**STATE OF NEW JERSEY**
**NOTIFICATION OF ASBESTOS ABATEMENT**
*(Pursuant to N.J.A.C. 8:60 AND 12:120)*

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>5/20/2013</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name of Building Owner/Operator (2)</strong></td>
<td>Borough of Union Beach</td>
</tr>
<tr>
<td><strong>Street Address</strong></td>
<td>650 Poole Avenue</td>
</tr>
<tr>
<td><strong>City, State, Zip Code</strong></td>
<td>Union Beach, NJ 07735</td>
</tr>
<tr>
<td><strong>Name of Contact</strong></td>
<td>Ms. Jennifer Wenson Mair</td>
</tr>
<tr>
<td><strong>Type of Facility (4)</strong></td>
<td>Other (i.e., private &amp; commercial buildings, homes, etc.)</td>
</tr>
<tr>
<td><strong>Street Address</strong></td>
<td>135-137 McBride Ave</td>
</tr>
<tr>
<td><strong>City, State, Zip Code</strong></td>
<td>Paterson, NJ 07501</td>
</tr>
<tr>
<td><strong>License Number</strong></td>
<td>00809</td>
</tr>
<tr>
<td><strong>Name of Contractor (9)</strong></td>
<td>MTM Metro Corporation</td>
</tr>
<tr>
<td><strong>Street Address</strong></td>
<td>135-137 McBride Ave</td>
</tr>
<tr>
<td><strong>City, State, Zip Code</strong></td>
<td>Paterson, NJ 07501</td>
</tr>
<tr>
<td><strong>Telephone Number</strong></td>
<td>973 742 5030</td>
</tr>
</tbody>
</table>

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

| **Private Dwelling** | 206 Ash Street |
| **City** | Union Beach |
| **County** | Monmouth |
| **Name of Contractor (9)** | MTM Metro Corporation |
| **Street Address** | 135-137 McBride Ave |
| **City, State, Zip Code** | Paterson, NJ 07501 |

| **Project Manager for Monitoring Firm** | Jean-Paul von Doehren |
| **Telephone Number** | 973-729-5649 |
| **Scheduled Start Date (10)** | 5/21/13 |
| **Scheduled Completion Date (11)** | 5/28/13 |

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

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

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

| > 3 sf or > 3 If |
| Demolition |

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

| Exterior |
| Kitchen, Landing/Hallway, Utility Room |

| Name of Reg. Waste Hauler | MTM Metro Corporation |
| NJDEP Waste Hauler ID # | 26552 |
| Cubic Yards of Waste | 20 |
| Name of Reg. Landfill | Tullytown |
| Disp. Date | 8/28/13 |
| City, State | Paterson, NJ 07501 |
| Completed by (Print or Type) | Elizabeth Maslakov |
| Title | Business Administrator |
| Signature | Elizabeth Maslakov |
| Date | 5/20/2013 |

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

Date of Notification (1) 5/20/2013

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

Name of Building Owner/Operator (8) Borough of Union Beach

Street Address 650 Poole Avenue

City, State, Zip Code Union Beach, NJ 07735

Name of Contact Ms. Jennifer Wenson Maier

Tel. Number T

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (9)
Private Dwelling

Street Address 508 Edmunds Street

City (5) Union Beach

County (6) Monmouth

County Code (7) 00104

Name of Monitoring Firm Hired by Bldg. Owner (6) ASCOM No.
Environmental Health Investigators 00104

Type of Facility (4)

☐ School (K-12)

☐ Subchapter 8 (Other than K-12)

☒ Other (i.e., private & commercial buildings, homes, etc.)

Name of Contractor (9) MTM Metro Corporation

Street Address 135-137 McBride Ave

City State Zip Code Paterson, NJ 07501

Telephone Number 973 742 5030

License Number 00809

Name of OSHA Monitor MTM Metro Corporation

Street Address 135-137 McBride Ave

City State Zip Code Paterson, NJ 07501

Source of Work (Check all that apply)

☐ Renovation

☒ Full Containment with Negative Pressure

☐ Mini-Enclosure

☒ Glovebag Procedure

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

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

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

Amount (Specify SF or LF) 1,600 SF

Abatement Type

Rem. Rep. Encap Endo

Name of Reg. Waste Hauler MTM Metro Corporation

NJDEP Waste Hauler ID # 26552

Cubic Yards of Waste 20

Disp. Date 5/29/13

City State Tullytown

Name of Reg. Landfill

Tullytown

Completed by (Print or Type) Elizabeth Maslarkov

Title Business Administrator

Signature Elizabeth Maslarkov

Date 5/20/2013

ASB-41

Do not use this form for asbestos licensure exempted activities.
**STATE OF NEW JERSEY**

**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to N.J.A.C. 8:60 AND 12:120)

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<tr>
<th>Date of Notification (1)</th>
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</tr>
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<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Borough of Union Beach</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Ms. Jennifer Wenson Maier</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Private Dwelling</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>212 Campbell Street</td>
</tr>
<tr>
<td>City (9)</td>
<td>Union Beach</td>
</tr>
<tr>
<td>County (9)</td>
<td>Monmouth</td>
</tr>
<tr>
<td>County Code (7)</td>
<td>(State Use Only)</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Bldg. Owner (6)</td>
<td>Environmental Health Investigators</td>
</tr>
<tr>
<td>ASCM No.</td>
<td>00104</td>
</tr>
<tr>
<td>Name of Contractor (9)</td>
<td>MTM Metro Corporation</td>
</tr>
<tr>
<td>Street Address</td>
<td>655 West Shore Trail</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Sparta, NJ 07871</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>973-729-5649</td>
</tr>
<tr>
<td>Scheduled Start Date (10)</td>
<td>5/24/13</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>5/30/13</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check only one)</td>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>Source of Work (Check all that apply)</td>
<td>Renovation</td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) in Facility (13)</td>
<td>Exterior</td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maint./Custodial Staff (12)</td>
<td>YES</td>
</tr>
<tr>
<td>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</td>
<td>Transite Siding Shingles</td>
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<tr>
<td>Amount (Specify SF or LF)</td>
<td>1,400 SF</td>
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<tr>
<td>Other Describe:</td>
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<tr>
<td>Name of Reg. Waste Hauler</td>
<td>MTM Metro Corporation</td>
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<tr>
<td>NJDEP Waste Hauler ID #</td>
<td>26552</td>
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<tr>
<td>Cubic Yards of Waste</td>
<td>20</td>
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<tr>
<td>Name of Reg. Landfill</td>
<td>Tullytown</td>
</tr>
<tr>
<td>City, State</td>
<td>Paterson, NJ 07501</td>
</tr>
<tr>
<td>Disp. Date</td>
<td>5/30/13</td>
</tr>
<tr>
<td>Completed by (Print or Type)</td>
<td>Elizabeth Maslarkov</td>
</tr>
<tr>
<td>Title</td>
<td>Business Administrator</td>
</tr>
<tr>
<td>Signature</td>
<td>Elizabeth Maslarkov</td>
</tr>
<tr>
<td>Date</td>
<td>5/20/2013</td>
</tr>
</tbody>
</table>

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STATE OF NEW JERSEY  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to N.J.A.C. 8:60 AND 12:120)  

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<th>Name of Building Owner/Operator (2)</th>
<th>Borough of Union Beach</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agencies Notified</td>
<td></td>
<td>Street Address</td>
<td>650 Poole Avenue</td>
</tr>
<tr>
<td>□ EPA</td>
<td></td>
<td>City, State, Zip Code</td>
<td>Union Beach, NJ 07735</td>
</tr>
<tr>
<td>□ DEP</td>
<td></td>
<td>Name of Contact</td>
<td>Ms. Jennifer Wenson Maier</td>
</tr>
<tr>
<td>□ DOL</td>
<td></td>
<td>Telephone Number</td>
<td></td>
</tr>
<tr>
<td>□ DOH</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ DCA</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Private Dwelling</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>125 Herbert Street</td>
</tr>
<tr>
<td>City (5)</td>
<td>Union Beach</td>
</tr>
<tr>
<td>County (6)</td>
<td>Monmouth</td>
</tr>
<tr>
<td>County Code (7)</td>
<td></td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Bldg. Owner (8)</td>
<td>ASCO No. 00104</td>
</tr>
<tr>
<td>Environmental Health Investigators</td>
<td></td>
</tr>
</tbody>
</table>

**Type of Facility (4)**

- [x] Other (i.e., private & commercial buildings, homes, etc.)

**Name of Contractor (9)**

MTM Metro Corporation

**Street Address**

135-137 McBride Ave

**City State, Zip Code**

Paterson, NJ 07501

**Telephone Number**

973 742 5030

**License Number**

00809

**Name of OSHA Monitor**

MTM Metro Corporation

**Street Address**

135-137 McBride Ave

**City State, Zip Code**

Paterson, NJ 07501

**Telephone Number**

973 742 5030

**Name of Reg. Landfill**

Tullytown

**Cubic Yards of Waste**

5

**Disp. Date**

5/20/13

**Completed by (Print or Type)**

Elizabeth Maslarkov

**Title**

Business Administrator

**Signature**

Elizabeth Maslarkov

**Date**

5/23/2013

*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)
04/13/2013

Name of Building Owner/Operator (2)
The Prudential Insurance Company of America

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

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

Street Address
751 BROAD STREET FIFTH FLOOR

City, State, Zip Code
NEWARK, NEW JERSEY 07102

Name of Contact
MR. RICHARD HUMMERS

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
102-106 HALSEY STREET

City (5)
NEWARK

County Code (7) (STATE USE ONLY)

County (6)
ESSEX

Square Feet
8,100

# of Floors
2

Bldg. Age

Current Use (Prior to being demolished)
VACANT (PRIOR USE COMMERCIAL)

Name of Monitoring Firm Hired by Building Owner (8)
ENVIRONMENTAL HEALTH INVESTIGATIONS INC.

ASCM No.
00104

Name of Abatement Contractor (9)
PAL ENVIRONMENTAL SERVICES

Street Address
655 WEST SHORE TRAIL

City, State, Zip Code
SPARTA, NJ 07871

Project Manager for Monitoring Firm
BILL KERBEL

Telephone No.
973-729-5649

License No.
40853

Name of OSHA Monitor
MARTIN MCRSA

Start Date (10)
04/29/2013

Scheduled Completion Date (11)
07/29/2013

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

Other – Describe: BUILDING IS VACANT & SCHEDULED FOR DEMOLITION.

Scope of Work (Check All That Apply)
☐ 231 ft or ≥ 55 ft
☐ 100 ft or ≥ 260 ft
☐ Renovation
☐ Demolition

Location of Asbestos-Containing Material (ACM)

TO BE ABATED

Yes
No
N/A

Is Location Normally Used Solely by Maintenance/Custodial Staff?

Location

Yes
No
N/A

Description of Asbestos-Containing Material (ACM)

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

Amount
(Specify SF or LF)

Abatement Type
Removal
Repair
Encapsulate
Endorse

Location of Registered Waste Hauler
NUDEP Waste Hauler ID No
24310/19561

Name of Registered Landfill
MINERVA ENTERPRISES

Cubic Yards of Waste
50

Disposal Date
05/07/2013

City, State
WAYNESBURG, OH 44688

Name of Registered Waste Hauler
ANN ALL

Title
ADMINISTRATIVE

Signature

Date
04/13/2013

* Do not use this form for asbestos licensure exempted activities.
Provided below is a summary of the asbestos materials identified at the building located at 102 Halsey Street:

<table>
<thead>
<tr>
<th>Location/Room</th>
<th>Type of Asbestos Material</th>
<th>Approximate Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>102 Halsey – Common Basement – Large Central Room</td>
<td>12&quot;x12&quot; Off White Floor Tile - Bottom Layer of Tile Under Other Tile - May be Less Present</td>
<td>1,950 Square Feet</td>
</tr>
<tr>
<td>02 Halsey – Common Basement – Large Central Room</td>
<td>12&quot;x12&quot; Green Floor Tile - Bottom Layer of Tile Under Other Tile - Long Narrow Strip</td>
<td>60 Square Feet</td>
</tr>
<tr>
<td>102 Halsey – Common Basement – Large Central Room</td>
<td>Pipe Insulation – Above Several Layers of Ceilings</td>
<td>520 Linear Feet</td>
</tr>
<tr>
<td>102 Halsey – Common Basement – West End Corridor</td>
<td>Pipe Insulation – Above Several Ceilings</td>
<td>300 Linear Feet</td>
</tr>
<tr>
<td>102 Halsey – Common Basement – West End Corridor</td>
<td>Pipe Insulation Debris – Entire Floor of Corridor</td>
<td>1,080 Square Feet</td>
</tr>
<tr>
<td>102 Halsey – Common Basement – Room at South End of West Corridor</td>
<td>Pipe Insulation – Several Pipe Diameters – Some Pipe Above Plaster Ceiling</td>
<td>150 Linear Feet</td>
</tr>
<tr>
<td>102 Halsey – Common Basement – Electric Room – Running Parallel with West Corridor</td>
<td>Pipe Insulation – Several Pipe Diameters</td>
<td>335 Linear Feet</td>
</tr>
<tr>
<td>102 Halsey – Common Basement – Storage Room – Under Sidewalk</td>
<td>Pipe Insulation Debris – Some Pipe Insulation in Plastic Bags</td>
<td>225 Square Feet</td>
</tr>
<tr>
<td>102 Halsey – Common Basement - Boiler Room</td>
<td>Boiler Insulation – Two Boilers</td>
<td>360 Square Feet</td>
</tr>
<tr>
<td>102 Halsey – Common Basement - Boiler Room</td>
<td>Boiler Breaching Insulation – Associated with Two Boilers</td>
<td>180 Square Feet</td>
</tr>
<tr>
<td>102 Halsey – Common Basement - Boiler Room</td>
<td>Pipe Insulation Debris – On Floor Throughout Boiler Room</td>
<td>1,250 Square Feet</td>
</tr>
<tr>
<td>102 Halsey – Common Basement - Boiler Room</td>
<td>Pipe Insulation – Throughout Boiler Room</td>
<td>200 Linear Feet</td>
</tr>
</tbody>
</table>
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)  
05 / 21 / 13

Name of Building Owner/Operator (2)  
Amy Ciauro

Agency Notified  
☐ EPA  
☒ DOH/DOH  
☐ DHSS  
☐ DCA  
☐ (NJAC 5:23-8)

Type Notification  
☐ Initial  
☒ Amended

Name of Abatement Contractor (9)  
Gr Tech LLC

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

Attic  
☒ Yes  
☐ No  
☐ N/A

Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  
Vermiculite insulation  100 SF

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

Attic  

Yes  

No  

N/A

Vermiculite insulation  100 SF

Name of Registered Waste Hauler  
Gr Tech LLC

Cubic Yards of Waste  
TBD

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

Disposal Date  
TBD

City, State  
Wayne, NJ 07470

Tullytown, PA

Completed By (Print or Type)  
Owner

Signature  
Date  
05/21/2013

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

**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

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

**Name of Building Owner/Operator:**

Packanack Cooperative Nursery School

**Street Address:**

120 Lake Drive East

Wayne NJ 07470

**Name of Contact:**

Kelly Schmitz

**Telephone Number:**


## FACILITY INFORMATION

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

Packanack Cooperative Nursery

**Street Address:**

120 Lake Drive West

Wayne

**County Code:**

(STATE USE ONLY)

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

Envirosion Consultants, Inc.

**Street Address:**

20-21 Wagarow Road, Bldg. #34A

Fairlawn NJ 07410

**Project Manager for Monitoring Firm:**

Willy Morales

973-636-9145

**Scheduled State Date (10):**

[ ] 06 [ ] 11 [ ] 15 [ ] 31

**Scheduled Completion Date (11):**

[ ] 06 [ ] 01 [ ] 08 [ ] 31

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

[ ] Facility Closed/Abated

[ ] Abatement Performed Outside of Normal Facility Hours

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

[ ] ≥ 3 ft or ≥ 3 ft

[ ] ≥ 160 sf or ≥ 260 sf

[ ] Renovation

[ ] Demolition

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

1st Floor - Storage Closet

Beaver Room

Basement - Stairwell / Hallway

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

Pipe Insulation

Pipe Insulation

Pipe Insulation

**Amount:**

60 LF

60 LF

70 LF

**Location of Registered Waste Hauler:**

NJDEP Waste

**Cubic Yards of Waste:**

17819

**Name of Registered Landfill:**

G.R.O.W.S.

**City, State:**

Wayne NJ 07470

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

JERRY BISJONIAK

**Title:**

Project Manager

**Signature:**

**Date:**

5/20/2013

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

Check# 1647

Date of Notification (1)
05 / 21 / 13

Name of Building Owner/Operator (2)
James Foran

Agencies Notified
☐ EPA
☒ DOLWD
☒ DHSS
☐ DCA
☐ Other (Please specify)
☐ N/A

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

Street Address
30 Mountain Road

City, State, Zip Code
Verona, NJ 07044

Name of Contact
James Foran

Telephone Number

FACILITY INFORMATION

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

Essex

Name of Monitoring Firm Hired by Building Owner (8)
Gr Tech LLC

ASCM No.

Name of Abatement Contractor (9)
Gr Tech LLC

Street Address
576 Valley Rd #283

City, State, Zip Code
Wayne, NJ 07470

License No.
973-638-1777

License No.
01127

Name of OSHA Monitor
Envirovision Consultants, Inc

Street Address
20-21 Wagawar Road, Bldg. #35 E

City, State, Zip Code
Fair Lawn, NJ 07410

Start Date (10)
05 / 20 / 13

Scheduled Completion Date (11)
05 / 21 / 13

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

Location of Asbestos-Containing Material (ACM)

TO BE ABATED
IN Facility (13)

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

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

Amount (Specify SF or LF)

Abatement Type

Pipe insulation
25 LF

Removal
☐ ☐ ☐

Repair
☐ ☐ ☒

Encapsulate
☐ ☐ ☐

Endorse
☐ ☐ ☐

Utility room - basement
No ☐ ☑ ☐

Pipe insulation

Utility room - basement
☐ ☑ ☒

Boiler insulation
36 SF

Basement
No ☐ ☑ ☐

Pipe insulation
50 LF

Name of Registered Waste Hauler
Gr Tech LLC

NDEP Waste Hauler ID No.
0033785

Cubic Yards of Waste
TBD

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

Disposal Date
TBD

City, State
Wayne, NJ 07470

Completed By (Print or Type)
N.Jevtic

Title
Owner

Signature
Date
05/21/2013

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 / 16 / 13</td>
<td>Viridian Partners, Inc.</td>
</tr>
</tbody>
</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>☑ DHSS</td>
<td>Amendment #2</td>
</tr>
<tr>
<td>☑ DCA (NJAC 5:23-3)</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>☑ Cancellation</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1745 Shea Center Drive, Suite 190</td>
<td>Viridian Partners, Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Highlands Ranch, CO 80129</td>
<td>Viridian Partners, Inc.</td>
</tr>
</tbody>
</table>

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

## FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1050 State Street</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City (5)</th>
<th>County Code (7)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perth Amboy</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm HIred by Building Owner (8)</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardno ATC</td>
<td></td>
<td>USA Environmental Management, Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>104 E. 25th Street, 10th Floor</td>
<td>USA Environmental Management, Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>New York, NY 10010</td>
<td>USA Environmental Management, Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fred Burkhardt</td>
<td>212-335-8280</td>
<td>1156</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 / 20 / 13</td>
<td>8 / 20 / 13</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN FACILITY (13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Facility Closed/Vacated During Entire Period of Abatement</td>
<td></td>
</tr>
<tr>
<td>☑ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:30 AM-3:30PM/5PM-AM</td>
<td></td>
</tr>
</tbody>
</table>

## Scope of Work (Check all that apply)

<table>
<thead>
<tr>
<th>☑ ≥3 sf or ≥3 If</th>
<th>☑ ≥160 sf or ≥260 If</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN FACILITY (13)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## SEE ATTACHED SHEET

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler Service Transport Group</th>
<th>Cubic Yards of Waste</th>
</tr>
</thead>
<tbody>
<tr>
<td>N.J. DEP Waste Hauler ID No. 20990</td>
<td>200 cy</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minerva Landfill</td>
<td>Waynesburg, OH</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
<th>Program Manager</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dilip Kumar</td>
<td></td>
<td>5-16-13</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Manager</td>
<td>D. Kumar</td>
</tr>
</tbody>
</table>

*Do not use this form for asbestos licensure exempted activities.*
<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) in Facility (13)</th>
<th>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</th>
<th>Description of ACM (i.e. thermal systems, insulation, surfacing, VAT, or other miscell.)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Building 10</td>
<td>x</td>
<td>Flashing Top and Bottom</td>
<td>400 SF</td>
<td></td>
</tr>
<tr>
<td>Building 21</td>
<td>x</td>
<td>Pipe Insulation</td>
<td>200 SF</td>
<td></td>
</tr>
<tr>
<td>Building 21</td>
<td>x</td>
<td>Window Caulking</td>
<td>60 LF</td>
<td></td>
</tr>
<tr>
<td>Building 22</td>
<td>x</td>
<td>Roofing, Tar Roofing</td>
<td>7000 SF</td>
<td></td>
</tr>
<tr>
<td>Building 22</td>
<td>x</td>
<td>Wall Plaster (top)</td>
<td>800 SF</td>
<td></td>
</tr>
<tr>
<td>Building 22</td>
<td>x</td>
<td>Pipe Insulation</td>
<td>20 LF</td>
<td></td>
</tr>
<tr>
<td>Building 22</td>
<td>x</td>
<td>Transite Roof</td>
<td>3000 SF</td>
<td></td>
</tr>
<tr>
<td>Building 23</td>
<td>x</td>
<td>Exterior Wall Coat</td>
<td>400 SF</td>
<td></td>
</tr>
<tr>
<td>Building 23</td>
<td>x</td>
<td>Tar on Wall</td>
<td>200 SF</td>
<td></td>
</tr>
<tr>
<td>Building 23</td>
<td>x</td>
<td>Roofing Debris on floor</td>
<td>400 SF</td>
<td></td>
</tr>
<tr>
<td>Building 23</td>
<td>x</td>
<td>Pipe Insulation</td>
<td>700 SF</td>
<td></td>
</tr>
<tr>
<td>Building 23</td>
<td>x</td>
<td>Pipe Elbow</td>
<td>20 LF</td>
<td></td>
</tr>
<tr>
<td>Building 23</td>
<td>x</td>
<td>Pipe Insulation</td>
<td>340 LF</td>
<td></td>
</tr>
<tr>
<td>Building 23</td>
<td>x</td>
<td>Roofing Tar</td>
<td>11000 SF</td>
<td></td>
</tr>
<tr>
<td>Building 30</td>
<td>x</td>
<td>Floor tiles</td>
<td>1350 SF</td>
<td></td>
</tr>
<tr>
<td>Building 30</td>
<td>x</td>
<td>Mastic</td>
<td>2000 SF</td>
<td></td>
</tr>
<tr>
<td>Building 30</td>
<td>x</td>
<td>Window Putty</td>
<td>2000 LF</td>
<td></td>
</tr>
<tr>
<td>Building 30</td>
<td>x</td>
<td>Radiator Shield</td>
<td>80 SF</td>
<td></td>
</tr>
<tr>
<td>Building 30</td>
<td>x</td>
<td>Oven Insulation</td>
<td>2000 SF</td>
<td></td>
</tr>
<tr>
<td>Building 30</td>
<td>x</td>
<td>Panel Insulation</td>
<td>40 SF</td>
<td></td>
</tr>
<tr>
<td>Building 30</td>
<td>x</td>
<td>Pipe Insulation</td>
<td>620 LF</td>
<td></td>
</tr>
<tr>
<td>Building 30</td>
<td>x</td>
<td>Circuit Breaker Board</td>
<td>20 LF</td>
<td></td>
</tr>
<tr>
<td>Building 30</td>
<td>x</td>
<td>Caulking (metal shed)</td>
<td>100 LF</td>
<td></td>
</tr>
<tr>
<td>Building 30</td>
<td>x</td>
<td>Tar Debris (middle section)</td>
<td>800 SF</td>
<td></td>
</tr>
<tr>
<td>Building 30</td>
<td>x</td>
<td>Transite board on ground</td>
<td>20 LF</td>
<td></td>
</tr>
<tr>
<td>Building 30</td>
<td>x</td>
<td>Transite board</td>
<td>320 SF</td>
<td></td>
</tr>
<tr>
<td>Building 30</td>
<td>x</td>
<td>Back boards in panel</td>
<td>20 LF</td>
<td></td>
</tr>
<tr>
<td>Building 30</td>
<td>x</td>
<td>Break pads</td>
<td>2 LF</td>
<td></td>
</tr>
<tr>
<td>Building 30</td>
<td>x</td>
<td>Window Putty</td>
<td>300 LF</td>
<td></td>
</tr>
<tr>
<td>Building 30</td>
<td>x</td>
<td>Roofing/flashings</td>
<td>20000 SF</td>
<td></td>
</tr>
<tr>
<td>Building 33</td>
<td>x</td>
<td>Transite panels</td>
<td>1000 SF</td>
<td></td>
</tr>
<tr>
<td>Building 33</td>
<td>x</td>
<td>Flashing</td>
<td>2000 SF</td>
<td></td>
</tr>
<tr>
<td>Building 33</td>
<td>x</td>
<td>Cap Flashing</td>
<td>600 SF</td>
<td></td>
</tr>
<tr>
<td>Building 33</td>
<td>x</td>
<td>Transite pipes</td>
<td>250 LF</td>
<td></td>
</tr>
<tr>
<td>Building 33</td>
<td>x</td>
<td>Exterior Coating</td>
<td>1000 SF</td>
<td></td>
</tr>
<tr>
<td>Building 33</td>
<td>x</td>
<td>Elbow Insulation</td>
<td>20 LF</td>
<td></td>
</tr>
<tr>
<td>Building 33</td>
<td>x</td>
<td>Paper under fuses</td>
<td>20 LF</td>
<td></td>
</tr>
<tr>
<td>Building 33</td>
<td>x</td>
<td>Pipe Insulation</td>
<td>200 LF</td>
<td></td>
</tr>
<tr>
<td>Building 33</td>
<td>x</td>
<td>Roofing/flashings</td>
<td>18500 SF</td>
<td></td>
</tr>
<tr>
<td>Building 33</td>
<td>x</td>
<td>Tar under wood frame</td>
<td>300 SF</td>
<td></td>
</tr>
<tr>
<td>Building 33</td>
<td>x</td>
<td>Window caulking</td>
<td>1000 LF</td>
<td></td>
</tr>
<tr>
<td>Building 33</td>
<td>x</td>
<td>Floor tile</td>
<td>600 SF</td>
<td></td>
</tr>
<tr>
<td>Building 33A</td>
<td>x</td>
<td>Cap flashing</td>
<td>400 LF</td>
<td></td>
</tr>
<tr>
<td>Building 33A</td>
<td>x</td>
<td>Caulking around metal tank</td>
<td>20 LF</td>
<td></td>
</tr>
<tr>
<td>Building 33A</td>
<td>x</td>
<td>Exterior Coating</td>
<td>2000 SF</td>
<td></td>
</tr>
<tr>
<td>Building 33A</td>
<td>x</td>
<td>Elbow Insulation</td>
<td>2 LF</td>
<td></td>
</tr>
<tr>
<td>Building 33A</td>
<td>x</td>
<td>Mortar of oven bricks</td>
<td>800 SF</td>
<td></td>
</tr>
<tr>
<td>Building 33A</td>
<td>x</td>
<td>Door putty</td>
<td>12 LF</td>
<td></td>
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<tr>
<td>Building 33A</td>
<td>x</td>
<td>Roof Membrane</td>
<td>7400 SF</td>
<td></td>
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<tr>
<td>Building 33A</td>
<td>x</td>
<td>Transite</td>
<td>60 SF</td>
<td></td>
</tr>
<tr>
<td>Building 33A</td>
<td>x</td>
<td>Window caulking</td>
<td>300 LF</td>
<td></td>
</tr>
<tr>
<td>Building 33A</td>
<td>x</td>
<td>Window Putty</td>
<td>600 LF</td>
<td></td>
</tr>
<tr>
<td>Building 34</td>
<td>x</td>
<td>Flashing &amp; transite roof</td>
<td>1500 SF</td>
<td></td>
</tr>
<tr>
<td>Building 34</td>
<td>x</td>
<td>Window Putty</td>
<td>1000 LF</td>
<td></td>
</tr>
<tr>
<td>Building 38</td>
<td>x</td>
<td>Back board (electric box)</td>
<td>5 LF</td>
<td></td>
</tr>
<tr>
<td>Building 38</td>
<td>x</td>
<td>Window caulking</td>
<td>200 LF</td>
<td></td>
</tr>
<tr>
<td>Building 38</td>
<td>x</td>
<td>Tar on wall</td>
<td>20 LF</td>
<td></td>
</tr>
<tr>
<td>Building 38</td>
<td>x</td>
<td>Transite debris</td>
<td>100 LF</td>
<td></td>
</tr>
<tr>
<td>Building 38</td>
<td>x</td>
<td>Transite tar</td>
<td>21200 SF</td>
<td></td>
</tr>
<tr>
<td>Building 38</td>
<td>x</td>
<td>Window putty</td>
<td>200 LF</td>
<td></td>
</tr>
<tr>
<td>Building 40</td>
<td>x</td>
<td>Roofing</td>
<td>2700 SF</td>
<td></td>
</tr>
<tr>
<td>Building 41</td>
<td></td>
<td>Electric breaker board</td>
<td>8 SF</td>
<td>x</td>
</tr>
<tr>
<td>Building 41</td>
<td>X</td>
<td>Caulking (@roof beam)</td>
<td>1200 LF</td>
<td>x</td>
</tr>
<tr>
<td>Building 41</td>
<td>X</td>
<td>Exterior coating</td>
<td>3000 SF</td>
<td>x</td>
</tr>
<tr>
<td>Building 41</td>
<td>X</td>
<td>Mastic on wall</td>
<td>300 SF</td>
<td>x</td>
</tr>
<tr>
<td>Building 41</td>
<td>X</td>
<td>Skylight putty</td>
<td>4000 SF</td>
<td>x</td>
</tr>
<tr>
<td>Building 41</td>
<td>X</td>
<td>Window putty</td>
<td>900 LF</td>
<td>x</td>
</tr>
<tr>
<td>Building 41</td>
<td>X</td>
<td>Roof</td>
<td>48000 SF</td>
<td>x</td>
</tr>
<tr>
<td>Building 41</td>
<td>X</td>
<td>Transite panels debris</td>
<td>3000 SF</td>
<td>x</td>
</tr>
<tr>
<td>Building 41</td>
<td>X</td>
<td>Window caulking</td>
<td>300 LF</td>
<td>x</td>
</tr>
<tr>
<td>Building 41</td>
<td>X</td>
<td>Floor tile and mastic</td>
<td>80 SF</td>
<td>x</td>
</tr>
<tr>
<td>Building 42</td>
<td>X</td>
<td>Floor tiles</td>
<td>5000 SF</td>
<td>x</td>
</tr>
<tr>
<td>Building 42</td>
<td>X</td>
<td>Block pipe insulation</td>
<td>400 LF</td>
<td>x</td>
</tr>
<tr>
<td>Building 42</td>
<td>X</td>
<td>Breaker panel board</td>
<td>5 SF</td>
<td>x</td>
</tr>
<tr>
<td>Building 42</td>
<td>X</td>
<td>Caulking with transite siding</td>
<td>1000 LF</td>
<td>x</td>
</tr>
<tr>
<td>Building 42</td>
<td>X</td>
<td>Caulking @ beam</td>
<td>1000 LF</td>
<td>x</td>
</tr>
<tr>
<td>Building 42</td>
<td>X</td>
<td>Exterior coating</td>
<td>800 SF</td>
<td>x</td>
</tr>
<tr>
<td>Building 42</td>
<td>X</td>
<td>Door caulking</td>
<td>16 LF</td>
<td>x</td>
</tr>
<tr>
<td>Building 42</td>
<td>X</td>
<td>Panel backboard</td>
<td>1 SF</td>
<td>x</td>
</tr>
<tr>
<td>Building 42</td>
<td>X</td>
<td>Skylight putty</td>
<td>2400 LF</td>
<td>x</td>
</tr>
<tr>
<td>Building 42</td>
<td>X</td>
<td>Tar over exhaust duct</td>
<td>100 SF</td>
<td>x</td>
</tr>
<tr>
<td>Building 42</td>
<td>X</td>
<td>Transite siding</td>
<td>7000 SF</td>
<td>x</td>
</tr>
<tr>
<td>Building 42</td>
<td>X</td>
<td>Paper insulation</td>
<td>310 LF</td>
<td>x</td>
</tr>
<tr>
<td>Building 42</td>
<td>X</td>
<td>Flashing</td>
<td>1000 SF</td>
<td>x</td>
</tr>
<tr>
<td>Building 46</td>
<td>X</td>
<td>Exterior coating</td>
<td>4000 SF</td>
<td>x</td>
</tr>
<tr>
<td>Building 46</td>
<td>X</td>
<td>Door caulking</td>
<td>60 LF</td>
<td>x</td>
</tr>
<tr>
<td>Building 46</td>
<td>X</td>
<td>Debris (transite)</td>
<td>200 SF</td>
<td>x</td>
</tr>
<tr>
<td>Building 46</td>
<td>X</td>
<td>Mastic on metal windows</td>
<td>8 EA</td>
<td>x</td>
</tr>
<tr>
<td>Building 46</td>
<td>X</td>
<td>Transite siding</td>
<td>4000 SF</td>
<td>x</td>
</tr>
<tr>
<td>Building 46</td>
<td>X</td>
<td>Window glazing</td>
<td>20 SF</td>
<td>x</td>
</tr>
<tr>
<td>Building 46</td>
<td>X</td>
<td>Flashing (North high roof)</td>
<td>8000 SF</td>
<td>x</td>
</tr>
<tr>
<td>Tank shed</td>
<td>X</td>
<td>Flashing</td>
<td>20 SF</td>
<td>x</td>
</tr>
<tr>
<td>Shed next to gate</td>
<td>X</td>
<td>Flashing</td>
<td>40 SF</td>
<td>x</td>
</tr>
<tr>
<td>Shed next to gate</td>
<td>X</td>
<td>Floor tile and mastic</td>
<td>40 SF</td>
<td>x</td>
</tr>
<tr>
<td>Building 9</td>
<td>X</td>
<td>Transite roofing and siding</td>
<td>14500 SF</td>
<td>x</td>
</tr>
<tr>
<td>Building 9A</td>
<td>X</td>
<td>Tar on wall</td>
<td>20 SF</td>
<td>x</td>
</tr>
<tr>
<td>Building 9A</td>
<td>X</td>
<td>Transite roof and siding</td>
<td>11000 SF</td>
<td>x</td>
</tr>
<tr>
<td>Building 9A</td>
<td>X</td>
<td>Wall caulking</td>
<td>10 LF</td>
<td>x</td>
</tr>
<tr>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>
### Notification of Asbestos Abatement

**State of New Jersey**

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

#### Date of Notification (1)
5/22/13

#### Name of Building Owner/Operator (2)
Claire & Jack Schmittinger

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

#### Type Notification
- Initial
- Amended
- Amendment #
- Cancellation

#### Street Address
136 S Forecastle Drive

#### City, State, Zip Code
Little Egg Harbor NJ 08087

#### Name of Contact
Jack

#### Telephone Number

### Facility Information

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Claire &amp; Jack Schmittinger</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>136 S Forecastle Drive</td>
</tr>
<tr>
<td>City (5)</td>
<td>Little Egg Harbor NJ 08087</td>
</tr>
<tr>
<td>County (6)</td>
<td>County Code (7)</td>
</tr>
</tbody>
</table>

#### 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

#### Bidg. Age
35+

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

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

#### ASCM No.

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

#### Street Address
PO Box 329

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

#### Telephone No.
856-756-9800

#### License No.
00727

#### Start Date (10)
5/22/13

#### Scheduled Completion Date (11)
5/22/13

#### Name of OSHA Monitor
Same

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

#### Other - Describe:

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

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

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

#### 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)

<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Floor Tile</td>
</tr>
</tbody>
</table>

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

#### Abatement Type
- Removal
- Repair
- Encapsulate
- Endurance

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>United Containers</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NJDEP Waste Hauler ID No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>22459</td>
</tr>
</tbody>
</table>

#### Cubic Yards of Waste
2

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

#### City, State
Morrisville PA 19067

#### Disposal Date
5/23/13

#### Completed by
Anthony T Perna

#### Title
President

#### Signature

#### Date
5/22/13

---

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

---

**ASB-41 (R-05-08)**
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)  

Date of Notification (1)  May 22, 2013  

Name of Building Owner / Operator (2)  The College of New Jersey  

Address Information  

Agencies Notified  Type Notification  
- EPA  
- DEP  
- DOL  
- DOH  
- DCA  
- Initial  
- Amended  
- Amendment #  
- Cancellation  

Street Address  2000 Pennington Road  

City, State & Zip Code  Ewing, NJ 06628  

Name of Contact  Joe Anderson (Northeast Roof Maintenance Co., Inc.)  

Telephone Number  

FACILITY INFORMATION  

Name of Facility Where Abatement Is Taking Place (3)  Brower Center Building  

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

Square Feet  6,000  

Current Use (Prior if being demolished)  Student Center Building  

City (5)  Ewing  

County (6)  Mercer  

County Code (7)  USE ONLY  

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

ASCM No.  

Name of Abatement Contractor (9)  Synatech, Inc.  

Street Address  829 Radio Road  

City, State & Zip Code  Little Egg Harbor, NJ 08087  

Project Manager for Monitoring Firm  

Telephone Number  609-296-3916  

License Number  00817  

Scheduled Start Date (10)  June 3, 2013  

Scheduled Completion Date (11)  June 17, 2013  

Name of OSHA Monitor  Synatech, Inc.  

Occupy Status During Abatement (Check only one)  
- Facility Closed/Vacated During Entire Period of Abatement  
- Abatement Performed Outside of Normal Hours  
- Other – Describe: School not in session; however, building is not closed  
- Facility Occupied During Abatement  

Scope of Work (Check all that apply)  

- >3 sf or ≥ 50 if  
- >160 sf or ≥260 if  

Renovation  
Demolition  

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

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

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

Roof – Skylight  
Black Caulk  
560 LF  
X  

Roof – Skylight  
Grey Caulk / Glazing  
3,000 LF  
X  

Amount (Specify SF or LF)  

Abatement Type  

Removal  
Repair  
Encapsulated  
Enclosed  

Name of Registered Waste Hauler  NJDEP Waste Hauler ID No. 27429  

Cubic Yards of Waste  10  

Name of Registered Landfill  Grows Landfill  

City, State  

Disposal Date  June 18, 2013  

City, State  

Morrisville, PA  

Completed By  Diane Aloia  

Title  Executive Administrator  

Signature  

Date  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)
05/22/13

Name of Building Owner/Operator (2)
MOSHE MENDLOWITZ

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

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

Street Address
629 HOPE CHAPEL RD

City, State, Zip Code
LAKEWOOD NJ 08701

Name of Contact
JOE

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Street Address
629 HOPE CHAPEL RD

City (5)
LAKEWOOD

County (6)
OCEAN

County Code (7)
(SATE USE ONLY) __________

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)

AAA LEAD PROFESSIONALS

Street Address
6 WHITE DOVE CT

City, State, Zip Code
LAKEWOOD NJ 08701

Project Manager for Monitoring Firm

Telephone No.
732-688-9078

License No.
1200

Start Date (10)
06/03/13

Scheduled Completion Date (11)
06/05/13

Current Use (Prior if being demolished)

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

Square Feet

# of Floors

Bldg. Age

NAME

OCCUPANCY STATUS DURING ABATEMENT (Check Only One)
☒ Facility Closed/Vacated During Entire Period of Abatement
☒ Abatement Performed Outside of Normal Facility Hours
☐ Other – Describe: ____________________________

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

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

In Facility
(13)

Yes
No
N/A

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

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

Amount
(Specify SF or LF)

Exterior Siding
1000

X

Name of Registered Waste Hauler

NJ/DEP Waste Hauler ID No.

Cubic Yards of Waste

Name of Registered Landfill

City, State

Disposal Date

Completed by

Title

Signature

Date 05/22/13

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

**Location:** Berkeley, NJ 08721

**Type of Facility:** Single Family Dwelling

**Address:** 603 Birch Street

**City:** Berkeley

**County:** Ocean

** landlords: 213**

**EPC Technologies**

**Address:** P.O. Box 397

**City:** New Egypt

**State:** NJ 08533

**License No.:** NA

**Occupancy Status:**
- Occupancy Status: Vacant During Entire Period of Abatement
- Other - Describe: NA

**Scope of Work:**
- Demolition

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

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

**City:** New Egypt

**Date:** 5/24/13

**Consultant:**
- Steve Schenker, President

**Date:** 5/21/13

**Form:** DOL - 10 Day

---

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

Date of Notification (1)
5/20/13

Name of Building Owner/Operator (2)
Mario & Flora Salierno (Private Home)

Agencies Notified

Type Notification

EPA
Initial

DEP
Amended

DOL
Amendment #

DOH
Emergency (including justification)

DCA
Cancellation

Street Address
39 Patrick Drive

City, State, Zip Code
Manahawkin NJ 08050

Name of Contact
Mario

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Mario & Flora Salierno (Private Home)

Street Address
39 Patrick Drive

City (5)
Manahawkin NJ 08050

County (6)
Ocean

County Code (7)

Square Feet
1000+

# of Floors
1

Bldg. Age
35+

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.

Street Address
PO Box 329

City, State, Zip Code
West Berlin NJ 08091

Project Manager for Monitoring Firm

Telephone No.

Telephone No.
956-753-9800

License No.
00727

Start Date (10)
5/29/13

Scheduled Completion Date (11)
6/5/13

Name of OSHA Monitor
Same

Occupancy Status During Abatement (Check Only One)

Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours

Other – Describe:

Scope of Work (Check All That Apply)

≥2 sf or ≥3 If

≥160 sf or ≥260 If

Renovation

Demolition

Full Containment with Negative Pressure

Mini-Enclosure

Glovebag Procedure

Non-Exempted (*) and Non-Friable Procedure

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

In Facility

(13)

Yes

No

N/A

Location Normally Used Solely by Maintenance/Custodial Staff?

(12)

Is Location

Description of

Amount

Abatement

Name of Registered Waste Hauler

NJDEP Waste

Cubic Yards

Name of Registered Landfill

G.R.O.W.S.

United Containers

Hauler ID No.

of Waste

2

Disposal Date

6/5/13

City, State

Elm NJ

Completed by

Anthony T Perna

Title

President

Signature

Date

5/20/13

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

Date of Notification (1):
5-20-2013

Name of Building Owner/Operator (2):
Adele Stulpin

Street Address:
2471 Vauxfall Road
City, State, Zip Code: Union, NJ, 07083

Name of Contact:
Adele Stulpin

Agencies Notified:
[X] Initial Notification
[ ] EPA
[ ] DEP
[ ] DOH
[ ] DOA
[ ] CANCELLATION

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

Street Address:

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

UNION

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

Street Address:
86 Christopher St.

Telephone Number:
(973) 744-8800

License Number:
00371

Name of OSHA Monitor:
N/A

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

Project Manager for Monitoring Firm:
N/A

Telephone Number:
N/A

Scheduled Start Date (10):
6-6-2013

Sched. Completion Date (11):
6-7-2013

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

Other Occupancy Describe:

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

[X] Renovation
[ ] Demolition

Location of Asbestos-Containing Material (ACM)

<table>
<thead>
<tr>
<th>Material (ACM)</th>
<th>To Be Abated</th>
<th>Location Normally Used</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>X</td>
<td>Pipe Insulation</td>
<td>145 lf</td>
<td>X</td>
<td></td>
<td>Boiler</td>
<td>20 SF</td>
<td></td>
</tr>
<tr>
<td></td>
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<td></td>
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<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler:
AZTECH MANAGEMENT, INC.

City, State:
Montclair, NJ 07042

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

City, State:
Morrisville, PA 19067

Completed By (Print or Type):
Constantine Vivian

Title:
President

Signature:
5-20-2013
State Of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 05/20/13
Agency Notified
- EPA
- DEP
- DOL
- DOH
- DCA
Type Notification
- Initial
- Amended
- Amended #
- Emergency (including Justification)
- Cancellation
Name of Building Owner/Operator (2) Chatham Court
Street Addresses
380 Main Street
City, State, Zip
Chatham, NJ 07928
Name of Contact
Jeff Cirkut
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Chatham Court
Street Addresses
380 Main Street
City(5)
Chatham, NJ
County (6)
Morris
County Code (7) (STATE USE ONLY)
Name of Monitoring Firm Hired by Building Owner (8)*: J&S Environmental Laboratories, LLC
ASCM No.
Name of Abatement Contractor (9) Pezo Inc
Street Address:
2333 Route 22 West
City, State, Zip Code
Union NJ 07083
Project Manager for Monitoring Firm
Sheryl
Telephone No.
908-206-0073
Start Date (10)
06/03/13
Scheduled Completion Data (11)
09/29/13
Occupancy Status During Abatement (Check only one)
Facility Closed/Vacated During Entire Period of Abatement
Abatement Performed Outside of Normal Facility Hours
x Other
-Describe
Scope of Work (Check all apply)
> 3 sf or > 3 lf
xx > 160 sf or > 260 lf
x Renovation
xx Full Containment with Negative Pressure
Dismantling
xx Mini-Enclosure
Demolition
xx Glovebag Procedure
Non-Exempted (*) and Non-Friable procedure
Location of
Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)

<table>
<thead>
<tr>
<th>Location</th>
<th>Used Solely by Maintenance/ Custodial Staff?</th>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, Surfacing, VIT, or Other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crawlspace</td>
<td>x</td>
<td>Pipe Insulation</td>
<td>2900.00 LF</td>
<td>x</td>
</tr>
<tr>
<td>Storage Rooms</td>
<td>x</td>
<td>Asbestos Recidue</td>
<td>1400.00 LF</td>
<td>x</td>
</tr>
</tbody>
</table>

Name of registered Waste Hauler Pezo Inc.
NJDEP Waste Hauler CS 6224
City, State
Lincoln Park, NJ 07035
Disposal Date
City, State
Morrisville Pennsylvania
Completed by
Ike Pezic
Title
President
Signature
Date

Do not Use this form for asbestos licensure exempted activities
NOTIFICATION OF ASBESTOS ABATEMENT

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

Name of Building Owner/Operator (2)
Eyal Shuster

Street Address
360 Ninth Street LLC
City, State, Zip Code
Jersey City, NJ

Name of Contact
Eyal Shuster

FACILITY INFORMATION

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

Square Feet

# of Floors

Bldg. Age

Current Use (Prior if being demolished)

Warehouse

Street Address

360 Ninth Street

City (5)

County (6)

County Code (7)

(State Use Only)

Jersey City

Hudson

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

Name of Abatement Contractor (9)
J.R. Contracting & Environmental Consulting, Inc.

Street Address
1141 Route 23
Wayne NJ 07470

Telephone Number
973-238-5500

License No.
004108

Name of OSHA Monitor
Enviro Vision Consultants, Inc.

Street Address
20-21 Wagraw Road, Bldg. #34A

City, State, Zip Code
Fairlawn NJ 07410

Scheduled State Date (10)
Month / Day / Year

Scheduled Completion Date (11)
Month / Day / Year

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

Abatement Performed Outside of Normal Facility Hours

[ ] Other - Describe:

Scope of Work (Check all that apply)

[ X ] ≥ 360 sf or ≥ 260 sf

[X] ≥ 160 sf or ≥ 260 sf

[X] ≥ 360 sf or ≥ 260 sf

Renovation

Demolition

[ X ] Other - Describe:

Description of Asbestos-Containing Material (ACM)

(00.00% of ACM)

Location of Asbestos-Containing Material (ACM)

2nd Floor Offices

X VAT

4000 SF

X

Roof

X Roofing

600 SF

X

1st Floor - Warehouse

X Pipe Insulation

800 LF

X

Name of Registered Waste Hauler

NJDEP Waste Hauler ID No.

17819

Cubic Yards of Waste

Name of Registered Landfill

G.R.O.W.S.

City, State

Wayne NJ 07470

Disposal Date
City, State
Morrisville PA

Completed by (Print or Type)

Title
Jerry Bijelonic

Signature

Date
5/20/2013

Abatement Type

[ ] Full Containment With Negative Pressure

[ ] Mini-Enclosure

[ X ] Glovebag Procedure

[ X ] Non-Exempted (*) and Non-Friable Procedure

Amount

(Specify

SF or LF)

04461

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

**State of New Jersey**

**NOTIFICATION OF ASPEROS ABATEMENT**

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

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>Name of Building Owner/Operator</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 4 / 2 6 / 1 3</td>
<td>Eyal Shuster</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type of Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>[X] EPA</td>
<td>Initial</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>360 Ninth Street</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City (5)</th>
<th>County (6)</th>
<th>County Code (7) (STATE USE ONLY)</th>
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<tbody>
<tr>
<td>Jersey City</td>
<td>Hudson</td>
<td></td>
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<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASCM</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor</th>
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</thead>
<tbody>
<tr>
<td>J.R. Contracting &amp; Environmental Consulting, Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
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<tbody>
<tr>
<td>1141 Route 23</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wayne NJ 07470</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone Number</th>
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<tbody>
<tr>
<td>973-628-9590</td>
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<table>
<thead>
<tr>
<th>License No.</th>
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<tbody>
<tr>
<td>00408</td>
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<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enviro Vision Consultants, Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>20-21 Wagerow Road, Bldg. #34A</td>
</tr>
</tbody>
</table>

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

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

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

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance / Custodial Staff (12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yet</td>
</tr>
<tr>
<td>2nd Floor Offices</td>
</tr>
<tr>
<td>Roof</td>
</tr>
<tr>
<td>1st Floor - Warehouse</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>NJDEP Waste Hauler MD No. 17918</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
</tr>
</thead>
<tbody>
<tr>
<td>G.R.O.W.S.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Morrisville PA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by (Print or Type)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jerry Boplonic Project Manager</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>4/26/2013</td>
</tr>
</tbody>
</table>

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

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:60 and 12:125-)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] EPA</td>
<td>Eyal Shuster</td>
</tr>
<tr>
<td>[ ] DEP</td>
<td>Street Address</td>
</tr>
<tr>
<td>[ ] DOH</td>
<td>360 Ninth Street LLC</td>
</tr>
<tr>
<td>[ ] DCA</td>
<td>City, State, Zip Code</td>
</tr>
<tr>
<td>[ ] Initial</td>
<td>Jersey City, NJ</td>
</tr>
<tr>
<td>[ ] Amended</td>
<td>Name of Contact</td>
</tr>
<tr>
<td>[ ] Emergency (Including</td>
<td>Eyal Shuster</td>
</tr>
<tr>
<td>Justification)</td>
<td></td>
</tr>
</tbody>
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**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Warehouse</td>
<td>School (K-12)</td>
</tr>
<tr>
<td></td>
<td>Subchapter B (Other than K-12)</td>
</tr>
<tr>
<td></td>
<td>Other (i.e., private &amp; commercial buildings, homes, etc.)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Warehouse</th>
<th>Square Foot</th>
<th># of Floors</th>
<th>Bldg. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>360 Ninth Street</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City (5)</th>
<th>County (6)</th>
<th>County Code (7)</th>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jersey City</td>
<td>Hudson</td>
<td></td>
<td>ASCM</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>J.R. Contracting &amp; Environmental Consulting, Inc.</td>
<td>1141 Route 23</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>973-629-9508</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
<th>Scope of Work (Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Facility Closed/Vacated During Entire Period of Abatement</td>
<td>[X] ≥ 3 sf or ≥ 3 ft</td>
</tr>
<tr>
<td>[ ] Abatement Performed Outside of Normal Facility Hours</td>
<td>[X] ≥ 160 sf or ≥ 240 sf</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location</td>
<td>In Location</td>
</tr>
<tr>
<td>Normally Used</td>
<td>Solely by Maintenance / Custodial Staff (12)</td>
</tr>
<tr>
<td>2nd Floor Offices</td>
<td>X</td>
</tr>
<tr>
<td>Roof</td>
<td>X</td>
</tr>
<tr>
<td>1st Floor - Warehouse</td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>J.R. Contracting &amp; Environmental Consulting, Inc.</td>
<td></td>
<td>G.R.O.W.S</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Morrisville PA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by</th>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jerry Biasni</td>
<td>Project Manager</td>
<td></td>
</tr>
</tbody>
</table>

| 4/15/2013 |  |

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

Name of Building Owner/Operator (2)
Eyal Shuster

Eyal Shuster

FACILITY INFORMATION

Type of Facility (4)

Square Feet

# of Floors

Bldg. Age

Current Use (Prior if being demolished)

Name of Abatement Contractor (9)
J.R. Contracting & Environmental Consulting, Inc.

Street Address
1141 Route 23
Wayne NJ 07470

License No.
973 628-9500 00408

Name of OSHA Monitor
Enviro Vision Consultants, Inc.

Street Address
20-21 Wagarsaw Road, Bldg. 334A
City, State, Zip Code
Fair Lawn NJ 07410

Type of Notification

Agency Notified

Date of Notification

Schedule State Date (10)

Scheduled Completion Date (11)

Occupancy Status During Abatement (Check only one)

Scope of Work (Check all that apply)

Location of Asbestos-Containing Material (ACM)

TO BE ABATED

in Facility (13)

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

Description of Asbestos-Containing Material (ACM)

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

Amount (Specify SF or LF)

Abatement Type

<table>
<thead>
<tr>
<th>Location</th>
<th>Description of Material</th>
<th>Amount (SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2nd Floor Offices</td>
<td>VAT</td>
<td>4000 SF</td>
</tr>
<tr>
<td>Roof</td>
<td>Roofing</td>
<td>600 SF</td>
</tr>
<tr>
<td>1st Floor - Warehouse</td>
<td>Pipe Insulation</td>
<td>800 LF</td>
</tr>
</tbody>
</table>

Name of Registered Waste Handler
NJ/DEP Waste Hauler ID No.
17819

Cubic Yards of Waste

Name of Registered Landfill
J.R. Contracting & Environmental Consulting, Inc.

City, State
Wayne NJ 07470

Disposal Date
C.R.O.W.S

Completed by (Print or Type)
Jerry Bjenliche
Project Manager

Signature

Date
4/1/2013

* Do not use this form for asbestos removal exempted activities
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:10 and 12:119)

Agency Name: [AIA]
Type Notification: [AIA]
Name of Building Owner/Appliance: [AIA]
Address: [AIA]
City, State, Zip Code: [AIA]
Name of Contractor: [AIA]
Telephone No.: [AIA]

Facility Information:
Type of Facility: [AIA]
- School: [AIA]
- Subchapter (Other than K-12): [AIA]
- Other: [AIA]

Square footage: [AIA]
Existing Use: [AIA]
Current Use: [AIA]

Name of Abatement Contractor: [AIA]
Address: [AIA]
City, State, Zip Code: [AIA]
Telephone No.: [AIA]
License No.: [AIA]

Scheduled Completion Date: [AIA]

Nature of Abatement: [AIA]
- Full Containment with Negative Pressure
- Wet Enclosure
- Wet Sooting Process
- Non-Enclosure Process

Location of Asbestos-Containing Material (ACM) TO BE ABATED:
- Building: [AIA]
- Material: [AIA]
- Condition: [AIA]
- Name of Responsible Party: [AIA]

Date: [AIA]
Signature: [AIA]

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

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

**Name of Building Owner/Operator (2)**
Dorothy Trautz (Private Home)

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

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

**Street Address**
48 Judy

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

**Name of Contact**
Dorothy Trautz

**Telephone Number**

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**
Dorothy Trautz (Private Home)

**Street Address**
48 Judy

**City (5)**
Manahawkin NJ 08050

**County (6)**

**County Code (7)**

**Ocean**

**Square Feet**
1000+

**# of Floors**
2

**Biog. Age**
35+

**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.**
956-753-9800

**License No.**
00727

**Start Date (10)**
5/29/13

**Scheduled Completion Date (11)**
6/5/13

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

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

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

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

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

**Amount (Specify SF or LF)**
1600 SF

**Abatement Type**

**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**
Morrisonville PA 19067

**Completed by**
Anthony T. Perna

**Title**
President

**Signature**

**Date**
5/20/13

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

Date of Notification (1) 5/17/2013

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Notification Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended #</td>
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<tr>
<td>DOL</td>
<td>Emergency (including justification)</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)
Borough of Union Beach

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>650 Poole Avenue</td>
<td>Union Beach, NJ 07735</td>
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</tbody>
</table>

Name of Contact
Ms. Jennifer Wenson Maier

Tel. Number

FACILITY INFORMATION

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

<table>
<thead>
<tr>
<th>Street Address</th>
<th>County (5)</th>
<th>County Code (7)</th>
</tr>
</thead>
<tbody>
<tr>
<td>214 West Street</td>
<td>Monmouth</td>
<td></td>
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</table>

City (5)  Union Beach

Name of Contractor (8)
MTM Metro Corporation

Street Address
135-137 McBride Ave

City State, ZipCode
Paterson, NJ 07501

Name of OSHA Monitor
MTM Metro Corporation

Street Address
135-137 McBride Ave

City State, ZipCode
Paterson, NJ 07501

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

<table>
<thead>
<tr>
<th>ASCM No.</th>
<th>License Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>00104</td>
<td>00809</td>
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Type of Facility (4)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>School (K-12)</td>
<td></td>
</tr>
<tr>
<td>Subchapter 8 (Other than K-12)</td>
<td></td>
</tr>
<tr>
<td>Other (i.e., private &amp; commercial buildings, homes, etc.)</td>
<td>x</td>
</tr>
</tbody>
</table>

Occupancy Status During Abatement (Check only one)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
<td></td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
<td></td>
</tr>
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</table>

Other-Describe:

Source of Work (Check all that apply)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>&gt; 3 sf or &gt; 3 if</td>
<td></td>
</tr>
<tr>
<td>Renovation</td>
<td></td>
</tr>
<tr>
<td>&gt; 190 sf or &gt; 260 sf</td>
<td>x</td>
</tr>
<tr>
<td>Demolition</td>
<td></td>
</tr>
<tr>
<td>Full Containment with Negative Pressure</td>
<td></td>
</tr>
<tr>
<td>Non-Exempted(*) &amp; Non-Fireable Procedure</td>
<td></td>
</tr>
<tr>
<td>Mini-Enclosure</td>
<td></td>
</tr>
<tr>
<td>Glovebag Procedure</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</th>
<th>Location</th>
<th>Description of ACM (i.e., thermal systems insulation, surfacing, VAT, or other misc.)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>Exterior</td>
<td>Transite Siding Shingles</td>
<td>1,000 SF</td>
<td>x</td>
</tr>
<tr>
<td>YES</td>
<td>Kitchen/Bathroom</td>
<td>VAT</td>
<td>130 SF</td>
<td></td>
</tr>
<tr>
<td>YES</td>
<td>Basement</td>
<td>Black floor laminate</td>
<td>130 SF</td>
<td></td>
</tr>
</tbody>
</table>

Name of Reg. Waste Hauler
MTM Metro Corporation

NJDEP Waste Hauler ID # 26552

Cubic Yards of Waste 15

Name of Reg. Landfill Tullytown

City, State, Zip Code
Paterson, NJ 07501

Disp. Date 5/25/13

Completed by (Print or Type)
Elizabeth Maslarkov
Title Business Administrator
Signature

Date 5/17/2013

ASB-41

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

Date of Notification (1)
05/21/2013

Name of Building Owner/Operator (2)
BETTY LAZEVNICK

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

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

Street Address
401 LINCOLN AVE

City, State, Zip Code
PAULSBORO NJ 08066

Name of Contact
MARY BETH DEAN

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

Street Address
401 LINCOLN AVE

City (5)
PAULSBORO NJ 08066

Count (6)
GLOUCESTER

County Code (7)
(STATE USE ONLY)

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

Square Feet
1600
# of Floors
1
Bldg. Age
40

Current Use (Prior if being demolished)
RESIDENTIAL

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

ASCM No.

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

Street Address
570 CLEMS RUN

City, State, Zip Code
MULLICA HILL NJ 08062

Telephone No.
610-304-4676

License No.
01145

Name of OSHA Monitor
EMSL

Street Address
200 RT 130 NORTH

City, State, Zip Code
CINNAMINSON NJ 08077

Start Date (10)
05/30/2013
Scheduled Completion Date (11)
05/31/2013

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

Scope of Work (Check All That Apply)
☒ ≥3 sf or ≥3 if
☒ ≥150 sf or ≥250 if
☐ Renovation
☒ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

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

In Facility (13)
Y

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

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

Amount (Specify SF or LF)
80 LF

Abatement Type
☐ Removal
☐ Repair
☒ Encapsulate
☐ Enclosure

Name of Registered Waste Hauler
ASSURED ENVIRONMENTAL SERVICES

NJDEP Waste Hauler ID No.
0034895

Cubic Yards of Waste
4

Name of Registered Landfill
ALLIED WASTE IMPERIAL LANDFILL

City, State
MULLICA HILL NJ 08062

Disposal Date
06/03/2013

Completed by
RON SWANSON

Title
PROJECT COORDINATOR

Signature

Date
05/21/2013

ASB-41 (R-06-08)

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

**Date of Notification (1)** 5-20-2013  
Name of Building Owner/Operator (2)  
David Chin

**Street Address** 243 Feronia Way  
City, State, Zip Code  
Rutherford, NJ, 07070

**Name of Contact**  
David Chin

**TelephoneNumber**

**FACILITY INFORMATION**

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

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

**Square Feet** 1200  
**# of Floors** 2  
**Bldg. Age** 90  
**Current Use (Prior if being demolished)**

Name of Monitoring Firm hired by Building Owner (8)  
ASCH No.  
N/A

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

**Street Address**  
86 Christopher St.

**City, State, Zip Code**  
Montclair, NJ 07042

**Telephone Number**  
(973) 744-8800

**License Number**  
00371

**Name of OSHA Monitor**  
N/A

**Street Address**

**City, State, Zip Code**

**Scheduled Start Date (10)** 6-7-2013  
**Sched. Completion Date (11)** 6-10-2013

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

[X] Facility Closed/Vacated During Entire Period of Abatement  
[X] Other (Describe):

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

[X] Full Containment with Negative Pressure  
[X] Non-Friable Procedure  
[X] Gloves Bag Procedure  
[X] Other

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

<table>
<thead>
<tr>
<th>Material</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>Pipe Insulation</td>
<td>90 LF</td>
<td>Enclosure</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**  
AZTECH MANAGEMENT, INC.

**Waste Hauler ID No.**  
17040

**Cubic Yards**

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

**City, State**  
Montclair, NJ 07042

**Disposal Date**  
6-11-2013

**City, State**  
Morrisville, PA 19067

**Completed By (Print or Type)**  
Constantine Vivian

**Title**  
President

**Signature**

**Date**  
5-20-2013
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1)
5-20-2013

Name of Building Owner/Operator (2)
Dan Zennovich

Agency Notified Type Notification
[X] EPA Initial Notification
[ ] DBP [ ] Amended Notification
[ ] DOL [ ] Emergency
[ ] DOH [ ] Cancellation

Street Address
16 Oakland Road
City, State, Zip Code
Maplewood, NJ, 07040

Name of Contact
Dan Zennovich

FACILITY INFORMATION

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

City (5) County (6) Essex

County Code (7) (STATE USE ONLY) ESSEX

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
2200 2 80

Current Use (Prior if being demolished)

Name of Monitoring Firm hired by Building ASCM No.
N/A

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm Telephone Number
N/A (973) 744-8800

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

Street Address
86 Christopher St.

City, State, Zip Code

Montclair, NJ 07042

Telephone Number

License Number
00371

Name of OSHA Monitor
N/A

Street Address

City, State, Zip Code

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

Of Abatement

[ ] Abatement Performed Outside of Normal Facility

Hours - Describe: <Off-Hours Describe>

[ ] Other - Describe: <Other Occupancy Describe>

Scope of Work (Check all that apply)
[X] >3 sf or >3 lin
[ ] 160 sf or 250 sf

[X] Renovation

[X] Demolition

Full Containment with Negative Pressure

[X] Mini-Enclosure

[X] Glovebag Procedure

[ ] Non-Friable Procedure

Location of Asbestos-Containing Material (ACM)

TO BE ABATED

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, V.A.T., or other miscellaneous)

Basement

PIE INSULATION

80 LF

Amount (Specify SF or LF)

Abatement Type

REMOVAL

ENCLOSURE

Location of Asbestos-Containing Material (ACM)

TO BE ABATED

Name of Registered Waste Hauler
AZTECH MANAGEMENT, INC.

Waste Hauler ID No. 17040

Cubic Yards of Waste 1

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

City, State
Montclair, NJ 07042

Disposal Date

City, State
Morristown, PA 19067

Completed By (Print or Type) Constantine Vivian
Title President

Signature

Date 5-20-13
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1) 5-16-2013

Agencies Notified

- [ ] DEP
- [X] DOL
- [ ] DOH
- [ ] DCA

Type Notification

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

Name of Building Owner/Operator (2)
Lang Staff

Street Address
6 Princeton Place

City, State, Zip Code
Montclair, NJ, 07042

Name of Contact
Lang Staff

Telephone Number

FACILITY INFORMATION

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

City Address

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

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

ASCM No.

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

Street Address
86 Christopher St.

City, State, Zip Code
Montclair, NJ 07042

Telephone Number
(973) 744-8800

License Number
00371

Scheduled Start Date (10) 5-28-2013

Sched. Completion Date (11) 5-29-2013

Month Day Year

Name of OSHA Monitor
N/A

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

Hours - Describe: Other Occupancy Descriptions

Scope of Work (Check all that apply)

[X] 25 sq ft or > 25 sf

[X] Renovation

[X] Demolition

Location of Asbestos-Containing Material (ACM)

TO BE ABATED

In Facility

Location Normally Used Solely By Maintenance/Custodial Staff

Description of Asbestos-Containing Material (ACM)

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

Amount (Specify SF or LF)

Abatement Type

Basement

X Pipe Insulation 65 LF X

Location of Registered Waste Hauler
AZTECH MANAGEMENT, INC.

Hauler ID No. 17040

Cubic Yards of Waste 1

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

City, State
Montclair, NJ 07042

Disposal Date
5-30-2013

City, State
Morrisville, PA 19067

Completed By (Print or Type)
Constantine Vivian

Title President

Signature Date 5-16-2013
**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:60-7 and 12:120-7)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>5-21-2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Jim Sheelan</td>
</tr>
<tr>
<td>Street Address</td>
<td>52 Hillside Ave.</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Verona, NJ, 07044</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Jim Sheelan</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
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</tr>
</thead>
<tbody>
<tr>
<td>City (5)</td>
<td></td>
</tr>
<tr>
<td>County (6)</td>
<td>Essex</td>
</tr>
<tr>
<td>County Code (7)</td>
<td>(STATE USE ONLY)</td>
</tr>
<tr>
<td>Nome of Monitoring Firm hired by Building Owner (8)</td>
<td>N/A</td>
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<tr>
<td>ASCM No.</td>
<td></td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>AZTECH MANAGEMENT, Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td>86 Christopher St.</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Montclair, NJ 07042</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>(973) 744-8800</td>
</tr>
<tr>
<td>License Number</td>
<td>00371</td>
</tr>
<tr>
<td>Current Use (Prior if being demolished)</td>
<td>1850</td>
</tr>
<tr>
<td># of Floors</td>
<td>3</td>
</tr>
<tr>
<td>Bldg. Age</td>
<td>107</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scheduled Start Date (10)</th>
<th>6-4-2013</th>
</tr>
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<tbody>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>6-5-2013</td>
</tr>
<tr>
<td>Street Address</td>
<td></td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td></td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check only one)</td>
<td></td>
</tr>
<tr>
<td>[X] Facility Closed/Vacated During Entire Period of Abatement</td>
<td></td>
</tr>
<tr>
<td>[ ] Abatement Performed Outside of Normal Facility Hours - Describe: Off Hours Describes</td>
<td></td>
</tr>
<tr>
<td>[ ] Other - Describe: Other Occupancy Describes</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>X</th>
<th>X</th>
<th></th>
<th></th>
</tr>
</thead>
</table>
| [ ] Renovation | [X] Decontamination | [ ] Demolition | [ ] Other

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)</th>
<th>Is Location Normally Used Solely By Maintenance/Custodial Staff (12)</th>
<th>Location Normally Used Solely By Maintenance/Custodial Staff (12)</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>X</td>
<td>Pipe Insulation</td>
<td>80 LF</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Crawl Space</td>
<td>3 SF</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**

AZTECH MANAGEMENT, INC.

**Cubic Yards of Waste**

17040

Disposal Date

6-6-2013

City, State

Montclair, NJ 07042

G.R.O.W.S.

Morrisville, PA 19067

Completed By (Print or Type) | Constantine Vivian |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>President</td>
</tr>
<tr>
<td>Signature</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>5-21-2013</td>
</tr>
</tbody>
</table>
### State of New Jersey

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

**Date of Notification (1)**
5-21-2013

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

**Street Address**
149 Norman Rd.

**City, State, Zip Code**
Newark, NJ, 07102

**Name of Contact**
Bernice Wilson

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

**Square Feet**
1500

**# of Floors**
2

**Bldg. Age**
69

**Current Use (Prior if being demolished)**
N/A

### FACILITY INFORMATION

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

**City (5)**

**County (6)**
Essex

**County Code (7)**
07101

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

**Telephone Number**
N/A

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

**Street Address**
86 Christopher St.

**City, State, Zip Code**
Montclair, NJ 07042

**Telephone Number**
(973) 744-8800

**License Number**
00371

**Scheduled Start Date (10)**
6-5-2013

**Sched. Completion Date (11)**
6-6-2013

### OCCUPANCY STATUS DURING ABATEMENT

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

### SCOPE OF WORK

- [X] ≥3 sf or ≥1.1 f
- [ ] ≥160 sf or ≥260 f
- [X] Demolition
- [ ] Renovation

### LOCATION OF ASBESTOS-CONTAINING MATERIAL (ACM)

**TO BE ABATED**

<table>
<thead>
<tr>
<th>Location</th>
<th>In Facility (13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>X</td>
</tr>
<tr>
<td>Pipe Insulation</td>
<td>100 LF</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
AZTECH MANAGEMENT, INC.

**Waste Hauler ID No.**
17040

**Cubic Yards of Waste**
1

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

**City, State**
Montclair, NJ 07042

**Disposal Date**
6-7-2013

**City, State**
Morrisville, PA 19067

**Completed By (Print or Type) Title**
Constantine Vivian President

**Signature**
[Signature]

**Date**
5-21-2013
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):
05/21/2013

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

Agencies Notified
EPA
DEP
SBOH
DCA

Type Notification
Initial
Amended
Amendment:
Emergency (including Justification)
Cancellation

Street Address:
2 Cedar Lane

City, State, Zip Code:
Newark, NJ 07102

Name of Contact:
Benjamin Oflagayo

Telephone Number:

FACILITY INFORMATION

Name of Facility 14th Avenue Elementary School
186 14th Avenue

City/State/Zip Code:
Newark, Essex, 07103

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

Square Feet: # of Floors:

Name of Monitoring Firm Hired by Building Owner:
WHITMAN

ASCM No.:

Name of Abatement Contractor (9):
Envirocare Enterprises, Inc

Street Address:
358 Broadway, Suite 202

City, State, Zip Code:
Newark, NJ 07104

Type of Abatement:

Start Date (10):
05/31/13

Scheduled Completion Date (11):
06/02/13

Name of OSHA Monitor:
AmeriSci

Street Address:
117 East 30th Street

City, State, Zip Code:
New York, New York, 10016

Scope of Work (Check all that apply):

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

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>Pipe Insulation</td>
<td>165 LF</td>
</tr>
</tbody>
</table>

Amount (Specify SF or LF): 165 LF

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

Name of Registered Waste Hauler:
Newark Carting

NJDEP Waste Hauler ID No.:
4506

Cubic Yards of Waste: 30

Name of Registered Landfill:
Tullytown Re. Facility

City, State:
Tullytown, PA

Disposal Date:

Completed By:
Samuel Ilounoh

Title:
President

Signature:

Date:
05/21/2013
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 05/20/13
Name of Building Owner/Operator (2) The College of New Jersey

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

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

Street Address
2000 Pennington Road
City, State, Zip Code
Ewing, NJ 08628

Name of Contact
Roselle Horodeski
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Norsworthy Hall
Street Address
2000 Pennington Road
City (6)
Ewing
County (8)
Mercer
County Code (7)
[STATE USE ONLY]

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

Square Feet
100,000 +
# of Floors
3+
Built Age
50+

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)
USA Environmental Management, Inc.
ASCN No.
00112
Name of Abatement Contractor (9)
Pyramid Contracting Corp.

Street Address
344 West State Street
City, State, Zip Code
Trenton, NJ 08618

Project Manager for Monitoring Firm
Mr. William Weisgarber, Jr.
Telephone No.
609-656-8101

Name of OSHA Monitor
J&S Environmental Laboratories LLC
Street Address
163 Sergeant Avenue
City, State, Zip Code
Clifton, NJ 07013

Start Date (10)
05/30/13
Scheduled Completion Date (11)
07/31/13

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

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

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

Is Location Normally Used Solely by Maintenance/Custodial Staff?
- [X] 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
- [X] Removal
- [X] Repair
- Encapsulate
- Endorse

Name of Registered Waste Hauler
Pyramid Contracting Corp.
NJDEP Waste Hauler ID No.
32613

Cubic Yards of Waste
20
Name of Registered Landfill
G.R.O.W.S. Landfill

City, State
Clifton, New Jersey
Disposal Date

Completed by
Dimo Golcev
Title
General Manager
Signature
Date
05/20/13

ASB-41 (R-06-08)

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

## Date of Notification (1)
May 21, 2013

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

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

## Name of Building Owner/Operator (2)
Mattia Building Contracting

## Street Address
1702 A Grand Central Avenue

## City, State, Zip Code
Lavallette, NJ 08735

## Name of Contact
Sal Mattia

## Telephone Number

## FACILITY INFORMATION

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

### Street Address
40 Harding Avenue

### City
Ortley Beach

### County (6)
Ocean

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

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

### Square Feet
1800sf

### # of Floors
1

### Bldg. Age
60

### Current Use (Prior to being demolished)
- [ ] Residential

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

### ASCM No.

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

### Street Address
1889 Route 9, Unit 61

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

### Telephone Number
732-349-9932

### License Number
00624

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

### Street Address
1056 Stelton Road

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

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

### Scope of Work (Check all that apply)
- [ ] >3 sf or ≥31 ft
- [ ] ≥160 sf or ≥260 ft
- [x] Renovation
- [x] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [x] Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)</th>
<th>Is Location Normally used Solely by Maintenance/Custodial Staff (12)</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
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</thead>
<tbody>
<tr>
<td>Exterior</td>
<td>[x]</td>
<td>Asbestos siding</td>
<td>1600 sf</td>
<td>X</td>
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### Name of Registered Waste Hauler
Guardian Contracting, Inc.

### NJDEP Waste Hauler ID No.
20223

### Cubic Yards of Waste
3

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

### City, State
Toms River, New Jersey

### Disposal Date
5/24/13

### City, State
Tullytown, Pennsylvania

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

### Title
Project Manager

### Signature

### Date
5/21/2013

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

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:69 and 12:18B)

DOL - 10 DAY

---

**Agency/Person**
- **Name of Agency/Person:** Feely School
- **Address:** 436 First Ave
- **City:** Elizabeth
- **State:** New Jersey
- **Zip Code:** 07207

**Facility Information**
- **Type of Facility:** School
- **Address:** 436 First Ave
- **City:** Elizabeth
- **State:** New Jersey
- **Zip Code:** 07207

**Emergency Information**
- **Emergency Contact:** E. Feely
- **Address:** 300 Grand Ave
- **City:** Elizabeth
- **State:** New Jersey
- **Zip Code:** 07207

**Notifications**
- **Emergency No.:** 11423
- **Date of Notification:** 2013 May 24

---

**Notification of Abatement**

<table>
<thead>
<tr>
<th>Name of Registered Waste Handler</th>
<th>N.J.D.B. Waste Handler ID No.</th>
<th>Quantity of Waste</th>
<th>Name of Registered Contractor</th>
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</thead>
<tbody>
<tr>
<td>Eastern Waste</td>
<td>02/16/2013</td>
<td>Freehold, NJ</td>
<td>Eastern Waste</td>
</tr>
</tbody>
</table>

---

**Abatement Completion**

- **Date of Abatement Complete:** 2013 May 15
- **Location:** School
- **Type of Abatement:** Removal

---

**Emergency Contact**

- **Name:** E. Feely
- **Address:** 300 Grand Ave
- **City:** Elizabeth
- **State:** New Jersey
- **Zip Code:** 07207

---

**Emergency Approval**

- **Emergency No.:** 11423
- **Date of Approval:** 2013 May 24
- **Emergency Contact:** E. Feely
- **Address:** 300 Grand Ave
- **City:** Elizabeth
- **State:** New Jersey
- **Zip Code:** 07207

---

**Emergency Approval**

- **Emergency No.:** 11423
- **Date of Approval:** 2013 May 24
- **Emergency Contact:** E. Feely
- **Address:** 300 Grand Ave
- **City:** Elizabeth
- **State:** New Jersey
- **Zip Code:** 07207

---

**Signature**

- **Name:** E. Feely
- **Title:** President
- **Date:** 2013 May 15
**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

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

**Date of Notification (1)**
5 / 21 / 13

**Name of Building Owner/Operator (2)**
Federal Realty Investment Trust

**Railway Address**
1628 East Jefferson St.

**City, State, Zip Code**
Rockville, MD 20852

**Name of Contact**
Ric Woodie

---

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**
Troy Hills Shopping Center (Space 7A)

**Street Address**
1115 Route 46 East

**City (5)**
Parsippany, NJ 07054

**County (6)**
Morris

**County Code (7)**
(Please use ONLY)

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

**ASCN No.**
NA

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

**Street Address**
550 East Union St.

**City, State, Zip Code**
West Chester, PA 19382

**Project Manager for Monitoring Firm**
Dave Brown

**Telephone No.**
610-558-8802

**Start Date (10)**
6 / 5 / 13

**Schedules Completion Date (11)**
6 / 11 / 13

**Occupancy Status During Abatement (Check only one)**
- X Facility Closed/Vacated During Entire Period of Abatement
- ☐ Abatement Performed Outside of Normal Facility Hours - Describe
  Time of Abatement: 7AM-9PM/3:30PM-6AM

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

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑</td>
<td>☐</td>
<td></td>
<td>☐ Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>☑</td>
<td>☐</td>
<td></td>
<td>☐ Mini-Enclosure</td>
</tr>
<tr>
<td>☑</td>
<td>☐</td>
<td></td>
<td>☐ Glovebag Procedure</td>
</tr>
<tr>
<td>☑</td>
<td>☐</td>
<td></td>
<td>☐ Non-Exempted (*) and Non-Friable Procedure</td>
</tr>
</tbody>
</table>

**Amount (Specify SF or LF)**
1475

**Abatement Type**
- ☑ Removal
- ☑ Repair
- ☑ Encapsulate
- ☑ Enclosure

---

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

**NJDEP Waste Hauler ID No.**
18847

**Cubic Yards of Waste**
30

**Name of Registered Landfill**
Allied BFI Imperial

**City, State**
Imperial, PA

**Disposal Date**
TBD

**Completed By (Print or Type)**
Mark Griffin

**Title**
Estimator

**Signature**

**Date**
5/21/13

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>5/21/13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Ray Magnifico</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>Type Notification</td>
</tr>
<tr>
<td>EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended</td>
</tr>
<tr>
<td>DOL</td>
<td>Amendment #</td>
</tr>
<tr>
<td>DOH</td>
<td>Emergency (including justification)</td>
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<tr>
<td>DCA</td>
<td>Cancellation</td>
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<tr>
<td>Street Address</td>
<td>2212 Rogers Rd.</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Pt. Pleasant Boro, NJ 08742</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Dave Cole</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>Residence</td>
</tr>
<tr>
<td>Street Address</td>
<td>2212 Rogers Rd.</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Pt. Pleasant Boro, NJ 08742</td>
</tr>
<tr>
<td>County Code (7) (STATE USE ONLY)</td>
<td>Ocean</td>
</tr>
<tr>
<td>Square Feet</td>
<td>1500</td>
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<tr>
<td># of Floors</td>
<td>1</td>
</tr>
<tr>
<td>Block Age</td>
<td>60</td>
</tr>
<tr>
<td>Type of Facility (4)</td>
<td>Residential</td>
</tr>
<tr>
<td>School (K-12)</td>
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<tr>
<td>Subchapter 8 (Other than K-12)</td>
<td></td>
</tr>
<tr>
<td>Other (i.e., private &amp; commercial buildings, homes, etc.)</td>
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</tr>
<tr>
<td>Current Use (Prior if being demolished)</td>
<td>Residential</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner</td>
<td>MECS</td>
</tr>
<tr>
<td>ASCM No.</td>
<td></td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>Stevens Environmental Services, Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td>PO Box 322</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Allentown, NJ 08501</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>(609) 259-9688</td>
</tr>
<tr>
<td>License No.</td>
<td>00493</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>MECS</td>
</tr>
<tr>
<td>Street Address</td>
<td>PO Box 341</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Crosswicks, NJ 08515</td>
</tr>
<tr>
<td>Start Date</td>
<td>6/3/13</td>
</tr>
<tr>
<td>Scheduled Completion Date</td>
<td>6/5/13</td>
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<tr>
<td>Occupancy Status During Abatement (Check only one)</td>
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</tr>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
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</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
<td></td>
</tr>
<tr>
<td>Other - Describe</td>
<td>8AM - 4:30PM</td>
</tr>
<tr>
<td>Scope of Work (Check all that apply)</td>
<td></td>
</tr>
<tr>
<td>&gt;3 sf or &gt;3 ft</td>
<td></td>
</tr>
<tr>
<td>≥160 sf or ≥260 ft</td>
<td></td>
</tr>
<tr>
<td>Renovation</td>
<td></td>
</tr>
<tr>
<td>Demolition</td>
<td></td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</td>
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</tr>
<tr>
<td>Basement</td>
<td>Traniste Flue</td>
</tr>
<tr>
<td>1st floor</td>
<td>Traniste Flue</td>
</tr>
<tr>
<td>Attic</td>
<td>Traniste Flue</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>Stevens Environmental Services Inc.</td>
</tr>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
<td>18292</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>T.R.R.F., Inc.</td>
</tr>
<tr>
<td>City, State</td>
<td>Allentown, NJ</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>6/6/13</td>
</tr>
<tr>
<td>Title</td>
<td>Project Manager</td>
</tr>
<tr>
<td>Completed By</td>
<td>Mahlon E. Stevens</td>
</tr>
</tbody>
</table>

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

**Date of Notification (1)**
5/21/13

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

**Street Address**
917 Newton Ave

**City, State, Zip Code**
Oakland, NJ 08107

**Name of Contact**
Preston Brooks

**Telephone Number**

---

### FACILITY INFORMATION

- **Name of Facility Where Abatement is Taking Place (3)**
  Residence
- **Street Address**
  917 Newton Ave
- **City (5)**
  Oakland, NJ 08107
- **Square Feet**
  1400
- **# of Floors**
  1
- **Bldg. Age**
  75
- **Current Use (Prior if being demolished)**
  Residential
- **Type of Facility (4)**
  - School (K-12)
  - Subchapter 8 (Other than K-12)
  - Other (i.e., private & commercial buildings, homes, etc.)

---

**MECS**

**Project Manager for Monitoring Firm**
William Weisgarber Jr.

**Telephone No.**
(609) 298-4070

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

**Scheduled Completion Date (11)**
6/10/13

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

**Scope of Work (Check all that apply)**
- 33 sf or ≥ 33 ft
- 2160 sf or ≥2800 ft
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mira-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

---

**Name of Monitoring Firm Hired by Building Owner**
ASCM No.

**Name of Abatement Contractor (9)**
Stevens Environmental Services, Inc.

**Street Address**
PO Box 322

**City, State, Zip Code**
Allentown, NJ 08501

**Telephone No.**
(609) 259-9688

**License No.**
00493

**Name of OSHA Monitor**
MECS

**Street Address**
PO Box 341

**City, State, Zip Code**
Crossicks, NJ 08515

---

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

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

**Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)**
Duct Insulation
Wrap and Cut Method

**Amount (Specify SF or LF)**
80.1 ft

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

---

**Name of Registered Waste Hauler**
Stevens Environmental Services Inc.
NJDEP Waste Hauler ID No.
18292

**Cubic Yards of Waste**
2 CU

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

**City, State**
Allentown, NJ

**Disposal Date**
6/10/13

**City, State**
Tullytown, PA

---

**Completed By**
Mahlon E. Stevens

**Title**
Project Manager

**Signature**

**Date**
5/21/13

---

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

Date of Notification (1) 05/23/2013
Name of Building Owner/Operator (2) R. Baker & Son

Agencies Notified Type Notification Street Address
EPA Initial 1 Globe Court
DEP Amended
DOL Amendment #
DOH Justification
dca Cancellation

City, State, Zip Code Red Bank, NJ 07701
Name of Contact Robert Pena (Engineer)

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) B-4 Enterprises, LLC (The Clam Hut)
Street Address 1 Atlantic Street
City (5) Highlands, NJ 07732
County (6) Monmouth

County Code (7) (STATE USE ONLY) 

Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9)
GNPATP, LLC Environmental Services Site Enterprises, Inc.
Street Address 34 Southview Terrace South
City, State, Zip Code Middletown, NJ 07748

Project Manager for Monitoring Firm Telephone No. 973-270-5248 Telephone No. 609-567-1250 License No. 01172
Matthew Bianchi

Start Date (10) 06/06/2013 Scheduled Completion Date (11) 06/20/2013

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

Scope of Work (Check All That Apply) 
Renovation Demolition

Full Containment with Negative Pressure
Mini-Enclosure
Glovebag Procedure
Non-Exempted (X) 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

Between Kitchen and Porch Brown Linoleum 180 SF X
In Kitchen adjacent to Porch Brown Wall Mastic 400 SF X
In Kitchen & Soda Gun Room Transite Panels 17X4X8 Panels X
Above Kitchen Exterior & Interior Roofing 5,000 SF X

Name of Registered Waste Hauler Newark Carting, Inc.
NJDEP Waste Disposal Date
Hauler ID No. Cubic Yards of Waste Various
4509

Name of Registered Landfill

City, State Newark, NJ

Completed by Kati DiNatale Title Office Manager
Signature

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 8:60-7 and 12:120-7)

**Date of Notification (1)**
5 / 17 /13

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

**Address**
1 HESS PLAZA

**Agency Notified**
- [ ] EPA
- [ ] DEP
- [x] DOL
- [x] DOH
- [ ] DOA
- [ ] EMERGENCY N

**City, State, Zip Code**
WOODBRIDGE, NEW JERSEY 07095

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

**Type of Facility (4)**
- [ ] School (K-12)
- [ ] Subchapter 8 (Other than K-12)
- [x] Other (ie. private & comm. blds., homes, etc.)

**Square Feet**
187,000

**# of Floors**
13

**Bldg. Age**
42

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

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

**ASCM No.**
17

**Name of Abatement Contractor (5)**
PAR ENVIRONMENTAL CORPORATION

**Street Address**
1600 ROUTE 22

**City, State, Zip Code**
UNION, NEW JERSEY 07083

**Name of OSHA Monitor**
QUALITY ENVIRONMENTAL

**Telephone Number**
845-369-7500

**License Number**
460

**Project Manager for Monitoring Firm**
MIKE NEHLSEN

**Telephone Number**
908-377-5644

**Street Address**
1376 ROUTE 9 W

**City, State, Zip Code**
WAPPINGERS FALLS, NY 12590

**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: Monday - Friday 6pm - 2:30 am
- [ ] Other - Describe:

**Scope of Work (Check all that apply)**
- [x] Demolition
- [x] Renovation
- [x] Mini-Enclo.
- [x] Glueing Procedure
- [ ] Non-Frisable Procedure

**Location of Asbestos-containing Material (ACM)**
- [x] 1st floor mailroom
- [ ] 1st floor mailroom
- [x] 1st floor MER
- [ ] 2nd floor mailroom
- [x] 2nd floor mailroom
- [x] 2nd floor MER
- [ ] 3rd floor mailroom
- [x] 3rd floor mailroom
- [x] 3rd floor MER

**Description of Asbestos-Containing Material (ACM)**
- [x] Floor tile and mastic
- [ ] Pipe fittings
- [x] Pipe fittings
- [x] Pipe fittings
- [x] Pipe fittings

**Amount (Specify SF or LF)**
- [ ] 3,200 SF
- [x] 50 LF
- [x] 50 LF
- [x] 50 LF

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

**Name of Registered Waste Hauler**
EXPRESS WASTE LLC

**NJDEP Waste Hauler ID No.**
26591

**Name of Registered Landfill**
GROWS LANDFILL

**City, State**
KEARNEY, NEW JERSEY

**Disposal Date**
06/03/13-12/30/13

**Completed by (Print or Type)**
BENJAMIN SANCHEZ

**Signature**

**Date**
5/23/13
### NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

**State of New Jersey**

**Date of Notification (1)**
5 / 17 / 13

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

**Type Notification**
- Initial Notification
- Amended Notification
- Cancellation
- On Hold
- EMERGENCY

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

**Hess Plaza**

**Street Address**
1 Hess Plaza

**City (5)**
Woodbridge

**County (6)**
MIDDLESEX

**County Code (7)**
Ascm No. 17

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

**Project Manager for Monitoring Firm**
Mike Nehlsen

**Telephone Number**
908-377-5644

**Expected State Date (10)**
5 / 28 / 13

**Sched. Completion Date (11)**
12 / 30 / 13

**Type of Facility (4)**
- School (K-12)
- Other (Lei., private & comm. bldgs., homes, etc.)

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

**Name of Abatement Contractor (6)**
Par Environmental Corporation

**Street Address**
313 Spook Rock Road

**City, State, Zip Code**
Suffern, New York 10901

**Telephone Number**
914-395-7500

**License Number**
465

**Name of GSHA Monitor**
Quality Environmental

**Street Address**
1379 Route 8 W

**City, State, Zip Code**
Wappingers Falls, NY 12590

**Occupancy Status During Abatement (Check One Only)**
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe:
  - Other - Describe: Monday - Friday 6pm - 2:30 am

**Scope of Work (Check All That Apply)**
- Demolition
- 336 LF OR
- X Renovation
- Full Containment with Negative Pressure
  - Mini-Enclosure
  - Glovebag Procedure
  - Non-Friable Procedure

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

**To Be Abated in Facility (13)**
- 1st floor mailroom
- 1st floor mailroom
- 1st floor MER

**Is Location Normally Used by Maintenance/Custodial Staff (14)**
- Yes
- No
- N/A

**Description of Asbestos-containing Material (ACM)**
- Le. Thermal Systems
- Insulation, Surfacing, VAT, or Other Miscellaneous

<table>
<thead>
<tr>
<th>Location of Asbestos-containing Material (ACM)</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Floor tiles and mastic</td>
<td>3.200 SF</td>
<td>Grows Landfill</td>
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<tr>
<td>Pipe fittings</td>
<td>50 LF</td>
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<tr>
<td>Pipe fittings</td>
<td>30 LF</td>
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</tbody>
</table>

**Name of Registered Waste Hauler**
Express Waste LLC

**Cubic Yards of Waste**
30

**Disposal Date**
9/28/13-12/30/13

**City, State**
Kearny, New Jersey

**Completed by (Print or Type)**
Benjamin Sanchez

**Title**
Director of Operations

**Signature**

**Date**
5/17/13

**Asbestos Control & Licensing**

**Received**
MAY 24 2013