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

**Date of Notification (1)**
November 2, 2012

**Name of Building Owner/Operator (2)**
State of New Jersey DPMC

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

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

**Street Address**
33 West State Street
9th Floor
City, State, Zip Code
Trenton, NJ 08625

**Name of Contact**
Jasmine Morris
**Telephone Number**

**FACILITY INFORMATION**

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

**Street Address**
125 West State Street

**City (5)**
Trenton

**County (6)**
Mercer

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

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

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

**Street Address**
344 West State Street

**City, State, Zip Code**
Trenton, NJ 08618

**Telephone No.**
609-743-0493

**License No.**
856-755-0099 00842

**Start Date (10)**
November 12, 2012

**Scheduled Completion Date (11)**
Nov. 16, 2012

**Name of OSHA Monitor**
EMSL

**Scope of Work (Check All That Apply)**
- [x] ≥3 sf or ≥3 if
- [x] ≥160 sf or ≥260 if
- [x] Renovation
- [ ] 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

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

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

**Location of Asbestos-Containing Material (ACM)**
- Governor’s Entrance

**Amount (Specify SF or LF)**
- 10 LF
- 15 LF

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

**Name of Registered Waste Hauler**
NJDEP Waste Hauler ID No. 222253

**Freehold Cartage**
City, State
Freehold, NJ

**Disposal Date**
11-16-2012

**City, State**
Tullytown, PA.

**Name of Registered Landfill**
Grows Landfill

**Completed by**
William Lynch
**Title**
Owner

**Signature**

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:66 and 12:120)

Date of Notification (1)
10/31/12

Name of Building Owner/Operator (2)
Ocean County community College

Agencies Notified
EPA  X  DEP  X  DOL  X  DOH  X  DCA

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

Street Address
College Drive, P.O. Box 2001

City, State, Zip Code
Toms River, NJ 08754-2001

Name of Contact
Jules Raichel

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
College of New Jersey

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

Square Feet
2000

# of Floors
2

Bldg. Age
15+

Vacant Residential

County Code (7) (STATE USE ONLY)

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

Name of Abatement Contractor (9)
Mattiola Services, LLC

Street Address
2082 B Lucan Road

City, State, Zip Code
Skippack, PA 19474

Project Manager for Monitoring Firm

Telephone No.
610.539.5634

License No.
01077

Start Date (10)
11/13/12

Scheduled Completion Date (11)
12/31/12

Name of OSHA Monitor
Mattiola Services, LLC

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

Other – Describe: Vacant property

Street Address
2082 B Lucan Road

City, State, Zip Code
Skippack, PA 19474

Scope of Work (Check All That Apply)
□ ≥3 sf or ≥3 if
□ ≥160 sf or ≥260 if
X Renovation
Demolition

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

In Facility

Yes  X  No  N/A

First floor

Mastic and floor tiles
1500 SF

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

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)
1500 SF

Abatement Type

Name of Registered Waste Hauler
WASTE MANAGEMENT, INC.

Cubic Yards of Waste
17273

Name of Registered Landfill
WASTE MANAGEMENT, INC.

City, State
TULLYOWN, PA

Completed by
Caroline M. Harper

Title
Project Manager

Signature

Date
10/31/12

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

Date of Notification (1)  
10/26/12  CK# 2316  $200  
Name of Building Owner/Operator (2)  
Dover Public Schools

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

Street Address  
100 Grace Street  
City, State, Zip Code  
Dover, New Jersey 07801

Name of Contact  
Bob Gomes  
Telephone Number

FACILITY INFORMATION  
Type of Facility (4)  
☒ School (K-12)  ☑ Subchapter 8 (Other than K-12)  ☑ Other (i.e. private & commercial buildings, homes, etc.)  
Square Feet  
20,000  
# of Floors  
2  
Bldg. Age  
55+

Facility Where Abatement is Taking Place (3)  
Academy Street School  
Street Address  
14 Academy Street  
City (6)  
Dover, New Jersey 07950  
County (8)  
Morris  
County Code (7)  
(STATE USE ONLY)  

Name of Monitoring Firm Hired by Building Owner (8)  
Garden State Environmental  
ASCM No.  
Name of Abatement Contractor (9)  
Lilich Corporation  
Street Address  
555 South Broad  
City, State, Zip Code  
Glen Rock, New Jersey 07452  
Telephone No.  
201-652-1119  
License No.  
01104

Project Manager for Monitoring Firm  
Bruce Wolf  
Start Date (10)  
11/08/12  
Scheduled Completion Date (11)  
11/10/12

Name of OSHA Monitor  
J&S Environmental Labs  
Street Address  
2333 Route 22 West  
City, State, Zip Code  
Union, New Jersey 07083

Occupancy Status During Abatement (Check Only One)  
☒ Facility Closed/Vacated During Entire Period of Abatement  
☐ Abatement Performed Outside of Normal Facility Hours  
Other – Describe: 7AM Start

Scope of Work (Check All That Apply)  
☐ ≥250 sf or ≥25 If  
☒ ≥150 sf or ≥250 sf  
☐ Renovation  
☒ Demolition  
☐ Full Containment with Negative Pressure  
☐ Mini-Enclosure  
☐ Glovebag Procedure  
☐ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM)  
TO BE ABATED in Facility (13)  
Injection  
Exterior Building  
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)  
Transite Panels 19 each  
Amount (Specify SF or LF)  
200 SF  
Abatement Type  
☐ Removal  
☐ Regrind  
☐ Encapsulate  
☐ Endorse

Location of Registered Waste Hauler  
Lilich Corporation  
NJ/DEP Waste Hauler ID No.  
18724  
Cubic Yards of Waste  
5  
Name of Registered Landfill  
G.R.O.W.S Landfill

Disposal Date  
11/12/12  
City, State  
Woodland Park, New Jersey 07424  
Completed by  
Tatiana Kalenikova  
Vice President  
Signature  
Date  
10/26/12

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

**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 13:120)

**Video Tech Construction**

**155 Ht. 50**

**Ocean City, N.J. 08226**

**Name of Abatement Contractor:** Klenco Inc.

**369 S. Spruce Ave.**

**Name of Registered Waste Hauler:** Klenco Inc.

**Joe Klemm**

**17904**

**Cubic Yards Disposal:** 5

**Name of Registered Landfill:** CMC, MUA

**Woodbine, N.J.**

**Owner:** Joe Klemm

**Date:** 10/31/12

---

**Table:**

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>Name of Building Owner/Operator</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/31/12</td>
<td>CMC, MUA</td>
</tr>
</tbody>
</table>

**Street Address:**

- 155 Ht. 50
- 369 S. Spruce Ave.

**City:**

- Ocean City, N.J. 08226
- Woodbine, N.J.

**Square Feet:**

- 1000

**Occupancy Status During Abatement:**

- Vacant

**Type of Work:**

- Demolition

**Material to be Abated:**

- Transite

**Amount:**

- 1200 sq.

**Do not use this form for asbestos license exempted activities.**
**AMENDING AVE TO SANDY. NO POWER ON GAY**

<table>
<thead>
<tr>
<th>State of New Jersey</th>
</tr>
</thead>
<tbody>
<tr>
<td>Notification of Asbestos Abatement</td>
</tr>
<tr>
<td>(Permit to Abate # 121630 and 121631)</td>
</tr>
</tbody>
</table>

**Home of Building Owners/Operator:**
- Name: Sergio
- Address: 2695 Kennedy Blvd, Union City, NJ 07087
- Telephone: 800-123-456

**Type of Facility:**
- wooded roadway (K-17)
- utilities (other than K-17)
- others (i.e., parking, commercial buildings, houses, etc.)
- Square Feet: 8000
- High Area: 80
- Current Use: Other (fill in being demolished)
- APT: 801

**Name of Abatement Contractor:**
- ACE INSULATION & INC.
- Address: 45 MERRICK RD, COOL'S NEW N.S., U.S. 07087
- Telephone: 123-456-7890
- License No.: 123-45678901
- Home of OSHA Monitor: 45 MERRICK RD, COOL'S NEW N.S.

**Notice of Abatement:**
- Date: 10/16/12
- Time: 9:00 AM - 1:00 PM

**Location of Abatement Activity:**
- Baseline (Check all that apply)
- Building Ionically
- Building Exterior
- Building Interior

**Description of Abatement Activity:**
- Asbestos-containing Material (ACM) (Check all that apply)
- New or Existing
- Demolition Procedure
- Non-Exposed ACM and Non-Professional Procedure

**Abatement Date:**
- 10/16/12

**Certificate of Completion:**
- Issued by: ACE INSULATION & INC.
- Date: 10/16/12

---

**Do not use this form for asbestos licensing or related activities.**
<table>
<thead>
<tr>
<th>Date of Determination (1)</th>
<th>10-16-12</th>
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<tbody>
<tr>
<td>Agency Notified (2)</td>
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</tr>
<tr>
<td>Name of Building Occupied (3)</td>
<td>LAFAYETTE MANAGEMENT</td>
</tr>
<tr>
<td>Street Address</td>
<td>P.O. Box 785</td>
</tr>
<tr>
<td>City</td>
<td>UNION CITY, N.J. 07087</td>
</tr>
<tr>
<td>County</td>
<td>Union</td>
</tr>
<tr>
<td>Name of Contractor (4)</td>
<td>ACE INSULATION LTD</td>
</tr>
<tr>
<td>Address</td>
<td>95 Menlo Ave, MENLO PARK, N.J. 08401</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>10-25-12</td>
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<tr>
<td>Scheduled Completion Date (11)</td>
<td>11-15-12</td>
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<tr>
<td>Grams of Work (Check all that apply)</td>
<td>100 L2.2</td>
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<td>Description of Abatement (Page)</td>
<td>ACE INSULATION LTD</td>
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<tr>
<td>Location</td>
<td>Basement</td>
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<tr>
<td>Description of Asbestos-Contaminating Material (ACM)</td>
<td>Pipe</td>
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<tr>
<td>Name of Registered Landfill</td>
<td>E.S.E.</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>10-26-12</td>
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*Do not use this form for indicators locating exempted activities.*
<table>
<thead>
<tr>
<th>Date of Notice to (11)</th>
<th>10-16-12</th>
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<tbody>
<tr>
<td>Authorized Person:</td>
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<tr>
<td>License No.</td>
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<tr>
<td>Building Owners:</td>
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<tr>
<td>Address:</td>
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</tr>
<tr>
<td>City, State, Zip Code</td>
<td></td>
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<tr>
<td>Project Manager:</td>
<td></td>
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<tr>
<td>Telephone No.</td>
<td></td>
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<td>Start Date (10)</td>
<td>10-15-12</td>
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<tr>
<td>Completed:</td>
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<td>Building Owners:</td>
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<td>Address:</td>
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<tr>
<td>City, State, Zip Code</td>
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<td>License No.</td>
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<tr>
<td>Building Owners:</td>
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<td>Address:</td>
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<td>City, State, Zip Code</td>
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<tr>
<td>Project Manager:</td>
<td></td>
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<tr>
<td>Telephone No.</td>
<td></td>
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<tr>
<td>Start Date (10)</td>
<td>10-15-12</td>
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<tr>
<td>Completed:</td>
<td>11-15-12</td>
</tr>
</tbody>
</table>

**Location of**

- **Building Room:** Boiler Room
- **Description:** Pipes

**Amount of Wastes Rendered:** 150 lb

---

*Do not use this form for asbestos hygiene removal activities.*
<table>
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<th>Field</th>
<th>Value</th>
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<tbody>
<tr>
<td>Agency Notice</td>
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<tr>
<td>Name of Building Owner</td>
<td>LAFAYETTE MANAGEMENT</td>
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<tr>
<td>Street Address</td>
<td>1310-1312 PALISADES AVE</td>
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<tr>
<td>City</td>
<td>UNION CITY</td>
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<tr>
<td>County</td>
<td>HUDSON</td>
</tr>
<tr>
<td>County Code</td>
<td>N/A</td>
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<tr>
<td>Name of Abatement Contractor</td>
<td>ACC INSULATION CO INC</td>
</tr>
<tr>
<td>Address</td>
<td>95 MILE RAD</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>NEW JERSEY, NJ 07087</td>
</tr>
<tr>
<td>Project Manager for Abatement</td>
<td>TONY</td>
</tr>
<tr>
<td>Start Date</td>
<td>10-25-12</td>
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<tr>
<td>Scheduled Completion Date</td>
<td>11-15-12</td>
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<tr>
<td>Occupancy Status During Abatement</td>
<td>Vacant</td>
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<td>Facility Gross/Weight During Entire Period of Abatement</td>
<td>7000</td>
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<td>Abatement Permanently Destroys or Mortal Facilityowner</td>
<td>3</td>
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<td>Days - Describe</td>
<td>80</td>
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<td>Scope of Work</td>
<td>7AM - 7AM</td>
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<tr>
<td>Location of Asbestos-Containing Material (ACM)</td>
<td>Boiler Rm</td>
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<tr>
<td>Description of Asbestos-Containing Material (ACM)</td>
<td>PIP</td>
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<tr>
<td>Amount of Waste</td>
<td>2000 L2</td>
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<tr>
<td>Name of Registered Landfill</td>
<td>ACC INSULATION CO INC</td>
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<td>Disposal Date</td>
<td>10-16-12</td>
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<tr>
<td>Leakage Prevention</td>
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<tr>
<td>Venting</td>
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<td>Fire Containment</td>
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<tr>
<td>Leak Detection</td>
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<td>Entry Monitoring</td>
<td>N/A</td>
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<tr>
<td>Post-Abatement Monitoring</td>
<td>N/A</td>
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<tr>
<td>Post-Abatement Monitoring</td>
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</table>

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

---

**Date of Notification (1)**  
10/26/2012

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

---

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

**Type Notification**  
- Initial
- Amended
- Amendment
- Emergency (including justifications)
- Cancellation

**Street Address**  
58 COLONIAL AVE.

**City, State, Zip Code**  
PITMAN, NJ 08071

**Name of Contact**  
JENNIFER GRAY

---

**FACILITY INFORMATION**

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

**Street Address**  
58 COLONIAL AVE.

**City (5)**  
PITMAN

**County (6)**  
GLOUCESTER

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

**Square Feet**  
3400

**# of Floors**  
3

**Bldg. Age**  
70

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

---

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

**ASCN No.**

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

**Street Address**  
570 CLEMS RUN

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

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

**License No.**  
01145

**Name of OSHA Monitor**  
EMSL

**Street Address**  
200 RT. 130 NORTH

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

---

**Start Date (10)**  
10/30/2012

**Scheduled Completion Date (11)**  
10/31/2012

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

---

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

---

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

**In Facility (13)**

**Is Location 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**

<table>
<thead>
<tr>
<th>Removal</th>
<th>Repair</th>
<th>Encapsulate</th>
<th>Endorse</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**KITCHEN & MUD ROOM**

**FLOOR TILE-NF**

360 SF

---

**Name of Registered Waste Hauler**

NETS

**NJDEP Waste Hauler ID No.**

3

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

**City, State**  
HAZLETON, PA

**Disposal Date**  
10/31/2012

**City, State**  
IMPERIAL, PA

**Completed by**

RON SWANSON  
PROJECT COORDINATOR

**Signature**  
[Signature]

**Date**  
10/26/2012

---

*Do not use this form for asbestos licensure exempted activities.*
<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
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</thead>
<tbody>
<tr>
<td>Date of Notice/淼</td>
<td>10/29/2012</td>
</tr>
<tr>
<td>Name of Building Owner/Operator</td>
<td>JENNIFER GRAY</td>
</tr>
<tr>
<td>Street Address</td>
<td>58 COLONIAL AVE.</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>PITMAN, N.J. 08071</td>
</tr>
<tr>
<td>Name of Monitoring Firm/hired by Building Owner</td>
<td>TO BE DETERMINED</td>
</tr>
<tr>
<td>Name of Abatement Contractor</td>
<td>ASSURED ENVIRONMENT SERVICES INC.</td>
</tr>
<tr>
<td>Street Address</td>
<td>670 CLEMS RUN</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>MILLICA HILL, NJ 08062</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>NECSYS</td>
</tr>
<tr>
<td>City, State</td>
<td>HAZELTON, PA.</td>
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<tr>
<td>Name of Contact</td>
<td>JENNIFER GRAY</td>
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<tr>
<td>Telephone Number</td>
<td>609-304-4878</td>
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<tr>
<td>License No.</td>
<td>01146</td>
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<td>Completion Date</td>
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<tr>
<td>Scope of Work</td>
<td>360 SF</td>
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<td>Location of Asbestos-Containing Material (ACM)</td>
<td>KITCHEN &amp; MUD ROOM</td>
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<tr>
<td>Name of Registered Waste Hauler</td>
<td>NECSYS</td>
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<tr>
<td>Disposal Date</td>
<td>10/31/2012</td>
</tr>
<tr>
<td>City, State</td>
<td>IMPERIAL, PA.</td>
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</tbody>
</table>

* * "Do not use this form for cohesive licensure suspended activities.*
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 7:25-2.12)

Date of Notification (1)
11/02/2012

Name of Building Owner/Operator (2)
Exxon-Mobil Technology Corp

Agencies Notified
( ) EPA
( ) DOL
( ) DOH
( ) DCA

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

Street Address
600 Billingsport Road
Paulsboro, NJ 08066

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

Square Feet
# of Floors

Name of Facility Where Abatement is Taking Place (3)
Exxon-Mobil Technology

City (5)
Paulsboro
County (6)
Gloucester
County Code (7)

Street Address
600 Billingsport Road

State Use Only

Name of Monitoring Firm Hired by Bldg. Owner (8)
ASCM No.
Environmental Management International

City State Zip Code
Paulsboro, NJ 08066

Name of Contractor (9)
NCM Demolition and Remediation, LP

Street Address
395 Turner Industrial Way

City State Zip Code
Aston, PA 19014

Project Manager for Monitoring Firm
Ray Giordano

Telephone Number
610-277-0405

Telephone Number
484-480-8931

License Number
01066

Scheduled Start Date (10)
11/11/12

Scheduled Completion Date (11)
11/20/12

License Number

Name of OSHA Monitor
EMSL Analytical

Street Address
107 Haddon Ave

City State Zip Code
Westmont, NJ 08108

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

Describe segregated area, no other trades __outside work__

Other - Describe -

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

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

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

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

Amount (Specify SF or LF)

Abatement Type

Rem Rep Encap Enclose

Outside Pipe Line X

ACPI

10 LF

X

Name of Reg. Waste Hauler
NJDEP Waste Hauler ID #

Onyx Waste Services
3175

Cubic Yards of Waste
1 cyds

Name of Reg. Landfill
Gloucester County Solid Waste Auth.

City State
Woodbury, NJ

Disp Date
11/20/12

City State
Swedesboro, NJ

Completed by (Print or Type)
Joe White

Title
Project Manager

Signature

Date
11/02/12
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1)  
10/1/2012

Name of Building Owner / Operator (2)  
Hess Corporation

Agencies Notified  
- EPA
- DEP
- DOL  
+ Amended RI#4-10/26/12
- DOH
- DCA

Type Notification
- Initial
- Amended
- Cancellation

Name of Facility Where Abatement is Taking Place (3)  
Hess Corporation  
Smith Street & Convery Boulevard

Street Address
Smith Street & Convery Boulevard

City, State & Zip Code
Woodbridge, NJ 07095

Name of Contact
John Philbin

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

Square Feet

# of Floors

Bldg. Age

Current Use (Prior if being demolished)

Boiler Room

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

Street Address
28 N. Pennell Road

City, State & Zip Code
Media, PA, 19063

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
Dave Turosky

Telephone Number
800-969-BAET

License Number
00509

Name of OSHA Monitor
Bristol Environmental Inc.

Schedule Start Date (10)  
10/16/2012

Scheduled Completion Date (11)  
11/16/2012

Occupancy Status During Abatement (Check only one)

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Hours – Describe:
- Facility Occupied During Abatement: 8:30 AM – 3:30 PM

Scope of Work (Check all that apply)

- ≥ 3 sf or ≥ 3 ft
- ≥ 160 sf ≥ 260 sf

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

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

Yes No N/A

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

Amount (Specify SF or LF)

Abatement Type

- Removal
- Repair
- Encapsulate
- Enclosure

Name of Registered Waste Hauler
Bristol Environmental, Inc.

NJDPI Waste Hauler ID No.
18706

Cubic Yards of Waste
8

Name of Registered Landfill
GROWS LANDFILL

City, State
Bristol, PA

Disposal Date
11/16/12

City, State
MORRISVILLE, PA

Completed By (Print or Type)
Gino Pizzigoni

Title
Project Manager

Signature
Gino Pizzigoni

Date
10/1/12

GI 12229 **** REV #4 - PROJECT ON HOLD MON. 10/29 & TUES. 10/30/12.
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1)  10/1/2012  
Name of Building Owner / Operator (2)  Hess Corporation  

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

### Type Notification:
- Initial
- Amended R#3-10/25/12
- Emergency
- Cancellation

### Street Address:
One Hess Plaza  
City, State & Zip Code: Woodbridge, NJ 07095

### Name of Contact:
John Philbin  
Telephone Number: 201-539-0800

### FACILITY INFORMATION:

- **Name of Facility Where Abatement is Taking Place (3):** Hess Corporation  
- **Address:** Smith Street & Convery Boulevard

- **City (5):** Perth Amboy  
- **County (6):** Middlesex  
- **County Code (7):**

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

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

### Current Use (Prior if being demolished):
- Boiler Room

### 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:
- **Name:** AET, Inc.
- **Street Address:** 28 N. Pennell Road  
- **City, State & Zip Code:** Media, PA 19063

### Telephone Number:
- **Telephone Number:** 800-969-5AET

### Occupancy Status During Abatement (Check only one):  
- Facility Closed/Vacated During Entire Period of Abatement
- Facility Occupied During Abatement: 8:30 AM – 3:30 PM

### Scope of Work (Check all that apply):
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glove Bag Procedures
- Non-Exempted and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Workplace</th>
<th>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>
</tr>
</thead>
<tbody>
<tr>
<td>Boiler Room</td>
<td>Yes</td>
<td>Pipe insulation 341 LF</td>
</tr>
<tr>
<td>Boiler Room</td>
<td>No</td>
<td>Elbows 2 EA</td>
</tr>
<tr>
<td>Boiler Room</td>
<td>N/A</td>
<td>Transite ceiling 2,245 SF</td>
</tr>
</tbody>
</table>

### Name of Registered Waste Hauler:
- Bristol Environmental, Inc.
- NJDEP Waste Hauler ID No.: 18706

### Cubic Yards of Waste:
- 8

### Name of Registered Landfill:
- GROWS LANDFILL
- City, State: Morrisville, PA

### Disposal Date:
- 11/16/12

### Completed By (Print or Type):
- Gino Pizzigoni
- Title: Project Manager
- Signature: [Signature]
- Date: 10/1/12

GI 12229
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1)
10/1/2012

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

Type Notification
☐ Initial
☐ Amended R#2-10-24/12
☐ Emergency
☐ Cancellation

Name of Building Owner / Operator (2)
Hess Corporation

Street Address
One Hess Plaza
City, State & Zip Code
Woodbridge, NJ 07095

Name of Contact
John Philbin

Facility Information

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

Street Address
Smith Street & Convery Boulevard

City (5)
Perth Amboy

County (6)
Middlesex

County Code (7)

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

ASCM No.

Name of Abatement Contractor (9)
Bristol Environmental, Inc.

Street Address
1123 Beaver Street

City, State & Zip Code
Bristol, PA 19007

Telephone Number
(215)788-8040

License Number
00509

Name of OSHA Monitor
Bristol Environmental Inc.

Street Address
1123 Beaver Street

City, State & Zip Code
Bristol, PA 19007

Scheduled Start Date (10)
10/16/2012

Scheduled Completion Date (11)
11/16/2012

Occupancy Status During Abatement (Check only one)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Hours – Describe:
☐ Facility Occupied During Abatement: 8:30 AM – 3:30 PM

Scope of Work (Check all that apply)
☐ ≥3 sf or ≥3 lf
☐ ≥160 sf ≥260 lf

Yes
☐ Renovation
No
☐ Demolition
N/A

Location of Asbestos-Containing Material (ACM)

Material (ACM) TO BE ABATED
in Facility (13)

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

Yes
No
N/A

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

Amount (Specify SF or LF)

Abatement Type

Boiler Room

Pipe insulation
341 LF

Elbows
2 EA

Transite ceiling
2,245 SF

Boiler Room

Boiler Room

Boiler Room

Name of Registered Waste Hauler
Service Transport Inc.

NU/DEP Waste Hauler ID No.
20990

Cubic Yards of Waste
8

Name of Registered Landfill
GROWS LANDFILL

City, State
MORRISVILLE, PA

Disposal Date
11/16/12

Completed By (Print or Type)
Gino Pizzigoni

Title
Project Manager

Signature
Gino Pizzigoni

Date
10/1/12
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1) 10/1/2012

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

Type Notification
- Initial
- Amended R1-10/10/12
- Emergency
- Cancellation

Name of Building Owner / Operator (2)
Hess Corporation
One Hess Plaza
Woodbridge, NJ 07095

Name of Contact
John Philbin

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Hess Corporation
Smith Street & Convery Boulevard

City (5) Perth Amboy
County (6) Middlesex
County Code (7)

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

Square Feet
# of Floors
Bldg. Age

Current Use (Prior if being demolished)

Boiler Room

Name of Abatement Contractor (9)
Bristol Environmental, Inc.

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

License Number
005009

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 ≥ 260 if
- Renovation
- Demolition

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

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

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

Amount (Specify SF or LF)

Abatement Type

Boiler Room
Pipe insulation
141 LF

Boiler Room
Elbows
2 EA

Boiler Room
Transite ceiling
2,245 SF

Name of Registered Waste Hauler
Service Transport Inc.

NJDEP Waste Hauler ID No.
20990

Cubic Yards of Waste
8

Name of Registered Landfill
GROWS LANDFILL

City, State
New Castle, Delaware

Disposal Date
11/16/12
City, State
MORRISVILLE, PA

Completed By (Print or Type)
Gino Pizzigoni
Title Project

Signature
Date
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to N.J.A.C. 8:60 and 12:24-6F-5.)

**Date of Notification (1)**  
10/1/2012

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

**Street Address**  
One Hess Plaza

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

**Name of Contact**  
John Philbin

**Telephone Number**  

### FACILITY INFORMATION

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

**Street Address**  
Smith Street & Convey Boulevard

**City (5)**  
Parth Amboy

**County (6)**  
Middlesex

**County Code (7)**  

**Type of Facility (4)**

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

**Square Feet**  

- # of Floors
- Bldg. Age

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

- Boiler Room

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

**Street Address**  
1123 Beaver Street

**City, State & Zip Code**  
Bristol, PA 19007

**License Number**  
00509

**Name of OSHA Monitor**  
**Bristol Environmental Inc.**

**Street Address**  
1123 Beaver Street

**City, State & Zip Code**  
Bristol, PA 19007

**Telephone Number**  
(215)788-8040

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

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Hours –
  - Describe:
- Facility Occupied During Abatement: 8:30 AM – 3:30 PM

**Schedule Start Date (10)**  
10/11/2012

**Schedule Completion Date (11)**  
11/16/2012

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

- ≥ 3 sf or ≥ 3 sl
- ≥ 160 sf ≥ 250 sf
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glove Bag Procedures
- Non-Exempted and Non-Friable Procedure

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

- Boiler Room
- Boiler Room
- Boiler Room

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

- Pipe Insulation
- Elbows
- Transite ceiling

**Amount (Specify SF or LF)**

- 141 LF
- 2 EA
- 2,248 SF

**Abatement Type**

- Removal
- Repair
- Encapsulation

**Name of Registered Waste Hauler**  
**Service Transport Inc.**

**City, State**

New Castle, Delaware

**Disposal Date**  
11/16/12

**Name of Registered Landfill**  
**GROWS LANDFILL**

**City, State**

MORRISVILLE, PA

**Completed By (Print or Type)**  
Gino Pizzigoni

**Title / Project**

**Signature**

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

Date of Notification: 10 / 16 / 12

Name of Building Owner/Operator: Steve Sacharow

Agencies Notified:
- EPA
- DOLWD
- DHSS
- OCA
- NJAC 5:23-8

Type Notification:
- Initial
- Amended
- Amendment #1-10/26/12
- Emergency (Including Justification)
- Cancellation

Street Address:
6 N Clarendon Ave

City, State, Zip Code:
Margate, NJ 08402

Name of Contact:
Steve Sacharow

Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place:
Residential

Street Address:
6 N Clarendon Ave

City:
Margate

County:
Atlantic

Square Feet:
3,000

# of Floors:
2

Build. Age:
50+

Current Use (Prior if being demolished):
House

Name of Monitoring Firm Hired by Building Owner:
AET, Inc

ASCM No.:

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

Name of Abatement Contractor:
BRISTOL ENVIRONMENTAL, INC.

Street Address:
1123 BEAVER STREET

City, State, Zip Code:
BRISTOL, PA 19007

License No.:
00509

Telephone No.:
215-788-6040

Name of OSHA Monitor:
BRISTOL ENVIRONMENTAL, INC.

Address:
1123 BEAVER STREET

City, State, Zip Code:
BRISTOL, PA 19007

Start Date:
HOLD DUE TO WEATHER

Start Date:
Completion Date:

Scope of Work (Check all that apply):
- >=30 sf or >=3 if
- >=160 sf or >=260 if
- Renovation
- Demolition

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

Facility Name:

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

Pipe insulation:
40 LF

Name of Registered Waste Hauler:
SERVICE TRANSPORT GROUP, INC.

NJDEP Waste Hauler ID No.:
20990

Cubic Yards of Waste:

Disposal Date:

City, State, Zip Code:
MINERVA LANDFILL

WAYNESBURG, OH 44688

Name of Registered Landfill:

Completed By (Print or Type):
Brian Scafiro

Title:
Estimator

Signature:

Date:
10/26/12

ASB-41
MAY 11

6/12/02

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

Date of Notification (1)
10/16/12

Name of Building Owner/Operator (2)
Steve Sacharow
2012 NOV - 5 PM 6:54

Agencies Notified
☒ EPA
☒ DOLWD 6/75
☒ DHSS 6/75
☐ DCA (NJAC 5:23-8)

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

Street Address
6 N Clarendon Ave

ASBESTOS CONTROL & LICENSING

City, State, Zip Code
Margate, NJ 08402

Name of Contact
Steve Sacharow

FACILITY INFORMATION

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

Street Address
6 N Clarendon Ave

City (5)
Margate

County Code (7)/STATE USE ONLY
Atlantic

County (6)

Square Feet
3,000

# of Floors
2

Bldg. Age
50+

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

Current Use (Prior if being demolished)
House

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

ASCM No.

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

Street Address
28 Pennell Rd

City, State, Zip Code
Medina, PA 19063

Project Manager for Monitoring Firm
Eric Sutherland

Telephone No.
610-891-0114

Telephone No.
215-788-6040

License No.
00509

Start Date (10)
10/29/12

Scheduled Completion Date (11)
10/29/11

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL, INC.

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

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

Scope of Work (Check all that apply)
☐ > 3 sq ft or > 3 sf
☐ > 160 sq ft or > 260 sq ft
□ Renovation
☐ Demolition

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

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

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

Amount
Specify SF or LF

Abatement Type
□ Removal
□ Repair
□ Encapsulate

Name of Registered Waste Hauler
SERVICE TRANSPORT GROUP, INC.

Name of Registered Landfill
MINERVA LANDFILL

Cubic Yards of Waste

NJDEP Waste Hauler ID No.
20990

City, State
NEW CASTLE, DE 19720

Disposal Date

City, State
WAYNESBURG, OH 44688

Completed By (Print or Type)
Brian Scarfo
Title
Estimator

Signature
Brian Scarf

Date
10/16/12

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

### Date of Notification
- **10/31/2012**

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

### Type Notification
- Initial
- Amended
- Amendment # 2
- Emergency (Including justification)
- Cancellation

### Name of Building Owner/Operator
- **Uday Mehta**
- **The Port Authority Of NY & NJ**
- **241 Erie St. Room 236**
- **Jersey City NJ 07310**

### Street Address
- **241 Erie St. Room 236**
- **Jersey City NJ 07310**

### City, State, Zip Code
- **Jersey City NJ 07310**

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

### Facility Information
- **PA NJ/NY Elizabeth Marine Terminal**
- **Port Terminal Blvd, Guard Booth**
- **Bayonne, NJ**
- **Union**

### County Code
- **Union**

### ASCM No.
- **Port Authority Of NY & NJ**

### Name of Monitoring Firm Hired by Building Owner
- **Port Authority Of NY & NJ**
- **Uday Mehta**

### Telephone No.
- **201-595-4881**

### Start Date
- **11/08/2012**

### Scheduled Completion Date
- **4/28/2013**

### Name of Abatement Contractor
- **ABC CONSTRUCTION CONTRACTING INC.**
- **3616 19th Avenue**
- **Astoria, NY 11105**

### Project Manager for Monitoring Firm
- **Uday Mehta**

### Telephone No.
- **718-729-2501**

### Name of OSHA Monitor
- **PRECISION ENVIRONMENTAL**
- **36-15A 23RD STREET**
- **LONG ISLAND CITY, NY 11105**

### Occupancy Status During Abatement
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other - Describe:

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

### Location of Asbestos-Containing Material (ACM)
- **Pad 63**
- **Guard Booth**

### Description of Asbestos-Containing Material (ACM)
- Detached ACM Roofing Material
- Window Caulking

### Amount (Specify SF or LF)
- **304SF**

### Name of Registered Waste Hauler
- **ABC CONSTRUCTION CONTRACTING INC.**
- **22280**

### Cubic Yards of Waste
- **40**

### Name of Registered Landfill
- **G.R.O.W.S. North Landfill**
- **Morrisville, PA 19067**

### Completed by
- **STANKO KORONSOVAC**
- **PRESIDENT**

### Signature
- **STANKO KORONSOVAC**

### Disposal Date
- **11-15-2012**

### City, State
- **Morrisville, PA 19067**

### Date
- **10-31-2012**

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

Date of Notification (1)
November 1, 2012

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

Agencies Notified

- EPA
- DEP
- DOL
- DOH
- DCA

Type Notification

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

Street Address
2000 Pennington Road
City, State, Zip Code
Ewing, N. J. 08628

Name of Contact
Amanda Radosti

Name of Facility Where Abatement is Taking Place (3)
Wolfe Hall (College of NJ)

Street Address
2000 Pennington Road
City (5)
Ewing

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

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

ASCM No.

Name of Abatement Contractor (9)
Shade Environmental, LLC

Street Address
47 S. Lippincott Ave
City, State, Zip Code
Maple Shade, NJ 08052

License No.
00842

Telephone No.
856-755-0099
Name of OSHA Monitor
EMSL

Start Date (10)
October 29, 2012
Scheduled Completion Date (11)
Nov. 16, 2012

Occupancy Status During Abatement (Check Only One)

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

Scope of Work (Check All That Apply)

- 2,3 sf or ≥3 if
- 160 sf or ≥260 if
- Renovation Demolition

Location of Asbestos-Containing Material (ACM)

Location Used Solely by Maintenance/Custodial Staff

- Yes
- No
- N/A

Location
Wolfe Hall
Wolfe Hall

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)

- 36 SF
- 36 SF

Abatement Type

- Removal
- Repair
- Encapsulate
- Endoscope

Name of Registered Waste Hauler
Freehold Cartage

NDEP Waste Hauler ID No.
22253

Cubic Yards of Waste
<1

Name of Registered Landfill
Grows Landfill

City, State
Freehold, NJ

Disposal Date
11-16-2012

City, State
Tullytown, PA.

Signature

Nov. 1, 2012

* Do not use this form for asbestos licensure exempted activities.
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:68 and 12:1:130)

<table>
<thead>
<tr>
<th>Name of Building Owner/Operator (2)</th>
<th>The College of New Jersey</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Contact</td>
<td>Amanda Radosti</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Facility Where Abatement is Taking Place (3)</th>
<th>Wolfe Hall (College of NJ)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>2000 Pennington Road</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Ewing, N.J., 08628</td>
</tr>
<tr>
<td>Name of Project Manager for Monitoring Plan</td>
<td>Bill Weisgerber</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>609-743-0493</td>
</tr>
<tr>
<td>Start Date</td>
<td>October 29, 2012</td>
</tr>
<tr>
<td>Scheduled Completion Date</td>
<td>Nov 2, 2012</td>
</tr>
</tbody>
</table>

**Type of Facility (4)**

- [ ] School (K-12)
- [ ] Subcontractor (Other than K-12)
- [x] Other (excluding buildings in use)

**Square Foot Area**

- [ ] 25,000
- [ ] 3
- [ ] 70
- [ ] 0

**Type of Asbestos Abatement**

- [ ] Removal
- [ ] Encapsulation

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

- Wolfe Hall
- Wolfe Hall
- XXX

**Location of Asbestos-Containing Material (ACM) to be Stated in Facility**

- Wolfe Hall
- Wolfe Hall
- XXX

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

- Floor Tile
- Mastic
- 38 SF
- 38 SF
- XXX

**Amount (Specify SF or LF)**

- [ ] 38 SF
- [ ] 38 SF
- [ ] XXX

**Name of Registered Waste Hauler**

- Freehold Garbage
- NUDEF Waste Hauler ID No. 222253

**Name of Registered Landfill**

- Grows Landfill
- Cowbell of Waste 1

**Disposal Date**

- October 31
- City, State, Tullytown, PA.

**Signature**

- (Owner)

**Date**

- October 28, 2012

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*Do not use this form for asbestos license exempted activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)
1210-4563
Date of Notification (1) 10/31/12
Name of Building Owner / Operator (2) 2012 NOV 5 PM 6:50
Verizon Communications
Street Address
100 Greenwood Ave.
City, State & Zip Code
Jenkintown, PA 19046
Name of Contact
Alex Baylor

FACILITY INFORMATION
Name of Facility Where Abatement is Taking Place (3)
Verizon
Street Address
31 South Haddon Ave.
City (5) Haddonfield
County (6) Burlington
County Code (7) 

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

Square Feet

# of Floors

Bldg. Age Current Use (Prior if being demolished)
Offices
Name of Abatement Contractor (9)
AbateTech, Inc.
Street Address
PO Box 25
City, State & Zip Code
Lumberton, NJ 08048

License Number
00529

Name of OSHA Monitor
EMSL Analytical
Street Address
108 Haddon Ave.
City, State & Zip Code
Westmont, NJ 08108

Scheduled Start Date (10) 10/31/12
Scheduled Completion Date (11) 11/9/12

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

Scope of Work (Check all that apply)
☒ ≥3 sf or ≥3 lf
☒ ≥160 sf ≥260 lf
☒ Renovation
☐ Demolition

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

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

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

Amount (Specify SF or LF)

Abatement Type
☐ Removal
☐ Repair
☒ Encapsulate
☐ Endorse

Mechanical Vent Room
☒ ☐ ☐ Floor tile & Mastic 430 SF

Name of Registered Waste Hauler
AbateTech, Inc
City, State Lumberton, NJ

Completed By (Print or Type)
Gwen Trumbetti

Title
Opps. Coord.
Signature

NJDEP Waste Hauler ID No. 18750
Cubic Yards of Waste 12
Name of Registered Landfill
TRRF Landfill
Disposal Date
11/8/12
City, State Tullytown, PA

Date 10/31/12
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to N.J.A.C. 8:60 and 12:120)

**Date of Notification (1)**
10/31/12

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

**Street Address**
68 West South Orange Avenue
City, State & Zip Code
South Orange, NJ
Name of Contact
Gary Diratsaglu
Telephone Number

---

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**
Exxon 30189

**Street Address**
68 West South Orange Avenue

**City (5)**
South Orange
**County (6)**
Essex
**County Code (7)**

**Type of Facility (4)**

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

**Square Feet**

**# of Floors**

**Bldg. Age**

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

**Service station**

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

**Telephone Number**
609-584-5271

**Name of Abatement Contractor (9)**
AbateTech, Inc.

**Street Address**
3 AAA Drive First Floor
City, State & Zip Code
Hamilton, NJ 08691

**Name of OSHA Monitor**
EMSAL Analytical

**Street Address**
108 Haddon Ave.
City, State & Zip Code
Westmont, NJ 08108

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

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

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

- ≥3 sf or ≥3 ft
- ≥160 sf ≥260 ft
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glove Bag Procedures
- Non-Exempted and Non-Friable Procedure

---

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

**Is Location Normally Used Solely by Maintenance or 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
- Encapsulate
- Enclosure

- Exterior
- Exterior
- Exterior

- A-Beam Support Flashing
- Steam Tar Flashing
- Parapet Caulking
- Flashing behind parapet panels

**Name of Registered Waste Hauler**
AbateTech, Inc.

**Waste Hauler ID No.**
18750

**Cubic Yards of Waste**
4

**Name of Registered Landfill**
Imperial Landfill

**Disposal Date**
11/9/12

**Location**
11 Boggs Rd., Imperial PA 15126

**Completed By (Print or Type)**
Gwen Trumbetti

**Title**
Office Coord.

**Signature**

**Date**
10/31/12
### Notification of Asbestos Abatement

**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to N.J.A.C. 8:60 and 12:120)

**Date of Notification**: 11/1/12  
**Name of Building Owner / Operator**: Princeton University  
**Name of Contact**: Robert Ortega, P.E.

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

#### Type Notification
- [ ] Initial  
- [x] Amended #6  
- [ ] Emergency  
- [ ] Cancellation

#### Agency Address
- **Trustees of Princeton University**  
  **E.A. MacMillan**  
  **990 Jadwin Hall**  
  **Princeton, NJ 08544**

#### City, State & Zip Code
- **Princeton, NJ 08544**

#### Name of Abatement Contractor
- **AbateTech, Inc.**  
  **PO Box 25**  
  **Lumberton, NJ 08048**

#### License Number
- **00529**

#### Name of Agency
- **ATC Associates, Inc.**

#### Name of Monitoring Firm Hired by Building Owner
- **EMSL Analytical**

#### Telephone Number
- **609-388-6800**

#### Street Address
- **Bromley Corporate Center 3 Terrill Lane, Suite 12**  
  **Burlington, NJ 08016**

#### Project Manager for Monitoring Firm
- **Mike Keen**  
  **Telephone Number**: 609-388-8800

### FACILITY INFORMATION

#### Name of Facility Where Abatement is Taking Place
- **Princeton University – Firestone Library**

#### Street Address
- **One Washington Road**

#### City (5)
- **Princeton**

#### County (6)
- **Mercer**

#### County Code (7)
- N/A

#### Number of Floors
- N/A

#### License Number
- N/A

#### Name of OSHA Monitor
- **EMSL Analytical**

#### Street Address
- **108 Haddon Ave., Westmont, NJ 08108**

#### Scope of Work (Check all that apply)
- [x] >=260 sf
- [x] Renovation
- [x] Demolition

#### Date of Completion (11)
- **11/30/12**

#### Size of Rooms
- **72 SF**
- **160 SF**
- **60 SF**

### Various Locations Throughout 1st Floor

<table>
<thead>
<tr>
<th>Location</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>4th Floor Room 4-8-D</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1st Floor Tech Services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B Level Former Systems Office</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Name of Registered Waste Hauler
- **AbateTech, Inc.**  
  **NJDEP Waste Hauler ID**: 18750  
  **Disposal Date**: 11/30/12

### Name of Registered Landfill
- **TRRF Landfill**  
  **City, State & Zip Code**: Tullytown, PA 08578

### Completed By (Print or Type)
- **Gwen Trumbetti**  
  **Title**: Opps. Coord.  
  **Signature**: [Signature]

### Date
- **11/1/12**