Amount (Specify SF or LF)

Abatement Type

Utility Room.

Transite Panels.

90SF

Name of Registered Waste Hauler
Tri-State Transfer Associate.

NJDEP Waste Hauler ID No.
2A456

Cubic Yards of Waste
2

Name of Registered Landfill
Minerva Enterprises.

Disposal Date
5-17-2013

City, State
Wynesburg-Ohio.

Complied by
Tiffany Nunez
Title
Office Manager.

Signature

Date
5-17-2013

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**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

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

**Date of Notification (1)**
May 20, 2013

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

**Street Address**
247 Dale Drive

**City, State, Zip Code**
Short Hills, NJ 07078

**Name of Contact**
Jeff Greengrass

**Telephone Number**

---

**FACILITY INFORMATION**

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

**Street Address**
1716 Perch Hole Point Place

**City**
Point Pleasant

**County**
Ocean

**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**
1200 sf

**# of Floors**
1

**Bldg. Age**
60

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

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

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

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

**Telephone Number**
732-349-9932

**License Number**
00624

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

**Street Address**
1056 Stelton Road

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

**Scope of Work (Check all that apply)**
[ ] Full Containment with Negative Pressure
[ ] Mini-Enclosure
[ ] Glovebox Procedure
[ x ] Non-Exempted (*) and NonFriable 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**
REM O VA L  RE PA IR  EN C AP S ULE  E N C L O S URE

**Exterior**
X Asbestos siding 1150 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**
5/23/13

**City, State**
Tullytown, Pennsylvania

**Date**
5/20/13

---

*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):
May 20, 2013

Name of Building Owner/Operator (2):
Miller Homes

Name of Contact:
Jim Miller

FACILITY INFORMATION

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

Street Address:
31 West Colorado Drive

City:
Long Beach Twp.

County:
Ocean

County Code (7) (STATE USE ONLY):

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

ASCM No.

Type of Facility (4):
[ ] School (k-12)
[ ] Subchapter 8 (other than k12)
[ X ] Other (i.e., private & commercial buildings, homes, etc.)

Square feet:
2000 sf

# of Floors:
2

Bldg. Age:
60

Current Use (Prior if being demolished):
Residence

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

Street Address:
1889 Route 9, Unit 61

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

Telephone Number:
732-349-9932

License Number:
00624

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

Street Address:
1056 Stelton Road

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

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

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

<table>
<thead>
<tr>
<th>Exterior-house</th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
<th>Asbestos siding</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exterior-garage</td>
<td>X</td>
<td>NO</td>
<td>N/A</td>
<td>Asbestos siding</td>
<td>1800 sf</td>
<td>X</td>
<td>REPAIR</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Asbestos siding</td>
<td>400 sf</td>
<td></td>
<td>ENCLOSURE</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler:
Guardian Contracting, Inc.

NJDEP Waste Hauler ID No.:
20223

Cubic Yards of Waste:
3

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

City, State:
Toms River, New Jersey

Disposal Date:
5/23/13

Name of Project Manager:
Nicholas Fernicola

Title:
Project Manager

Signature:

Date:
5/20/13

*Do not use this form for asbestos licensure exempted activities.
Date of Notification (1): May 20, 2013

Agencies Notified:
- [x] EPA
- [x] DOH
- [x] DCA

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

Name of Building Owner/Operator (2): Ciel Power

Street Address: 1280 Wall Street West, Suite 309
City, State, Zip Code: Lyndhurst, NJ 07071

Name of Contact: Steven Little
Telephone Number:

FACILITY INFORMATION

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

Street Address: 428 Cleveland Avenue
City: Highland Park
County (6): Middlesex
County Code (7) (STATE USE ONLY): 

Square feet: 2000 sf
# of Floors: 2
Bldg. Age: 60
Current Use (Prior to if being demolished):
- Residence

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

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

Street Address: 1889 Rte. 9, Unit 61
City, State, Zip Code: Toms River, NJ 08755

Toms River, New Jersey 08755-1271

Project Manager for Monitoring Firm:
Nicholas Fernicola
Telephone Number: 732-349-9932

Scheduled Start Date (10): 5/20/13
Scheduled Completion Date (11): 5/21/13

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):
- [x] >3 sf or ≥3 l f
- [x] ≥160 sf or ≥260 l f
- [x] Renovation
- [x] Demolition

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

Amount (Specify SF or LF):
- 40 sf

Abatement Type:
- [x] Removal
- [x] Encapsulation
- [x] Enclosure
- [x] Repair

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

Name of Registered Waste Hauler:
Guardian Contracting, Inc.

NUEP Waste Hauler ID No.: 20223
Cubic Yards of Waste: 3
Name of Registered Landfill: T.R.R.F.

City, State:
Toms River, New Jersey

Disposal Date: 5/22/13

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

Date: 5/20/2013

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

Date of Notification (1) 5/15/2013

 Agencies Notified Notification Type

- EPA  X Initial
- DEP  
- DOL  
- DOH  
- DCA  

Name of Building Owner/Operator (2)

Borough of Union Beach

Street Address
650 Poole Avenue
City, State, Zip Code
Union Beach, NJ 07735

Name of Contact  Total Number
Ms. Jennifer Wenson Maier

FACILITY INFORMATION

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

Street Address
710 Fourth Street-Rear House
City (5)  County (6)  County Code (7)
Union Beach  Monmouth  (State Use Only)

Name of Monitoring Firm/Environmental Health Investigators

ASCM No. 00104

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

Name of Contractor (9)
MTM Metro Corporation

Street Address
135-137 McBride Ave
City, State, Zip Code
Paterson, NJ 07501

Project Manager for Monitoring Firm
Jean-Paul von Doehrens

Telephone Number
973-729-5649

Scheduled Start Date (10)  Scheduled Completion Date (11)
5/26/13  5/31/2013

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

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

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

Is Location Normally Used Solely by Maint./Custodial Staff? (12)
YES  NO  N/A

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

Amount (Specify SF or LF)

Abatement Type

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

Exterior Siding


Name of Reg. Waste Hauler
MTM Metro Corporation

Cubic Yards of Waste
20

Name of Reg. Landfill
Tullytown

City, State
Paterson, NJ 07501

Disp. Date
5/31/2013

City, State
Tullytown, PA

Completed by (Print or Type)
Elizabeth Maslarkov

Title
Business Administrator

Signature
Elizabeth Maslarkov
Date
5/15/2013

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

**Date of Notification (1):** 5-22-13

**Name of Building Owner/Operator (2):** Passaic Properties, LLC

**Agency Notified:**
- [ ] CEPA
- [ ] SEQ
- [ ] DOT
- [ ] DOH
- [ ] DCA
- [ ] Initial
- [ ] Amended
- [ ] Revised
- [ ] Emergency (including justification)
- [ ] Cancellation

**Street Address:**
101 King Street

**City, State, Zip Code:**
Gloucester City, NJ 08030

**Name of Contact:**
Mike Fluehr

**Telephone Number:**

### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place (3):** vacant bldg.-North and South Bldg.

**Street Address:** North King St and Essex Street

**City (5):**

**County (6):**
Camden

**County Code (7):**
Camden

**Square Feet:** 8,000

**# of Floors:** 1

**Bldg. Age:** +/ - 50

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

**Name of Monitoring Firm Hired by Building Owner:**
(Pennoni Associates)

**ASCM No.:**

**Name of Abatement Contractor:**
Pepper Environmental Services, Inc.

**Street Address:** 2251 Fraley Street

**City, State, Zip Code:**
Philadelphia, PA 19137

**Street Address:** 515 Grove St., Suite 1B

**City, State, Zip Code:**
Haddon Heights, NJ 08035

**Project Manager for Monitoring Firm:**
R. Alan Lloyd

**Telephone No.:** 856-547-0505

**License No.:** 215-533-5165

**Name of OSHA Monitor:**
(Pennoni Associates)

**Occupancy Status During Abatement:**

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

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

- [ ] renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Usable Procedure

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</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>North Bldg-entry hall</td>
<td>X</td>
<td>sheet flooring and associ. mastic</td>
<td>900sf</td>
<td>X</td>
</tr>
<tr>
<td>North Bldg-boiler room</td>
<td>X</td>
<td>transite</td>
<td>900sf</td>
<td>X</td>
</tr>
</tbody>
</table>

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

**NJDEP Waste Hauler ID No.:**

**Cubic Yards of Waste:**

**Name of Registered Landfill:**
A & L Salvage

**City, State:**
Morrisville, PA

**Disposal Date:**

**Completed by:**
Jennifer Niven

**Title:**
Dir. of Operations

**Signature:**

**City:**
Libson, OH

**Date:** 5-22-13

---

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

Date of Notification (1) 04/10/13
Name of Building Owner/Operator (2) US Army Installation Management Command Picatinny Arsenal

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

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

Courtesv

Street Address
Picatinny Arsenal
City, State, Zip Code
Picaftnny Arsenal, NJ 07806

Name of Contact
Chris Barkocy
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Picatinny Arsenal - 40 Buildings

Street Address
Various locations on Picatinny Arsenal (see attached table)

City (5)
Picatinny Arsenal
County Code (7)
Morris

County Code (7)
STATE USE ONLY

Square Feet
130,000

# of Floors
1 to 4

Bldg. Age
60 to 90

Current Use (Prior if being demolished)
Vacant

Name of Monitoring Firm Hired by Building Owner (6)
Landmark Environmental

ASCM No.

Name of Abatement Contractor (9)
The Winter Construction Company

Street Address
250 Bryant Street
City, State, Zip Code
Denver, CO 80219

Project Manager for Monitoring Firm
Matt Roberts
Telephone No.
720-283-8974

License No.
N/A

Start Date (10)
05/01/13
Scheduled Completion Date (11)
08/30/13

Name of OSHA Monitor
The Winter Construction Company

Street Address
3350 Green Pointe Parkway, Suite 200
City, State, Zip Code
Norcross, GA 30092

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

Scope of Work (Check All That Apply)
- [ ] ≥ 3 sf or ≥ 3 If
- [ ] ≥ 150 sf or ≥ 260 If
- [ ] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted () and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM)

TO BE ABATED

In Facility

(13)

Is Location Normally Used Solely by Maintenance/Custodial Staff?

Yes

No

N/A

(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

Endotrump

see attached table

see attached table

see attached table

Name of Registered Waste Hauler
Service Transport Group / Russell Reid

NJDHS Waste Hauler ID No.
2117 /

Cubic Yards
4000

Name of Registered Landfill
Stark County Landfill / IESI PA Behtiehe

City, State
Waysburg, OH / Bethlehem, PA

Disposal Date
05/03-08/30

Completed by
Tim Egan
Title
Vice President

Signature
Date 5/17/13

* Do not use this form for asbestos license exempted activities.
Date of Notification (1) 5/22/2013  
Name of Building Owner/Operator (2) Schneider National, Inc.

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

Type Notification  
- [ ] Initial  
- [ ] Amended  
- [ ] Amendment #8  
- [ ] Emergency (including justification)  
- [ ] Cancellation

Street Address  
500 Water Street
City, State, Zip Code  
Jacksonville, FL 32202
Name of Contact  

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
CSX Intermodel - Schneider National’s Modular Building

Street Address  
25 Pennsylvania Avenue
City (5)  
Kearny
County (6)  
Hudson

Square Feet  
8000
# of Floors  
1
Bldg. Age  
25+

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

Current Use (Prior to being demolished)  
Industrial

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

Project Manager for Monitoring Firm  
Roy Stancil

Telephone No.  
704-331-6334

City, State, Zip Code  
Charlotte, NC 28202

Street Address  
128 S. Tryon Street - Interstate Tower

License No.  
724-325-3330

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

\[\text{Time of Abatement: AM/ PM/ AM/ PM}\]

License No.  
01121

Name of OSHA Monitor  
Shaw Environmental, Inc.

Start Date (10)  
5/20/2013
Scheduled Completion Date (11)  
5/24/2013

Scope of Work (Check all that apply)  
- [ ] ≥3 sf or ≥3 l  
- [ ] ≥160 sf or ≥260 l  
- [ ] Renovation *  
- [ ] Demolition  
- [ ] Abatement prior to demolition by others.

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

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

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Roof</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exterior of Structure</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Throughout</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Throughout</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Amount (Specify SF or LF)  
800 SF

Name of Registered Landfill  
Grand Central Sanitary Landfill

Disposal Date  
5/24/2013
City, State  
Penn Argyl, PA

Completed By (Print or Type)  
Jessica Busch  
Administrative Support

Signature  
Jessica Busch

Date  
5/22/2013

ASB-41  
MAY 11

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

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>2 / 25 / 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Schneider National, Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td>500 Water Street</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Jacksonville, FL 32202</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Ryan Gronert, Facilities Proj. Mgr.</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>CSX Intermodel - Schneider National's Modular Building</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>26 Pennsylvania Avenue</td>
</tr>
<tr>
<td>City (6)</td>
<td>Kearny</td>
</tr>
<tr>
<td>County (6)</td>
<td>Hudson</td>
</tr>
<tr>
<td>Square Feet</td>
<td>8000</td>
</tr>
<tr>
<td># of Floors</td>
<td>1</td>
</tr>
<tr>
<td>Bidg. Age</td>
<td>25+</td>
</tr>
<tr>
<td>Type of Facility (4)</td>
<td>Industrial</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>Shaw Environmental, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>128 S. Tryon Street - Interstate Tower</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Charlotte, NC 28202</td>
</tr>
<tr>
<td>Phone No.</td>
<td>704-331-6334</td>
</tr>
</tbody>
</table>

| Start Date (10) | 3 / 18 / 2013 |
| Scheduled Completion Date (11) | 3 / 20 / 2013 |
| Name of Abatement Contractor (9) | Prism Response, Inc. |
| Street Address | 102 Technology Lane |
| City, State, Zip Code | Export, PA 15632 |
| License No. | 01121 |

<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
<th>Shaw Environmental, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>128 South Tryon Street, Interstate Tower</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Charlotte, NC 28202</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ ≥ 3 sf or ≥ 3 ft²</td>
</tr>
<tr>
<td>☐ ≥ 160 sf or ≥ 260 ft²</td>
</tr>
<tr>
<td>☐ Renovation*</td>
</tr>
<tr>
<td>☐ Demolition</td>
</tr>
<tr>
<td>☐ Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>☐ Mini-Enclosure</td>
</tr>
<tr>
<td>☐ Glovebag Procedure</td>
</tr>
<tr>
<td>☐ Non-Exempted (*) and Non-Friable Procedure</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>Roof</td>
</tr>
<tr>
<td>Exterior of Structure</td>
</tr>
<tr>
<td>Glazing Compound from Windows</td>
</tr>
<tr>
<td>☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waste Management</td>
</tr>
<tr>
<td>NDEP Waste Hauler ID No.</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
</tr>
<tr>
<td>Grand Central Sanitary Landfill</td>
</tr>
<tr>
<td>Disposal Date</td>
</tr>
<tr>
<td>City, State</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
<th>Jessica Busch</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>Administrative Support</td>
</tr>
<tr>
<td>Signature</td>
<td>[Signature]</td>
</tr>
<tr>
<td>Date</td>
<td>2/25/2013</td>
</tr>
</tbody>
</table>

*Do not use this form for asbestos licensors exempted activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:19)

Date of Notification (1)
2 / 15 / 2013

Name of Building Owner/Operator (2)
Schneider National, Inc.

Street Address
500 Water Street

City, State, Zip Code
Jacksonville, FL 32202

Name of Contact

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
CSX Intermodal - Schneider National's Modular Building

Street Address
26 Pennsylvania Avenue

City (5)
Keamy

County (6)
Hudson

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

Square Feet
8000

# of Floors
1

Bidg. Age
25+

Current Use (Prior to being demolished)
Industrial

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

ASCM No.

Name of Abatement Contractor (9)
Prism Response, Inc.

Street Address
128 S. Tryon Street - Interstate Tower

City, State, Zip Code
Charlotte, NC 28202

Export, PA 15632

Name of OSHA Monitor
Shaw Environmental, Inc.

Street Address
128 South Tryon Street, Interstate Tower

City, State, Zip Code
Charlotte, NC 28202

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

Start Date (10)       Scheduled Completion Date (11)
2 / 25 / 2013         2 / 27 / 2013

Name of Registered Waste Hauler
Waste Management

NDEP Waste Hauler ID No.
SW11724

Cubic Yards of Waste

Name of Registered Landfill
Grand Central Sanitary Landfill

City, State
Camden, New Jersey

Disposal Date
2/27/2013

City, State
Penn Argyl, PA

Completed By (Print or Type)
Jessica Busch

Title
Administrative Support

Signature

Date
2/15/2013

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

Date of Notification (1)
5 / 2 / 2013

Name of Building Owner/Operator (2)
Schneider National, Inc.

Name of OSHA Monitor (9)
Shaw Environmental, Inc.

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

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
CSX Intermodal - Schneider National's Modular Building

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

Street Address
25 Pennsylvania Avenue
Kearny, Hudson

County Code (7) [STATE USE ONLY]

Type of Abatement Contractor (9)
Prism Response, Inc.

City/State/Zip Code
Jacksonville, FL 32202

Current Use (Prior to if being demolished)
Industrial

County (6)
Hudson

Square Feet
8000

Building Age
25+

City (5)
Kearny

# of Floors
1

County Name
County

Industries

City, State, Zip Code
Export, PA 15632

Name of OSHA Monitor
Shaw Environmental, Inc.

Project Manager for Monitoring Firm
Roy Stancil

Telephone No.
704-331-6334

License No.
01121

Name of Abatement Contractor (9)
Prism Response, Inc.

Street Address
128 S. Tryon Street - Interstate Tower
Charlotte, NC 28202

Occupancy Status During Abatement (Check only one)

\[\square\] Facility Closed/Vacated During Entire Period of Abatement

\[\square\] Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM PM AM PM

Name of Abatement Contractor (9)
Prism Response, Inc.

Start Date (10)
5 / 20 / 2013

Name of OSHA Monitor
Shaw Environmental, Inc.

Scheduling Completion Date (11)
5 / 22 / 2013

License No.
01121

Name of OSHA Monitor
Shaw Environmental, Inc.

Scope of Work (Check all that apply)

\[\square\] Renovation
\[\square\] Demolition

\[\square\] Full Containment with Negative Pressure
\[\square\] Mini-Enclosure
\[\square\] Glovebag Procedure
\[\square\] Non-Exempted (*) and Non-Friable Procedure

Abatement Type

\[\square\] Removal
\[\square\] Repair
\[\square\] Encapsulation

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

\(13\)

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

\[\square\] Yes
\[\square\] No
\[\square\] N/A

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

Amount (Specify SF or LF)

Full Containment with Negative Pressure

Mini-Enclosure

Glovebag Procedure

Non-Exempted (*) and Non-Friable Procedure

Abatement Type

\[\square\] Removal
\[\square\] Repair

Endorsement

Cubic Yards of Waste

Name of Registered Landfill
Grand Central Sanitary Landfill

Name of Registered Waste Hauler
NUDEP Waste Hauler ID No.
SW1724

City, State
Camden, New Jersey

Disposal Date
5/22/2013

City, State
Penn Argyl, PA

Grand Central Sanitary Landfill

Name of Registered Landfill
Grand Central Sanitary Landfill

Disposal Date
5/22/2013

City, State
Penn Argyl, PA

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

Administrative Support
Jessica Busch

Signature

Date
5/2/2013
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 4 / 19 / 2013

Name of Building Owner/Operator (2)
Schneider National, Inc.

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

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

Street Address
500 Water Street

City, State, Zip Code
Jacksonville, FL 32202

Name of Contact

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
CSX Intermodal - Schneider National's Modular Building

Street Address
26 Pennsylvania Avenue

City (6)
Kearny

County (6)
Hudson

Square Feet
8000

# of Floors
1

Bidg. Age
25+

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

Name of Abatement Contractor (9)
Prism Response, Inc.

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished)
Industrial

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

ASCM No.

Name of OSHA Monitor
Shaw Environmental, Inc.

Street Address
128 S. Tryon Street - Interstate Tower

City, State, Zip Code
Charlotte, NC 28202

Telephone No.
704-331-6334

License No.
01121

Start Date (10)
5 / 6 / 2013

Scheduled Completion Date (11)
5 / 15 / 2013

Occuany 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

Scope of Work (Check all that apply)
[ ] Renovation
[ ] Demolition
[ ] Full Containment with Negative Pressure
[ ] Abatement prior to demolition by others.

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

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td>Roofing</td>
</tr>
<tr>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>Glazing Compound from Windows</td>
</tr>
<tr>
<td>Exterior of Structure</td>
<td>Throughout</td>
<td>[ ]</td>
<td>Pipe Insulation</td>
</tr>
<tr>
<td>Throughout</td>
<td>[ ]</td>
<td>[ ]</td>
<td>VAT</td>
</tr>
</tbody>
</table>

Location of Registered Waste Hauler

Name of Registered Waste Hauler

Waste Management

City, State
Camden, New Jersey

Disposal Date
5/1/2013

Name of Registered Landfill
Grand Central Sanitary Landfill

City, State
Penn Argyll, PA

Completed By (Print or Type)
Jessica Busch

Title
Administrative Support

Signature

MAY 11

ASB-41

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

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>4 / 11 / 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Schneider National, Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td>500 Water Street</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Jacksonville, FL 32202</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Ryan Gronnert, Facilities Proj. Mgr.</td>
</tr>
<tr>
<td>FACILITY INFORMATION</td>
<td></td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>CSX Intermodal - Schneider National's Modular Building</td>
</tr>
<tr>
<td>Street Address</td>
<td>26 Pennsylvania Avenue</td>
</tr>
<tr>
<td>City (6)</td>
<td>Kearny</td>
</tr>
<tr>
<td>County (6)</td>
<td>Hudson</td>
</tr>
<tr>
<td>County Code (7)</td>
<td>□</td>
</tr>
<tr>
<td>Type of Facility (4)</td>
<td>□ School (K-12)</td>
</tr>
<tr>
<td></td>
<td>□ Subchapter 8 (Other than K-12)</td>
</tr>
<tr>
<td></td>
<td>□ Other (i.e., private and commercial buildings, homes, etc.)</td>
</tr>
<tr>
<td>Current Use (Prior to if being demolished)</td>
<td>Industrial</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>Shaw Environmental, Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td>128 S. Tryon Street - Interstate Tower</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Charlotte, NC 28202</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Roy Stancil</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>704-331-6334</td>
</tr>
<tr>
<td>Established Completion Date (11)</td>
<td>4 / 25 / 2013</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>4 / 22 / 2013</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></td>
<td>☑ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM: _______ PM: _______ AM: _______ PM: _______ PM: _______ AM</td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</td>
<td>Name of Registered Waste Hauler</td>
</tr>
<tr>
<td>Certification and Description</td>
<td>N/A</td>
</tr>
<tr>
<td>Roof</td>
<td>☑</td>
</tr>
<tr>
<td>Exterior of Structure</td>
<td>☑</td>
</tr>
<tr>
<td>Throughout</td>
<td>☑</td>
</tr>
<tr>
<td>Throughout</td>
<td>☑</td>
</tr>
<tr>
<td>Waste Management</td>
<td>NJDEP Waste Hauler ID No. SW1724</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>12</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>General Sanitary Landfill</td>
</tr>
<tr>
<td>City, State</td>
<td>Penn Argyl, PA</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>4/25/2013</td>
</tr>
<tr>
<td>Completed by (Print or Type)</td>
<td>Jessica Busch</td>
</tr>
<tr>
<td>Title</td>
<td>Administrative Support</td>
</tr>
<tr>
<td>Date</td>
<td>4/11/2013</td>
</tr>
</tbody>
</table>

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

Date of Notification (1)
3 / 28 / 2013

Name of Building Owner/Operator (2)
Schneider National, Inc.

Agencies Notified
☐ EPA
☐ DOLWD
☐ DHSS
☐ DCA
☐ NJAC 5:23-8
Type Notification
☐ Initial
☐ Amended
☐ Amendment # 3
☐ Emergency (including justification)
☐ Cancellation

Street Address
500 Water Street

City, State, Zip Code
Jacksonville, FL 32202

Name of Contact

FACILITY INFORMATION
Name of Facility Where Abatement is Taking Place (5)
CSX Intermodal - Schneider National's Modular Building

Street Address
26 Pennsylvania Avenue

City (5)
Kearny

County (6)
Hudson

County Code (7) [STATE USE ONLY]

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

ASCM No.

Name of Abatement Contractor (6)
Prism Response, Inc.

Street Address
128 S. Tryon Street - Interstate Tower

City, State, Zip Code
Charlotte, NC 28202

Project Manager for Monitoring Firm
Roy Stancil

Telephone No.
704-331-6334

Current Use (Prior to if being demolished)
Industrial

License No.
01121

Name of OSHA Monitor
Shaw Environmental, Inc.

Street Address
128 South Tryon Street, Interstate Tower

City, State, Zip Code
Charlotte, NC 28202

Start Date (10)
4 / 15 / 2013

Scheduled Completion Date (11)
4 / 17 / 2013

Scope of Work (Check all that apply)
☐ Renovation
☐ Remova
☐ Demolition
☐ Abatement prior to demolition by others.
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Flammable Procedure

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

Location Normally Used Solely by Maintenance/ Custodial Staff?
No

(13)
N/A

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

Amount
800 SF
(SF or LF)

Abatement Type
☐ Removal
☐ Recapitulate
☐ Encapsulate
☐ Enclosure

Location of Asbestos-Containing Material (ACM) TO BE ABATED
Description of Asbestos Containing Material (ACM)
Amount
Abatement Type

Roofing
800 SF
(co)

Glazing Compound from Windows
9 SF
(co)

Pipe Insulation
80 LF
(co)

VAT
12 SF
(co)

Name of Registered Waste Hauler
NJDEP Waste Hauler ID No. SW1724

Cubic Yards of Waste

Name of Registered Landfill
Grand Central Sanitary Landfill

City, State
Camden, New Jersey

Disposal Date
4/17/2013

City, State
Penn Argil, PA

Signature
Jessica Busch

Date
3/28/2013

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

Date of Notification (1) 3/15/2013

Name of Building Owner/Operator (2)
Schneider National, Inc.

Street Address
500 Water Street

City, State, Zip Code
Jacksonville, FL 32202

Name of Contact

Name of Facility Where Abatement is Taking Place (3)
CSX Intermodel - Schneider National's Modular Building

Street Address
26 Pennsylvania Avenue

City (5)
Kearny

County (6)
Hudson

Name of Monitoring Firm HIred by Building Owner (8)
Shaw Environmental, Inc.

Name of Abatement Contractor (9)
Prism Response, Inc.

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

Square Feet
8000

# of Floors
1

Bldg. Age
25+

Use (Prior to being demolished)
Industrial

Name of OSHA Monitor
Shaw Environmental, Inc.

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

Start Date (10) 4/1/2013

Scheduled Completion Date (11) 4/3/2013

Name of Registered Landfill
Grand Central Sanitary Landfill

City, State
Camden, New Jersey

Disposal Date
4/3/2013

City, State
Penn Argyll, PA

Name of Registered Waste Hauler
NJDEP Waste Hauler ID No. SW1724

Cubic Yards of Waste

Waste Management

Name of Organic Support
Jessica Busch

Complated By (Print or Type)
Administrative Support

Signature

Date
3/15/2013

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
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<tbody>
<tr>
<td>5/28/2013</td>
<td>JANE MACDONALD</td>
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<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Contact</th>
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<tbody>
<tr>
<td>□ EPA</td>
<td>Initial</td>
<td>DAVID J. D'ANDREA</td>
</tr>
<tr>
<td>□ DEP</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ DOL</td>
<td>Amended Amendment</td>
<td></td>
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<tr>
<td>□ DOH</td>
<td>Emergency (including</td>
<td></td>
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<tr>
<td></td>
<td>justification)</td>
<td></td>
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<tr>
<td></td>
<td>Cancellation</td>
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</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
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<tbody>
<tr>
<td>#3 SECOND STREET</td>
<td>CEDAR BONNET ISLAND, NJ</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>FACILITY INFORMATION</th>
</tr>
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<tbody>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
</tr>
<tr>
<td>PRIVATE RESIDENCE</td>
</tr>
<tr>
<td>Street Address</td>
</tr>
<tr>
<td>City (5)</td>
</tr>
<tr>
<td>County</td>
</tr>
<tr>
<td>County Code (7)</td>
</tr>
<tr>
<td>Current Use (Prior if being demolished)</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
</tr>
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<tbody>
<tr>
<td>ASCM No.</td>
<td></td>
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<tr>
<td>Name of Abatement Contractor (9)</td>
<td></td>
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<tr>
<td>CREAM RIDGE ENVIRONMENTAL INC.</td>
<td></td>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
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</thead>
<tbody>
<tr>
<td>15 BLACK FOREST ROAD</td>
<td>HAMILTON, NJ 08691</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>609-890-7110</td>
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<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
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<tbody>
<tr>
<td>5/21/2013</td>
<td>5/21/2013</td>
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<table>
<thead>
<tr>
<th>Occupancy Status During Abatement</th>
<th>Street Address</th>
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</thead>
<tbody>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
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<tr>
<td>Abatement performed outside of working hours 5PM-2 AM</td>
<td>City, State, Zip Code</td>
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<table>
<thead>
<tr>
<th>XESSENTIAL PERSONNEL ONLY</th>
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<tbody>
<tr>
<td>Scope of Work (Check all that apply)</td>
</tr>
<tr>
<td>[ ] ≥ 3 sf or ≥ 3 If</td>
</tr>
<tr>
<td>[ ] ≥ 160 sf or ≥ 260 If</td>
</tr>
<tr>
<td>[ ] Renovation</td>
</tr>
<tr>
<td>[ ] Demolition</td>
</tr>
<tr>
<td>[ ] Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>[ ] Mini-Enclosure</td>
</tr>
<tr>
<td>[ ] Glovebag Procedure</td>
</tr>
<tr>
<td>[ ] Non-Exempted (*) &amp; Non-Friable Procedure</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transite Siding</td>
<td>1000 S.F.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>TIMSTER TRUCKING</td>
</tr>
<tr>
<td>NJ DEP Waste Hauler ID No.</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
</tr>
<tr>
<td>GROWS</td>
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<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>WEST CREEK, NJ</td>
<td>5/22/2013</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed By</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>DAVID D'ANDREA</td>
<td>PRESIDENT</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>27-Mar</td>
<td>5/20/2013</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
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</thead>
<tbody>
<tr>
<td>05 / 20 / 13</td>
<td>Sussex County Community College</td>
</tr>
</tbody>
</table>

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

### Street Address
One College Hill Road
Newton, NJ 07860

### Name of Facility Where Abatement is Taking Place (3)
Sussex County Community College - Building E

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

### FACILITY INFORMATION
- Current Use (Prior if being demolished)
  - College
- Square Feet: 40,000
- # of Floors: 4
- Bldg. Age: 43

### Name of Abatement Contractor (9)
Superior Abatement Inc

### Project Manager for Monitoring Firm
Kevin Lovely (732) 390-5858

### Start Date (10)
06 / 03 / 13

### Scheduled Completion Date (11)
06 / 14 / 13

### Scope of Work
- Renovation
- Demolition

### Location of Asbestos-Containing Material (ACM) To Be Abated

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boiler Room</td>
<td>No</td>
</tr>
<tr>
<td>Boiler Room</td>
<td>No</td>
</tr>
<tr>
<td>Boiler Room</td>
<td>No</td>
</tr>
<tr>
<td>Boiler Room</td>
<td>No</td>
</tr>
</tbody>
</table>

### Description of Asbestos-Containing Material (ACM)
- Boiler Pack, Boiler, Tank & Cap Insul.: 330 SF
- Cementitious Elbows: 50 EA
- Fire Brick: 100 SF
- Caulking & Rope Gasket: 160 LF

### Name of Registered Waste Hauler
Service Transport Group, Inc

### Min DEP Waste Hauler ID No.
SW2117

### Cubic Yards of Waste
30

### Name of Registered Landfill
Minerva Landfill

### City, State
Waynesburgh, OH

### Disposal Date
6/14/13

### Completed By (Print or Type)
Nick Petrovski

### Title
President

### Signature
[Signature]

### Date
5-20-13

---

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

(Pursuant to NJAC 8:80 and 5:16)

**Date of Notification (1)**

05 / 20 / 13

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

Sussex County Community College

**Street Address**

One College Hill Road

City, State, Zip Code

Newton, NJ 07860

**Name of Contact**

Ken Evans

**Telephone Number**


---

**FACILITY INFORMATION**

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

Sussex County Community College - Building E

**Type of Facility (4)**

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

**Street Address**

One College Hill Road

City (5)

Newton

County (6)

Sussex

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

College

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

College

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

Whitman

ASCM No.

00110

**Name of Abatement Contractor (9)**

Superior Abatement Inc

**Street Address**

2 Henderson Drive

City, State, Zip Code

West Caldwell, NJ 07006

**License No.**

(973) 808-1616

00411

**Name of OSHA Monitor**

Superior Abatement Inc

**Street Address**

2 Henderson Drive

City, State, Zip Code

West Caldwell, NJ 07006

**Start Date (10)**

06 / 03 / 13

**Scheduled Completion Date (11)**

06 / 14 / 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

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

- ≥20 ft or ≥3h
- ≥180 ft or ≥260 ft
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Frangible Procedure

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</th>
<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>Boiler Room</td>
<td>Yes/No/N/A</td>
<td>Boiler Pack, Boiler, Tank &amp; Cap Insul.</td>
<td>330 SF</td>
<td>☑</td>
</tr>
<tr>
<td>Boiler Room</td>
<td>☑</td>
<td>Cementitious Elbows</td>
<td>50 EA</td>
<td>☑</td>
</tr>
<tr>
<td>Boiler Room</td>
<td>☑</td>
<td>Fire Brick</td>
<td>100 SF</td>
<td>☑</td>
</tr>
<tr>
<td>Boiler Room</td>
<td>☑</td>
<td>Caulking &amp; Rope Gasket</td>
<td>160 LF</td>
<td>☑</td>
</tr>
</tbody>
</table>

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

NJDEP Waste Hauler ID No. SW2117

Cubic Yards of Waste

30

Name of Registered Landfill

Minerva Landfill

**City, State**

New Castle, DE

**Disposal Date**

6/14/13

**City, State**

Waynesburgh, OH

**Completed By (Print or Type)**

Nick Petrovski

**Title**

President

**Date**

5-20-13

---

*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):** 5-20-2013
- **Name of Building Owner/Operator (2):** PSE & G
- **Name of Facility Where Abatement Is Taking Place (3):** PSE & G
- **Name of Monitoring Firm Hired by Building Owner (9):** ASCM No. 0045
- **Type of Facility (4):** School (K-12)
- **Square Feet (7):** 500
- **County Code (7):** SOMERSET
- **Occupancy Status During Abatement (Check Only One):** Control House
- **Scope of Work (Check All That Apply):** Full Containment with Negative Pressure, Mini-Enclosure, Glovebag Procedure, Non-Exempted (*) and Non-Friable Procedure
- **Location of Asbestos-Containing Material (ACM) TO BE ABATED:** Control Room
- **Is Location Normally Used Solely by Maintenance/Custodial Staff? (12):** No
- **Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous):** Transite Floor Panels
- **Amount (Specify SF or LF):** 50 SF
- **Name of Registered Landfill:** GROWS NORTH
- **Disposal Date:** 7/31/13
- **Completed by:** CAROL RAIMO

---

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

**Date of Notification (1)**  
5/20/13

**Name of Building Owner/Operator (2)**  
STYBR TOWNE APARTMENTS, LLC

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

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

**Street Address**  
582 ALLWOOD ROAD

**City, State, Zip Code**  
CLIFTON NJ 07011

**Name of Contact**  
RICHT S

**FACILITY INFORMATION**

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

**Street Address**  
582 ALLWOOD ROAD

**City (8)**  
CLIFTON

**County (9)**  
PASSaic

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

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

**ASCM No.**

**Name of Abatement Contractor (9)**  
A. Mac Contracting Inc.

**Street Address**  
105 Lowell Road

**City, State, Zip Code**  
Glen Rock, N.J. 07452

**Project Manager for Monitoring Firm**

**Telephone No.**  
201-262-5841

**License No.**  
00156

**Name of OSHA Monitor**  
Omega Environmental Services Inc.

**Street Address**  
280 Huyler Street

**City, State, Zip Code**  
Hackensack, NJ 07606

**Start Date (10)**  
6/4/13

**Scheduled Completion Date (11)**  
6/12/13

**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)**

- Renovation
- Demolition
- Full Containment with Negative Pressure
- Min-Enclosure
- Glovebox Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Room</th>
<th>Type</th>
<th>Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boy's Room</td>
<td>X</td>
<td>No</td>
<td>Boiler</td>
<td>250 SF</td>
<td>x</td>
</tr>
<tr>
<td>x</td>
<td>x</td>
<td>x</td>
<td>Bath Tub</td>
<td>100 SF</td>
<td>x</td>
</tr>
<tr>
<td>x</td>
<td>x</td>
<td>x</td>
<td>Pipe</td>
<td>300 LF</td>
<td>x</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**  
Rovio Transport

**NJDEP Waste Hauler ID No.**  
20785

**Cubic Yards of Waste (15)**  
6

**Name of Registered Landfill**  
IESI PA Bethlehem Landfill Corp.

**City, State**  
Riverdale, New Jersey 07457

**Disposal Date**  
6/14/13

**City, State**  
Bethlehem, PA 18015

**Completed by**  
R. McDonald

**Title**  
President

**Signature**

**Date**  
5/20/13

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>5/30/13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>ESTATE OF CHRISTINA HENDRIKA VAN ECK</td>
</tr>
<tr>
<td>Street Address</td>
<td>1033 STEUBEN AVE</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>NEW MILFORD, NJ 07646</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>JOE C.</td>
</tr>
</tbody>
</table>

FACILITY INFORMATION

| Name of Facility Where Abatement Is Taking Place (3) | ESTATE OF CHRISTINA HENDRIKA VAN ECK |
| Address | 1033 STEUBEN AVE |
| County | NEW MILFORD |
| County Code (STATE USE ONLY) | BB R2680 |
| Name of Monitoring Firm Hired by Building Owner (8) | ASCM No. |
| Name of Abatement Contractor (9) | A. Mac Contracting Inc. |
| Street Address | 105 Lowell Road |

Project Manager for Monitoring Firm
| Telephone No. | 201-262-5841 |
| License No. | 00156 |
| Name of GSHA Monitor | Omega Environmental Services Inc. |
| Street Address | 290 Huyler Street |
| City, State, Zip Code | Hackensack, NJ 07606 |

Scope of Work (Check All That Apply)

- [x] ≥ 100 sf or ≥ 3 if
- [x] Renovation
- [x] Demolition
- [x] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
<th>Entire Structure</th>
</tr>
</thead>
<tbody>
<tr>
<td>IN FACILITY</td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Specification</th>
<th>300sf</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJ DEP Waste Hauler ID No. 20785</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State</td>
<td>Riverdale, New Jersey 07457</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>6/30/13</td>
</tr>
</tbody>
</table>

Completed by
<table>
<thead>
<tr>
<th>R. McDonald</th>
</tr>
</thead>
</table>

Title | President |

Signature | [Signature]
Date | 5/30/13 |

* Do not use this form for asbestos licensure exempted activities.
# STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:60-7 AND 12:120-7)

**Date of Notification (1):** 05/10/13

**Name of Building Owner / Operator (2):** RUTGERS UNIVERSITY

**Building Address:** BUILDING 4088 - LIVINGSTON CAMPUS 27 ROAD 1

**City, State, Zip Code:** PISCATAWAY, NJ 08854

**Name of Contact:** MIKE SMITH

**Telephone Number:**

## FACILITY INFORMATION

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

**Street Address:** 49 DUDLEY ROAD

**City (5):** NEW BRUNSWICK

**County (6):** MIDDLESEX

**County Code (7):**

**Square Feet:** 45,000

**# Of Floors:** 4

**Building Age:** 40+

**Current Use (Prior if being demolished):** RESIDENCE HOUSING

**Name of Monitoring Firm Hired by Bldg. Owner (8):** ASCM NO

**Name of Abatement Contractor (9):** LVI DEMOLITION SERVICES INC.

**Street Address:**

**City, State, Zip Code:** 32 WILLIAMS PARKWAY

**City, State, Zip Code:** EAST HANOVER, NJ 07936

**Telephone Number:** 973-884-8682

**License Number:** 00860

**Schedule Completion Date (11):** 05/24/13

## OCCUPANCY STATUS DURING ABATEMENT (CHECK ONLY 1)

- Facility Closed/Vacated during Entire Period of Abatement
- Abatement Performed Outside of Normal Facility
- Other - Describe: _MON-SAT 7:00AM-1:00AM

## SCOPE OF WORK (CHECK ALL THAT APPLY)

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

## LOCATION OF ASBESTOS CONTAINING MATERIAL (ACM)

<table>
<thead>
<tr>
<th>Location of Asbestos Containing Material (ACM) TO BE ABATED in Facility (13)</th>
<th>Is Located 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>WOODBURY HALL FLRS 1, 2 &amp; 3</td>
<td>YES</td>
<td>PIPE INSULATION</td>
<td>1200 LF</td>
<td>R</td>
</tr>
<tr>
<td>WOODBURY HALL FLRS 1, 2 &amp; 3</td>
<td>YES</td>
<td>VAPOR BARRIER</td>
<td>4200 SF</td>
<td>R</td>
</tr>
<tr>
<td>WOODBURY HALL FLRS 1, 2 &amp; 3</td>
<td>YES</td>
<td>MASTIC</td>
<td>37450 SF</td>
<td>E</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:** NJ DEP Waste Hauler ID No. 303534

**Name of Registered Landfill:** TULLYTOWN, PA

**City, State:** EAST HANOVER, NJ

**Disposal Date:**

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

**Title:** PROJECT MANAGER

**Signature:**

**Date:** 05/22/13

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

Date of Notification (1): May 22, 2013
Name of Building Owner/Operator (2): Forest Wheeler North America Corp.

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

Street Address: 53 Frontage Road
City, State, Zip Code: Hampton, New Jersey 08827-9000
Name of Contact: Kent Becker
telephone number:

Name of Facility Where Abatement is Taking Place (3):
John Blizzard Research Center
Street Address: 12 Peach Tree Hill Road
City (5): Livingston, NJ
County (6): Essex
County Code (7): [STATE USE ONLY]
Current Use (Prior to being demolished): Research Center

Name of Monitoring Firm Hired by Building Owner (8): Hillman
Street Address: 1605 Vauxhall Road, Suite 107
City, State, Zip Code: Union, NJ
Project Manager for Monitoring Firm: Project Manager
Telephone No.: (908) 688-7800

Start Date (10): 6-6-13
Scheduled Completion Date (11): 6-30-13

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

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

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

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

Amount (Specify SF or LF):

Abatement Type:
[ ] Removal
[ ] Repair
[ ] Encapsulate
[ ] Enclose

Name of Registered Waste Hauler: Freehold / Rovic
NJ DEP Waste Hauler ID No.: 15939
Cubic Yards of Waste: TBD
Disposal Date: 6-30-13
City, State: Morrisville, PA / Tullytown, PA
Completed by: Mike Cooper
Title: President
Signature: Date: 5/22/13

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