State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 5:16)

Date of Notification (1)
9 / 26 / 13

Name of Building Owner/Operator (2)
PSEG

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

Type Notification
- Initial
- Amended
- Amendment #1-10/28/13

Street Address
80 Park Plaza

City, State, Zip Code
Newark, NJ 07102

Name of Contact
Kelly McKinney

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
PSEG Nuclear

City (5)
Hancocks Bridge

County (6)
Salem

County Code (7) (STATE USE ONLY)

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

ASCM No.

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

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

Project Manager for Monitoring Firm

Telephone No.
215-788-6040

License No.
00509

Start Date (10)
10 / 14 / 13

Scheduled Completion Date (11)
11 / 11 / 13

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

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL, INC.

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

Scope of Work (Check all that apply)
- ≥ 3 sf or ≥ 3 ft
- ≥ 160 sf or ≥ 260 ft²
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Transite panels</td>
<td>400 SF</td>
<td>x</td>
</tr>
<tr>
<td>No</td>
<td>Transite debris clean up</td>
<td>200 SF</td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
C&H Disposal Service Inc.
NJDEP Waste Hauler ID No. 7893

Cubic Yards of Waste
15

Name of Registered Landfill
Salem Co. Improve. Auth. Solid Waste Div
City, State
Elmer, NJ

Disposal Date
10/28/13

Completed By (Print or Type)
Gino Pizzigoni
Title
Estimator
Signature
Date
10/28/13

* Do not use this form for asbestos licensure exempted activities.
### State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:126)

Date of Notification (1): 11-4-13 11:10:57
Name of Building Owner/Operator (2): Peter Smith
Street Address: 409 Old Corlies Ave
City, State, Zip Code: Neptune, NJ 07753
Name of Contact: Peter Smith

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3): Single Family Dwelling
Street Address: 409 Old Corlies Ave
City (5): Neptune
County (6): Monmouth

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

Square Feet: [ ]
# of Floors: 2
Bldg Age: 60 yrs

Current Use (Prior if being demolished):

Name of Monitoring Firm Hired by Building Owner (8): EPC Technologies
ASCM No.: N/A
Name of Abatement Contractor (9): EPC Technologies Inc.
Street Address: P.O. Box 337
City, State, Zip Code: New Egypt, NJ 08533

Project Manager for Monitoring Firm: Steve Schenker
Telephone No.: 609-758-3365

Start Date (10): 11-4-13
Scheduled Completion Date (11): 11-4-13

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):
- [ ] ≤ 300 sf or ≤ 30 ft
- [ ] ≤ 600 sf or ≤ 60 ft
- [ ] ≤ 1000 sf or ≤ 100 ft
- [ ] ≤ 1500 sf or ≤ 150 ft
- [ ] ≥ 1600 sf or ≥ 160 ft
- [ ] Demolition
- [ ] Renovation
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (C) and Non-Friable Procedure

Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous):
- [ ] Pipe Insulation: 130 LF

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Normal Location</th>
<th>Normal Use</th>
<th>Maintenance/Custodial Staff?</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>[x]</td>
<td></td>
<td></td>
<td>[x]</td>
</tr>
<tr>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[x]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler: EPC Technologies
Waste Hauler ID No.: 17000
Cubic Yards of Waste: 2
Name of Registered Landfill: Waste Management of PA
City, State: New Egypt, NJ
Disposal Date: Nov 5, 2013
City, State: Morningsville, PA

Completed by: Steve Schenker
Title: President
Signature: [Signature]
Date: 10/25/13

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

**Date of Notification:** October 15, 2013  
**Name of Building Owner / Operator:** VERIZON COMMUNICATIONS

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
<th>City, State &amp; Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ EPA</td>
<td>Initial</td>
<td>707 Sicklerville Road</td>
<td>WILLIAMSTOWN NJ</td>
</tr>
<tr>
<td>☑ DEP</td>
<td>Amended R#1-10/28/13</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☑ DOL</td>
<td>Emergency</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☑ DOH</td>
<td>Cancellation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☑ DCA</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Name of Contact:** Alex Baylor  
**Telephone Number:**

## FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place:** WILLIAMSTOWN CENTRAL OFFICE  
**Street Address:** 707 SICKLERVILLE ROAD  
**City:** WILLIAMSTOWN  
**County:** Gloucester  
**County Code:**

<table>
<thead>
<tr>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>20000</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

**Current Use (Prior if being demolished):** Verizon communication center

**Name of Monitoring Firm Hired by Building Owner:** USA Environmental  
**ASCN No.:**

**Name of Abatement Contractor:** BRISTOL ENVIRONMENTAL INC  
**Street Address:** 8436 ENTERPRISE AVE  
**City, State & Zip Code:** PHILADELPHIA PA 19153

**Name of OSHA Monitor:** BRISTOL ENVIRONMENTAL INC  
**Street Address:** 1123 BEAVER STREET  
**City, State & Zip Code:** BRISTOL, PA 19007

**Scheduled Start Date:** ON HOLD  
**Scheduled Completion Date:**

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement</th>
<th>Scheduled Start Date</th>
<th>Scheduled Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Closed/Vacated</td>
<td>5:00 PM – 1:00 AM</td>
<td></td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Hours – 7am to 3pm</td>
<td>Describe: 5:00 PM – 1:00 AM</td>
<td></td>
</tr>
<tr>
<td>Facility Occupied During Abatement</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>≥3 sf or ≥3 lf</th>
<th>≥160 sf ≥280 lf</th>
<th>Renovation</th>
<th>Demolition</th>
<th>Full Containment with Negative Pressure</th>
<th>Mini-Enclosure</th>
<th>Glove Bag Procedures</th>
<th>Non-Exempted and Non-Friable Procedure</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance or Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td></td>
<td>680 SF</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>

**Basement-Emergency Power Room:**

| VAT/MASTIC | |
|------------| |

**Name of Registered Waste Hauler:** SERVICE TRANSPORT GROUP, INC.  
**NJDEP Waste Hauler ID No.:** 20990  
**Cubic Yards of Waste:** 6  
**Name of Registered Landfill:** MINERVA LANDFILL  
**Disposal Date:** TBD  
**City, State:** WAYNESBURG, OH 44688

**Completed By (Print or Type):** PATRICK T. DeCARO  
**Title:** Estimator  
**Signature:** [Signature]

**Date:** 10/15/13

PD 13099
**NOTIFICATION OF ASBESTOS ABATEMENT**

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

**Date of Notification:**
- [ ] 19
- [ ] 26
- [ ] 33

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

**Type of Notification:**
- [X] Initial
- [ ] Amended
- [ ] Emergency (including Justification)
- [ ] Cancellation

**Name of Building Owner/Operator:**
Chatham United Methodist Church

**Street Address:**
460 Main Street

**City, State, Zip Code:**
Chatham NJ 07924

**Name of Owner:**
Gerald Egenston

**Telephone:**

---

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place:**
Chatham United Methodist Church

**Street Address:**
460 Main Street

**City:**
Chatham

**County:**
Hudson

**County Code:**

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

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

**USA Environmental**

**Street Address:**
344 West State Street

**City:**
Trenton

**State:**
NJ

**Zip Code:**
08618

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

**Name of Abatement Contractor:**
J.R. Contracting & Environmental Consulting, Inc.

**Street Address:**
1141 Route 23

**City:**
Wayne

**State:**
NJ

**Zip Code:**
07470

**Telephone Number:**
973-628-5600

**License No.:**
00408

**Name of OSHA Monitor:**
Enviro Vision Consultants, Inc.

**Street Address:**
20-21 Wagarow Road, Bldg. #44

**City:**
Fairlawn

**State:**
NJ

**Zip Code:**
07410

---

**Scheduled Date (10):**

**Scheduled Completion Date (11):**

**Occupancy Status During Abatement (Check one only):**
- [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
- [X] ≥ 149 sf or ≥ 149 if
- [X] Demolition
- [X] Renovation
- [ ] Full Containment With Negative Pressure
- [ ] Min-Bagging
- [ ] Glovebag Procedure
- [ ] Non-Excavated (*) and Non-Friable Procedure

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

**Is 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:**

<table>
<thead>
<tr>
<th>Location</th>
<th>Description of ACM</th>
<th>Amount SF/LF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rooms 26, 27, 28, 30</td>
<td>Fireproofing</td>
<td>1555 SF</td>
</tr>
<tr>
<td>Rooms 26, 27, 28, 30</td>
<td>Fittings</td>
<td>70 ea.</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:**
J.R. Contracting & Environmental Consulting, Inc.

**Cubic Yards of Waste:**

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

**City:**
Morristown

**State:**
PA

**Disposal Date:**

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

**Signature:**

**Date:**
10/16/2013

---

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

Date of Notification (1) 
October 15, 2013

Name of Building Owner / Operator (2) 
VERIZON COMMUNICATIONS

Agencies Notified (3) 
[ ] EPA [ ] DEP [ ] DOL [ ] DOH [ ] DCA

Type Notification (4)
[ ] Initial [ ] Amended [ ] Emergency [ ] Cancellation

Name of Building Owner / Operator (2) 
VERIZON COMMUNICATIONS

Street Address 
707 Sicklelville Road

City, State & Zip Code 
WILLIAMSTOWN NJ 

Name of Contact 
Alex Baylor

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) 
WILLIAMSTOWN CENTRAL OFFICE

Street Address 
707 SICKLELVILLE ROAD

City (5) 
WILLIAMSTOWN

County (6) Gloucester

County Code (7) ASCM No.

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

Square Feet 
20000

# of Floors 
2

Current Use (Prior if being demolished) 
Verizon communication center

Name of Abatement Contractor (9) 
BRISTOL ENVIRONMENTAL INC

Street Address 
8436 ENTERPRISE AVE

City, State & Zip Code 
PHILADELPHIA PA 19153

Project Manager for Monitoring Firm 
MARK JENKINS

Telephone Number 
215-365-5810

Scheduled Start Date (10) 
10/29/13

Scheduled Completion Date (11) 
11/7/13

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

Describe: 5:00 PM – 1:00 AM

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

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

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

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

Description of Asbestos-Containing Material (ACM)

Amount (Specify SF or LF)

Abatement Type

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

Basement- Emergency Power Room 

Renovation

Demolition

VAT/MASTIC

680 SF

Name of Registered Waste Hauler 
SERVICE TRANSPORT GROUP, INC.

City, State 
NEW CASTLE, DE 19720

Cubic Yards of Waste

6

Disposal Date 
TBD

Name of Registered Landfill 
MINERVA LANDFILL

City, State 
WAYNESBURG, OH 44688

Completed By (Print or Type) 
PATRICK T. DeCARO

Title 
Estimator

Signature 
[Signature]

Date 
10/15/13

PD 13099
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 9 / 26 / 13

Name of Building Owner/Operator (2) PSEG

Agencies Notified
☐ EPA
☐ DOLWD
☐ DHSS
☐ DCA (NJAC 5:23-8)
☐ Initial
☐ Amended
☐ Amendment #1-10/29/13
☐ Emergency (including justification)
☐ Cancellation

Street Address 80 Park Plaza

City, State, Zip Code Newark, NJ 07102

Name of Contact Kelly McKinney

Telephone Number

Name of Facility Where Abatement is Taking Place (3)
PSENG Nuclear

Street Address End of Alloway Creek Neck Rd.

City (5) Hancocks Bridge

County (6) Salem

County Code (7) (STATE USE ONLY)

Square Feet

# of Floors

Bldg. Age

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

Current Use (Prior if being demolished) Exterior work on interior of cooling tower

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

ASCM No. Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.

Street Address 1123 BEAVER STREET

City, State, Zip Code BRISTOL, PA 19007

Project Manager for Monitoring Firm

Telephone No. 215-788-6040

License No. 00509

Start Date (10) 10 / 14 / 13

Scheduled Completion Date (11) 11 / 11 / 13

Name of OSHA Monitor

BRISTOL ENVIRONMENTAL, INC.

Street Address 1123 BEAVER STREET

City, State, Zip Code BRISTOL, PA 19007

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 If
☐ ≥160 sf or ≥280 If

☐ Renovation
☐ Demolition

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

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

IN Facility (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) 400 SF

Abatement Type

Hope Creek Cooling tower ☐ ☐ ☒ Transite panels

Genreal Area beneath tower ☐ ☐ ☒ Transite debris clean up

Name of Registered Waste Hauler C&H Disposal Service Inc.

NJDEP Waste Hauler ID No. 7903

Cubic Yards of Waste 15

Name of Registered Landfill Salem Co Improve. Auth. Solid Waste Div

City, State Elmer, NJ

Disposal Date 10/28/13

City, State Alloway, NJ

Completed By (Print or Type) Gino Pizzigoni

Title Estimator

Signature

Date 10/28/13

MAY 11

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

Date of Notification (1) 10 / 29 / 13
Name of Building Owner/Operator (2) Cumberland County College

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

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

Street Address
3322 College Dr.

City, State, Zip Code
Vinealand, NJ 08360

Name of Contact
Phyllis Siedner

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Cumberland Co. College-Administration Bldg.

Street Address
3322 College Dr

City (5)
Vinealand

County (6)
Cumberland

County Code (7) (STATE USE ONLY)

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

Square Feet
20000

# of Floors
1

Bldg. Age
50+

Current Use (Prior if being demolished)
Office

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

ASCM No.
00098

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

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

License No.
00509

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL, INC.

Start Date (10)
11 / 8 / 13

Scheduled Completion Date (11)
11 / 13 / 13

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

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

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

IN Facility

(13)

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

Yes
No
N/A

Throughout

☐ ☐ ☐

☐ ☐ ☐

☐ ☐ ☐

☐ ☐ ☐

☐ ☐ ☐

☐ ☐ ☐

Name of Registered Waste Hauler
SERVICE TRANSPORT GROUP, INC.

NJDEP Waste Hauler ID No. 20990

Cubic Yards of Waste

Name of Registered Landfill
MINERVA LANDFILL

City, State
NEW CASTLE, DE 19720

Disposal Date
City, State
WAYNESBURG, OH 44688

Completed By (Print or Type)
Brian Scafiro

Title
Estimator

Signature

Date
10/29/13

* Do not use this form for asbestos licensure exempted activities.
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 6:16)  

**Date of Notification (1)**  
10 / 28 / 13  

**Name of Building Owner/Operator (2)**  
PELLA Realty, LLC  

**Street Address**  
555 Broadhollow Road Suite 200  
Melville, NY 11747  

**Name of Contact**  
Ms. Jane Caracciolo, Building Manager  

**FACILITY INFORMATION**

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

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

**Square Feet**  
25,980  

**No. of Floors**  
4  

**Bldg. Age**  
87  

**Current Use (Prior to being demolished)**  
Unoccupied Charter School  

**Unoccupied Charter School**

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

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

**Street Address**  
3859 Sylon Boulevard  
Hainesport, NJ 08036  

**Telephone No.**  
609-702-0400  

**License No.**  
00862  

**Name of OSHA Monitor**  
EMSL Analytical, Inc.  

**Street Address**  
200 U.S. Route 130 North  
Cinnaminson, NJ 08077  

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

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

- Pipe insulation: 4 LF  
- Asbestos debris: 2 SF  
- Pipe insulation: 1 LF  
- Pipe insulation: 8 LF  

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

- IN Facility  
- Normal Use Solely by Maintenance/Custodial Staff  
- Name of Registered Landfill  

**Sprinkler Rd (front area by window)**

- Name of Registered Landfill  
- Cubic Yards of Waste  
- GROWS Landfill  

**City, State**  
Freehold, NJ  

**Disposal Date**  
11/01/13  

**Name of Registered Landfill**  
GROWS Landfill  

**City, State**  
Morrisville, PA 19067  

**Completed By (Print or Type)**  
Kimberly A. Trumbetti  
Title: Office Coordinator  
Signature:  
Date: 10-9-13  

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

Date of Notification: 10/29/13
Name of Building Owner/Operator: Mr. Dave Rietzen

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

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

Street Address: 104 Walter Avenue
City, State, Zip Code: Delanco, NJ 08075

Name of Contact: Dave
Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place:
Residential Property

Street Address: 104 Walter Avenue
City: Delanco

Square Feet: 2400
# of Floors: 1
Bldg. Age: 60

County: Burlington
County Code: 000

Name of Monitoring Firm: Horizon Environmental
ASCM No.

Name of Abatement Contractor: Asbestos and Mold Services, Corp.

Street Address: 3859 Sylon Boulevard
City, State, Zip Code: Hainesport, NJ 08036

Telephone No.: 856-848-0800
License No.: 00862

Project Manager: Steve Flanigan

Start Date: 11/11/13
Scheduled Completion Date: 11/13/13

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

Time of Abatement: AM PM AM PM

Scope of Work (Check all that apply):
- ≥3 sf or ≥3 If
- ≥150 sf or ≥260 If
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

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

Floor Tile and Mastic: 940 SF

Name of Registered Waste Hauler: Freehold Cartage, Inc.
NJDEP Waste Hauler ID No.: 02265
Disposal Date: 11/13/13
Name of Registered Landfill: GROWS Landfill
City, State: Freehold, NJ Morristown, PA 19067

Abatement Type:

Completed By (Print or Type):
Kimberly A. Trumbetti
Title: Office Coordinator
Signature:
Date: 10-29-13

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>10 / 24 / 13</th>
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</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>6ab # 310-1632 Chk. # NA</td>
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</table>

Agencies Notified

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

Type Notification

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

State of New Jersey DPMC

<table>
<thead>
<tr>
<th>Street Address</th>
<th>455 North Main Road</th>
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</thead>
<tbody>
<tr>
<td>City, State, Zip Code</td>
<td>Vineland, NJ 08360</td>
</tr>
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</table>

Name of Contact

<table>
<thead>
<tr>
<th>John Tisa</th>
</tr>
</thead>
</table>

Telephone Number

<table>
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<th>FacilitY INFORMATION</th>
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<tbody>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
</tr>
<tr>
<td>Street Address</td>
</tr>
<tr>
<td>City (5)</td>
</tr>
<tr>
<td>County (6)</td>
</tr>
</tbody>
</table>

Name of Monitoring Firm Hired by Building Owner (8)

| Whitman Company |

ASCM No.

<table>
<thead>
<tr>
<th>ASCM No.</th>
</tr>
</thead>
</table>

Name of Abatement Contractor (9)

- Asbestos and Mold Services, Corp.

Street Address

- 3859 Sylvan Boulevard

City, State, Zip Code

- Hainesport, NJ 08036

Project Manager for Monitoring Firm

| Kevin Lovely |

| Telephone No. | 732-390-5858 |

Occupancy Status During Abatement (Check only one)

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM-PM-AM

Name of OSHA Monitor

- EMSL Analytical, Inc.

Start Date (10)

| 11 / 4 / 13 |

Scheduled Completion Date (11)

| 11 / 4 / 13 |

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

| Yes | No | N/A |

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

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

| Amount (Specify SF or LF) |

| Abatement Type |

- Removal
- Repair
- Encapsulation
- Endicure

Roof Renovation

- Provide oversight during the roof removal - COURTESY NOTIF.

- NOT REGULATED

Name of Registered Waste Hauler

- Freehold Cartage, Inc.

| NJDEP Waste Hauler ID No. | 02265 |

| Cubic Yards of Waste | 5 |

| Name of Registered Landfill |

- GROWS Landfill

City, State

- Freehold, NJ

City, State

- Morrisville, PA 19067

Completed By (Print or Type)

| Kimberly A. Trumbetti |

| Office Coordinator |

| Signature |

Date

| 10 / 24 / 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 5:4B)

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<th>Date of Notification (1)</th>
<th>10 / 25 / 13</th>
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<th>Name of Building Owner/Operator (2)</th>
<th>PELLA Realty, LLC</th>
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<table>
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<tr>
<th>Street Address</th>
<th>555 Broadhollow Rd, Suite 200</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Melville, NY 11747</th>
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<table>
<thead>
<tr>
<th>Name of Contact</th>
<th>Ms. Jane Caracciolo, Building Manager</th>
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</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Charter School of Paterson</th>
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<tr>
<th>Street Address</th>
<th>137 Ellison Avenue</th>
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<table>
<thead>
<tr>
<th>City (5)</th>
<th>Paterson</th>
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<table>
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<th>County (6)</th>
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<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>To Be Determined</th>
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<tr>
<th>Name of Abatement Contractor (9)</th>
<th>Asbestos and Mold Services, Corp.</th>
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<tr>
<th>Street Address</th>
<th>3859 Sylon Boulevard</th>
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</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Hainesport, NJ 08036</th>
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<table>
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<tr>
<th>Telephone No.</th>
<th>609-702-0400</th>
</tr>
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<table>
<thead>
<tr>
<th>License No.</th>
<th>00862</th>
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<table>
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<tr>
<th>Name of GSHA Monitor</th>
<th>EMSL Analytical, Inc.</th>
</tr>
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<table>
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<tr>
<th>Street Address</th>
<th>200 U.S. Route 130 North</th>
</tr>
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<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Cinnaminson, NJ 08077</th>
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**Scope of Work (Check all that apply)**

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (10)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
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<table>
<thead>
<tr>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
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</table>

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
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<table>
<thead>
<tr>
<th>Abatement Type</th>
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<table>
<thead>
<tr>
<th>Abatement Type (13)</th>
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**Throughout Basement**

- Cleanup, encapsulation and TEM testing per Ray Djurin

**Name of Registered Waste Hauler**

Freehold Cartage, Inc.

<table>
<thead>
<tr>
<th>NJDEP Waste Hauler ID No.</th>
<th>02265</th>
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<thead>
<tr>
<th>Cubic Yards of Waste</th>
<th>0</th>
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<tr>
<th>Name of Registered Landfill</th>
<th>GROWS Landfill</th>
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<tr>
<th>City, State</th>
<th>Freehold, NJ</th>
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<tr>
<th>City, State</th>
<th>Morristown, PA 19067</th>
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<tr>
<th>Completed By (Print or Type)</th>
<th>Kimberly A. Trumbetti</th>
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<table>
<thead>
<tr>
<th>Title</th>
<th>Office Coordinator</th>
</tr>
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</table>

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

<table>
<thead>
<tr>
<th>Date</th>
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</thead>
</table>

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

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

**Date of Notification (1)**
10 / 14 / 13

**Name of Building Owner/Operator (2)**
Brookdale Community College

**Street Address**
765 Newman Springs Road

**City, State, Zip Code**
Lincroft, NJ 07738-1597

**Name of Contact**
Mr. Richard Frank

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

**Street Address**
301 East Ward Street

**City, State, Zip Code**
Hightstown, NJ 08620

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

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

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

**Name of OSHA Monitor**
EMSL Analytical, Inc.

**Street Address**
3859 Sylon Boulevard

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

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

**Scope of Work (Check all that apply)**
- ≥3 sf or ≥3 ft
- ≥160 sf or ≥260 ft

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>TO BE ABATED IN Facility (13)</td>
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**Amount (Specify SF or LF)**

<table>
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<tr>
<th>Description</th>
<th>Amount</th>
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<tbody>
<tr>
<td>Floor Tile &amp; Mastic</td>
<td>800 SF</td>
</tr>
<tr>
<td>Caulking</td>
<td>4 eac</td>
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</tbody>
</table>

**Name of Registered Waste Hauler**
Freehold Cartage, Inc.

**Name of Registered Landfill**
GROWS Landfill

**City, State**
Freehold, NJ

**Disposal Date**
10/25/13

**City, State**
Morrisville, PA 19067

**Compl. (Print or Type)**
Kimberly A. Trumbetti

**Title**
Office Coordinator

**Signature**

**Date**
10-22-13

---

*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): **OCTOBER 29, 2013**
Name of Building Owner/Operator (2): **507 HAMILTON LLC**

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

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

Street Address:
- **65 CHESTNUT STREET**
- **ASBESTOS CONTROL & LICENSING**
- **EDISON, NJ 08817**

Name of Contact:
- **DEAN ADI**

Telephone Number:

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3):
- **507 HAMILTON STREET, LLC PROPERTY**

Street Address:
- **507 HAMILTON STREET**
- **SOMERSET**
- **SOMERSET**

City (5):
- **SOMERSET**

County (6):
- **SOMERSET**

Square Feet:
- **5800 SF**

# of Floors:
- **3**

Bldg. Age:
- **55+ YEARS**

Current Use (Prior if being demolished):
- **MIXED USE COMMERCIAL**

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

Name of Abatement Contractor (9):
- **Finishing Touch Asbestos Abatement Corp., Inc.**

Street Address:
- **17 Thompson Street**

City, State, Zip Code:
- **West Long Branch, NJ 07764**

Project Manager for Monitoring Firm:

Telephone No.:
- **732.222.8372**

License No.:
- **00040**

Start Date (10):
- **NOVEMBER 7, 2013**

Scheduled Completion Date (11):
- **NOV. 8, 2013**

Name of OSHA Monitor:
- **N/A**

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):
- [ ] 23 sf or 23 sf
- [x] 2160 sf or 2250 sf
- [x] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [x] Mini-Enclosure
- [x] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Description</th>
<th>Amount</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>BASEMENT</td>
<td>TSI</td>
<td>25 LF</td>
<td></td>
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</table>

Name of Registered Waste Hauler:
- **FINISHING TOUCH ASBESTOS ABATEMENT**
- **NJDEP Waste Hauler ID No. 12058**

Cubic Yards of Waste:
- **.1**

Disposal Date:
- **11/8/13**

Name of Registered Landfill:
- **GROWS NORTH LANDFILL**
- **MORRISVILLE, PA**

Completed by:
- **JOSEPH P. MILLER**
- **PRESIDENT**

Signature:

Date:
- **10/29/13**

* 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)**
10-25-13

**Name of Building Owner/Operator (2)**
Schlindler Elevator Corporation

**Address (3)**
20 Whippyany Road
Morristown

**Name of Contact**
Mr. Bill Rafferty

**Facility Information**

<table>
<thead>
<tr>
<th>Type of Facility (4)</th>
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<tbody>
<tr>
<td>School (K-12)</td>
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<tr>
<td>Subchapter B (Other than K-12)</td>
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<tr>
<td>Other (i.e., private &amp; commercial buildings, homes, etc.)</td>
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<table>
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<tr>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
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<tbody>
<tr>
<td>3</td>
<td>20 yrs.</td>
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Current Use (Prior if being demolished)
Commercial

**Name of Abatement Contractor (9)**
Pinnacle Environmental Corp.

**Street Address**
200 Broad Street
Carlstadt, NJ 07072

**Telephone No.**
201-939-6565

Name of OSHA Monitor
Even-Air Inc.

**Street Address**
10-59 Jackson Avenue
Long Island City, NY 11101

**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**

<table>
<thead>
<tr>
<th>Lower Level: Payroll Room</th>
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</table>

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

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

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

**Name of Registered Waste Hauler**
ATC, Inc. / JBT (50071)

**Cubic Yards of Waste**
TBD

**Name of Registered Landfill**
Minerva Enterprises

**City, State**
Waynesburg, OH 44688

**Disposal Date**
TBD

**Completed by**
John Tancredi

**Title**
Project Manager

**Signature**

**Date**
10-25-13

*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): October 28, 2013  

Name of Building Owner/Operator (2): Ackerman/A&R Wayne, LLC  

EPA  

DEP  

DOL  

DOH  

DCA  

Agency or Group Notified: [X]  

Type of Notification: [X] Initial  

Street Address: 187 Millburn Ave, Suite 6  

City, State, Zip Code: Millburn, NJ 07041  

Name of Contact: Project Manager  

Name of Facility Where Abatement is Taking Place (3): 2 abandoned buildings  

Street Address: 1440 & 1450 Hamburg Turnpike  

City (4): Wayne, NJ  

County (5): [State Use Only]  

Passaic  

County Code (7): empty  

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

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

Street Address: 607 Doolittle Drive  

City, State, Zip Code: Bridgewater, NJ 08807  

Project Manager for Monitoring Firm: [State Use Only]  

Telephone No.: [State Use Only]  

License No.: [State Use Only]  

Type of Facility (6): School (K-12)  

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

Square Feet:  

% of Floor:  

Bldg. Age:  

Current Use (Prior to being demolished): empty  

Name of Registered Waste Hauler: Newark Carting  

City, State: Newark, NJ  

Waste Hauler ID No.: 4509  

Cubic Yards of Waste:  

Name of Registered Landfill: GROWS / TRRF  

City, State: Morrisville / Tullytown, PA  

Disposal Date: 12-31-13  

Date: 10/28/13  

Scope of Work (Check All That Apply):  

[X] 250 sf of or ≥ 25 ft  

[X] 260 sf of or ≥ 260 ft  

[X] Renovation  

[X] Demolition  

Location of Asbestos-Deraining Material (ACSM) TO BE ABATED:  

In Facility: [X]  

Location Normally Used Solely by Maintenance/Custodial Staff: [X]  

Yes No N/A  

Is Location Used Solely by Maintenance/Custodial Staff? (13):  

Description of Asbestos Containing Material (ACM):  

(i.e. thermal systems insulation, surfaces, VAC, or other miscellaneous)  

Amount (Specify SF or LF):  

Abatement Type: [X] Removal  

Note: Do not use this form for asbestos license exempted activities.
<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>10/31/13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Peter Smith</td>
</tr>
<tr>
<td>Address</td>
<td>409 Old Colliers Ave</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Neptune, NJ 07753</td>
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<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>Single Family Dwelling</td>
</tr>
<tr>
<td>Address</td>
<td>409 Old Colliers Ave</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Neptune, NJ 07753</td>
</tr>
<tr>
<td>County Code (7)</td>
<td>Monmouth</td>
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<tr>
<td>Name of Abatement Contractor (9)</td>
<td>EPC Technologies, Inc.</td>
</tr>
<tr>
<td>Address</td>
<td>P.O. Box 337, New Egypt, NJ 08533</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>609-758-3365</td>
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<td>Telephone No.</td>
<td>609-758-3365</td>
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<tr>
<td>License No.</td>
<td>00394</td>
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<tr>
<td>Name of State Monitor</td>
<td>EPC Technologies, Inc.</td>
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<tr>
<td>Street Address</td>
<td>P.O. Box 337, New Egypt, NJ 08533</td>
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<td>Start Date (10)</td>
<td>11/4/13</td>
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<td>Scheduled Completion Date (11)</td>
<td>5/4/13</td>
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<td>Scope of Work (Check All That Apply)</td>
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</tr>
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<td>Renovation</td>
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<td>Demolition</td>
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<td>e25 sf or e25 ft</td>
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<td>≥160 sq ft or ≥250 sq ft</td>
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</tr>
<tr>
<td>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAC, or other miscellaneous)</td>
<td>Pipe Insulation 130 LF</td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED</td>
<td></td>
</tr>
<tr>
<td>in Facility (13)</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Basement</td>
<td>x</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>EPC Technologies</td>
</tr>
<tr>
<td>NJ DEP Waste Hauler ID No.</td>
<td>17000</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>2</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>Waste Management of PA</td>
</tr>
<tr>
<td>City, State</td>
<td>Monroe Township, PA</td>
</tr>
<tr>
<td>Completed by</td>
<td>Steve Schenker</td>
</tr>
<tr>
<td>Title</td>
<td>President</td>
</tr>
</tbody>
</table>

* Do not use this form for asbestos licensure exempted activities.
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:1201)

Date of Notification (1)
10/28/13

Name of Building Owner/Operator (2)
Ken Rubben Private Home

Street Address
220 Taylor Ave

City, State, Zip Code
Beach Haven NJ 08008

Name of Contact
Ken

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
1000 +

# of Floors
1

Bldg. Age
35+

Current Use (Prior to being demolished)
Home

County Code (7)
STATE USE ONLY

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

City (6)
Beach Haven NJ 08008

County Code
(NOT SPECIFIED)

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

ASCM No.

Name of Abatement Contractor (9)
Pernaco Inc.

Address
PO Box 329

City, State, Zip Code
West Berlin NJ 08091

Start Date (10)
11/6/13

Scheduled Completion Date (11)
11/14/13

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: None

Scope of Work (Check All That Apply)

- [ ] □ 23 sf or ≤23 ft
- [□] □ 150 sf or ≥260 ft
- [x] □ Demolition

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

In Facility (12)

Is Location Normally Used Solely by Maintenance/Custodial Staff?

- [ ] Yes
- [ ] No
- [ ] N/A

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

Amount (Specify SF or LF)

Abatement Type

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

Exterior Siding x

Cubic Yards of Waste

Name of Registered Landfill

G.R.O.W.S.

City, State

Elm NJ

Disposal Date
11/14/13

City, State

Morrisville PA 19067

Completed by
Anthony T Perna
Title
President
Signature

Date
10/28/13

* 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)**
10/28/2013

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

**Street Address**
128 Bartlett Avenue  

**City, State, Zip Code**
West Creek, NJ 08092  

**Name of Contact**
Joyce Corliss  

**Telephone Number**
N/A

### FACILITY INFORMATION

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

**Street Address**
324 Glendale Avenue  

**City**
Beach Haven  

**County Code (7)**
Ocean  

**Square Feet**
2500 sf  

**# of Floors**
2  

**Bldg. Age**
60  

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

**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 Stetson Road  

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

**ASCN No.**
N/A

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

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

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

**Amount (Specify SF or LF)**
2400 sf  

**Abatement Type**
X

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

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

**Exterior**
X  

**Asbestos siding**

**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.  

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

**City, State**
Toms River, New Jersey  

**Disposal Date**
11/19/13  

**City, State**
Tullytown, Pennsylvania  

**Date**
10/28/2013

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

State of New Jersey

Date of Notification (1) 10/28/2013

Agency Notified
- [x] EPA
- [x] DOL
- [x] DOH
- [ ] DEP
- [ ] DCA

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

Address Address
128 Bartlett Avenue

City, State, Zip Code
West Creek, NJ 08092

Name of Building Owner/Operator (2)
Seminole Construction

Name of Contact
Joyce Corliss

Telephone Number

FACILITY INFORMATION

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

Street Address
114 W. 26th Street

City
Ship Bottom

County (6)
Ocean

County Code (7) (STATE USE ONLY)

ASCM No.

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

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

Street Address
1889 Route 2, Unit 61

City, State, Zip Code
Toms River, New Jersey 08975-1271

Telephone Number
732-349-9952

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

Scheduled Start Date (10)
11/13/13

Scheduled Completion Date (11)
11/15/13

Scope of Work (Check all that apply)
- [ ] >3 sf or >3 ft
- [x] ≥160 sf or ≥160 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 (13)

Exterior
- [x] Asbestos siding

Amount (Specify SF or LF)
1300 sf

Abatement Type

ASBESTOS CONTROL & LICENSING

Location Normally used Solely by Maintenance/Custodial Staff (12)
- [x] YES
- [ ] NO
- [ ] N/A

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

Amount
1300 sf

Abatement Type

Name of Registered Waste Hauler
Guardian Contracting, Inc.

NJ DEP 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
11/19/13

City, State
Tullytown, Pennsylvania

Completed by (Print or Type)
Nicholas Fernicola

Title
Project Manager

Signature

Date
10/28/2013

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

Day of Notification (1) 10/28/2013

Name of Building Owner/Operator (2) Seminole Construction

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

Name of Facility Where Abatement is Taking Place (3)

Residence

Street Address 30 Joshua Drive

City Beach Haven West

County Ocean

City Code (7) (STATE USE ONLY)

County Code (6)

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

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

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

Street Address 1056 Stleton 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 ≥3 if
[ ] ≥160 sf or ≥160 if
[ X ] Renovation
[ X ] Demolition

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

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

YES NO N/A

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

Amount (Specify SF or LF)

Abatement Type

[ ] Removal
[ ] Repair
[ ] Encapsulation
[ ] Enclosure

Exterior X Asbestos siding 1700 sf

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 11/19/13

City, State Tullytown, Pennsylvania

Completed by (Print or Type) Nicholas Fernicola

Title Project Manager

Date 10/28/2013

*Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:1207)

Date of Notification (1) 10/28/2013

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

Type of Notification
[X] Initial Notification
[X] Emergency (including justification)
[ ] Amendment #____
[ ] Cancellation

Name of Building Owner / Operator (2)
Marble Enterprises

Street Address
52 Box 790
Matwan, NJ 08755

City, State, Zip Code

Name of Contact
Fernando

Facility Information

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

Street Address
94 Lake Superior Drive

Little Egg Harbor
County (9)
Ocean

County Code (7) (STATE USE ONLY)

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

Type of Facility (4)

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

Square Foot # of Floors Bldg. Age
1500 sf 1 60

Current Use (Prior to being demolished)

Residence

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

Street Address
1889 Route 2, 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 Steteton Road

City, State, Zip Code
Piscataway, New Jersey 08854

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

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

Exterior
[X]
Asbestos siding

1300 sf

[X]

Location of Asbestos-Containing Material (ACM) TO BE ABATED
in maintenance area (14)

Exterior

Name of Registered Waste Hauler
Guardian Contracting, Inc.

NJDEP Waste Hauler ID No. 20223

Cubic Yards of Waste 2

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

City, State
Toms River, New Jersey

Disposal Date 11/12/13

City, State
Tullytown, Pennsylvania

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

Signature

Date 10/28/2013

*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 Notice
10/25/13

### Name of Building Owner / Operator
The Hertz Corporation

### Street Address
225 Brad Boulevard

### City, State & Zip Code
Park Ridge, NJ 07656

### Name of Contact
Michael Martinaco

### Telephone Number

### FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place</th>
<th>Type of Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residence</td>
<td>School (K-12)</td>
</tr>
</tbody>
</table>

### 6803 Boulevard East

<table>
<thead>
<tr>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bidg. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>5000</td>
<td>2</td>
<td>60</td>
</tr>
</tbody>
</table>

### Name of Monitoring Firm Hired by Building Owner
Global Abatement Services, LLC

### Street Address
443 Schoolhouse Road

### City, State & Zip Code
Monroe Township, NJ 08831

### Project Manager for Monitoring Firm

### Telephone Number
732-605-9062

### License Number
00714

### Occupancy Status During Abatement
Facility Closed/Vacated During Entire Period of Abatement

### Abatement Performed Outside of Normal Facility Hours
Area Isolated During Abatement

### Scope of Work
Demolition
Renovation

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

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

### Amount (Specify Square Feet or Linear Feet)
25LF

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>TSI pipe</td>
</tr>
</tbody>
</table>

### Name of Registered Waste Hauler
Freehold Cartage

### NJDEP Waste Hauler ID #
18693

### Cu. Yds. of Waste
1

### Name of Registered Landfill
TRRF

### Disposal Date
11/5/13

### City, State
Tullytown, Pa

### Completed By
Dominick Tringali

### Title
Project Manager

### Signature
Dominick Tringali

### Date
10/25/13
# Notification of Asbestos Abatement

**State of New Jersey**  
**Notification of Asbestos Abatement**  
(Pursuant to NJAC 8:60 and 5:16)

**Date of Notification:** 10 / 31 / 13  
**Name of Building Owner/Operator:** STILLWELL HOUSE

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
<th>Name of Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ EPA</td>
<td>□ Initial</td>
<td>212 WEST FRONT STREET</td>
<td>RED BANK NJ</td>
<td>MOSHE</td>
</tr>
<tr>
<td>☑ DOLWD</td>
<td>□ Amended</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☑ DHSS</td>
<td>□ Amendment #</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☑ DCA</td>
<td>□ Emergency (including justification)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(NJAC 5:23-8)</td>
<td>□ Cancellation</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Name of Facility Where Abatement is Taking Place:** STILLWELL HOUSE FINE ARTS & ANTIQUES

**Street Address:** 212 WEST FRONT STREET

**City:** RED BANK

**County:** MONMOUTH

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

<table>
<thead>
<tr>
<th>Criterions Labs</th>
<th>Name of Abatement Contractor</th>
</tr>
</thead>
<tbody>
<tr>
<td>CRITERION LABS</td>
<td>DELTA/BJDS, INC</td>
</tr>
</tbody>
</table>

**Street Address:** 3370 PROGRESS DRIVE

**City, State, Zip Code:** BENSalem PA 19020

**Project Manager for Monitoring Firm:** MICHAEL PANEPRESSO

**Telephone No.:** 215 244-1300

**Start Date:** 11 / 11 / 13  
**Scheduled Completion Date:** 11 / 25 / 13

**Occupancy Status During Abatement:**
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM - 9PM, 3:30PM - 9AM

<table>
<thead>
<tr>
<th>Scope of Work</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥ 3 sf or ≥ 3 ft</td>
<td>Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>≥ 160 sf or ≥ 250 ft</td>
<td>Mini-Enclosure</td>
</tr>
<tr>
<td>Renovation</td>
<td>Glovebag Procedure</td>
</tr>
<tr>
<td>Demolition</td>
<td>Non-Exempted (*) and Non-Friable Procedure</td>
</tr>
</tbody>
</table>

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

**Name of Registered Waste Hauler Service Transport:** NJDEP Waste Hauler ID No. 20990

**City, State:** NEW CASTLE DE 19720

**Completed By (Print or Type):** ROBERT LAVELLE JR

**Title:** PROJECT MGR.

**Signature:** [Signature]  
**Date:** 10 / 31 / 13

---

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

**Date of Notification**: 10/31/13

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

**Street Address**: 126 LAKESIDE BLVD.

**City, State, Zip Code**: LANDING, NEW JERSEY 07850

**Name of Contact**: DOUGLAS J. O'HARE

**Telephone Number**

### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place**: VERIZON - BERGEN CENTRAL OFFICE

**Street Address**: 71 MADISON AVENUE

**City (6)**

**County (8)**

**County Code (7)**

**Name of Monitoring Firm Hired by Building Owner**: ESSIS, INC.

**ASCN No.**: 17

**Name of Abatement Contractor**: PAR ENVIRONMENTAL CORPORATION

**Street Address**: 313 SPOOK ROCK ROAD

**City, State, Zip Code**: SUFFERN, NEW YORK 10901

**Project Manager for Monitoring Firm**: BRIAN KINGSBURY

**Telephone Number**: 201-356-5166

**Expected State Date**: 11/12/13

**Sched. Completion Date**: 3/30/14

**Month**: 11

**Day**: 12

**Year**: 2013

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

**Description of Asbestos-Containing Material (ACM) TO BE ABATED in Facility**: CAULK & SEALANT

**Amount (Specify SF or LF)**: 25 SF

**Abatement Type**: REPAIR

### Scope of Work

- Demolition
- >180 SF OR 260 LF

### Location of Asbestos-containing Material

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location normally used solely by Maint/Custodial Staff (12)</th>
<th>Description of Asbestos-Containing Material (ACM) (ie. 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>MAIN ROOF - WESTSIDE</td>
<td>X</td>
<td>CAULK &amp; SEALANT</td>
<td>25 SF</td>
<td>X</td>
</tr>
<tr>
<td>ROOF - WESTSIDE</td>
<td>X</td>
<td>BLACK SEALANT</td>
<td>24 SF</td>
<td>X</td>
</tr>
<tr>
<td>MAIN ROOF - WESTSIDE</td>
<td>X</td>
<td>BLACK SEALANT</td>
<td>70 SF</td>
<td>X</td>
</tr>
<tr>
<td>MAIN ROOF - WESTSIDE</td>
<td>X</td>
<td>BLACK PARAPET SEALANT/PAINT</td>
<td>630 SF</td>
<td>X</td>
</tr>
<tr>
<td>5TH FLOOR</td>
<td>X</td>
<td>PIPE INSULATION</td>
<td>15 LF</td>
<td>X</td>
</tr>
<tr>
<td>5TH FLOOR</td>
<td>X</td>
<td>JOINT INSULATION</td>
<td>8 SF</td>
<td>X</td>
</tr>
</tbody>
</table>

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

**Hauler ID No.**: 15939

**Cubic Yards of Waste**: 40

**Name of Registered Landfill**: CUMBERLAND COUNTY LANDFILL

**Disposal Date**: 11/12/13-03/30/14

**City, State**: NEWARK, NEW JERSEY 07114

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

**Title**: DIRECTOR OF OPERATIONS

**Date**: 10/31/13
**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:50 and 12:120)

**Date of Notification (1)**
10/29/2013

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

**Street Address**
500 Doremus Ave
Newark, NJ 07105

**Name of Contact**
Ram Barsoum

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

**Street Address**
300 Doremus Avenue

**City (5)**
Newark

**County (6)**
Essex

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

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

**Square Feet**

**# of Floors**

**Bldg. Age**

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

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

**ASCM No.**

**Name of Abatement Contractor (9) / DISPOSAL BY**
Kielczewski Corporation

**Street Address**
235 Watchung Ave
West Orange, NJ 07052

**License No.**
973-243-9872

**Name of OSHA Monitor**

**Start Date (10)**
11/07/2013

**Scheduled Completion Date (11)**
11/07/2013

**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: DISPOSAL ONLY - during normal business hours

**Scope of Work (Check All That Apply)**
- [X] 23 sf or 23 ft
- [X] 160 sf or 260 ft
- [X] Renovation
- [X] Demolition

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

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

**Amount (Specify SF or LF)**

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

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

**Disposal of facility component**
- [X] Yes
- [ ] No
- [ ] N/A

**Pipe insulation & bag of asbestos**
30lf

**Name of Registered Waste Hauler**
Kielczewski Corporation

**Cubic Yards of Waste**

**Name of Registered Landfill**
Conestoga Landfill

**City, State**
West Orange, NJ

**Completed by**
Slawomir Kielczewski

**Title**
President

**Signature**

**Date**
10/29/2013

---

*Do not use this form for asbestos licensure exempted activities.*
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:09 and 8:16)  

**Date of Notification (1)**  
10/29/13

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

**FACILITY INFORMATION**

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

**Street Address**  
100 Battle Rd Circle

**City (5)**  
Princeton, NJ

**County (6)**  
Mercer

**Square Feet (7)**  
4500

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

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

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

**Telephone Number**  
PO Box 341

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

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

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

**Start Date (10)**  
11/7/13

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

**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: 8:am 4:pm

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

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>[X]</td>
<td>Pipe Insulation</td>
<td>180 lF</td>
<td>Removal, Repair</td>
</tr>
<tr>
<td>Crawl Space</td>
<td></td>
<td>Pipe Insulation</td>
<td>210 lF</td>
<td>Encapsulate</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**

Stevens Environmental

**City, State**

Allentown, NJ

**NJDEP Waste Hauler ID No.**

18292

**Cubic Yards of Waste**

3.3 CU

**Name of Registered Landfill**

T.R.R.F., Inc.

**City, State**

Tullytown, PA

**Disposal Date**

11/11/13

**Completed By**

Mahlon E. Stevens

**Title**

Project Manager

**Signature**

10/29/13

*$*$ do not use this form for asbestos licensure exempted activities.
**State of NJ**

**Notification of Asbestos Abatement**
(Pursuant to NJAC 8:60-7 and 12:120-7)

**RECEIVED**
Check # 6222
9/10/07 PM 3:53

---

**DATE OF NOTIFICATION**

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

**NAME OF BUILDING OWNER/OPERATOR**

Jose Torres

**STREET ADDRESS**

26 Arlington Place

**CITY, STATE, ZIP CODE**

Kearny, NJ 07032

**NAME OF CONTACT**

Jose Torres

---

**FACILITY INFORMATION**

**NAME OF FACILITY WHERE ABATEMENT IS TAKING PLACE**

Jose Torres

**STREET ADDRESS**

26 Arlington Place

**COUNTY**

Hudson

**COUNTY CODE**

N/A

**NAME OF MONITORING FIRM HIRED BY BLDG. OWNER**

B & G Restoration, Inc.

**STREET ADDRESS**

105 Ryerson Road

**PHONE NUMBER**

973-696-6869

**LICENSE NUMBER**

0378

**NAME OF OSHA MONITOR**

B & G Restoration, Inc.

**STREET ADDRESS**

105 Ryerson Road

**CITY, STATE, ZIP CODE**

Lincoln Park, NJ 07035

---

**OCCUPANCY STATUS DURING ABATEMENT**

- Facility closed/vacated during entire period of abatement.
- Abatement performed outside of normal facility hours.

**SCOPE OF WORK (CHECK ALL THAT APPLY)**

- Demolition
- Renovation
- Greater than 3 sf or >3 if
- Greater than 160 sf or >260 If
- Mini-enclosure

**LOCATION OF ASBESTOS-CONTAINING MATERIAL TO BE ABATED IN FACILITY**

<table>
<thead>
<tr>
<th>Basement</th>
<th>Pipe Insulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>45 If</td>
</tr>
</tbody>
</table>

**REGISTERED WASTE HAULER**

B & G Restoration, Inc.

**NDEP HAULER ID#**

19563

**CUBIC YARDS OF WASTE**

1

**NAME OF REGISTERED LANDFILL**

Tullytown Resource & Recovery Center

**CITY, STATE**

Lincoln Park, NJ 07035

**DISPOSAL DATE**

11/11/2013

**COMPLETED BY (PRINT OR TYPE)**

Gordana Luna

**TITLE**

Secretary/Treasurer

**SIGNATURE**

Gordana Luna

**DATE**

10/29/2013
**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:69 and 12:240)

**Name of Building Owner/Operator:**

**Type of Facility:**

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

**Name of Asbestos Contractor:**

- Loznica Management Corp

**County Code:**

- N/A

**Name of Registered Waste Hauler:**

- Loznica Management Corp

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

- Exterior

**Location Normally Used Solely by Maintenance/Custodial Staff:**

- No

**Amount (SF or LF):**

- 200 SF

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

- Asbestos Flat Roof

**Endorsement:**

- No

**Name of Contact:**

- Marc

**Telephone Number:**

- N/A

**Date of Notification:**

- 10-28-13

**Name of Registered Landfill:**

- GROWS North Landfill

**City, State:**

- Montevallo, PA 19067

**Disposal Date:**

- TBD

**Complied by:**

- E. Cirovic

**Title:**

- Secretary

**Signature:**

- E. Cirovic

**Date:**

- 10-28-13

---

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

Date of Notification (1)  October 28, 2013

Name of Building Owner/Operator (2)  
KMR Carpentry

Street Address  
108 Altier Avenue  
Brick, New Jersey 08722

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

Square feet  1000 sf

# of Floors  1

Bldg. Age  60

Type of Noticification  
[ ] Initial Notification  
[ ] Amended Notification  
[ ] Approval

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

Name of Facility Where Abatement is Taking Place (3)  
214 Melody Lane  
Toms River Twp.

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

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

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

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

City, State, Zip Code  
Piscataway, New Jersey 08854

Residence

Type of Use  Prior if being demolished

City (6)  Ocean

County Code (7)  (STATE USE ONLY)  
ASCM No.

Scheduled Start Date (10)  
11/11/13

Scheduled Completion Date (11)  
11/13/13

Occupy 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)  
[ ] >2 sq ft or >2 Lf  
[ X ] .160 sq ft or >160 Lf  
[ ] Renovation  
[ ] Demolition  
[ ] Full Containment with Negative Pressure  
[ ] Mini-Enclosure  
[ ] Gloves/Bag Procedure  
[ X ] Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)  
Exterior  
Asbestos siding  
900 sf

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)  

Abatement Type

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  
11/14/13

City, State  
Tullytown, Pennsylvania

Completed by (Print or Type)  
Nicholas Fernicola

Title  Project Manager

Date  10/28/2013

*Do not use this form for asbestos license exempted activities.
## RECEIVED

**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to N.J.A.C. 8:50 and 12:120)

<table>
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<tr>
<th>Date of Notification (1)</th>
<th>2013 NOV - 1</th>
<th>PH10: 68</th>
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<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>BK of Roxbury, LP</td>
<td>Ethel Rd Suite 205A</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Jason</td>
<td>070818</td>
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</tbody>
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### ASBESTOS CONTROLS

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

### FACILITY INFORMATION

- **Name of Facility Where Abatement is Taking Place (3):** Vacant Residence
- **Street Address:** 241 R t 10
- **City:** Roxbury
- **County:** Morris
- **Name of Monitoring Firm Hired by Building Owner (8):** ASCM No
- **Name of Abatement Contractor (5):** Ace Insulation Co., Inc.
- **Location of Asbestos-Containing Material (ACM) TO BE ABATED:**
  - Interior loft area
  - Basement
- **Name of Registered Waste Handler:** Ace Insulation Co., Inc.
- **Name of Registered Landfill:** IESE
- **Complited by:** George Wuest

### Abatement

<table>
<thead>
<tr>
<th>Location of ACM</th>
<th>Is Location Normal Use by Maintenance or Custodial Staff (12):</th>
<th>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous):</th>
<th>Amount (Specify SF or LF):</th>
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</thead>
<tbody>
<tr>
<td>Interior loft area</td>
<td>X</td>
<td>Fabric</td>
<td>15G</td>
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<tr>
<td>Basement</td>
<td>X</td>
<td>Pipe insulation</td>
<td>100L</td>
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</table>

### Other

<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
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<tbody>
<tr>
<td>Renovation</td>
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</table>

**Local Health Officer:**

**City, State:** Colts Neck, New Jersey

**Print Form**

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

**State of New Jersey**

**Name of Building Owner/Operato**

**A.M. Contractors Services**

**Address**

2547 Fiske Road - Unit A-1

**City, State, Zip Code**

Galloway Twp, N.J. 08205

**Name of Contractor**

Down A

**Type of Notification**

- Asbestos Control

**Name of Abatement Contractor**

Klimco, Inc.

**Scheduled Completion Date**

11/18/13

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

<table>
<thead>
<tr>
<th>Volume</th>
<th>ACM</th>
<th>Description</th>
<th>Amount (Sft, Lb, Cu Ft)</th>
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</thead>
<tbody>
<tr>
<td>X</td>
<td>Transite</td>
<td></td>
<td>1500</td>
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</table>

**Location of Russellite**

<table>
<thead>
<tr>
<th>Volume</th>
<th>ACM</th>
<th>Description</th>
<th>Amount (Sft, Lb, Cu Ft)</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td>Transite</td>
<td></td>
<td>1500</td>
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</tbody>
</table>

**Location of Other Russellite**

<table>
<thead>
<tr>
<th>Volume</th>
<th>ACM</th>
<th>Description</th>
<th>Amount (Sft, Lb, Cu Ft)</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td>Transite</td>
<td></td>
<td>1500</td>
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</tbody>
</table>

**Location of Other Russellite 2**

<table>
<thead>
<tr>
<th>Volume</th>
<th>ACM</th>
<th>Description</th>
<th>Amount (Sft, Lb, Cu Ft)</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td>Transite</td>
<td></td>
<td>1500</td>
</tr>
</tbody>
</table>

**Name of Abatement Contractor**

Klimco, Inc.

**OSHA Monitors**

Joseph Klimco

**Signatures**

**Signature**

M A Stran U.S.

**Date**

10/28/93

---

*Note: This form is for asbestos license exempted activities.*
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification: 10/29/2013

Name of Building Owner/Operator: Sakoutis Brothers Disposal
Street Address: P O Box 84
City, State, Zip Code: Colts Neck, NJ 07722
Name of Contact: John Sakoutis
Telephone Number: 732-349-9932

Name of Facility Where Abatement is Taking Place:

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place</th>
<th>Type of Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residence</td>
<td>School (k-12)</td>
</tr>
<tr>
<td></td>
<td>Subchapter 8 (other than k-12)</td>
</tr>
<tr>
<td></td>
<td>Other (i.e., private &amp; commercial buildings, homes, etc.)</td>
</tr>
</tbody>
</table>

Square feet: 3000 sf
# of Floors: 2
Bldg. Age: 60
Current Use (Prior if being demolished):
Residence

Name of Monitoring Firm Hired by Building Owner: N/A
Name of Abatement Contractor: 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

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

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

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

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

Name of Registered Waste Hauler: Guardian Contracting, Inc.
NJDEP Waste Hauler ID No.: 20223
Cubic Yards of Waste: 5
Name of Registered Landfill: T.R.R.F.
City, State: Toms River, New Jersey
Disposal Date: 11/19/13
City, State: Tullytown, Pennsylvania

Completed by (Print or Type):
Nicholas Fernicola
Title: Project Manager
Signature: [Signature]
Date: 10/29/13

*Do not use this form for asbestos licensure exempted activities.
## State of New Jersey
### NOTIFICATION OF ASBESTOS ABATEMENT
\(\text{Pursuant to NJAC 8:60 and A 320)}\)

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>Name of Building Owner/Operator</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/15/13</td>
<td>Hudson Bay, Inc.</td>
</tr>
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</table>

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

### Street Address
- 250 Saddle River Rd
- Saddle Brook, NJ

### Name of Facility Where Abatement is Taking Place
- Warehouse

### City
- Saddle Brook

### County
- Bergen

### Name of Monitoring Firm
- ACM No.: 3M SL

### Name of Abatement Contractor
- F. Gass & Sons

### Street Address
- 307 W 38th St
- NY, NY

### Telephone No.
- 212-621-6697

### License No.
- 00-00-00-0201

### Start Date
- 10/26/13

### Scheduled Completion Date
- 11/10/13

### Name of OSHA Monitor
- Same

### Scope of Work
- Full Containment with Negative Pressure
- Non-Encapsulated (N) and Non-Removal Procedure (R)

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

<table>
<thead>
<tr>
<th>Location</th>
<th>1st Floor</th>
<th>1st Floor</th>
<th>1st Floor</th>
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<tbody>
<tr>
<td></td>
<td>VAT</td>
<td>Mastic</td>
<td>Ceiling Tile</td>
</tr>
<tr>
<td></td>
<td>1624 SF X</td>
<td>1624 SF X</td>
<td>320 SF X</td>
</tr>
</tbody>
</table>

### Name of Registered Waste Hauler
- Eastern Waste

### Cubic Yards of Waste
- 3102

### Name of Registered Landfill
- Imperial Landfill

### Completion
- By: Frank Gass

---

*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)

### FACILITY INFORMATION

**Date of Notification (1):** October 28, 2013  
**Name of Building Owner/Operator (2):** David Hunter  
**Check # 6152**  
**Agency Notified:** EPA, DEP, DOL, DOH, DCA  
**Type Notification:** Initial Amendment

**Street Address:** 260 Windsor Avenue  
**City, State, Zip Code:** Haddonfield, NJ 08033  
**Name of Contact:** David Hunter  
**Telephone Number:**

**Name of Facility Where Abatement is Taking Place (3):** Residence  
**Square Feet:** 3,000  
**# of Floors:** 2  
**Bldg. Age:** 100  
**Current Use (Prior to being demolished):** Residence

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

**Street Address:** P.O. Box 341  
**Telephone No.:** 609-296-4070  
**License No.:** 00842  
**City, State, Zip Code:** Chesterfield, NJ 08515  
**Street Address:** 623 Cutler Ave.  
**City, State, Zip Code:** Maple Shade, NJ 08052

**Project Manager for Monitoring Firm:** Bill Weissgarber  
**Telephone No.:** 856-755-0099  
**City, State, Zip Code:** Chesterfield, NJ 08515  
**Street Address:** 107 Haddon Ave.

**Start Date (10):** November 6, 2013  
**Scheduled Completion Date (11):** November 8, 2013

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

**Scope of Work (Check All That Apply):**  
- 23 sf or 23 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

<table>
<thead>
<tr>
<th>Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Attic</td>
<td>Pipe Insulation (Glovebag)</td>
<td>16 LF</td>
<td>xxx</td>
</tr>
<tr>
<td>Basement</td>
<td>Boiler Insulation</td>
<td>50 SF</td>
<td>xxx</td>
</tr>
<tr>
<td>Basement</td>
<td>Pipe Insulation</td>
<td>1 LF</td>
<td>xxx</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:** NIDEP Waste Hauler ID No. 22253  
**Cubic Yards of Waste:** 2

**Name of Registered Landfill:** Grows Landfill  
**City, State:** Mount Holly, New Jersey 08060  
**Disposal Date:** 11/08/2013  
**City, State:** Tullytown, PA

**Completed by:** Christina Lynch  
**Title:** Operations Manager  
**Signature:**  
**Date:** 10/28/2013

---

*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**: October 28, 2013

**Name of Building Owner/Operator**

**Agency Services**

**Address**

40 Richards Avenue

**City, State, Zip Code**

Dover, NJ 07801

**Facility Information**

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

**Type of Facility**

**Name of Monitor Firm Hired by Building Owner**

**Name of Abatement Contractor**

Guardian Contracting, Inc.

1889 Route 9, Unit 61

Toms River, New Jersey 08755-1271

**Telephone Number**

732-349-0932

License Number

00624

**Name of OSHA Monitor**

E.M.S.L. Analytical

1056 Stelton Road

Piscataway, New Jersey 08854

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

**Occupancy Status During Abatement**

**Facility Closed/Vacated During Entire Period of Abatement**

**Abatement Performed Outside of Normal Facility Hours**

**Other**

**Scope of Work**

**>=3 sf or >=3 lf**

**Renovation**

**Demolition**

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

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

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

**Amount (Specify SF or LF)**

700 sf

**Abatement Type**

**Re MO V A L**

**R E P A I R**

**ENCAPS U L E**

**ENCLOSURE**

**Name of Registered Landfill**

**City, State**

Toms River, New Jersey

**Name of Registered Waste Hauler**

Guardian Contracting, Inc.

**Disposal Date**

11/13/13

**Cubic Yards of Waste**

3

**Name of Registered Landfill**

T.R.F.

**City, State**

Tullytown, Pennsylvania

**Completed by (Print or Type)**

Nicholas Fernicola

**Title**

Project Manager

**Date**

10/28/2013

*Do not use this form for asbestos licensure exempted activities.*
## State of New Jersey
### NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 5:16)

**Date of Notification (1)**
- 10 / 26 / 13

**Name of Building Owner/Operator (2)**
- New Jersey Turnpike Authority

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

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

**Street Address**
- 581 Main Street

**City, State, Zip Code**
- Woodbridge, NJ 07095

**Name of Contact**
- Richard J. Racynski

**Telephone Number**
- [Redacted]

### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place (3)**
- Interchange Exit 5 New Jersey Turnpike

**Street Address**
- Exit 5 Toll Utility Building - South

**City (5)**
- Mt. Holly

**County (6)**
- Burlington

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

**ASCM No.**
- [Redacted]

**Name of Abatement Contractor (9)**
- Diamond Huntbach Construction Corporation

**Street Address**
- 500 East Luzerne Street

**City, State, Zip Code**
- Philadelphia, PA 19124

**Project Manager for Monitoring Firm**
- Alan Lloyd

**Telephone No.**
- 856 547 0505

**License No.**
- 00846

**Start Date (10)**
- 11 / 08 / 13

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

**Occupancy Status During Abatement**
- [ ] Facility Closed/ Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours

**Time of Abatement:**
- 7AM-5PM/ _____ PM- _____ AM

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

- [ ] 3 sf or 3 ft
- [ ] 160 sf or 280 ft
- [ ] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exampted (*) 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)**
- 200 LF

**Exterior doors, windows, louvers**
- [ ] Caulking

**Name of Registered Waste Hauler**
- Diamond Huntbach Construction

**NJ/DEP Waste Hauler ID No.**
- 19689

**Cubic Yards of Waste**
- 1 CY

**Name of Registered Landfill**
- Minerva

**City, State**
- Philadelphia, PA 19124

**Disposal Date**
- 11/30/13

**City, State**
- Waynesburg, OH 44688

**Completed By (Print or Type)**
- Charles F. Imbimbo

**Title**
- Project Manager

**Signature**
- [Redacted]

**Date**
- 10/28/13

---

*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)
10/28/13

Name of Building Owner / Operator (2)

State of New Jersey Department of Human Services
Street Address
P.O. Box 700, 222 South Warren Street
City, State & Zip Code
Trenton, NJ 08625
Name of Contact
Pam Harlan

Agencies Notified

Type Notification

EPA
Initial

DEP
Amended R#1-10/29/13

DOL
Emergency

DOH
Cancellation

DCA


FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Woodbridge Developmental – Exterior Grounds
Street Address
1289 Rahway Avenue
City (5) County Code (7)
Avenel Middlesex

Name of Monitoring Firm Hired by Building Owner (8)
Environmental Connection Inc.
Street Address
120 North Warren Street
City, State & Zip Code
Trenton, NJ 08608

Project Manager for Monitoring Firm
Brian Holbig
Telephone Number
609-392-4200

Scheduled Start Date (10)
10/29/13 (Rev #1-10/31/13)
Scheduled Completion Date (11)
10/31/13

Occupancy Status During Abatement (Check only one)
X Abatement Performed Outside of Normal Hours – 7am to 3pm
Describe: 8:00 AM – 4:30 PM

Scope of Work (Check all that apply)
X ≥3 sf or ≥3 if
X ≥160 sf ≥260 if

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

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

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

Amount (Specify SF or LF)
Abatement Type

Rickwell between Cottages #2 & #3
Pipe Insulation 30 LF

Rev #1-Add’l. Scope of Work same area
Pipe Insulation 20 LF

Name of Registered Waste Hauler
Service Transport Inc.

NJDEP Waste Hauler ID No.
20990

Cubic Yards of Waste
1 Cu YD

Name of Registered Landfill
Minerva Landfill

City, State
Waynesburg, OH

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

License Number
005009

RECEIVED

ASBESTOS CONT. LICENSING

Phone: (215) 789-6040

2013

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

Name of OSHA Monitor
Bristol Environmental Inc.

Street Address
1123 Beaver Street
City, State & Zip Code
Bristol, PA 19007

Cubed Yards of Waste

Name of Registered Waste Transport

Name of Registered Landfill
Minerva Landfill

City, State
Waynesburg, OH

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

Date
10/28/13

GI 13198
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJ.A.C 8:60 and 12:120)

Date of Notification (1)
10/25/2013

Name of Building Owner/Operator (2)
Divine Mercy Parish

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

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

Street Address
67 Fitch Street
City, State, Zip Code
Carteret NJ 07008

Name of Contact
Father Edumado Shallow

Telephone Number

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

Street Address
67 Fitch Street

City (5)
Carteret NJ

County (6)
Middlesex County

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

Name of Abatement Contractor (9)
First Phase Group Inc

Street Address
567-62nd Street Suite#16
City, State, Zip Code
West New York NJ 07093

Square Feet
1200

No. of Floors
2

Bldg. Age
+ 50

Current Use (Prior if being demolished)

Start Date (10)
11/7/2013

Completion Date (11)
11/12/2013

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

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

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by</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>1st floor</td>
<td>N/A</td>
<td>floor tile</td>
<td>265 LF</td>
<td>x</td>
</tr>
<tr>
<td>basement</td>
<td>x</td>
<td>Pipe insulation and debris</td>
<td>175 LF</td>
<td>x</td>
</tr>
<tr>
<td>Roof</td>
<td>x</td>
<td>roofing material</td>
<td>800 SF</td>
<td>x</td>
</tr>
<tr>
<td>Exterior</td>
<td>x</td>
<td>window caulking</td>
<td>45 Windows</td>
<td></td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
Tri State Transfer Assoc Inc

NJDEP Waste Hauler ID No.
19551

Cubic Yards of Waste

Name of Registered Landfill
Minerva Enterprises

City, State, Zip Code
Waynesburg OH 44688

Disposal Date

Completed by
Edwin Precilla

Title
Project Manager

Signature

Date
10/25/2013

Printed on this form for asbestos licensure exempted activities.
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 12:129)

**Date of Notification (1)**
10-28-13

**Name of Building Owner/ Operators (2)**
A. MARTINI

**Street Address:**
142 RAMAPO VALLEY ROAD
MAHWAH, N J 07430

**Name of Contact:**
A. MARTINI

**Facility Information**

<table>
<thead>
<tr>
<th>Type of Facility (4)</th>
<th>Description</th>
</tr>
</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></td>
</tr>
</tbody>
</table>

**Square Feet:**
1650

**Residence:**
2 of Floors
7 of Floors

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

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

**Name of Absatement Contractor (9):**
Best Removal Inc

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

**License No.**
00388

**Name of OSHA Monitor:**
Omega Environmental Inc

**Street Address:**
280 Huylar St
South Hackensack, N J. 07606

**Schedule of Work (Check all that apply):**
- [ ] Reheating
- [ ] Demolition
- [ ] Abatement

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

<table>
<thead>
<tr>
<th>Location Normally Used Solely by Maintenance/Contractor Staff</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>Thermal Insulation 85 LFX</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Handler:**
Best Removal Inc

**ID No.:**
17109

**Name of Registered Landfill:**
Minerva Enterprises

**City, State:**
Hackensack, N J. 07601

**Disposal Date:**
11-8-13

**City, State:**
Waynesburg, Oh

**Completed by:**
R. VELORAN

**Title:**
Estimator

**Signature:**
R. VELORAN

**Date:**
10-28-13
**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:60 and 12:1:20)

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>10/29/13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator</td>
<td>PINELANDS CONSTRUCTION</td>
</tr>
<tr>
<td>Street Address</td>
<td>300 77TH ST.</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>SEA ISLE CITY, N.J. 08243</td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place</td>
<td>RESIDENCE</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner</td>
<td>N/A</td>
</tr>
<tr>
<td>Street Address</td>
<td>129 71ST ST.</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>SEA ISLE CITY</td>
</tr>
<tr>
<td>County Code</td>
<td>CAY</td>
</tr>
<tr>
<td>Current Use</td>
<td>VACANT</td>
</tr>
<tr>
<td>Name of Abatement Contractor</td>
<td>KLEMCO INC.</td>
</tr>
<tr>
<td>Street Address</td>
<td>369 S. SPRUCE AVE.</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>MAPLE SHADE, N.J. 08052</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>856-779-0472</td>
</tr>
<tr>
<td>License No.</td>
<td>00444</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>JOSEPH KLEMBA</td>
</tr>
<tr>
<td>Street Address</td>
<td>369 S. SPRUCE AVE.</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>MAPLE SHADE, N.J. 08052</td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED</td>
<td>SIDING</td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff?</td>
<td>Yes</td>
</tr>
<tr>
<td>Description of Asbestos-Containing Material (ACM)</td>
<td>TRANSITE</td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td>500 LF</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>KLEMCO INC.</td>
</tr>
<tr>
<td>City, State</td>
<td>MAPLE SHADE, N.J.</td>
</tr>
<tr>
<td>Signature</td>
<td>JOSEPH KLEMBA</td>
</tr>
<tr>
<td>Date</td>
<td>10/29/13</td>
</tr>
</tbody>
</table>
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) October 29, 2013
Name of Building Owner/Operator (2) Home Mark Homes

Agencies Notified

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

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

Street Address 9 Santiago Drive
City Brick
County (6) Ocean
County Code (7) (STATE USE ONLY) N/A

Name of Monitoring Firm HIred by Building Owner (8) N/A
Name of Abatement Contractor (9) Guardian Contracting, Inc.
Street Address 1889 Route 9, Unit 61
City Toms River, New Jersey 08755-1271
State Zip Code

Project Manager for Monitoring Firm
Telephone Number

Scheduled Start Date (10) 11/14/13
Scheduled Completion Date (11) 11/15/13

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

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
<th>Is Location Normally used</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>exterior</td>
<td>X</td>
<td>Asbestos siding</td>
<td>850 sf</td>
<td>X</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler Guardian Contracting, Inc.
NJ/DEP Waste Hauler ID No. 20223
Cubic Yards of Waste 2
Name of Registered Landfill

City Toms River, New Jersey
City Tullytown, Pennsylvania

Disposal Date 11/18/13
Completed by (Print or Type) Nicholas Fennica
Title Project Manager
Signature, Date 10/29/2013

*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)  10/29/2013

Agencies Notified
[ ] EPA
[ ] DEP
[ ] DOL
[ ] DOH
[ ] DCA
Type of Notification
[ ] Initial Notification
[ ] Amended Notification
[ ] Emergency (including justification)

Name of Building Owner/Operator (2) Sakoutis Brothers Disposal
Street Address
P O Box 84
City, State, Zip Code
Colts Neck, NJ 07722

Name of Contact
John Sakoutis
Telephone Number

FACILITY INFORMATION

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

Street Address
122 N Street
City
Seaside Park
County (6)
Ocean
County Code (7) (STATE USE ONLY)

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

Square feet
1000 sf
# of Floors
1
Bldg. Age
60

Current Use (Prior if being demolished)
Residence

Name of Abatement Contractor (9)
Guardian Contracting, Inc.
Street Address
1889 Route 9, Unit 61
City, State, Zip Code
Toms River, New Jersey 08755-1271

Name of OSTHA 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)
[ ] Facility Closed/Vacated During Entire Period of Abatement
[ ] Abatement Performed Outside of Normal Facility Hours
[ ] Other - Describe

Scope of Work (Check all that apply)
[ ] > 3 sf or >= 23 lb
[ ] Renovation
[ ] >= 160 sf or >= 260 lb
[ ] Demolition
[ ] Full Containment with Negative Pressure
[ ] Mini-Enclosure
[ ] Glovebox Procedure
[ ] Non-Exempted (*) and Non-Friable Procedure

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

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)
900 sf

Abatement Type
REMOVAL
REPAIR
ENCAPSUL
ENCLOSURE

Exterior
X
Asbestos siding

Name of Registered Waste Hauler
Guardian Contracting, Inc.

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

Cubic Yards of Waste
2
Name of Registered Landfill
T.R.R.F.

City, State
Toms River, New Jersey

Disposal Date
11/1/13

City, State
Tullytown, Pennsylvania

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

Date
10/29/2013
# NOTIFICATION OF ASBESTOS ABATEMENT

**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:5-12 and 12:120)

---

### FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>10/26/13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator</td>
<td>Lorraine Gambert</td>
</tr>
<tr>
<td>Street Address</td>
<td>61 Freeman St., 5th Floor</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Newark, NJ 07105</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement Is Taking Place (2)</th>
<th>Single Family House</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>227 South Court</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Lavallette, NJ 08735</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>County (5)</th>
<th>Ocean</th>
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</thead>
<tbody>
<tr>
<td>Name of Moniting Firm Hired by Building Owner (6)</td>
<td>EPC Technologies</td>
</tr>
<tr>
<td>Street Address</td>
<td>P.O. Box 337</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>New Egypt, NJ 08533</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Steve Schenkea</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone No.</td>
<td>609-758-3365</td>
</tr>
<tr>
<td>License No.</td>
<td>00394</td>
</tr>
</tbody>
</table>

| Start Date (7) | 10-30-13 |
| Scheduled Completion Date (8) | 11-1-13 |

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
<th>EPC Technologies Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>P.O. Box 337</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>New Egypt, NJ 08533</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Renovation Demolition</td>
</tr>
<tr>
<td>- 200 sq or 2000 sf</td>
</tr>
<tr>
<td>Ext. Walls</td>
</tr>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ext. Walls</td>
</tr>
<tr>
<td>1000 SF</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>EPC Technologies</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State</td>
<td>New Egypt, NJ</td>
</tr>
</tbody>
</table>

| Disposal Date (10) | 11-1-13 |
| Name of Registered Landfill | Waste Management of PA |
| City, State | Moonville, PA |

**Completed by Steve Schenkea**

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

### FACILITY INFORMATION
- **Name of Facility Where Abatement Is Taking Place:** RESIDENCE
- **Street Address:** 109 W. 12TH St.
- **City:** Ocean City
- **County:** Cape May
- **Type of Use:** Vacant

### NAME OF ABATEMENT CONTRACTOR
- **Name:** Klemco INC.
- **Address:** 369 S. Spruce Ave.
- **License No.:** 799-0427 004-94

### ABATMENT INFORMATION
- **Date of Notification:** 10/30/13
- **Date of Abatement:** 11/11/13
- **Schedule Completion Date:** 11/19/13
- **Occupancy Status During Abatement:** Vacated

### ABATEMENT LOCATION
- **Location of Asbestos-Containing Material (ACM) to Be Abated:** Ocean City
- **Name of Registered Waste Handler:** Klemco INC.
- **Address:** 369 S. Spruce Ave.
- **City, State:** Ocean City, NJ

### ABATEMENT TYPE
- **Type:** Demolition
- **Location Normally Used:** Ocean City

### ABATEMENT DESCRIPTION
- **Amount:** 0 SF or L.F.
- **Location:** Ocean City

### ABATEMENT REPORT
- **Name of Registered Handler:** Klemco INC.
- **Address:** 369 S. Spruce Ave.
- **City, State:** Ocean City, NJ

### ABATEMENT SIGNATURE
- **Date:** 11/19/13
- **Signer:** [Signature]

---

*Do not use this form for asbestos license or exempted activities.*