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

Date of Notification (1)
10/29/2012

Name of Building Owner/Operator (2)
Township of Livingston

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

Type Notification
☐ Initial
☐ Amended Amendment # 4
☐ Emergency (including justification)
☐ Cancellation

Name of Facility Where Abatement is Taking Place (3)
Municipal Court Community Center

Street Address
26 Monmouth Court

City (5)
Livingston

County (6)
Essex

County Code (7) (STATE USE ONLY)

Current Use (Prior to being demolished)
Community Center

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

ASCM No.

Name of Abatement Contractor (9)
Kielczewski Corporation

Street Address
120 N. Warren Street

City, State, Zip Code
Trenton NJ 08608

Project Manager for Monitoring Firm

Telephone No.
609-392-4200

Start Date (10)

On Hold
12/28/2012

Scheduled Completion Date (11)

Name of OSHA Monitor
Long Island Analytical

Street Address
110 Colin Drive

City, State, Zip Code
Holbrook NY 11741

Facility Closed/Vacated During Entire Period of Abatement
Abatement Performed Outside of Normal Facility Hours
Other - Describe: open during business hours 8:00-4:00pm

Scope of Work (Check All That Apply)
☐ ≥30 sf or ≥3 if
☐ ≥100 sf or ≥200 sf
☐ Renovation
☐ Demolition

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

Is Location Normally Used Solely by Maintenance/Custodial Staff? (Yes/No/NA)

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

Amount (Specify SF or LF)
Full Containment with Negative Pressure
Mini-Enclosure
Glovebag Procedure
Non-Exempted (*) and Non-Friable Procedure

Abatement Type

Name of Registered Waste Hauler
Circle Rubbish

NJDEP Waste Hauler ID No. 18816

Cubic Yards of Waste

Name of Registered Landfill
Tullytown Resource Facility

City, State
Linden NJ
Morrisville PA

Completed by
Sławomir Kielczewski
Title
President
Signature
Kalczewski

Date
11/07/2012

* 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**  
10/29/2012

**Name of Building Owner/Operator**  
Township of Livingston

**Agencies Notified**  
☑ EPA  ☑ DOL  ☐ DOH  ☐ DCA

**Type Notification**  
☑ Initial  ☑ Amended  ☐ Emergency (including justification)  ☐ Cancellation

**Street Address**  
333-357 South Livingston Avenue

**City, State, Zip Code**  
Livingston, NJ 07039

**Name of Contact**

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place**  
Monmouth Court Community Center

**City**  
Livingston

**County**  
Essex

**Current Use (Prior to if being demolished)**  
Community Center

**Name of Monitoring Firm Hired by Building Owner**  
Environmental Connection Inc.

**ASCM No.**

**Name of Abatement Contractor**  
Kielczewski Corporation

**Street Address**  
120 N. Warren Street

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

**Telephone No.**  
609-392-4200

**License No.**  
01171

**Start Date**  
10/29/2012

**On Hold**

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

**Other - Describe**  
Open during business hours 8:00-4:00pm

**Scope of Work**  
☐ 3-5 of or ≥ 3 If  ☑ ≥160 sf or ≥ 250 sf

**Renovation Demolition**

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Spray or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>2nd Floor Room 217</td>
<td>☑</td>
<td>VAT &amp; Mastic</td>
<td>60sf</td>
<td></td>
</tr>
<tr>
<td>2nd Floor Room 219</td>
<td>☑</td>
<td>VAT &amp; Mastic</td>
<td>414sf</td>
<td></td>
</tr>
<tr>
<td>2nd Floor Corridor 200</td>
<td>☑</td>
<td>VAT &amp; Mastic</td>
<td>530sf</td>
<td></td>
</tr>
<tr>
<td>2nd Floor Room 215</td>
<td>☑</td>
<td>VAT &amp; Mastic</td>
<td>81sf</td>
<td></td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**  
Circle Rubbish

**Disposal Date**  
11/07/2012

**City, State**  
Linden NJ

**Completed by**

Slawomir Kielczewski  
Title: President

**Signature**  
Kielczewski

*Do not use this form for asbestos licensure exempted activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 6:60 and 12:120)

Date of Notification (1) 10/29/2012

Continuation Sheet #2

Agencies Notified Type Notification
- EPA Initial
- DEP Amended
- DOL Amendment #1
- DOH Emergency (including Certification)
- DCA Cancellation

Name of Building Owner/Operator (2)
Township of Livingston

Address Street
333-357 South Livingston Avenue

City, State, ZIP Code
Livingston, NJ 07039

Name of Contact
Telephone Number

Facility Information

Name of Facility Where Abatement is Taking Place (3)
Monmouth Court Community Center

Street Address
26 Monmouth Court

City (5)
Livingston

County Code (6)
Essex

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

Name of Abatement Contractor (9)
Kielczewski Corporation

Street Address
120 N. Warren Street

City, State, ZIP Code
Trenton NJ 08608

Telephone No.
609-392-4200

License No.
01171

Start Date (10) DJ HOLD
Scheduled Completion Date (11) 12/28/2012

Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours

Occupancy Status During Abatement (Check Only One)
- Other - Describe: opening during Business Hours 8:00-4:00pm

Scope of Work (Check All That Apply)
- ≥3 sf or ≥33 if
- ≥160 sf or ≥260 if
- Demolition
- Renovation
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebox Procedure
- Non-Exempted (*) and Non-Eratable Procedure

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

Is Location Normally Used Solely by Maintenance/Custodial Staff? (14)

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Floor part of room 103</td>
<td>x</td>
<td>N/A</td>
</tr>
<tr>
<td>1st Stair 104</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Part of corridor 112</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>1st Fl Stairwell smoke doors</td>
<td>x</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Location of ACM</th>
<th>Description</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Floor part of room 103</td>
<td>VAT &amp; Mastic</td>
<td>250sf</td>
<td>x</td>
</tr>
<tr>
<td>1st Stair 104</td>
<td>VAT &amp; Mastic</td>
<td>237sf</td>
<td>x</td>
</tr>
<tr>
<td>Part of corridor 112</td>
<td>VAT &amp; Mastic</td>
<td>125sf</td>
<td>x</td>
</tr>
<tr>
<td>1st Fl Stairwell smoke doors</td>
<td>lining caulking</td>
<td>96sf</td>
<td>x</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
Circle Rubbish
NJDEP Waste Hauler ID No. 18816

Disposal Date
City, State
Morrisville PA

Completed by
Slawomir Kielczewski
Title
President
Signature

* Do not use this form for asbestos licensure exempted activities.
Date of Notification (1): 10/29/2012
CONTINUATION SHEET #3
Name of Building Owner/Operator (2): Township of Livingston
Street Address: 333-357 South Livingston Avenue
City, State, Zip Code: Livingston, NJ 07039
Name of Contact: ""?

FACILITY INFORMATION
Name of Facility Where Abatement is Taking Place (3): Monmouth Court Community Center
Street Address: 26 Monmouth Court
City (5): Livingston
County (6): Essex
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: # of Floors: Bldg. Age: Community Center

Name of Monitoring Firm Hired by Building Owner (8): Environmental Connection Inc.
Name of Abatement Contractor (9): Kieczewski Corporation
Street Address: 235 Watchung Ave
City, State, Zip Code: West Orange NJ 07052
Telephone No.: 973-243-9872
License No.: 01171

Start Date (10): Scheduled Completion Date (11): 12/28/2012

Occupancy Status During Abatement (Check Only One):
- [X] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours
- [ ] Other - Described: Open during business hours 8:00-4:00pm

Scope of Work (Check All That Apply):
- [ ] Renovation
- [X] Demolition

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

<table>
<thead>
<tr>
<th>Location</th>
<th>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 Gymnasium Room 110</td>
<td>x</td>
<td>wire insulation</td>
<td>361sf</td>
<td>x</td>
</tr>
<tr>
<td>1st Floor Room 103</td>
<td>x</td>
<td>chalkboard mastic</td>
<td>158sf</td>
<td>x</td>
</tr>
<tr>
<td>1st Floor Room 103</td>
<td>x</td>
<td>wood paneling mastic</td>
<td>1,700sf</td>
<td>x</td>
</tr>
<tr>
<td>2nd Fl hallway smoke doors</td>
<td>x</td>
<td>lining/coating</td>
<td>96sf</td>
<td>x</td>
</tr>
</tbody>
</table>

Cubic Yards of Waste: NJDEP Waste Hauler ID No. 18916
Name of Registered Landfill: Tullytown Resource Facility
City, State: Morrisville PA

Completed by: Slawomir Kieczewski
Title: President
Signature: [Signature]
Date: 11/07/2012

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 6:80 and 12:120)

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

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

Facility Information
- Name of Facility Where Abatement is Taking Place:
  Monmouth Court Community Center
- Street Address:
  26 Monmouth Court
- City:
  Livingston
- County:
  Essex
- County Code:
  (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner:
Environmental Connection Inc.

ASCM No.

Name of Abatement Contractor:
Kielczewski Corporation

Street Address:
235 Watchung Ave

City:
West Orange
State:
NJ
Zip Code:
07052

Telephone No.:
973-243-9872
License No.:
01171

Name of OSHA Monitor:
Long Island Analytical

Street Address:
110 Colin Drive
City:
Holbrook
State:
NY
Zip Code:
11741

Start Date:
11/08/2012

Scheduled Completion Date:
11/15/2012

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

Scope of Work:
- ≥300 sf
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebox Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

In Facility

2nd Floor Room 217
- Yes
- VAT & Mastic

2nd Floor Room 219
- Yes
- VAT & Mastic

2nd Floor Corridor 200
- Yes
- VAT & Mastic

2nd Floor Room 215
- Yes
- VAT & Mastic

Name of Registered Waste Hauler:
NJDEP Waste Header JD No. 18618

Cubic Yards of Waste:
Tullytown Resource Facility

Disposal Date:
City:
Morrisville
State:
PA

Completed by:
Slawomir Kielczewski
Title:
President
Signature:

Date:
10/29/2012

* 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)**
10/29/2012

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

**Street Address**
333-357 South Livingston Avenue

**City, State, Zip Code**
Livingston, NJ 07039

**Name of Contact**

**Telephone Number**

### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place (3)**
Monmouth Court Community Center

**Street Address**
26 Monmouth Court

**City (5)**
Livingston

**County Code (7)**
Essex

**Name of Monitoring Firm Hired by Building Owner (8)**
Environmental Connection Inc.

**ASCM No.**

**Name of Abatement Contractor (9)**
Kielczewski Corporation

**Street Address**
235 Watchung Ave

**City, State, Zip Code**
West Orange NJ 07052

**Telephone No.**
609-392-4200

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

**Telephone No.**

**License No.**

**Start Date (10)**
11/08/2012

**Scheduled Completion Date (11)**
11/15/2012

**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: open during business hours 8:00-4:00pm**

**Scope of Work (Check All That Apply)**

- 23 sf or >= 23 sf
- 160 sf or >=260 sf
- Renovation
- Demolition
- [ ] Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

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

<table>
<thead>
<tr>
<th>Location of ACM</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of ACM (e.g. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Floor part of room 103</td>
<td>[ ]</td>
<td>VAT &amp; Mastic</td>
<td>250sf x</td>
</tr>
<tr>
<td>1st Stair 104</td>
<td>[ ]</td>
<td>VAT &amp; Mastic</td>
<td>237sf x</td>
</tr>
<tr>
<td>Part of corridor 112</td>
<td>[ ]</td>
<td>VAT &amp; Mastic</td>
<td>125sf x</td>
</tr>
<tr>
<td>1st Fl Stairwell smoke doors</td>
<td>[ ]</td>
<td>lining/caulking</td>
<td>96sf x</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
Circle Rubbish

**NJ/DEP Waste Hauler ID No.**
18916

**Cubic Yards of Waste**

**Name of Registered Landfill**
Tullytown Resource Facility

**City, State, Zip Code**
Linden NJ

**Disposal Date**

**Name of Contact**
Slawomir Kielczewski

**Title**
President

**Signature**
Kielczewski

**Date**
10/29/2012

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

**Date of Notification (1)**  
10/29/2012

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

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

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

**Street Address**  
333-357 South Livingston Avenue

**City, State, Zip Code**  
Livingston, NJ 07039

**Name of Contact**

---

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**  
Monmouth Court Community Center

**Street Address**  
26 Monmouth Court

**City (5)**  
Livingston

**County (6)**  
Essex

**County Code (7)**  

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

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

**Square Feet**

**# of Floors**

**Bldg. Age**

---

**Name of Monitoring Firm Hired by Building Owner (8)**  
Environmental Connection Inc.

**ASCM No.**

**Name of Abatement Contractor (9)**  
Kielczewski Corporation

**Street Address**  
120 N. Warren Street

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

**Telephone No.**

**License No.**

**Telephone No.**

**Scheduled Completion Date (11)**  
11/15/2012

---

**Start Date (10)**

**Occupancy Status During Abatement (Check Only One)**
- Facility Closed/Vacant During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other – Describe: open during business hours 8:00-4:00pm

**Project Manager for Monitoring Firm**

**Name of OSHA Monitor**

**Street Address**  
235 Watchung Ave

**City, State, Zip Code**  
West Orange NJ 07052

**License No.**

---

**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 (13)

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

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

**Amount (Specify SF or LF)**

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</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>
</tr>
</thead>
<tbody>
<tr>
<td>Exterior doors</td>
<td>x</td>
<td>doors caulk</td>
<td>300LF</td>
</tr>
<tr>
<td>Exterior windows Room 103</td>
<td>x</td>
<td>window caulk</td>
<td>100LF</td>
</tr>
</tbody>
</table>

---

**Name of Registered Waste Hauler**

**Cubic Yards of Waste**

**Name of Registered Landfill**

**Disposal Date**

**City, State**

**Name of Registered Landfill**

**Tullytown Resource Facility**

**City, State**

Morrisville PA

---

**Completed by**

**Signature**

Sławomir Kielczewski  
President

**Date**

10/29/2012

---

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

Date of Notification (1)
November 13, 2012

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

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

Name of Building Owner/Operator (2)
ICL Performance Products LP

Address
500 Roosevelt Avenue
Carteret, NJ 07008

Name of Contact
Jim Sonebush

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
ICL Performance Products LP

Street Address
500 Roosevelt Avenue

City (5) Carteret
County (6) Middlesex
County Code (7) (State Use Only)

Name of Monitoring Firm Hired by Bldg. Owner (8)
ASCN No.
None

Name of Contractor (9)
Brandenburg Industrial Service Company

Street Address
2217 Spillman Drive

City, State, Zip Code
Bethlehem, Pennsylvania 18015

Project Manager for Monitoring Firm

Telephone Number
(610) 691-1000

License Number
00721

Scheduled Start Date (10)
November 25, 2012

Scheduled Completion Date (11)
December 20, 2012

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

Sq. Feet 53,136

# of Floors 3

Bldg. Age 67 years
Current Use (prior to if being demolished): Manufacturing

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

Describe

Other – Demo will be performed from 12/03/12 though 01/18/13

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

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Location Normally Used</th>
<th>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bidg. 1, 4 &amp; 7</td>
<td>YES</td>
<td>Floor Tile (non-friable)</td>
<td>715 SF</td>
<td>X</td>
</tr>
<tr>
<td>Bidg. 1 &amp; 4 Roof</td>
<td>YES</td>
<td>Roof Mastic (non-friable)</td>
<td>13,880 SF</td>
<td>X</td>
</tr>
<tr>
<td>Bidg 1 &amp; 4</td>
<td>X</td>
<td>Transite Panel (non-friable)</td>
<td>46 SF</td>
<td>X</td>
</tr>
<tr>
<td>Bidg 1</td>
<td>X</td>
<td>Brake Shoes</td>
<td>5 SF</td>
<td>X</td>
</tr>
</tbody>
</table>

Name of Req. Waste Hauler
Freehold Cartage, Inc.
NJDEP Waste Hauler ID # 15939
Cubic Yards of Waste 65
Name of Req. Landfill G.R.O.W.S., Inc.
(Waste Management)

City, State
Freehold, NJ

Completed by (Print or Type)
Jennifer Strobel
Title Contract Administrator
Signature
Date
December 3, 2012

Mail to: NJDEP-DSHN-SRRTP
401 E. State St., PO 414
Trenton, NJ 08625-0414
Telephone 609-984-6620

C:\WORDM\YDOC\ASBESTOS
9/18/09
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1) 10/11/12

Agency Noticed Type Notification
DEPA Initial Notification
DEP Amended Notification
DIDOL Cancellation
NJDOH
NJDEP
NJDCA

Name of Building/Owner/Operator (2) NEXGO SOLUTIONS

Street Address 350 Roosevel

City, State, Zip Code CONTRACT OR, NJ 07060

Name of Contact Mike Lynch

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) NEXGO SOLUTIONS OFFICE

Street Address 350 Roosevel

City (5) CONTRACT OR Middletown

County (6) Middletown

County Code (7) (STATE USE ONLY) 2000

Name of Monitoring Firm Hired by Building Owner (8)

Type of Facility (4)

School (K-12) (Y/N)
Subchapter B (Other than K-12) (Y/N)
Other (i.e., private & commercial buildings, houses, etc.) (Y/N)

Square Feet # of Floors Bldg. Age
4000 2 50

Current Use (Prior if being demolished)
OFFICE/SPECIAL CHEMICAL FCTR

Name of Abatement Contractor (9) NEW STATES CONTRACTING

Street Address 2400 Main St Extension, Suite 100

City, State, Zip Code Sayville, NY 11782

Name of OSHA Monitor TIGER ENVIRONMENTAL

Street Address 16 W. Elizabeth Ave

City, State, Zip Code LINY, NJ 07036

Scope of Work (Check all that apply)

[] Demolition

[] Full Containment with Negative Pressure

[] Renovation

[ ] Mini-Enclosure

[ ] Gloves Bag Procedure

[ ] Non-Pneumatic Procedure

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

In Location Normally Used

Solely by Maintenance/Custodial Staff (12)

Yes No N/A

1ST Floor Scale Room

VAT

2ND Floor Mens/ Womens

VAT

Name of Registered Waste Hauler Horizon Disposal

Hauler ID No. 22012

Cubic Yards of Waste 5

Name of Registered Landfill Groes Landfill

City, State 235 Giess AV Trenton, NJ

Disposal Date 11-16-12

City, State Morrisville, PA

Completed By (Print or Type) Title Rich Baptista, Vice President

Signature 11/8/12

ASS-41 JUN 95
**State of New Jersey**

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

**Date of Notification (1)**

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] EPA</td>
<td>[X] Initial Notification</td>
</tr>
<tr>
<td>[ ] DEP</td>
<td>[ ] Amended Notification</td>
</tr>
<tr>
<td>[X] DOL</td>
<td>[ ] EMERGENCY</td>
</tr>
<tr>
<td>[ ] DOH</td>
<td>[ ] Cancellation</td>
</tr>
</tbody>
</table>

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

**Street Address**
11 Norfolk Ave.

**City, State, Zip Code**
Maplewood, NJ 07040

**Name of Contact**
Paul Pagash

**Telephone Number**

---

**FACILITY INFORMATION**

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

**Street Address**
11 Norfolk Ave.

**City, State, Zip Code**
Maplewood

**Name of Monitoring Firm hired by Building Owner (9)**
AZTECH MANAGEMENT, Inc.

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

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

**Street Address**
86 Christopher St.

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

**License Number**
00371

**Type of Facility (4)**

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

**Square Feet**
1500

**# of Floors**
3

**Bldg. Age**
70

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

**Name of OSHA Monitor**
N/A

**Street Address**

**City, State, Zip Code**

---

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

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

**Scheduled Start Date (10)**
Month 11 Day 02 Year 2012

**Sched. Completion Date (11)**
Month 11 Day 05 Year 2012

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

- [X] Renovation
- [ ] Demolition
- [X] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [X] Glovebag Procedure
- [ ] Non-Permissible Procedure

---

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Location Normally Used Solely By Maintenance/Custodial Staff (12)</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems, insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Basement</strong></td>
<td><strong>boiler</strong></td>
<td>[ ] Yes [ ] No [ ] N/A</td>
<td>35 sq ft [X]</td>
<td>removal</td>
</tr>
<tr>
<td><strong>Basement</strong></td>
<td><strong>Piping</strong></td>
<td>[ ] Yes [ ] No [ ] N/A</td>
<td>85 LF [X]</td>
<td>encapsulation</td>
</tr>
</tbody>
</table>

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

**Waste Hauler ID No.**
17040

**Cubic Yards of Waste**

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

**City, State**
Montclair, NJ 07042

**Disposal Date**
10/6/2012

**City, State**
Morrisville, PA 19067

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

**Title**
President

**Signature**

**Date**
11/2/2012
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 11/13/12

Name of Building Owner/Operator (2)
PSE+G

Agencies Notified
EPA
DEP
DOL
DOH
DCA

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

Street Address
150 CIRCLE AVE

City, State, Zip Code
CLIFTON, NJ 07012

Name of Contact
CRAG O'CONNELL

Name of Facility Where Abatement Is Taking Place (3)
PSE+G

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

Street Address
938 CLINTON AVE

City (5)
IRVINGTON

County (6)
ESSEX

County Code (7) (STATE USE ONLY) 8

Square Feet
88800

# of Floors
4

Bldg. Age
17 yrs.

Current Use (Prior if being demolished)

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

ASCM No.
0045

Name of Abatement Contractor (9)
UNIQUE SYSTEMS OF AMERICA

Street Address
396 WHITEHEAD AVE

City, State, Zip Code
SOUTH RIVER, NJ 08882

Telephone No.
732-329-2217

License No.
01111

Name of OSHA Monitor

UNIQUE SYSTEMS OF AMERICA

Street Address
396 WHITEHEAD AVE

City, State, Zip Code
SOUTH RIVER, NJ 08882

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

Start Date (10) 11/13/12

Scheduled Completion Date (11) 12/14/12

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)

- ≤5 r/c or ≤3 fl
- ≤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)

Yes
No
N/A

Location

L1TH F1R.

X

Thermal systems Ins.

ACM Ducts

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, VAC, or other miscellaneous)

Amount (Specify SF or LF)

550 LF

Abatement Type

Removal
Repair
Containment

Name of Registered Waste Hauler

WASTE MANAGEMENT

NJDEP Waste Hauler ID No. 1125

Cubic Yards of Waste
30

Name of Registered Landfill
GROWS

City, State
ELIZABETH, NJ

Disposal Date
12/14/12

City, State
MORRISVILLE, PA

Completed by

Amanda Lawrence

Title
Office Mgr.

Signature

Compliance Date
11/13/12

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

State of New Jersey

Date of Notification (1) 11/13/12

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

Type Notification
- Initial
- Amended #1
- Emergency
- Cancellation

Name of Building Owner / Operator (2)
Township of Hamilton

Address
240 Tampa Ave.
City, State & Zip Code
Hamilton, NJ 08610

Name of Contact
Charles Thomas

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Hamilton Municipal Building

Street Address
2090 Greenwood Ave.
City (5)
Hamilton
County (6)
Mercer
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 0
# of Floors 0
Bidg. Age 0

Current Use (Prior if being demolished)
Municipal Building

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

Street Address
500 Horizon Drive Suite 540
City, State & Zip Code
Robbinsville, NJ 08691

Project Manager for Monitoring Firm
Margaret Halasnik

Telephone Number
609-890-7277

Scheduled Start Date (10)
11/13/12

Scheduled Completion Date (11)
11/16/12

Occupancy Status During Abatement (Check only one)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Hours - Describe: 5PM start
- Facility Occupied During Abatement

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

Location
NJDEP Waste Hauler ID No.
18750
Cubic Yards of Waste
1
Name of Registered Landfill
TRRF Landfill
Disposal Date
11/16/12
City, State
Lumberton, NJ

Title
Office Coord.
Signature
Date 11/13/12

Completed By (Print or Type)
Gwen Trumbetti

Comments

CWA-1
**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>11/7/12</th>
</tr>
</thead>
</table>

**Agencies Notified**

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

**Type Notification**

- [ ] Initial
- [x] Amended #2
- [ ] Emergency
- [ ] Cancellation

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

<table>
<thead>
<tr>
<th>Name of Building Owner / Operator</th>
<th>Gary Diratsaglu</th>
</tr>
</thead>
</table>

**Street Address**

68 West South Orange Avenue

**City, State & Zip Code**

South Orange, NJ

**Name of Contact**

Gary Diratsaglu

**Telephone Number**

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

Exxon 30189

**Street Address**

68 West South Orange Avenue

**City**

South Orange

**County**

Essex

**County Code**


**Facility Information**

<table>
<thead>
<tr>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] School (K-12)</td>
</tr>
<tr>
<td>[ ] Subchapter 8 (Other than K-12)</td>
</tr>
<tr>
<td>[x] Other (i.e. private &amp; commercial buildings, homes, etc.)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Current Use (Prior if being demolished)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service station</td>
</tr>
</tbody>
</table>

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

Kleinfelder

**Name of Abatement Contractor (9)**

AbateTech, Inc.

**Street Address**

PO Box 25

Lumberton, NJ 08048

**City, State & Zip Code**

Lumberton, NJ

**Name of OSHA Monitor**

EMSL Analytical

**Street Address**

108 Haddon Ave.

Westmont, NJ 08108

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

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

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

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

**Describe:**

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] ≥3 sf or ≥3 lf</td>
</tr>
<tr>
<td>[x] 160 sf ≥260 lf</td>
</tr>
<tr>
<td>[ ] Renovation</td>
</tr>
<tr>
<td>[x] Demolition</td>
</tr>
<tr>
<td>[ ] Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>[ ] Mini-Enclosure</td>
</tr>
<tr>
<td>[ ] Glove Bag Procedures</td>
</tr>
<tr>
<td>[ ] Non-Exempted and Non-Friable Procedure</td>
</tr>
</tbody>
</table>

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

- Exterior
- Exterior
- Exterior
- Exterior

**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)**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>A-Beam Support Flashing</td>
<td>8 SF</td>
</tr>
<tr>
<td>Steam Tar Flashing</td>
<td>7 SF</td>
</tr>
<tr>
<td>Parapet Caulking</td>
<td>10 SF</td>
</tr>
<tr>
<td>Flashing behind parapet panels</td>
<td>10 SF</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**

AbateTech, Inc.

**NJDART Waste Hauler ID No.**

18750

**Cubic Yards of Waste**

4

**Name of Registered Landfill**

Imperial Landfill

**Disposal Date**

11/16/12

**City, State**

Lumberton, NJ

11 Boggs Rd., Imperial PA 15126

**Completed By (Print or Type)**

Gwen Trumbetti

**Title**

Office Coord.

**Signature**

Date

11/7/12
### 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:** 11/13/12

**Name of Building Owner / Operator:**

**Township of Hamilton**

**Street Address:** 240 Tampa Ave.

**City, State & Zip Code:** Hamilton, NJ 08610

**Name of Contact:** Charles Thomas

**Facility Information**

**Name of Facility Where Abatement is Taking Place:** Hamilton Municipal Building

**Street Address:** 2090 Greenwood Ave.

**City:** Hamilton

**County:** Mercer

**County Code:**

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

**Street Address:** 500 Horizon Drive Suite 640

**City, State & Zip Code:** Robbinsville, NJ 08691

**Project Manager for Monitoring Firm:** Margaret Halasnik

**Telephone Number:** 609-890-7277

**Scheduled Start Date:** 11/13/12

**Scheduled Completion Date:** 11/14/12

**Occupancy Status During Abatement:**

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Hours – Describe: 5PM start
- Facility Occupied During Abatement

**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**

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

**Storage Area:**

**Storage Area:**

- Pipe joint insulation: 6 LF
- Pipe Insulation: 15 LF

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

**NJDEP Waste Hauler ID No.:** 18750

**Cubic Yards of Waste:** 1

**Name of Registered Landfill:** TRRF Landfill

**City, State:** Lumberton, NJ

**Disposal Date:** 11/14/12

**City, State:** Tullytown, PA

**Completed By:**

**Gwen Trumbetti**

**Title:** Office Coord.

**Signature:**

**Date:** 11/13/12
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to N.J.A.C. 8:60 and 12:120)  

Date of Notification (1)  11/13/12  

Name of Building Owner / Operator:  Cherry Hill B.O.E.  

Agencies Notified  

<table>
<thead>
<tr>
<th>Agency</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>☒ EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>☐ DEP</td>
<td>Amended #</td>
</tr>
<tr>
<td>☐ DOL</td>
<td>Emergency</td>
</tr>
<tr>
<td>☐ DOH</td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

Name of Facility Where Abatement is Taking Place (3)  
Rosa International School  

Street Address  
485 Browning Lane  

City (5)  County (5)  County Code (7)  
Cherry Hill  Camden  

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)  
School  

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

Street Address  
1253 North Church Street  

City, State & Zip Code  
Moorestown, NJ 08057  

Project Manager for Monitoring Firm  
Jim Guilardi  

Telephone Number  856-940-8800  

Scheduled Start Date (10)  11/23/12  
Scheduled Completion Date (11)  12/28/12  

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

Describe:  

Scope of Work (Check all that apply)  
☒ ≥3 sf or ≥3 if  
☒ ≥160 sf ≥260 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 (13)  

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

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

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

<table>
<thead>
<tr>
<th>cubic Yards of Waste</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
</tr>
</tbody>
</table>

Amount (Specify SF or LF)  15 SF Total  

Abatement Type  

Name of Registered Waste Hauler  AbateTech, Inc.  

NJDEN Waste Hauler ID No.  18750  

Disposal Date  12/28/12  

Name of Registered Landfill  TRRF Landfill  

City, State  
Lumberton, NJ  

Completed By (Print or Type)  Gwen Trumbetti  
Title  Office Coord.  

Signature  

Date  11/13/12  

City, State  
Tullytown, PA
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to N.J.A.C. 8:60 and 12:120)  
CHECK #4653  
RECEIVED

Date of Notification (1)  
11/7/12

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

Facility Information

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

Street Address  
2000 Pennington Road

City (5)  
Ewing

County (6)  
Mercer

County Code (7)  

Type of Facility (4)  

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

Square Feet  

# of Floors  

Bldg. Age  

Current Use (Prior if being demolished)  
Manhole

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

Street Address  
1253 North Church Street

City, State & Zip Code  
Moorestown, NJ 08057

Project Manager for Monitoring Firm  
Jim Guilardi

Telephone Number  
856-940-8800

Scheduled Start Date (10)  
11/8/12

Scheduled Completion Date (11)  
11/30/12

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  
[ ] 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)  

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)  
160 LF

Abatement Type  

Endorsement

Encapsulate

Repair

Remove

Endorsement

Encapsulate

Repair

Remove

Completion

Cubic Yards of Waste  
15

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

Name of Registered Waste Hauler  
AbateTech, Inc.

City, State  
Lumberton, NJ

Completed By (Print or Type)  
Gwen Trumbetti

Title  
Opps. Coord.

Signature  

Date  
11/7/12
### New Jersey Notification of Asbestos Abatement

**Date of Notification:** 11/13/12  
**Name of Building Owner/Operator:** 250 James St, LLC  
**City, State, Zip Code:** Hackensack, NJ 07606

---

**Facility Information**

**Name of Facility Where Abatement Is Taking Place:** 250 James St. LLC  
**Street Address:** 250 James St.  
**City, State:** Hackensack, NJ  
**County:** Morris  
**Type of Facility:** Other (i.e., private & commercial buildings, homes, etc.)

**Square Feet:** 80,000  
**# of Floors:** 1  
**Bldg. Age:** 60

---

**Abatement Contract:** A. Mac Contracting Inc.  
**Street Address:** 105 Lowell Road  
**City, State, Zip Code:** Glen Rock, NJ 07452

---

**Project Manager for Monitoring Firm:**  
**Telephone No.:** 201-262-5841

---

**Start Date:** 11/20/12  
**Scheduled Completion Date:** 11/24/12

---

**Occupancy Status:** Facility Closed/Abandoned During Entire Period of Abatement  
**Abatement Performed Outside of Normal Facility Hours:** Other - Describe:  
**Type of Work:**  
- Full Containment with Negative Pressure  
- Furnace and Stove Demolition

---

**Location of Asbestos-Containing Material (ACM):** Roof  
**Is Location Normally Used Solely by Maintenance/Custodial Staff:** No

---

**Description of Asbestos-Containing Material (ACM):** Thermal systems insulation, surface, VAT, or other miscellaneous  
**Amount:** 1400 LF

---

**Name of Registered Waste Hauler:** IESI PA Bethlehem Landfill Corp.  
**City, State:** Bethlehem, PA 18015  
**Waste Hauler ID No.:** 20785

---

**Disposal Date:** 11/24/12  
**Completed by:** R. McDonald

---

*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)**

<table>
<thead>
<tr>
<th>11/</th>
<th>14</th>
<th>12</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**Street Address**
1095 6th Avenue

**City, State, Zip Code**
New York, NY 10036

**Name of Contact**
Alex Baylor

**Telephone Number**

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**
Verizon Hopatcong Central Office

**Street Address**
1 Lakeside Blvd

**City (5)**
Landing, NJ

**County (6)**
Morris

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

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

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

**Square Feet**
10000

**# of Floors**
2

**Bldg. Age**
40

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

**ASCM No.**
29717

**Name of Abatement Contractor (9)**
JVN Restoration Inc

**Street Address**
47 Foster Road

**City, State, Zip Code**
Staten Island NY 10309

**Project Manager for Monitoring Firm**
Harold Baiwin

**Telephone No.**
866-840-8800

**License No.**
00774

**Start Date (10)**
11/26/12

**Scheduled Completion Date (11)**
11/29/12

**Name of OSHA Monitor**
Tester Tech

**Street Address**
10 59 Jackson Avenue

**City, State, Zip Code**
LIC, NY 11101

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

**Time of Abatement:**
8 AM - 5:00 PM

**Scope of Work (Check all that apply)**
- [x] ≥3 sf or ≥3 ft
- [ ] ≥150 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**

<table>
<thead>
<tr>
<th>Location</th>
<th>If 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>Yes</td>
<td>No</td>
<td>N/A</td>
<td>VAT</td>
</tr>
<tr>
<td>Storage</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>VAT</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
Global Waste Industries Inc

**NJDWRWaste Hauler ID No.**
NJ-22171

**Cubic Yards of Waste**
2

**Name of Registered Landfill**
Minerva Enterprises Inc

**City, State**
Hackettstown, NJ

**Disposal Date**
11/29/2012

**City, State**
Waynesburg, OH

**Completed By (Print or Type)**
John Tardy

**Title**
Senior Project Manager

**Signature**

**Date**
11/14/12

*Do not use this form for asbestos licensure exempted activities.*
**STATE OF NEW JERSEY**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(PURSUANT TO NJAC 8:80-7 AND 12:120-7)  
**ANNUAL NOTIFICATION**  

**Date of Notification (1):** 11/15/12  

**Name of Building Owner / Operator (2):** Sears Holding Corporation  
**Street Address:** 3333 Beverly Road  
**City, State, Zip Code:** Hoffman Estates, Illinois  
**Name of Contact:** Gerald Jacobs  
**Telephone Number:** 641-7463  
**Control:**  

**FACILITY INFORMATION**  
**Name of Facility Where Abatement is Taking Place (3):** K-Mart  
**Street Address:** 3010 Highway 35  
**City:** Hazlet  
**County:** MIDDLESEX  
**County Code:**  
**Type of Facility (4):**  
- [ ] School (K-12)  
- [ ] Subchapter 8 (Other than K-12)  
- [ ] Other (i.e., private & commercial bldgs., homes, etc.)  
**Square Feet:** N/A  
**# Of Floors:** N/A  
**Building Age:** N/A  
**Current Use:** Retail  

**Name of Monitoring Firm Hired by Bldg. Owner (8):** Watterson Environmental  
**Street Address:** 138 Main Street  
**City, State, Zip Code:** Aberdeen, NJ 07747  
**Project Mgr. For Monitoring Firm:** Brian Rolston  
**Telephone Number:** 908-218-1108  
**Telephone Number:** 973-772-3660  
**License Number:** 0017  

**Occupancy Status During Abatement (Check Only 1):**  
- [ ] Facility Closed/Vacated During Entire Period of Abatement  
- [ ] Abatement Performed Outside of Normal Facility Hours - Describe: __________  
- [ ] Other - Describe: __________  
**Telephone Number:**  
**License Number:**  

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

**Location of Asbestos Containing Material (ACM) TO BE ABATED in Facility (13):**  
**Location:** Normal Use  
**Amount (Specify SF or LF):** 130  
**Abatement Type:**  

**Name of Registered Waste Hauler:** Newark Carting  
**Cubic Yards of Waste:** Cubic Yards Hauler ID No. 4599  
**Name of Registered Landfill:** IESI  
**City, State:** Bethlem, PA  
**Newark, NJ:**  
**Completed by (Print or Type):** Ralph Barnhardt  
**Title:** Operation Manager  
**Date:** 11/15/12
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:1-120-7)

Date of Notification (1) 11/15/12
Month/Day/Year

Agency Notified
EPA
DEP
DCA
DOH
Type Notification
x Initial
Notification
Amended
Notification
Cancellation

Name of Building Owner/Operator (2) Princeton University
Street Address
P.O. box 2158
City, State, Zip Code
Princeton NJ 08543
Name of Contact
Robert Otego
TelephoneNumber

FACILITY INFORMATION
Name of Facility Where Abatement is Taking Place (3)
Princeton University - Firestone Library - Level 1 former circulation area
Street Address
Firestone Library
City (5)
Princeton
County (6)
County Code (7)

Name of Monitoring Firm Hired by Building Owner (8)
ATC Associates, Inc
Name of Abatement Contractor (9)
Associated Specialty Contracting
ASCM No.

Type of Facility (4)
School (K12)
Subchapter 8 (Other than K12)
Other (i.e. Private & commercial buildings, homes, etc.)

Square Feet
100000
# of Floors
4
Bldg. Age
50+
Current Use (Prior if being demolished)
University

Street Address
98 LaCrue Avenue
City, State, Zip Code
Glen Mills, PA 19342
Telephone Number
610-364-9622
Licence Number
1103

Name of OSHA Monitor
Criterion Labs

Project Manager of Monitoring Firm
Mike Kechn
Telephone Number
609-386-8800

Scheduled Start Date (10)
12/10/12
Sched. Completion Date (11)
12/30/12
Month/Day/Year

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

Scope of work (Check all that apply)
Demolition
x Renovation
x Full Containment with Negative Pressure
x Glovebag Procedure
Non-Friable Procedure

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

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

Location
Yes
No
N/A

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

Amount
(Specify
SF or
LF)

Abatement Type
R
E
N
E
C
N
M
A
L
O
P
P
V
A
S
L
R
L
E

Name of Registered Waste Hauler
NJDEP Waste Hauler ID No.
Cubic Yards of Waste
Name of Registered Landfill
Horizon Disposal
5
GROWS

City, State
Trenton NJ
Disposal Date
As needed
City, State
Morristown PA

Completed By (Print or Type)
Mark Goshaw
Title
Project Manager
Signature
Mark [signature]
Date
11/15/14

ABS-41
JUN 95

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