# NOTIFICATION OF ASBESTOS ABATEMENT

**State of New Jersey**

**Notification of Asbestos Abatement**
(Pursuant to NJAC 8:60 and 8:60-7.1)

**Date of Notification:** 5/29/14

**Name of Building Owner/Operator:** MITHCHELL

**Address:** 22 KING ST.
**City:** MAPLE SHAPE, N.J.

**Type of Facility:**
- Residential

**Scheduled Completion Date:** 6/11/13

**Name of Abatement Contractor:** KLEINO INC.

**強い位置:**
- Renovation
- Demolition

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

**Location of ACM to be Abated:**
- Transite Siding

**Name of Registered Waste Hauler:** KLEINO INC.

**Contractor:**
- Joseph KLEINO

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

Date of Notification (1)
5-20-14

Name of Building Owner/Operator (2)
Levin Management Corp.

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

Type Notification
- Initial
- Amended
- Amendment # 1
- Emergency (including justification)
- Cancellation

Street Address
975 US Hwy. 22 West
City, State, Zip Code
North Plainfield, NJ 07060

Name of Contact
Gerald O'Brien

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Blue Star Shopping Center Space 19

Street Address
Route 22 & Bonnie Burn Road

City (5)
Watchung

County (6)
Somerset

County Code (7)

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

ASCM No.

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

Name of Abatement Contractor (9)
Plymouth Environmental Co., Inc.

Street Address
411 Southgate Court, Suite E
City, State, Zip Code
Mickeyton, NJ 08056

Project Manager for Monitoring Firm
Jack Carney

Telephone No.
856-224-0080

Square Feet
3,120

Telephone No.
610-239-9920

License No.
00398

Name of OSHA Monitor
EHS Environmental, Inc.

Street Address
411 Southgate Court, Suite E
City, State, Zip Code
Mickeyton, NJ 08056

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:

□ 33 ft or less
□ 331 ft or 260 ft
□ Renovation
□ Demolition

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

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

Former main gym

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

Former main gym

blackmastic

Former main gym

1,100 SF

□ N/A

□ Yes

Cubic Yards of Waste
5

Name of Registered Landfill
GRONS

Disposal Date
6-12-14

City, State
Morrisville, PA

Name of Registered Waste Hauler/Disposal
Robinson Waste Disposal

NUDEP Waste Hauler ID No.
17304

05

Completed by
David Rowley

Title
Project Manager

Signature

Date
5-20-14

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

Date of Notification (1) Amended May 21, 2014
Date Recognized May 12, 2014

Name of Building Owner / Operator (2)
Township of Green Brook

Name of Contact
Telephone Number

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

Type Notification
☐ Initial
☒ Amended
☐ Amendment #1
☐ Cancellation

Street Address
111 Greenbrook Road
City, State & Zip Code
Green Brook, NJ 08812

FACILITY INFORMATION

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

Street Address
16 Rock Road West
City (5)
Green Brook

County (6) Somerset
County Code (7) USE ONLY

Name of Monitoring Firm Hired by Building Owner (8)
Hillman Consulting

Street Address
1500 Route 22 East, Ste. 107
City, State & Zip Code
Union, NJ 07083

Project Manager for Monitoring Firm
Brian Nemetz
Telephone Number
908-686-2635

Name of Abatement Contractor (9)
Synatech, Inc.

Street Address
629 Radio Road
City, State & Zip Code
Little Egg Harbor, NJ 08087

Name of OSHA Monitor
Synatech, Inc.

Scheduled Start Date (10)
May 27, 2014
Scheduled Completion Date (11)
June 20, 2014

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

Scope of Work (Check all that apply)
☐ ≥3,000 sq ft or ≥ 50 lf
☐ ≥160 sq ft or ≥260 lf
☒ Renovation
☐ Demolition

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

1st Floor Landing of Basement Staircase

Yes
No
N/A

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

1st Floor Landing of Basement Staircase

Floor Tile & Mastic

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

Amount (Specify SF or LF)

Abatement Type

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

Name of Registered Waste Hauler
Synatech, Inc.

Waste Hauler ID No.
27429

Cubic Yards of Waste
< 1

Name of Registered Landfill
Grows Landfill

City, State
Little Egg Harbor, NJ 08087

Disposal Date
June 23, 2014

City, State
Morrisville, PA

Completed By
Diane Aiola

Title
Executive Administrator

Signature

Date
Amended May 21, 2014
May 12, 2014

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

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

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<thead>
<tr>
<th>Date of Notification (1)</th>
<th>May 12, 2014</th>
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<td>□ DCA</td>
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<tr>
<th>Street Address</th>
<th>111 Greenbrook Road</th>
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<tr>
<th>City, State &amp; Zip Code</th>
<th>Green Brook, NJ 08812</th>
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<thead>
<tr>
<th>Name of Contact</th>
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**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Building Owner / Operator (2)</th>
<th>Township of Green Brook</th>
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<th>FACILITY INFORMATION</th>
<th></th>
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<tbody>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
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<tr>
<td>Washington Park State House</td>
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<th>Street Address</th>
<th>16 Rock Road West</th>
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<th>City (5)</th>
<th>Green Brook</th>
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<th>County (6)</th>
<th>County Code (7) USE ONLY</th>
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<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>Hillman Consulting</th>
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<tr>
<th>Street Address</th>
<th>1600 Route 22 East, Ste. 107</th>
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<tr>
<th>City, State &amp; Zip Code</th>
<th>Union, NJ 07083</th>
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<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Brian Nemcoviz</th>
</tr>
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<table>
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<tr>
<th>Telephone Number</th>
<th>908-666-2636</th>
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<th>Name of Abatement Contractor (9)</th>
<th>Synatech, Inc.</th>
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<tr>
<th>Street Address</th>
<th>829 Radio Road</th>
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<tr>
<th>City, State &amp; Zip Code</th>
<th>Little Egg Harbor, NJ 08087</th>
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<tr>
<th>Name of OSHA Monitor</th>
<th>Synatech, Inc.</th>
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<tr>
<th>Scheduled Start Date (10)</th>
<th>May 22, 2014</th>
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<tr>
<th>Scheduled Completion Date (11)</th>
<th>June 20, 2014</th>
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<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
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<tbody>
<tr>
<td>☑ Facility Closed/Vacated During Entire Period of Abatement</td>
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<tr>
<td>☑ Abatement Performed Outside of Normal Hours</td>
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<td>☑ Other – Describe:</td>
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<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
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<tbody>
<tr>
<td>☐ ≥3 sf or ≥ 50 If</td>
</tr>
<tr>
<td>☑ ≥160 sf or ≥250 If</td>
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<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
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<tbody>
<tr>
<td>IN Facility (13)</td>
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<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)</th>
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<tbody>
<tr>
<td>Yes</td>
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<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>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
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<tbody>
<tr>
<td>8 SF</td>
<td>X</td>
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<tr>
<th>Name of Registered Waste Hauler</th>
<th>Synatech, Inc.</th>
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<tr>
<th>Hauler ID No.</th>
<th>27429</th>
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<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
<th>&lt; 1</th>
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<table>
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<tr>
<th>Name of Registered Landfill</th>
<th>Grows Landfill</th>
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<th>City, State</th>
<th>Little Egg Harbor, NJ 08087</th>
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<th>June 23, 2014</th>
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<tr>
<th>Name of Registered Hauler</th>
<th>Synatech, Inc.</th>
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<table>
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<tr>
<th>Date</th>
<th>May 12, 2014</th>
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<table>
<thead>
<tr>
<th>Completed By</th>
<th>Diane Alola</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Title</th>
<th>Executive Administrator</th>
</tr>
</thead>
</table>

| 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 5:16)

Date of Notification (1) 05 / 15 / 14

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

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

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

Street Address
126 E. Lincoln Avenue

City (5)
Rahway

County (6)
Union

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)
Vacant

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

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

Street Address
655 West Shore Trail

City, State, Zip Code
Sparta, NJ 07871

License No.
1156

Project Manager for Monitoring Firm
Lisa Liloia

Telephone No.
973-729-5649

Occupancy Status During Abatement (Check only one)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe
- Time of Abatement: 7:00 AM-3:30 PM - 5:00 PM - 5:00 AM

Name of OSHA Monitor
USA Environmental Management, Inc

Street Address
8436 Enterprise Avenue

City, State, Zip Code
Philadelphia, PA 19153

Scope of Work (Check all that apply)
- 3,000 sf or 3,000 sf
- 1,800 sf or 280 sf

Abatement Type
- Removal
- Repair
- Encapsulate
- Enclosure
- Non-Friable Procedure

Name of Registered Waste Hauler
Freehold Cartage Inc.

Disposal Date
8/26/2014

City, State
Freehold, NJ
Montgomery, PA

Completed By (Print or Type)
Dilip Kumar

Title
Program Manager

Signature

Date
5/15/14

* Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) in Facility (13)</th>
<th>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</th>
<th>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
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<tbody>
<tr>
<td>Building 121</td>
<td>YES</td>
<td>Pipe Fittings</td>
<td>4 EA</td>
<td>X</td>
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<tr>
<td>Building 121</td>
<td>NO</td>
<td>Pipe Wrap Cloth</td>
<td>10 LF</td>
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<td>Building 121</td>
<td>NO</td>
<td>Window Caulking</td>
<td>60 LF</td>
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<td>Building 121</td>
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<td>Transite Window Sill</td>
<td>54 SF</td>
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<td>Window Sill Caulk</td>
<td>35 EA</td>
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<td>Building 121</td>
<td>NO</td>
<td>Door Caulk</td>
<td>200 LF</td>
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<td>Roof Coping Stone Caulk</td>
<td>150 LF</td>
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<td>NO</td>
<td>Roofing Tar</td>
<td>24000 SF</td>
<td>x</td>
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<td>NO</td>
<td>Crawl Space</td>
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<td>Transite Table Top</td>
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<td>Window/Door Glazing Caulk</td>
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<td>Exterior Building Caulk</td>
<td>160 LF</td>
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NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1) 04/11/14

Agency Notified
x EPA
x DEP
x DCA
x DOH

Type Notification
Initial
Amended
Cancelling

Name of Building Owner/Operator (2)
State of NJ Department of Treasury

Street Address
50 Barrack Street
City, State, Zip Code
Trenton NJ 08608

Name of Contact
Craig Cody

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Marlboro Psychiatric Hospital

Street Address
546 Newman Springs Road

City (5)
Marlboro Township

County (6)
Monmouth County

County Code (7) (STATE USE ONLY)
N/A

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

ASCM No.
N/A

Name of Abatement Contractor (9)
Associated Specialty Contracting

Street Address
98 LaCrue Avenue
City, State, Zip Code
Glen Mills, PA 19342

Telephone Number
610-366-9622
Licence Number
1163

Project Manager of Monitoring Firm
David Taroty

Telephone Number
610-891-0114

Scheduled Start Date (10)
04/28/14

Sched. Completion Date (11)
05/28/15

Occupancy Status During Abatement (Check only one)

■ Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours - Describe: 7:00 AM - 5:30 PM
Other - Describe:

Scope of work (Check all that apply)

■ Demolition

x Renovation

x Full Containment with Negative Pressure

x Mini - Enclosure

x Glovebag Procedure

x Non-Friable Procedure

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

Is Location Normaly Used
Yes
No
N/A

Description of Asbestos-Containing Material (ACM)
(ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)

Amount (Specify SF or LF)

Abatement Type
R
E
N
E

NJDEP Waste Hauler ID No.
3700

Cubic Yards of Waste

Name of Registered Landfill
GROWS

City, State
Trenton NJ

Disposal Date
As needed

City, State
Morrisville PA

Completed By (Print or Type)
John Heemer

Title
Project Manager

Signature

Date
5/20/14

G4667

see attached sheets
# Notification of Asbestos Abatement

**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 5:69 and 12:120)

**Date of Notification (1)**  
May 20, 2014

**Name of Building Owner/Operator (2)**  
Avalon Bay Communities, Inc.

**Street Address**  
517 Route 1 South

**City, State, Zip Code**  
Iselin, NJ 08830

**Name of Contact**  
Albert Hromin

## FACILITY INFORMATION

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

**Street Address**  
253 Witherspoon Street

**City (5)**  
Princeton

**County (6)**  
Mercer

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

**Name of Abatement Contractor (9)**  
Shade Environmental, LLC

**Street Address**  
PO Box 5430/100 Misty Lane

**City, State, Zip Code**  
Parssippany, NJ 07054

**Project Manager for Monitoring Firm**  
Craig Gorzyca

**Telephone No.**  
973-560-1400

**Start Date (10)**  
April 14, 2014

**Scheduled Completion Date (11)**  
July 31, 2014

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

**Scope of Work (Check All That Apply)**
- 23 sf or 23 ft
- 2160 sf or 2260 ft
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Exempted Procedure

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

**Amount (Specify SF or LF)**

**Abatement Type**
- Removal
- Repair
- Encapsulation
- Enclosure

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

**In Facility**

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

**Cubic Yards of Waste**

30

**Disposal Date**

7/31/2014

**City, State**

Morrisville, PA

**Name of Registered Landfill**

GROWS

**Name of Registered Waste Hauler**

Freehold

NJDEP Waste Hauler ID No. 22253

**Cubic Yards of Waste**

30

**Disposal Date**

7/31/2014

**City, State**

Mount Holly, New Jersey 08060

**Completed by**

Christina Lynch

**Title**

Operations Manager

**Signature**

May 20, 2014

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* Do not use this form for asbestos licensure exempted activities.
**State of NJ**
**Notification of Asbestos Abatement**
(Pursuant to NJAC 8:60-7 and 12:120-7)

ON HOLD

**Date of Notification (1)**
05/18/2014

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

**Street Address**
60 Lake Road

**City, State, Zip Code**
Basking Ridge, NJ 07920

**Name of Contact**
Daniel Miller

**FACILITY INFORMATION**

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

**Street Address**
60 Lake Road

**City (5)**
Basking Ridge, NJ 07920

**County (6)**
Somerset

**Square Feet**

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

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

**Street Address**
105 Ryerson Road

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

**License Number**
0378

**Name of OSHA Monitor**
B & G Restoration, Inc.

**Street Address**
105 Ryerson Road

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

**name of Monitoring Firm hired by Bldg. Owner (8)**
N/A

**ASCM No.**

**Scheduled Start Date (10)**
05/05/2014

**Completion Date (11)**
05/30/2014

**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**
- Demolition
- Renovation
- >3 sf or >3 lb

**Location of asbestos-containing material to be abated in facility (13)**
- Crawl space
- Garage area
- 2nd floor bedroom

**Description of asbestos-containing material (ACM)**
- Pipe insulation
- VAT

**Amount (Specify SF or LF)**
- 72 sf
- 36 sf
- 150 sf

**Registered Waste Hauler**
B & G Restoration, Inc.

**Cubic Yards of Waste**
2.5

**Name of Registered Landfill**
Tullytown Resource & Recovery Center

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

**Disposal Date**
05/07/14 - 05/30/14

**Completed by**
Gordana Luna

**Title**
Secretary/Treasurer

**Signature**

**Date**
05/06/2014
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
5/20/14

Name of Building Owner/Operator (2)
Karen Carmean

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

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

Street Address
16 Hillside Avenue
Newton, NJ 07860

City, State, Zip Code
Newton, NJ 07860

Name of Contact
Karen Carmean

Telephone Number

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

Street Address
16 Hillside Avenue

City (6)
Newton

County (8)
Sussex

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

Square Feat
2200

# of Floors
2

Bldg. Age
50

County Code (7)
(SATE USE ONLY)

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)
ABS Environmental Services, LLC

Street Address
PO Box 483, 4 E Gate Drive

City, State, Zip Code
Glenwood, NJ 07418

Project Manager for Monitoring Firm

Telephone No.
973-583-8500

License No.
703

Start Date (10)
7/21/14

Scheduled Completion Date (11)
8/15/14

Name of OSHA Monitor

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)
- ≥200 sf or ≥200 ft
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

In Facility (13)

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)
Pipe insulation
20 LF

Boiler insulation
20 SF

Amount (Specify SF or LF)

Abatement Type

Removal

Property

Encapsulate

Enclosure

Name of Registered Waste Hauler

Freehold Cartage

NJDEP Waste Hauler ID No.
15939

Cubic Yards of Waste

Name of Registered Landfill

GROWS

City, State
Freehold, NJ

Disposal Date
TBD

City, State
Morrisville, PA

Completed by
Andrew Scott Higgins

Title
President

Signature

Date
5/20/14

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

**Date of Notification:** May 21, 2014  
**Name of Building Owner/Operator:** Laurie Schade  
**Street Address:** 83 East Main Street, Marlton NJ 08053

**Name of Facility Where Abatement is Taking Place:** Single Family Dwelling  
**Address:** 83 East Main Street  
**City:** Marlton NJ 08053

**Type of Facility:** Single Family Dwelling  
**City:** Marlton NJ 08053

**Name of Monitoring Firm Hired by Building Owner:** EPC Technologies  
**Address:** P.O. Box 337, New Egypt, NJ 08533

**Name of Abatement Contractor:** EPC Technologies Inc.  
**Address:** P.O. Box 337, New Egypt, NJ 08533

**Project Manager for Monitoring Firm:** Steve Schenke  
**Telephone No.:** 609-758-3345

**Start Date:** June 9, 2014  
**Scheduled Completion Date:** June 10, 2014

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

**Scopes of Work:**  
- **Basement:** Pipe Insulation 220 LF

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

**Name of Registered Waste Hauler:** EPC Technologies  
**Hauler ID No.:** 17000

**Cubic Yards of Waste:** 3  
**Name of Registered Landfill:** Waste Management of PA

**Disposal Date:** 6-10-14

**Completed by:** Steve Schenke  
**Title:** President  
**Signature:**  
**Date:** 5-21-14

---

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>5-21-14</th>
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<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Rose Marie Politi</td>
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<tr>
<td>Agencies Notified</td>
<td>EPA, DEP, DOL</td>
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<tr>
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<td>Initial</td>
</tr>
<tr>
<td>Emergency (Including justification)</td>
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<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>Single Family Dwelling</td>
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<tr>
<td>Street Address</td>
<td>10 Valevue Road</td>
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<tr>
<td>City, State, Zip Code</td>
<td>Madison, NJ 07940</td>
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<tr>
<td>Type of Facility (4)</td>
<td>School (K-12)</td>
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<tr>
<td># of Floors</td>
<td>2</td>
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<tr>
<td>Bldg. Age</td>
<td>75+-</td>
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<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>EPC Technologies</td>
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<tr>
<td>ASCM No</td>
<td>N/A</td>
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<tr>
<td>Name of Abatement Contractor (9)</td>
<td>EPC Technologies Inc</td>
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<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>
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<tr>
<td>Telephone No.</td>
<td>609-758-3865</td>
</tr>
<tr>
<td>License No.</td>
<td>06394</td>
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<tr>
<td>Start Date (10)</td>
<td>6-2-14</td>
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<tr>
<td>Scheduled Completion Date (11)</td>
<td>6-2-14</td>
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<tr>
<td>Occupancy Status During Abatement (Check Only One)</td>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
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<tr>
<td>Scope of Work (Check All That Apply)</td>
<td>Renovation, Demolition</td>
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<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED (13)</td>
<td>Basement</td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance/ Custodial Staff?</td>
<td>No</td>
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<tr>
<td>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surface, VAT, or other miscellaneous)</td>
<td>Pipe Insulation</td>
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<tr>
<td>Amount (Specify SF or LF)</td>
<td>50 LF</td>
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<tr>
<td>Name of Registered Waste Hauler</td>
<td>EPC Technologies</td>
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<tr>
<td>NJDEP Waste Hauler ID No.</td>
<td>17000</td>
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<tr>
<td>Cubic Yards of Waste</td>
<td>1</td>
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<tr>
<td>Name of Registered Landfill</td>
<td>Waste Management of PA</td>
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<td>City, State</td>
<td>New Egypt, NJ</td>
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<td>Disposal Date</td>
<td>6-2-14</td>
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<tr>
<td>City, State</td>
<td>Moonsville, PA</td>
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<tr>
<td>Completed by</td>
<td>Steve Schenker</td>
</tr>
<tr>
<td>Title</td>
<td>President</td>
</tr>
<tr>
<td>Signature</td>
<td>Steve Schenker</td>
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<tr>
<td>Date</td>
<td>5-21-14</td>
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*Do not use this form for asbestos licensure exempted activities.*
# State of New Jersey

## NOTIFICATION OF ASPEROS ABATEMENT

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>5/11/2014</th>
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<tbody>
<tr>
<td>Name of Building Owner / Operator (2)</td>
<td>Jeff Loesser</td>
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<thead>
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<td>EPA</td>
<td>Initial</td>
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<tr>
<td>DEP</td>
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<td>DOL</td>
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<td>DOH</td>
<td>Cancellation</td>
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<thead>
<tr>
<th>Street Address</th>
<th>844 River Road</th>
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<tbody>
<tr>
<td>City, State &amp; Zip Code</td>
<td>Ewing, NJ</td>
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<table>
<thead>
<tr>
<th>FACILITY INFORMATION</th>
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<tbody>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
</tr>
<tr>
<td>Residence</td>
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<tr>
<td>Street Address</td>
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<tr>
<td>City</td>
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<td>County</td>
</tr>
<tr>
<td>County Code</td>
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<tr>
<td>Square Feet</td>
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<td># of Floors</td>
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<tr>
<td>Bidg. Age</td>
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<td>Current Use (Prior if being demolished)</td>
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<td>Residence</td>
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<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
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<tr>
<td>ASCM No.</td>
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<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
<th>ALPHA ENVIRONMENTAL</th>
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<tbody>
<tr>
<td>Street Address</td>
<td>2129 RT 33</td>
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<td>City, State &amp; Zip Code</td>
<td>Hamilton, NJ</td>
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<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone Number</th>
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<tr>
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<td>215-295-1004</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>License Number</th>
<th>01091</th>
</tr>
</thead>
</table>

### Scheduled Start Date (10)
5/21/2014

### Scheduled Completion Date (11)
5/22/2014

### Occupancy Status During Abatement (Check only one)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Hours – 7am to 3pm

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

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

### Is Location Normally Used Solely by Maintenance or Custodial Staff?
Yes

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

### Amount (Specify SF or LF)
Pipe insulation
100lf

### Name of Registered Waste Hauler
ALPHA ENVIRONMENTAL
NJDEP Waste Hauler ID No. 00333330

### Cubic Yards of Waste
1 cubic

### Name of Registered Landfill
Grows Landfill

### City, State
Trenton, New Jersey

### Disposal Date
Various

### City, State
Morrisville, PA

### Completed By (Print or Type)
Rod Richardson
Title
PM
Signature
Rod Richardson

### Date
5/11/2014
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to N.J.A.C. 8:60 and 12:120)  

**Date of Notification (1)**  5/11/2014  
**Name of Building Owner / Operator (2)**  Saint-Gobain  
**Street Address**  
750 East Swedesford Road  
City, State & Zip Code  
Valley Forge PA  
ASBESTOS CONTROL & LICENSING  
**Name of Contact**  
Tom Yeager  
**Telephone Number**  

### FACILITY INFORMATION

- **Name of Facility Where Abatement is Taking Place (3)**  
- **Certainteed**  
- **Street Address**  
262 New Brooklyn Rd (New Brooklyn/New Freedom)  
- **City (5)**  
Berlin  
- **County (6)**  
Camden  
- **County Code (7)**  
- **Type of Facility (4)**  
- **School (K-12)**  
- **Subchapter 8 (Other than K-12)**  
- **Other (i.e. private & commercial buildings, homes, etc.)**  
- **Square Feet**  
100000  
- **# of Floors**  
2  
- **Bldg. Age**  
80+  
- **Current Use (Prior if being demolished)**  
- **Demo**  
- **Name of Abatement Contractor (9)**  
ALPHA ENVIRONMENTAL  
- **Street Address**  
2129 Rt 33  
City, State & Zip Code  
Hamilton, NJ  
- **Name of OSHA Monitor**  
EMSSL Analytical  
- **Street Address**  
107 Haddon Avenue  
City, State & Zip Code  
Westmont, NJ 08108  
- **Name of Monitoring Firm Hired by Building Owner (8)**  
ASCM No.  
- **Telephone Number**  
215-295-1004  
License Number  
01091  

### Occupancy Status During Abatement
- **Facility Closed/Vacated During Entire Period of Abatement**  
- **Abatement Performed Outside of Normal Hours – 7am to 3pm**  
- **Describe:**  
- **Facility Occupied During Abatement**  

### 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  
- Glove Bag Procedures  
- Non-Exempted and Non-Friable Procedure

### Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility
- **Yes**  
- **No**  
- **N/A**  

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

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

### Amount (Specify SF or LF)

### Abatement Type
- **Removal**  
- **Repair**  
- **Encapsulate**  
- **Enclose**

### Roof
- **Contaminated soil**  
2500sf  

### Name of Registered Waste Hauler
ALPHA ENVIRONMENTAL  
NJDEP Waste Hauler ID No.  
0033330  
Cubic Yards of Waste  
5cubic  
Name of Registered Landfill  
- Grows Landfill  
- Various  
Name of Registered Landfill  
Morrisville, PA  
Completion By (Print or Type)  
Rod Richardson  
Title  
PM  
Signature  
Rod Richardson  
Date  
5/11/2014
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 5-21-2014

Name of Building Owner/Operator (2) Faith Plowman

2014 MAY 23 PM 1:11

Agencies Notified

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

Street Address
142 Powell Road

City, State, Zip Code
Woodbine NJ, 08270

Name of Contact
Andrew Ricco

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
1000 W Oak Rd

City (5)
Vineland

County Code (7) (STATE USE ONLY) vacant

Square Feet 1184

# of Floors 1

Bldg. Age 90

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

ASCM No. Name of Abatement Contractor (9)

Ricco Construction Corp

Street Address 282 Creek Road

City, State, Zip Code Bellmawr, NJ 08031

License No. 01204

Telephone No. 856-466-6452

Project Manager for Monitoring Firm
Andrew Ricco

Telephone Date 6-9-2014

Start Date (10) 6-9-2014

Scheduled Completion Date (11) 7-9-2014

Name of OSHA Monitor

Street Address 282 Creek Road

City, State, Zip Code Bellmawr, NJ 08031

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 23 ft
- ≥160 sf or ≥260 ft
- demolition
- 1000sf

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
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<tbody>
<tr>
<td>exterior</td>
<td>x</td>
<td>trasnite siding</td>
<td>1000sf</td>
<td>x</td>
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Name of Registered Waste Hauler
Ricco Construction Corp

NJDEP Waste Hauler ID No. 28909

Cubic Yards of Waste 7

Name of Registered Landfill
Salem County

City, State Bellmawr, NJ

Disposal Date TBD

Completed by Andrew Ricco Title owner

Signature Andrew Ricco Date 5-21-2014

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 12:120)

Date of Notification (1) 5/20/14

Agency Notified  
- EPA  
- DEP  
- DOL  
- DOH  
- DCA  
- Initial  
- Amended  
- Amendment #  
- Emergency (Including Justification)  
- Cancellation

Name of Building Owner/Operator (2) Gary Raynor Private Home

Street Address 28 Walkill Road

City, State, Zip Code Little Egg Harbor NJ 08097

Name of Contact Gary

Telephone Number

FACILITY INFORMATION

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

Street Address 28 Walkill Road

City (5) Little Egg Harbor NJ 08097

County (6) Ocean

County Code (7) (STATE USE ONLY)  

Current Use (Prior to being demolished) Home

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

N/A ASCM No.

Name of Abatement Contractor (9) Pemaco 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) 5/21/14

Scheduled Completion Date (11) 5/23/14

Name of OSHA Monitor Same

Occuancy Status During Abatement (Check Only One)

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

Other - Describe:

Scope of Work (Check All That Apply)

- ≥ 3 sf or ≥ 3 If
- ≥ 210 sf or ≥ 220 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

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

Amount (Specify SF or LF)

Abatement Type

Removal  
Regular  
Encapsulation  
Endorse

Name of Registered Waste Hauler United Containers

NJDEP Waste Hauler ID No. 22459

Cubic Yards of Waste 3

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

City, State, Zip Morrisville PA 19067

Completed by Anthony T. Perna  
Title President  
Signature

Date 5/20/14

ASB-41 (R-06-08)

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

Date of Notification (1)
5/20/14

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

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<td>DOH</td>
<td>Cancellation</td>
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<td>DCA</td>
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Name of Building Owner/Operator (2)
Pat Mathis Private Home

Street Address
112 east Mohawk Drive

City, State, Zip Code
Little Egg Harbor NJ 08097

Name of Contact
Pat

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

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

Square Feet
1000 +

# of Floors
1

Bldg. Age
35+

County Code (7)
(STATE USE ONLY)

Current Use (Prior to being demolished)
Home

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

ASCM No.

Name of Abatement Contractor (9)
Pernaco Inc.

Street Address
PO Box 329

City, State, Zip Code
West Berlin NJ 08091

Project Manager for Monitoring Firm

Telephone No.
856-753-9800

License No.
00727

Start Date (10)
5/21/14

Scheduled Completion Date (11)
5/23/14

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

Scope of Work (Check All That Apply)

Renovation
Demolition

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

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

Location
Exterior Siding
Exterior Siding

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

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

Amount
1200 SF

Abatement Type
Removal
Repair
Encapsulate
Enclose

Name of Registered Waste Hauler
United Containers

NJ/DEP Waste Hauler ID No.
22459

Cubic Yards of Waste
3

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

Disposal Date
5/23/14

City, State
Morrisville PA 19067

Completed by
Anthony T Perna
Title
President

Signature

Date
5/20/14

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:130)

Date of Notification (1) 5/20/14
Name of Building Owner/Operator (2) Maureen Tait Private Home

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

Street Address 4 Tiller Court
City, State, Zip Code Little Egg Harbor NJ 08097

Name of Contact Maureen
Telephone

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Maureen Tait Private Home
Street Address 4 Tiller Court
City (5) Little Egg Harbor NJ 08097
County (6) Ocean
County Code (7) 1000 +
Current Use (Prior if being demolished) Home

Name of Monitoring Firm Hired by Building Owner (8) N/A
Name of Abatement Contractor (9) Pernaco Inc.

Telephone No. 856-753-9800
License No. 00727

Start Date (10) 5/21/14
Scheduled Completion Date (11) 5/23/14

Name of OSHA Monitor Same

Occupy 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)
- 23 sf or 23 sf
- 180 sf or 2290 sf
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

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

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

Amount (Specify SF or LF)

Exterior Siding 1200 SF

Name of Registered Waste Hauler
United Containers

Cubic Yards of Waste 3

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

City, State Elm NJ
Disposal Date 5/23/14

City, State Morrisville PA 19067

Completed by Anthony T. Perna Title President

Signature
Date 5/20/14

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

### Facilities Information
- **Name of Facility Where Abatement is Taking Place:** Same as above
- **Type of Facility:** Other (i.e., private & commercial buildings, homes, etc.)

### Building Information
- **State:** New Jersey
- **Date of Notification:** 5-20-14
- **Name of Building Owner/Operator:** Jerry Raymond
- **Street Address:** 120 Ridgewood Ave.
- **City, State, Zip Code:** Glen Ridge, NJ, 07028
- **Name of Contact:** Jerry Raymond

### Description of Work
- **Location of Asbestos-Containing Material (ACM) to be Abated:**
  - **Basement: X Pipe Insulation**
  - **Amount:** 230 lf

### Disposal Information
- **Name of Registered Waste Hauler:** AZTECH MANAGEMENT, INC.
- **Cubic Yards of Waste:** 1.5
- **Name of Registered Landfill:** G.R.O.W.S.
- **City, State:** Montclair, NJ 07042
- **Disposal Date:** 6-3-14
- **City, State:** Morrisville, PA 19067

### Completion Information
- **Completed By:** Constantine Vivian
- **Title:** President
- **Signature:** CV
- **Date:** 5-20-14
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1) 5-19-14

Name of Building Owner/Operator (2) Smita Mehta

Agencies Notified
[X] EPA  [X] Initial Notification
[X] DOL  [ ] Amended Notification
[X] DOH  [ ] Emergency
[ ] DCA  [ ] Cancellation

Street Address 27 Ridge Terrace
City, State, Zip Code Short Hills, NJ, 07078

Name of Contact Smita Mehta

FACILITY INFORMATION

Same as above

City (5)  County (6) Essex  County Code (7)  (State Use Only)

Type of Abatement Contractor (9)
AZTECH MANAGEMENT, INC.
Street Address 86 Christopher St.
City, State, Zip Code Montclair, NJ 07042

Name of OSHA Monitor N/A

Telephone Number (973) 744-8800  License Number 00371

Scheduled Start Date (10) 6-4-14  Sched. Completion Date (11) 6-06-14

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

Scope of Work (Check all that apply)
[X] Renovation  [X] Demolition

Location of Asbestos-Containing Material (ACM)

<table>
<thead>
<tr>
<th>Location</th>
<th>Normally Used</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>X</td>
<td>Pipe Insulation 90 lf X</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
AZTECH MANAGEMENT, INC.
NDHPR Waste ID No. 17040

City, State Montclair, NJ 07042

Completed By (Print or Type) Constantine Vivian  Title President

Signature

Date 5-19-14
**State of New Jersey**

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

**Date of Notification (1)**
05/19/2014

**Name of Building Owner/Operator (2)**
Washington Township BOE

**Street Address**
53 West Mill Road
Long Valley, NJ 07853

**City, State, Zip Code**

**Name of Contact**
Burt Horner

**Telephone Number**

---

### FACILITY INFORMATION

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

**Street Address**
90 Flocktown Road
Long Valley, NJ

**City (5)**
Long Valley, NJ

**County Code (7)**
Morris

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

**County Code (7)**

---

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

**Street Address**
275 Rt 10 East
Succasunna, NJ 07876

**City, State, Zip Code**
Randolph, NJ 07869

**Project Manager for Monitoring Firm**
Michael Berta
973-920-9061

**Telephone Numbe**
973-920-9061

**License No.**
01133

**Start Date (10)**
05/23/2014

**Scheduled Completion Date (11)**
06/02/2014

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

**Street Address**
2333 Rt 22 West
Union, NJ 07083

**Phone**

---

**Scope of Work (Check All That Apply)**
- [X] 3000 ft² or 3000 sf
- [X] 1600 sf or 1600 sf
- [ ] Renovation
- [X] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

---

**Abatement Type**

<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>7 LF</td>
</tr>
</tbody>
</table>

---

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

<table>
<thead>
<tr>
<th>Hallway area</th>
<th>TSI</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**Name of Registered Waste Hauler**
NJ/DEP Waste Hauler ID No.
0033782

**Cubic Yards of Waste**

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

City, State
Randolph, NJ

**Disposal Date**
TBD

City, State
Tullytown, Pa

**Completed by**
Elvira Mrda
Title
President

**Signature**

**Date**
05/19/2014
State of NJ  
**Notification of Asbestos Abatement**  
(Pursuant to NJAC 8:60-7 and 12:120-7)  

**RESUME & Additional footages**

**Date of Notification (1)**

01/5/12, 11/14

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

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

Daniel Miller

**Street Address**

60 Lake Road

**City, State, Zip Code**

Basking Ridge, NJ 07920

**Name of Contact**

Daniel Miller

**Telephone Number**

**FACILITY INFORMATION**

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

Daniel Miller

**Street Address**

60 Lake Road

**City (5)**

Basking Ridge, NJ 07920

**County (6)**

Somerset

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

**Name of Asbestos Contractor (9)**

B & G Restoration, Inc.

**Street Address**

105 Ryerson Road

**City, State, Zip Code**

Lincoln Park, NJ 07035

**Telephone Number**

973-696-0869

**License Number**

0378

**Name of OSHA Monitor**

B & G Restoration, Inc.

**Street Address**

105 Ryerson Road

**City, State, Zip Code**

Lincoln Park, NJ 07035

**Scheduled Start Date (10)**

05/05/2014

**Sched. Completion Date (11)**

05/22/2014

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

☑ Facility closed/vacated during entire period of abatement:

☐ Abatement performed outside of normal facility hours:

Describe:

**Other-Describe:**

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

☐ Demolition

☒ Renovation

☐ >3 sf or >3 if

☒ ≥160 sf or ≥260 if

**Location of asbestos-containing material 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)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>pipe insulation</td>
<td>36 if</td>
<td></td>
</tr>
<tr>
<td>VAT</td>
<td>150 sf</td>
<td></td>
</tr>
<tr>
<td>VAT</td>
<td>118 sf &amp; 21 sf ***</td>
<td></td>
</tr>
<tr>
<td>linoleum ***</td>
<td>30 sf ***</td>
<td></td>
</tr>
</tbody>
</table>

**Registered Waste Hauler**

B & G Restoration, Inc.

**Hauler ID#**

NUDEP Hauler ID#: 19563

**Cubic Yards of Waste**

5

**Name of Registered Landfill**

Tullytown Resource & Recovery Center

**City, State**

Tullytown, PA

**Disposal Date**

05/07/14 - 05/22/14

**Completed by (Print or Type)**

Gordana Luna

**Title**

Secretary/Treasurer

**Signature**

Gordana Luna

**Date**

05/20/2014
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Present to MAC 220 and 22-120)

Emergency Request for 10 Day Warmer

Date of Notification (1):
5-22-2014 PM 1:57

Name of Building Owner/Operator (2):
To: FELT

Address:
121 NORTH MAIN STREET
Boonton, N.J. 07002

City:
Boonton

County:
Morris

Type of Facility (9):
□ School
□ Laboratory
□ Other - K-12
□ Other - i.e., private & commercial buildings, office, etc.

Type of Material:
□ Terminal Remediation
□ Remedial Action
□ Abatement
□ Other - (specify)

Responsibility for Abatement (Check only one):
□ Facility Owner
□ Architect/Engineer
□ Contractor
□ Other

Date of Notification:
5-22-2014

Date of Contract:
5-23-14

Estimated Duration of Contract:
119.9 Days

Date of Start:
6-2-14

Date of Completion:
7-23-14

Abatement Method:
□ Wet Method
□ Dry Method
□ Mixed Method

Type of Material:
□ Insulation
□ Ductwork
□ Ceiling
□ Spray
□ Gaskets
□ Seals
□ Other (specify)

Type of Material:
□ Asbestos-Containing Material
□ Non-Asbestos-Containing Material

Location of Asbestos-Containing Material (ACM):
121 NORTH MAIN STREET

Type:
□ Building

Name of Facility Where Abatement Is Taking Place:

Name of Contractor:
Best Removal Inc

Address:
450 S. River St
Hackensack, N.J. 07601

Telephone:
201-329-7444

Fax:
00388

Name of Registered Monitor:
Omaga Environmental Inc

Address:
280 Heyler St
South Hackensack, N.J. 07606

Date of Initial Survey:
5-22-2014

Date of Removal:
5-23-2014

Type of Material:
□ Terminal Remediation
□ Remedial Action
□ Abatement

Name of Authorized Person Responsible:
R. Veldran

Title:
Estimator

Signature:
R. Veldran

Date:
5-20-14

Date of Completion:
7-23-14

City, State:
Waynesburg, Oh

Date of Disposal:
5-23-14

City, State:
Hackensack, N.J. 07601

Date of Contract:
5-23-14

City, State:
Best Removal Inc

ID No.: 17409

Name of Registered Monitor:
Minerva Enterprises

City, State:
Best Removal Inc

ID No.: 17409

Name of Registered Monitor:
Minerva Enterprises

City, State:
Best Removal Inc

ID No.: 17409

Name of Registered Monitor:
Minerva Enterprises

City, State:
Best Removal Inc

ID No.: 17409

Name of Registered Monitor:
Minerva Enterprises

City, State:
Best Removal Inc

ID No.: 17409

Name of Registered Monitor:
Minerva Enterprises

City, State:
Best Removal Inc

ID No.: 17409

Name of Registered Monitor:
Minerva Enterprises

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

Date of Notification (1): 5-19-14
Name of Building Owner/Operator (2): Sam's Mobile Home Park

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

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

Street Address: Three American Way
City, State, Zip Code: Holmdel, NJ 07733
Name of Contact: Gil Santopadre
Telephone Number: 2014 MAY 23 PM 1:52

FACILITY INFORMATION

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

Street Address: 778 Route 36
City: Hazlet
County: Monmouth
Current Use (Prior if being demolished):

Name of Monitoring Firm Hired by Building Owner (8): ASCM No.
Name of Abatement Contractor (9): ABS Environmental Services, LLC

Street Address: 4 E Gate Drive, PO Box 483
City, State, Zip Code: Glenwood, NJ 07418
License No.: 703

Start Date (10): 6-2-14
Scheduled Completion Date (11): 7-2-14

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

Scope of Work (Check All That Apply):
- ≥ 30 sf or ≥ 3 if
- ≥ 600 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): 3,400 SF

Abatement Type:
- Removal
- Repair
- Encapsulate
- Envelope

Name of Registered Waste Hauler: NJDEP Waste Hauler ID No.
Freehold Cartage: 15939
Cubic Yards of Waste: 10
Name of Registered Landfill: GROWS
Disposal Date: TBD
City, State: Freehold, NJ
Name of Registered Landfill: 
City, State: Morrisville, PA
Completed by: Andrew Scott Higgins
Title: President
Signature:
Date: 5-19-14

* Do not use this form for asbestos licensure exempted activities.
**STATE OF NEW JERSEY NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 7:26-2.12)**

### Date of Notification
- **05/16/2014**

### Agencies Notified
- (X) EPA
- (X) NJDEP
- (X) NJ DOL
- (X) DOH
- ( ) DCA

### Notification Type
- (X) Initial Notification
- ( ) Amended Certification
- ( ) Cancelled

### Name of Building Owner/Operator
- Frank Mattiace

### Street Address
- 68 Hudson Place

### City, State, Zip Code
- Weehawken, NJ 07086

### Name of Contact
- Frank Mattiace

### FACILITY INFORMATION

#### Name of Facility Where Abatement is Taking Place
- **68 Hudson Place**

#### Residence
- **Weehawken, HUDSON**

#### City (5)
- **Weehawken**

#### County (6)
- **Hudson**

#### County Code (7)
- **(State Use Only)**

### Name of Monitoring Firm Hired by Bldg. Owner
- ISES, Inc.

### ASCM No.
- (To be completed by monitoring firm)

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

### Sq. Feet
- **3000**

### # of Floors
- **2**

### Bldg. Age
- **45**

### Current Use (prior to if being demolished)
- Residential Apartment Building

### Name of Contractor
- Industrial Safety and Environmental Solutions, Inc

### Street Address
- 3300 Hudson Avenue

### City, State, Zip Code
- Union City, NJ 07087

### Telephone Number
- (201) 325-0055

### License Number
- **01124**

### Name of OSHA Monitor
- ISES, Inc.

### Street Address
- 3300 Hudson Avenue

### City, State, Zip Code
- Union City, NJ 07087

### Source of Work (Check all that apply)
- ( ) Demolition
- (X) Renovation
- ( ) Large Proj. (>160 SF or > 260 LF ACM)
- ( ) Minor Proj. (< 25 SF or < 10 LF ACM)
- (X) Full Containment with Negative Pressure
- ( ) Mini-Enclosure
- ( ) Glovebag Procedure

### Location of Asbestos-Containing Material (ACM) in Facility
- **Boiler & Storage Room**
  - Location Normally Used Solely by Maint/Custodial Staff? (12)
  - **YES**
  - **NO**
  - **NA**
- **TSI Pipe Insulation**
- **150 LF**
- **X**

### Cubic Yards of Waste
- **20**

### Name of Reg. Landfill
- Cumberland County Landfill

### Name of Reg. Waste Hauler
- Newark Carting
- **04509**

### Disp. Date
- **06/02/2014**

### City
- Newburg, PA 17242

### Name of Reg. Landfill
- Cumberland County Landfill

### Title
- General Manager

### Signature
- [Signature]

### Date
- **05/16/2014**
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1)
5-19-14

Name of Building Owner/Operator (2)
Chris Lawrence

FACILITY INFORMATION

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

Street Address
157 Morningside Road
Verona, NJ 07044

Name of Contact
Chris Lawrence

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

Square Feet
# of Floors
Bldg. Age

Current Use (Prior if being demolished)

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

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

Street Address
86 Christopher St.

City, State, Zip Code
Montclair, NJ 07042

Phone Number
(973) 744-8800

License Number
00371

Name of OSHA Monitor
N/A

City, State, Zip Code

Name of OSHA Monitor
N/A

City, State, Zip Code

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

[X] Abatement Performed Outside of Normal Facility Hours - Describe:
Other - Describe:

Scope of Work (Check all that apply)
[X] Removal
[X] Renovation
[X] Demolition

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

Yes No N/A

Basement
[X] Pipe Insulation
20 sf
[X] Boiler
16 SF

Name of Registered Waste Hauler
AZTECH MANAGEMENT, INC.

Disposal Date
6-4-14

City, State
Montclair, NJ 07042

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

City, State
Morrisville, PA 19067

Complted By (Print or Type)
Constantine Vivian

Signature

Date
5-19-14
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:20/N.J.A.C. 7:26-2.12)

State of New Jersey

Date of Notification (1):
05/19/2014

Name of Building Owner/Operator (2):
Newark Public School

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

Type Notification (8):
- Initial
- Amended
- Emergency
- Cancellation

Street Address:
2 Cedar Street

City, State, Zip Code:
Newark, NJ 07102

Name of Contact:
Mr. Benjamin Olagadeyo

Telephone Number:

FACILITY INFORMATION

Name of Facility:
Roberto Clemente Elementary School

City (5):
Newark

County (6):
Essex

County Code (7):
07114

Name of Monitoring Firm Hired by Building Owner:
TITI ENVIRONMENTAL, INC.

ASCN No.:
0003

Street Address:
1253 North Church Street

City, State, Zip Code:

Moorstown, NJ 08057

Project Manager for Monitoring Firm:
James A. Giuliani

Telephone No.:
856-840-8800

Start Date (10):
05/30/14

Scheduled Completion Date (11):
06/01/14

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

Describe:

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

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

<table>
<thead>
<tr>
<th>Room</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>B5</td>
<td>Yes</td>
<td>Pipe Insulation</td>
<td>60 LF</td>
<td>*</td>
</tr>
<tr>
<td>B6</td>
<td>Yes</td>
<td>VAT and Mastic</td>
<td>440 SF</td>
<td>*</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler:
TRI-STATE TRANSFER ASSOC., INC.

NYEP Waste Hauler ID No.:

Cubic Yards of Waste:
30

Name of Registered Landfill:
MINERVA ASSOC., INC.

City, State:
Bronx, NY 10474

Disposal Date:

Completed By:
Sylvester Oraegbunam

Title:
President

Signature:

Date:
05/19/2014
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

**Date of Notification (1)**
5/20/14

**Name of Building Owner/Operator (2)**
Angelo Digiovanni Private Home

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

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

**Street Address**
50 Lake Heron

**City, State, Zip Code**
Little Egg Harbor NJ 08097

**Name of Contact**
Angelo

**Telephone Number**

**FACILITY INFORMATION**

**Name of Facility Where Abatement Is Taking Place (3)**
Angelo Digiovanni Private Home

**Street Address**
50 Lake Heron

**City (5)**
Little Egg Harbor NJ 08097

**County (6)**
Ocean

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

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

**ASCM No.**

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

**Street Address**
PO Box 329

**City, State, Zip Code**
West Berlin NJ 08091

**License No.**
00727

**Telephone No.**
856-753-9600

**Project Manager for Monitoring Firm**

**Start Date (10)**
5/21/14

**Scheduled Completion Date (11)**
5/23/14

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

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

**For Use Only**

**Exterior Siding**

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

**Amount (Specify SF or LF)**

**Abatement Type**

**Location of Registered Waste Hauler**

**NJDEP Waste Hauler ID No.**
22459

**Cubic Yards of Waste**
3

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

**Disposal Date**
5/23/14

**City, State, Zip Code**
City, State, Zip Code

**Completed by**
Anthony T Perna

**Title**
President

**Signature**

**Date**
5/20/14

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

Date of Notification (1) 5 / 20 / 14

Name of Building Owner/Operator (2) Trustees of Princeton

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

Street Address
Trustees of Princeton University E.A. MacMillan Bldg
Princeton, NJ 08544

Name of Contact
Robert Ortego, P.E.

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Princeton University Main Campus - Fine Hall/Math Department

Street Address
Washington Road & Prospect Avenue

City (5)
Princeton

County (6)
Mercer

County Code (7)(STATE USE ONLY)

Square Feet
160,000

# of Floors
17

Bldg. Age
46+

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

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

ASCM No. 00098

Name of Abatement Contractor (9)
AbateTech, Inc.

Street Address
30 Maple Ave. PO Box 25

City, State, Zip Code
Lumberton, NJ 08048

License No.
00529

Name of OSHA Monitor
EML Analytical

Street Address
200 Route 130 North

City, State, Zip Code
Cinnaminson, NJ 08077

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

Time of Abatement: AM PM PM AM

Start Date (10)
05 / 09 / 14

Scheduled Completion Date (11)
06 / 30 / 14

Scope of Work (Check all that apply)
[ ] ≥3 sf or ≥31 l
[ ] ≥160 sf or ≥260 l
[ ] 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

TO BE ABATED

IN FACILITY

Location of Asbestos-Containing Material (ACM)

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

Yes No N/A

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

Amount (Specify SF or LF)
2,740 SF

Abatement Type

Second Floor - Math Department

Floor Tile & Mastic

Name of Registered Waste Hauler
AbateTech, Inc.

NJDEP Waste Hauler ID No. 18750

Cubic Yards of Waste
40

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

City, State
Lumberton, NJ

Disposal Date
6/30/14

City, State
Tullytown, PA

Completed By (Print or Type)
Jennifer Piraine

Title
Operations Coordinator

Signature

Date
5/30/14

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

Date of Notification (1)
5/22/14

Name of Building Owner/Operator (2)
Seaboard Services

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

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

Street Address
PO Box 248
City, State, Zip Code
Oakhurst, NJ 07712

Telephone Number
2014 MAY 23 PM 5:23

Name of Contact
Gil Newman

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Seaboard Services

Street Address
1630 Poplar Road
City (5)
Oakhurst
County (6)
Monmouth

County Code (7)

Name of Monitoring Firm Hired by Building Owner (8)
Finnegon Environmental
ASCM No.
100182
Name of Abatement Contractor (9)
ecoservices, LLC

Street Address
617 Stokes Road, Suite 4-318
City, State, Zip Code
Medford, NJ 08055

Project Manager for Monitoring Firm
Mark Rubnitz
Telephone No.
888-715-2211

Telephone No.
484-872-8884
License No.
01161

Start Date (10)
6/9/14
Scheduled Completion Date (11)
6/29/14

Name of OSHA Monitor
EMSL

Street Address
407 W. Lincoln Highway, Suite 500
City, State, Zip Code
Exton, PA 19341

Occupy 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 23 if
☒ 1500 sf or 2600 sf
☐ Renovation
☒ Demolition

Location of Asbestos-Containing Material (ACM) TO BE ABATED
In Facility (13)
Office
West Section Roof

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

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

Amount (Specify SF or LF)
1,100 sf
4,000 sf

Abatement Type
Removal
Repair
Encapsulate
Endosol

Name of Registered Waste Hauler
Waste Management of New Jersey
NJDEP Waste Hauler ID No.

Cubic Yards of Waste
25
Name of Registered Landfill
GROWS

City, State
Trenton, NJ
Disposal Date
TBD
City, State
Morrisville, PA

Completed by
Jack Bally
Title
Sr. Project Manager
Signature
May 22, 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)**: 5/20/14  
**Name of Building Owner/Operator (2)**: 33 Queens Plaza, Newark, N.J. 07102  
**Street Address**: One Flexon Plaza  
**City, State, Zip Code**: Newark, N.J. 07107  
**Name of Contact**: Alex Forman  
**Telephone Number**: [ ]

### FACILITY INFORMATION

- **Name of Facility Where Abatement is Taking Place (3)**: Flexon Industries Corp.  
- **Street Address**: One Flexon Plaza  
- **City**: Newark, N.J. 07114  
- **County**: [ ]

### Type of Facility (4)
- [ ] School (K-12)  
- [ ] Subchapter 8 (Other than K-12)  
- [ ] Other (i.e., private & commercial buildings, homes, etc.)  
- **Square Feet**: 30,000  
- **# of Floors**: 2  
- **Bldg. Age**: 50  
- **Current Use (Prior if being demolished)**: Factory

### Name of Abatement Contractor (9)
- **Name**: E.C. Abatement Inc.  
- **Street Address**: 231-01 Linden Blvd.  
- **City, State, Zip Code**: Cambria Heights, NY 11411  
- **Telephone No.**: (718) 465-0122  
- **License No.**: [ ]

### Name of Building Owner/Operator (8)
- **Name**: Flexon Industries Corp.  
- **Street Address**: One Flexon Plaza  
- **City, State, Zip Code**: Newark, N.J. 07114  
- **Telephone No.**: [ ]

### Name of Monitoring Firm Hired by Building Owner (8)
- **Name**: ALCHEMY ENVIRONMENTAL ASSOCIATES, LLC  
- **Street Address**: 31 Berkeley Terrace  
- **City, State, Zip Code**: Livingston, N.J. 07111

### Start Date (10)
- **Date**: 5/31/14  
- **Scheduled Completion Date (11)**: 12/1/14

### Scope of Work (Check All That Apply)
- [ ] ± 500 sf or ± 1000 ft²  
- [ ] ±150 sf or ±260 ft²  
- [ ] Renovation  
- [ ] Demolition  
- [ ] Full Containment with Negative Pressure  
- [ ] Mini-Enclosure  
- [ ] Glovebag Procedure  
- [ ] Non-Exempted (*) and Non-Removable 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>Boiler Room</td>
<td>X</td>
<td>151 Boiler 200 SF X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Name of Registered Waste Hauler
- **Name**: Gene Auletta  
- **Street Address**: 349 Ravenswood Blvd, Newark, N.J. 07105  
- **Hauler ID No.**: 07177  
- **Name of Registered Landfill**: [ ]

### Completed by
- **Name**: E.N. Omoade
- **Title**: Owner
- **City, State**: [ ]
- **Disposal Date**: 5/20/14
- **Signature**: [ ]
- **Date**: 5/20/14

---

*Do not use this form for asbestos licensure exempted activities.*
STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:80-7 AND 12:20-7)

Name of Building Owner / Operator (2)
NOVARTIS PHARMACEUTICALS CORPORATION

Street Address
1 HEALTH PLAZA

City, State, Zip Code
EAST HANOVER, NJ 07936

Name of Contact
KEN PIROZZI

Telephone Number

FACILITY INFORMATION

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

City (5)
EAST HANOVER

County (6)
MORRIS

County Code (7)

Square Feet
N/A

Type of Abatement Contractor (9)
LVI Demolition Services Inc.

Name of Monitoring Firm Hired by Bidg. Owner (8)
HILLMAN ENVIRONMENTAL

ASCM NO.

Street Address
1600 ROUTE 22 EAST

City, State, Zip Code
UNION, NJ 07083

Project Mngr. For Monitoring Firm
MIKE NEHLSEN

Telephone Number
908-588-7800

 Scheduled Start Date (10)
06 / 20 / 14

Sched. Completion Date (11)
06 / 23 / 14

Telephone Number
973-884-8652

License Number
00860

Occupancy Status During Abatement (Check Only 1)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours - Describe:
☐ Other - Describe: 5:00pm START

Name of OSHA Monitor
LVI Demolition Services Inc.

Scope of Work (Check All That Apply)
☐ Demolition
☐ Renovation
☐ Full Containment with Negative Pressure
☐ Geoexchange Procedure
☐ Non-Exempt (*) and Non-Friable Procedure

Location of Asbestos Containing Material (ACM)

TO BE ABATED in Facility (13)

Location
EXTERIOR B-402

Is
PIPE

Description of Asbestos - Containing Material (ACM)

Amount
20 LF

Abatement Type

Name of Registered Waste Hauler
NEWARK CARTING

NJDEP Waste Hauler ID No.
4509

Cubic Yards of Waste

Name of Registered Landfill
IESI

City, State
BETHLEHEM, PA

Committed by (Print or Type)
STEVEN STILES

Title
PROJECT MANAGER

Signature

Date
05/22/14
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)  

Date of Notification (1)  
5/19/2014  

Name of Building Owner/Operator (2)  
Sunoco Inc. (R&M) - Marcus Hook Refinery  

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

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

Street Address  
Blueball Avenue and Post Road  

City, State, Zip Code  
Marcus Hook, PA 19061  

Name of Contact  
Mr. Mark Strutz  

FACILITY INFORMATION  

Name of Facility Where Abatement is Taking Place (3)  
Sunoco Eagle Point Refinery  

Street Address  
US Highway 130 South  

City (5)  
Westville  

County (6)  
Gloucester  

County Code (7)  
(STATE USE ONLY)  

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

Square Feet  
1,100  

# of Floors  
Outside Work  
50  

Bldg. Age  

Current Use (Prior if being demolished)  
Refrigeration  

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

ASCM No.  

Name of Abatement Contractor (9)  
Alliance Environmental Systems, Inc.  

Street Address  
550 East Union Street  

City, State, Zip Code  
West Chester, PA 19382  

Project Manager for Monitoring Firm  
Tony Keir  

Telephone No.  
610-591-0114  

Telephone No.  
610-701-9000  

License No.  
00508  

Name of OSHA Monitor  
AET, Inc.  

Schedule Completion Date (11)  
6/16/2014  

Start Date (10)  
6/6/2014  

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

Scope of Work (Check All That Apply)  
- ≥3 sf or ≥3 If  
- >100 sf or ≥290 If  
- Renovation  
- Demolition  

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

<table>
<thead>
<tr>
<th>Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
<th>Endorsement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td>Thermal Insulation-Tank Bottoms</td>
<td>1,100 SF</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler  
Waste Management of Camden  

Cubic Yards of Waste  
10  

Name of Registered Landfill  
GROWS Landfill  

Disposal Date  
TBD  

City, State  
Camden, NJ  

Completed by  
Robert M. Casciato  

Titled  
President  

Signature  

Date  
5/19/14  

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

All of the abatement work will be performed outside. Engineering controls will consist of the following:

- Wind breaks (sides only, no top) will be installed around all areas where abatement is taking place.
- The required warning signs will be posted.
- All asbestos materials will be wetted during removal and packaging.
- Asbestos containing materials will be packaged in accordance with regulations and transported by a licensed hauler to an approved landfill.
- Area of abatement will be cleaned of all asbestos debris.
- Daily perimeter monitoring will be performed.
- Final air monitoring will be performed as each phase is complete.
**NOTIFICATION OF ASBESTOS ABATEMENT**

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>05 / 20 / 14</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>✗ EPA</td>
<td>✗ Initial</td>
</tr>
<tr>
<td>✗ DOLWD</td>
<td>☐ Amended</td>
</tr>
<tr>
<td>☐ DOH</td>
<td>☐ Amendment #</td>
</tr>
<tr>
<td>☐ DCA (NJAC 5:23-8)</td>
<td>☐ Emergency (including justification)</td>
</tr>
<tr>
<td></td>
<td>☐ Cancellation</td>
</tr>
</tbody>
</table>

| Name of Building Owner/Operator (2) | Division of Property Management & Abatement
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Street Address         | 33 West State Street |
| City, State, Zip Code  | Trenton, NJ 08608    |
| Name of Contact        | Rick Ferrera          |
| Telephone Number       |                      |

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Residential House</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Sayreville</th>
</tr>
</thead>
<tbody>
<tr>
<td>12 Weber Avenue</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City (5)</th>
<th>Middlesex</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sayreville</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>Tiger Environmental, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASCM No.</td>
<td></td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>ALL PRO MANAGEMENT LLC</td>
</tr>
<tr>
<td>Street Address</td>
<td>27 Outwater Lane</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Garfield, NJ 07026</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>973-928-4888</td>
</tr>
<tr>
<td>License No.</td>
<td>1188</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Helen Schwoerer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone No.</td>
<td>908-862-4301</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>05 / 21 / 14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>06 / 20 / 14</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (I.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exterior Foundation</td>
<td>☑ Yes</td>
<td>☐ Waterproofing Mastic</td>
<td>1600 LF</td>
<td></td>
</tr>
<tr>
<td>Basement, 1st and 2nd Floor</td>
<td>☐ No</td>
<td>☐ Joint Compound</td>
<td>7000 SF</td>
<td></td>
</tr>
<tr>
<td>1st and 2nd Floor</td>
<td>☐ No</td>
<td>☐ Floor Tile</td>
<td>180 SF</td>
<td></td>
</tr>
<tr>
<td>Exterior Chimney</td>
<td>☐ No</td>
<td>☐ Top Coat</td>
<td>200 LF</td>
<td></td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>New York Carting &amp; Future Sanitation Inc.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>IESI Landfill</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>City, State</td>
<td>Newark &amp; Farmingdale, NJ</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
<th>Zvonko Veskov</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>President</td>
</tr>
</tbody>
</table>

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

TBD

City, State
Bethlehem, PA

Disposal Date
Name of Registered Landfill

not use this form for asbestos exposure exempted activities.
| Location of Asbestos-Containing Material (ACM) TO BE ABATED in Faculty (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff (12) | Description of Asbestos-Containing Material (ACM) (i.e. thermal systems, insulation, surfacing, VAT, or other miscellaneous) | Abatement Type | Amount (Specify SF or LF | Removal | Repair | Encapsulation | Enclosure |
|---|---|---|---|---|---|---|---|---|---|
| Exterior | X | Siding and Caulk | 60 LF | X | | X |
| Exterior Windows | X | Caulking | 200 LF | X | | X |
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 05 / 20 / 14

Name of Building Owner/Operator (2)
Division of Property Management & Construction

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

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

Street Address
33 West State Street
City, State, Zip Code
Trenton, NJ 08608
Name of Contact
Rick Ferrera
Telephone Number

FACILITY INFORMATION

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

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

Square Feet
# of Floors
Bldg. Age

County Code (7)/STATE USE ONLY

Current Use (Prior if being demolished)

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

ASCM No.

Name of Abatement Contractor (9)
ALL PRO MANAGEMENT LLC

Street Address
27 Outwater Lane
City, State, Zip Code
Garfield, NJ 07026

License No.
1188

Name of OSHA Monitor
ALL PRO MANAGEMENT LLC

Street Address
27 Outwater Lane
City, State, Zip Code
Garfield, NJ 07026

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 ft
☐ ≥160 sf or ≥280 ft
☐ Renovation
☐ Demolition

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

Yes
No
N/A

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

Amount (Specify SF or LF)

Abatement Type

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

IN Facility (13)

Exterior Windows
☐ ☐ ☒ Caulking
1st Floor-Den
☐ ☐ ☒ Textured Gypsum Ceiling
Den-Flue
☐ ☐ ☒ Fibrous Flue Insulation
Den-Floor
☐ ☐ ☒ Mastic

Name of Registered Waste Hauler
Newark Carting & Future Sanitation, Inc.

NJ DEP Waste Hauler ID No.
04509 22051

Cubic Yards of Waste
As Needed

Name of Registered Landfill
IESI Landfill

City, State
Newark & Farmingdale, NJ

Disposal Date
TBD

Completed By (Print or Type)
Zvonko Veskov
Title
President
Signature

Date 11/20/14

* Do not use this form for asbestos exposure exempted activities.
<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Faculty (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>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>2nd Floor-Bathroom</td>
<td>X</td>
<td>Thinset Construction Adhesive</td>
<td>Amount (Specify SF or LF) 100 SF</td>
</tr>
</tbody>
</table>

Completed by: (Print or type) Zvonko Veskov
Title: President
Signature: [Signature]
Date: 5/20/14
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:69 and 5.16)  

Date of Notification (1): 05 / 20 / 14  
Name of Building Owner/Operator (2): Division of Property Management & Construction  
Agencies Notified: 
- EPA  
- DOLWD  
- DOH  
- DCA (NJAC 5:23-8)  
Type Notification: 
- Initial  
- Amended  
- Emergency (including justification)  
- Cancellation  

Street Address: 33 West State Street  
City, State, Zip Code: Trenton, NJ 08608  
Name of Contact: Rick Ferrara  
Telephone Number:  

FACILITY INFORMATION  
Name of Facility Where Abatement is Taking Place (3): Residential House  

Street Address: 19 Weber Avenue  
City (5): Sayreville  
County (6): Middlesex  
Name of Monitoring Firm Hired by Building Owner (8): Tiger Environmental, Inc.  
ASCM No.  
Name of Abatement Contractor (9): ALL PRO MANAGEMENT LLC  

Project Manager for Monitoring Firm: Helen Schoennoer  
Telephone No.: 908-862-4301  
Street Address: 16 West Elizabeth Avenue  
City, State, Zip Code: Linden, NJ 07036  
Name of OSHA Monitor: ALL PRO MANAGEMENT LLC  

License No.: 1188  
Telephone No.: 973-928-4888  
City, State, Zip Code: Garfield, NJ 07026  

Start Date (10): 05 / 21 / 14  
Scheduled Completion Date (11): 06 / 20 / 14  
Occupancy Status During Abatement (Check only one):  
- Facility Closed/Vacated During Entire Period of Abatement  
- Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM __ PM __ PM __ AM  

Scope of Work (Check all that apply):  
- ≥ 3 sf or ≥ 3 ft  
- ≥ 160 sf or ≥ 260 ft  
- Renovation  
- Demolition  
- 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:  
- 1st Floor and Basement  
- 1st Floor-Basement Landing  
- 1st Floor-Front Entry  
- Interior Porch Along Siding  
- Cautious  

Joint Compound  
Linoleum and Linoleum Adhesive  
Floor Tile and Floor Tile Adhesive  
Caulking  

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

Amount (Specify SF or LF):  

Abatement Type:  
Removal  
Repair  
Encapsulate  
Endorse  

Name of Registered Waste Hauler: Newark Carting & Future Sanitation, Inc.  
NJDEP Waste Hauler ID No.: 04509 22051  
Cubic Yards of Waste As Needed:  
Disposal Date: TBD  
Name of Registered Landfill: IESI Landfill  
City, State: Bethlehem, PA  

Completed By (Print or Type): Zvonko Veskov  
Title: President  
Signature:  
Date: 05 / 20 / 14  

* Do not use this form for asbestos abatement exempted activities.
| Location of Asbestos-Containing Material (ACM) TO BE ABATED in Faculty (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff (12) | Description of Asbestos-Containing Material (ACM) (i.e. thermal systems, insulation, surfacing, VAT, or other miscellaneous) | Abatement Type | Amount (Specify SF or LF) | Removal | Repair | Encapsulation | Enclosure |
|---|---|---|---|---|---|---|---|---|---|
| 1st Floor-Bathroom | X | Wallpaper Adhesive | | 30 LF | | X | | X | |
| Garage | X | Caulking | | 5 LF | | X | | X | |

Completed by: [Print or type]  
Zvonko Veskov  
Title: President  
Signature:  
Date: 5/20/14
# Notification of Asbestos Abatement

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

**Date of Notification:**  
05 / 20 / 14

**Name of Building Owner/Operator:**  
Division of Property Management & Construction

**Street Address:**  
33 West State Street

**City, State, Zip Code:**  
Trenton, NJ 08608

**Name of Contact:**  
Rick Ferrera

**Telephone Number:**

### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place:**  
Residential House

**Street Address:**  
20 Weber Avenue

**City:**  
Sayreville

**County:**  
Middlesex

**Name of Monitoring Firm Hired by Building Owner:**  
Tiger Environmental, Inc.

**ASCM No.:**  
ALL PRO MANAGEMENT LLC

**Name of Abatement Contractor:**  
ALL PRO MANAGEMENT LLC

**Street Address:**  
27 Outwater Lane

**City, State, Zip Code:**  
Garfield, NJ 07026

**Name of OSHA Monitor:**  
ALL PRO MANAGEMENT LLC

**Street Address:**  
27 Outwater Lane

**City, State, Zip Code:**  
Garfield, NJ 07026

**Project Manager for Monitoring Firm:**  
Helen Schwoerer

**Telephone No.:**  
908-862-4301

**License No.:**  
1188

**Start Date:**  
05 / 21 / 14

**Scheduled Completion Date:**  
06 / 20 / 14

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

**Time of Abatement:**  
AM

**Scope of Work:**

- Renovation
- Demolition

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

<table>
<thead>
<tr>
<th>Exterior-Foundation</th>
<th>Waterproofing Mastic</th>
<th>1600 SF</th>
</tr>
</thead>
</table>

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

- Thermal systems insulation, surfacing, VAT, or other miscellaneous

**Abatement Type:**

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

**Name of Registered Waste Hauler:**

- Newark Carting & Future Sanitation, Inc.

**Disposal Date:**  
TBD

**Name of Registered Landfill:**  
IESI Landfill

**City, State:**  
Bethlehem, PA

**Cubic Yards of Waste:**  
As Needed

**Name of Registered Landfill:**  
IESI Landfill

**City, State:**  
Newark & Farmingdale, NJ

**Completed By:**  
Zvonko Veskov

**Title:**  
President

**Signature:**

**Date:**  
5/20/14

---

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

Date of Notification (1) 05/20/14

Division of Property Management & Construction

Name of Building Owner/Operator (2)

Street Address
33 West State Street

City, State, Zip Code
Trenton, NJ 08608

Name of Contact
Rick Ferrara

Telephone Number

FACILITY INFORMATION

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

Street Address
24 Weber Avenue

City (5)
Sayreville

County (6)
Middlesex

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

ASCM No.

Name of Abatement Contractor (9)
ALL PRO MANAGEMENT LLC

Street Address
16 West Elizabeth Avenue

City, State, Zip Code
Linden, NJ 07036

Project Manager for Monitoring Firm
Helen Schwoerter

Telephone No. 908-862-4301

Telephone No.
973-928-4888

Current Use (Prior if being demolished)

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

Square Feet

# of Floors

Bldg. Age

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

Start Date (10) 05/21/14

Scheduled Completion Date (11) 06/20/14

Name of OSHA Monitor
ALL PRO MANAGEMENT LLC

Street Address
27 Outwater Lane

City, State, Zip Code
Garfield, NJ 07026

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

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
Enclosure

Exterior-Foundation

Basement and 1st Floor

1st Floor-Rear Porch

1st Floor-Rear Porch Glass Door

Name of Registered Waste Hauler
Newark Carting & Future Sanitation, Inc.

NJDEP Waste Hauler ID No.
04509 22051

Cubic Yards of Waste As Needed

Name of Registered Landfill
IESI Landfill

City, State
Newark & Farmingdale, NJ

Disposal Date
TBD

City, State
Bethlehem, PA

Date 5/20/14

Completed By (Print or Type)
Zvonko Veskov
Title President

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

**Date of Notification (1)**
- 05 / 20 / 14

**Name of Building Owner/Operator (2)**
- Division of Property Management & Construction

**Street Address**
- 33 West State Street

**City, State, Zip Code**
- Trenton, NJ 08608

**Name of Contact**
- Rick Ferrera

**Telephone Number**

### FACILITY INFORMATION

- **Type of Facility (4)**
  - [ ] School (K-12)
  - [x] Other (i.e., private and commercial buildings, homes, etc.)
  - [ ] Other Chapter 6 (Other than K-12)

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

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

### Name of Facility Where Abatement is Taking Place (3)
- **Residential House**
- **Street Address**
  - 25 Weber Avenue
- **City**
  - Sayreville
- **County**
  - Middlesex
- **County Code**
- **(7) (STATE USE ONLY)**

### Name of Monitoring Firm Hired by Building Owner (8)
- Tiger Environmental, Inc.

### ASCM No.

### Name of Abatement Contractor (9)
- ALL PRO MANAGEMENT LLC

### Street Address
- 16 West Elizabeth Avenue

### City, State, Zip Code
- Linden, NJ 07036

### Telephone No.
- 908-862-4301

### License No.
- 1188

### Name of OSHA Monitor
- ALL PRO MANAGEMENT LLC

### Street Address
- 27 Outwater Lane

### City, State, Zip Code
- Garfield, NJ 07026

### Telephone No.
- 973-928-4888

### License No.
- 1188

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

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

<table>
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<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Floor-Kitchen</td>
<td>No</td>
<td>Floor Tile</td>
<td>125 SF</td>
<td>[ ] [ ] [ ] [ ]</td>
</tr>
<tr>
<td>1st Floor-Basement</td>
<td>No</td>
<td>Joint Compound</td>
<td>3400 SF</td>
<td>[ ] [ ] [ ] [ ]</td>
</tr>
<tr>
<td>1st Floor-Bathroom</td>
<td>No</td>
<td>Construction Adhesive</td>
<td>76 SF</td>
<td>[ ] [ ] [ ] [ ]</td>
</tr>
</tbody>
</table>

### Name of Registered Waste Hauler
- Newark Carting & Future Sanitation, Inc.

### NJDEP Waste Hauler ID No.
- 04509 22051

### Cubic Yards of Waste As Needed
- Disposal Date
- TDB

### Name of Registered Landfill
- IESI Landfill

### City, State
- Newark & Farmingdale, NJ

### Completed By (Print or Type)
- Zvonko Veskov

### Title
- President

### Signature

### Date
- 5/20/14

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