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

Date of Notification (1)
November 27, 2012

Name of Building Owner/Operator (2)
Westfield Public Schools

Agencies Notified (3)
- EPA
- DEP
- DOL
- DOH
- DCA

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

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

Street Address
500 First Street

City (5)
Westfield, NJ

County (6)

Union

County Code (7)

Type of Facility (4)
- School (K-12)
- Subchapter 6 (Other than K-12)
- Other (i.e. private & commercial buildings, homes, etc.)

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

ASCM No.

Name of Abatement Contractor (9)
Shade Environmental, LLC

Street Address
PO Box 341

City, State, Zip Code
Chesterfield, NJ 08515

Project Manager for Monitoring Firm
Bill Weisgarber

Telephone No.
609-298-4070

Telephone No.
856-755-0099

License No.
00842

Start Date (10)
December 7, 2012

Scheduled Completion Date (11)
December 8, 2012

Name of OSHA Monitor
EMSL

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

Street Address
200 Rt. 130 North

City, State, Zip Code
Cinnaminson, NJ 08077

Scope of Work (Check All That Apply)
- ≥3 sf or ≥3 lf
- ≥180 sf or ≥260 lf
- Renovation
- Demolition

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

(13)

Yes
No
N/A

Gym Storage Room

Pipe Fitting

XXX

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

Amount
(Specify
SF or LF)

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

Location of Asbestos-Containing Material (ACM)

Abatement Type

Removal
Repair
Encapsulation
Endorsement

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

Name of Registered Waste Hauler
Freehold Cartage

NJDEP Waste Hauler ID No.
22253

Cubic Yards of Waste
1

Name of Registered Landfill
Grows Landfill

Disposal Date
12-08-2012

City, State
Tullytown, PA.

Completed by
William Lynch

Title
Owner

Signature

Date
Nov. 27, 2012

ASB-41 (R-06-08)

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

**State of New Jersey**

**Name of Building Owner/Operator:** Westfield Public Schools

**Name of Contact:** School Board

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

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

**Name of Abatement Contractor:** Shade Environmental, LLC

**Name of OSHA Monitor:** EMSL

**Street Address:**
- Westfield
- 650 Dorian Road

**City, State, Zip Code:** Westfield, NJ 07090

**County Code (STATE USE ONLY):** Union

**Current Use (Prior to being demolished):** High School

**Square Feet:** 25,000

**# of Floors:** 3

**Bldg. Age:** 75

**Occupancy Status During Abatement:**
- ☑ Facility Closed/Vacated During Entire Period of Abatement
- ☐ Abatement Performed Outside of Normal Facility Hours
- ☐ Other - Describe: 4pm-Midnight

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

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<thead>
<tr>
<th>Area</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
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<tr>
<td>Mechanical Room (roof)</td>
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</table>

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

- Pipe Insulation
  - Amount (Specify SF or LF): 5 LF
  - Description: XXX

- Pipe Insulation
  - Amount (Specify SF or LF): 3 LF
  - Description: XXX

**Name of Registered Waste hauler:** Freehold Cartage

**Waste hauler ID No.:** 22253

**Cubic Yards of Waste:** 1

**Name of Registered Landfill:** Grows Landfill

**City, State:** Freehold, NJ

**Completed by:** William Lynch

**Title:** Owner

**Signature:**

**Date of Notification:** November 27, 2012

**Check #** 5507

**Street Address:** 302 Elm Street

**City, State, Zip Code:** Westfield, NJ 07090

**CANCELLATION**

**FACILITY INFORMATION**

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

- **Square Feet:** 25,000

- **# of Floors:** 3

- **Bldg. Age:** 75

**Current Use (Prior to being demolished):** High School

**Occupancy Status During Abatement:**
- ☑ Facility Closed/Vacated During Entire Period of Abatement
- ☐ Abatement Performed Outside of Normal Facility Hours
- ☐ Other - Describe: 4pm-Midnight

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

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<th>Yes</th>
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<tr>
<td>Mechanical Room (roof)</td>
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</table>

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

- Pipe Insulation
  - Amount (Specify SF or LF): 5 LF
  - Description: XXX

- Pipe Insulation
  - Amount (Specify SF or LF): 3 LF
  - Description: XXX

**Name of Registered Waste Hauler:** Freehold Cartage

**Waste Hauler ID No.:** 22253

**Cubic Yards of Waste:** 1

**Name of Registered Landfill:** Grows Landfill

**City, State:** Freehold, NJ

**Completed by:** William Lynch

**Title:** Owner

**Signature:**

**Date:** Nov. 27, 2012

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

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:60-12.12)

---

**Date of Notification (1):** 11/27/12

**Name of Building Owner/Operator (2):** M.R. Millar

**Street Address:** 35 Spring Valley Ave.

**City, State, Zip Code:** Hackensack, NJ 07601

**Name of Contact:** Jim

**Telephone Number:**

---

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

**Type of Facility (4):**
- School (K-12)
- Subchapter 9 (Other than K-12)
- Other (i.e., private & commercial buildings, homes, etc.)

**Square Foot:** 16,000

**# of Floors:** 2

**Bed, Age:** 5

**Current Use (Prior to being demolished):** N/A

---

**Name of Abatement Contractor (9):** A. Mac Contracting Inc.

**Address:**

**City, State, Zip Code:**

**Project Manager for Monitoring Firm:**

**Telephone No.:**

---

**Start Date (10):** 11/3/12

**Scheduled Completion Date (11):** 11/3/28/12

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

**Scopes of Work (Check All That Apply):**
- 
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

**Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (12):**

- Yes
- No

**Amount (Specify $ or UF):**

**Abatement Type:**

---

**Name of Registered Waste Handler:**

**Address:**

**City, State:**

**Disposal Date:**

---

**Completed by:**

---

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

**State of New Jersey**

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

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<td>Type Notification</td>
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<td>EPA</td>
<td>Initial</td>
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<td>DEP</td>
<td>Amended</td>
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<td>DOL</td>
<td>Amendment #</td>
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<td>DOH</td>
<td>Emergency (including justification)</td>
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<tr>
<td>DCA</td>
<td>Cancellation</td>
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<tr>
<td>Street Address</td>
<td>33 West State Street</td>
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<tr>
<td>City, State, Zip Code</td>
<td>Trenton, NJ 08625</td>
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<tr>
<td>Name of Contact</td>
<td>Richard Ferrara</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
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**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3)

NJ State Museum

Street Address

205 W. State Street

City (5)

Trenton

County (6)

Mercer

Current Use (Prior if being demolished)

museum

Type of Facility (4)

- School (K-12)
- Subchapter 9 (Other than K-12)
- Other (i.e. private & commercial buildings, homes, etc.)

Square Feet

35,000

# of Floors

3

Bldg. Age

42 yrs.

Name of Monitoring Firm Hired by Building Owner (8)

USA Environmental Management

ASCM No.

112

Name of Abatement Contractor (9)

Plymouth Environmental Co., Inc.

Street Address

344 West State Street

City, State, Zip Code

Trenton, NJ 08618

Project Manager for Monitoring Firm

Billy Weisgarber

Telephone No.

609-656-8101

Start Date (10) | Scheduled Completion Date (11)

12-10-12 | 12-21-12

Occupancy Status During Abatement (Check Only One)

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

Scope of Work (Check All That Apply)

- >300 sf or >300 ft²
- Renovation
- Demolition

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

<table>
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<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
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</thead>
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<tr>
<td>2nd floor gallery</td>
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<td>plaster</td>
</tr>
<tr>
<td>2nd floor gallery</td>
<td>x</td>
<td>globe skim coat</td>
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</table>

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

- 384 SF
- x

Amount (Specify SF or LF)

- 200 SF
- x

Name of Registered Waste Hauler

Robinson Waste

NJDEP Waste Hauler ID No.

17304

Cubic Yards of Waste

15

Name of Registered Landfill

GROWS

City, State

Bellmawr, NJ

Disposal Date

12-21-12

City, State

Morristown, PA

Completed by

Timothy E. Bryan

Title

Vice-President

Signature

11-26-12

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-12
Client Project #

Date of Notification (1) November 26, 2012

 Agencies Notified Notification Type
 □ EPA □ Initial Notification
 □ DCA □ Amended Notification
 □ DOL □ Emergency (including justification)
 □ DEP- No Longer REQUIRED □ Canceled
 □ DOH

Name of Building Owner/Operator (2)
RUTGERS, THE STATE UNIVERSITY OF NJ

Street Address
ENVIRONMENTAL HEALTH & SAFETY DEPT.
27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS

City, State, Zip Code
PISCATAWAY, NJ 08854

Name of Contact
MICHAEL SMITH, ENV. HEALTH & SAFETY

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

Sq. Feet: N/A # of Floors: 4 Bldg. Age: 60+ years

Current Use (prior if being demolished): ACADEMIC

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
CONKLIN HALL, BLDG# 7218

Street Address
NEWARK CAMPUS

City (5) County (6) County Code (7)
NEWARK ESSEX

State Use Only

Name of Monitoring Firm Hired by Bldg. Owner (8)
ATC ASSOCIATES

ASCM No.
0098

Name of Contractor (9)
GREENWOOD ABATEMENT CONSULTANTS, INC.

Street Address
268 MAIN STREET

City State, Zip Code
BURLINGTON, NJ 08016

Project Manager for Monitoring Firm
BRIAN KEARNY

Telephone Number
609-386-8800

Scheduled Start Date (10)
12/21/12

Scheduled Completion Date (11)
01/03/12

Occupancy Status During Abatement (Check only one)
□ Facility Closed/Vacated During Entire Period of Abatement
□ Abatement Performed Outside of Normal Facility Hours - Describe
□ Other - Describe: Shift Hours: 8:00 AM - 5:00 PM DAILY
- 24 HR AS NEEDED -

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

™ Renovation □ Demolition

Location of Asbestos-Containing Material (ACM) in Facility (13)
Is Location Normally Used Solely by Maint./Custodial Staff (12)
YES □ NO □ NA

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

Amount (Specify SF or LF)

Abatement Type
Remove Repair Envelop

Location
201 Lobby

Name of Reg. Waste Hauler
See Hauler Below #1 & 2

Cubic Yards of Waste: 20 CY

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

Hauler #1 Greenwood Abatement Consultants, Inc. - Butler, NJ 07405
NJDEP # 12561

Hauler #2 Horizon Disposal Services, Inc., Trenton, NJ 08611
NJ DEP # 22012

Completed by (Print or Type)
RAYMOND C. PEDALINO
Title
SENIOR PROJECT MANAGER

Signature
Raymond C. Pedalino
Date
November 26, 2012

Copies To: Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney
State of New Jersey - Notification of Asbestos Abatement  
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-12
Client Project #

Date of Notification (1): November 26, 2012
Name of Building Owner/Operator (2):
RUTGERS, THE STATE UNIVERSITY OF NJ
Street Address:
ENVIRONMENTAL HEALTH & SAFETY DEPT.
27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS.
City, State, Zip Code:
PISCATAWAY, NJ 08854
Name of Contact:
MICHAEL SMITH, ENV. HEALTH & SAFETY

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):
BLUMENTHAL HALL, BLDG# 7493
Street Address:
NEWARK CAMPUS
City (5):
NEWARK
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.)
Sq. Feet: N/A
# of Floors: 3
Bldg. Age: 80+ years
Current Use (prior if being demolished): ACADEMIC

Name of Contractor (9):
GREENWOOD ABATEMENT CONSULTANTS, INC.
Street Address:
20-21 WARGAROW ROAD
City, State, Zip Code:
FAIRLAWN, NJ

Project Manager for Monitoring Firm:
BRIAN KEOARRY
Telephone Number:
609-386-8800

Scheduled Start Date (10):
12/14/12
Scheduled Completion Date (11):
12/17/12

Occupancy Status During Abatement (Check only one):
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours – Describe:
☐ Other – Describe: Shift Hours: 3:00 PM FRI – 5:00 AM MON

Scope of Work (Check all that apply):
☐ ≥ 3 sf or ≥ 3 ft
☐ ≥ 180 sf or ≥ 260
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable 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 Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)
Amount (Specify SF or LF):
Abatement Type:

Room 339:
VAT
2000 SF

Name of Req. Waste Hauler:

See Hauler Below #1 & 2
NJDEP Waste Hauler ID #:
See Below
Cubic Yards of Waste:
20 CY
Name of Registered Landfill:
G.R.O.W.S. North Landfill

Hauler #1: Greenwood Abatement Consultants, Inc. – Butler, NJ 07405
NJDEP # 12561
Hauler #2: Horizon Disposal Services, Inc., Trenton, NJ 08611
NJ DEP # 22812

Completed by (Print or Type):
RAYMOND C. PEDALINO
Title:
SENIOR PROJECT MANAGER

Signature:
Raymond C. Pedalino
Date:
November 26, 2012

Copies To: Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney
### State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

**GAC Project # 060-12**  
**Client Project #**

#### Date of Notification (1)
- **November 26, 2012**

#### Name of Building Owner/Operator (2)
- **RUTGERS, THE STATE UNIVERSITY OF NJ**

#### Name of Facility Where Abatement is Taking Place (3)
- **LANGUAGE LAB, BLDG# 3036**

#### Street Address
- **COLLEGE AVENUE CAMPUS**

#### City (5)
- **NEW BRUNSWICK**

#### County Code (6)
- **MIDDLESEX**

#### County (6)
- **(State Use Only)**

#### Name of Monitoring Firm Hired by Bldg. Owner (8)
- **ATC ASSOCIATES**

#### ASCM No.
- **0098**

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

#### Subchapter 8 (other than K-12)
- **☒ Other (i.e. private & commercial buildings, homes, etc.)**

#### Sq. Feet: N/A

#### # of Floors: 1

#### Bldg. Age: 60+ years

#### Current Use (prior if being demolished): ACADEMIC

#### Street Address
- **3 TERRI LANE**

#### City, State, Zip Code
- **BURLINGTON, NJ 08016**

#### Project Manager for Monitoring Firm
- **BRIAN KEARNY**

#### Telephone Number
- **609-386-8800**

#### Scheduled Start Date (10)
- **12/21/12**

#### Scheduled Completion Date (11)
- **12/24/12**

#### Occupancy Status During Abatement (Check only one)
- **☒ Facility Closed/Vacated During Entire Period of Abatement**
- **☑ Abatement Performed Outside of Normal Facility Hours - Describe**

#### Shift Hours: 4:00 PM FRI – 5:00 AM MON

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

#### Location of Asbestos-Containing Material (ACM) in Facility (13)
- **In Location Normally Used Solely by Maint./Custodial Staff (12)**
- **YES**
- **NO**

#### VAT
- **600 SF**

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

#### Location of Registered Landfill
- **G.R.O.W.S. North Landfill**

#### Name of Registered Landfill
- **HAUSER #1) Greenwood Abatement Consultants, Inc. – Butler, NJ 07405**
- **NJ DEP # 1256**

#### Disposal Date
- **12/24/12**

#### Hauser #2) Horizon Disposal Services, Inc., Trenton, NJ 08611**
- **NJ DEP # 22612**

#### City, State
- **100 New Ford Mill Rd., Morrisville, Pa**
- **19067**
- **215-736-1700**

#### Completed by (Print or Type)
- **RAYMOND C. PEDALINO**

#### Title
- **SENIOR PROJECT MANAGER**

#### Signature
- **Raymond C. Pedalino**

#### Date
- **November 26, 2012**

---

Copies To:  Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney
## NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 5:16)

**State of New Jersey**

### Date of Notification (1)
11 / 26 / 12

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

**Address Notified**
- [ ] EPA
- [ ] DOL/WD
- [ ] DHSS
- [ ] DCA
  (NJAC 5:23-8)

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

**Street Address**
4 Beekman Place
Fair Lawn, NJ 07410

**Name of Contact**
Shana Cohen

### FACILITY INFORMATION

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

- **Private home**
- **Street Address**
  4 Beekman Place
  Fair Lawn, NJ 07410
- **City (6)**
  Fair Lawn
- **County (6)**
  Bergen
- **Name of Monitoring Firm Hired by Building Owner (8)**
  Gr Tech LLC
- **ASCM No.**
- **Name of Abatement Contractor (9)**
  Envirospection Consultants, Inc
- **Street Address**
  20-21 Wagarow Road, Bldg. #34A
  Fair Lawn, NJ 07410
- **Telephone No.**
  973-638-1777
- **License No.**
  01127

**Start Date (10)**
11 / 27 / 12

**Scheduled Completion Date (11)**
11 / 28 / 12

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

**Scope of Work (Check all that apply)**
- [X] >3 ft or >3 ft
- [ ] > 160 ft or > 280 ft
- [X] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebox Procedure
- [ ] Non-Exempted (x) and Non-Frisable Procedure

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

**Amount (Specify S/F or LF)**
35 LF

### Abatement Type

- [X] Removal
- [ ] Encapsulation
- [ ] Enclosure

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

- **Basement**
- **Name of Registered Waste Hauler**
  Envirospection Consultants, Inc
  20-21 Wagarow Road, Bldg. #34A
  Fair Lawn, NJ 07410
  973-638-1777

**City, State**
Wayne, NJ 07470

**Title**
Owner

**Signature**

**Date**
11/26/2012

---

*Do not use this form for asbestos licensure exempted activities.*
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:58 and 12:22B)

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<th>Type Notification</th>
<th>Initial, Amended, Emergency</th>
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<th>Name of Building Owner/Operator (2)</th>
<th>Mrs. Palati</th>
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<th>Name of Building Address</th>
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<tr>
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<th>Mrs. Palati</th>
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<table>
<thead>
<tr>
<th>Telephone Number</th>
<th></th>
</tr>
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<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Mrs. Palati</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>17 Citi Ave</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>City (8)</th>
<th>Webster</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>County Code (7) (STATE USES ONLY)</th>
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<table>
<thead>
<tr>
<th>Square Feet</th>
<th>1,550</th>
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<table>
<thead>
<tr>
<th>Type of Facility (4)</th>
<th>School (K-12)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
<th>A. Mac Contracting Inc.</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>105 Lowell Road</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Glen Rock, N.J. 07452</th>
</tr>
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<table>
<thead>
<tr>
<th>Telephone No.</th>
<th>201-262-5841</th>
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<table>
<thead>
<tr>
<th>License No.</th>
<th>001555</th>
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</table>

<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
<th>Omega Environmental Services Inc.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>250 Huyler Street</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Hackensack, NJ 07606</th>
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</table>

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

| Start Date (10) | 11/3/
|-----------------|12 |

| Scheduled Completion Date (11) | 11/3/
|--------------------------------|12 |

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check Only One)</th>
<th>Facility Closed/Vacated During Entire Period of Abatement</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Street Address</th>
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<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
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</tr>
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</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th></th>
</tr>
</thead>
</table>

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

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

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Rovic Transport</th>
</tr>
</thead>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th></th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Riverdale, N.J. 07457</th>
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<table>
<thead>
<tr>
<th>Hauler ID No.</th>
<th>20735</th>
</tr>
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<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
<th>5</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
<th>IESI PA Bethlehem Landfill Corp.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Bethlehem, PA 18015</th>
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<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>11/24/12</th>
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<table>
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<tr>
<th>Name of Registered Landfill</th>
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<table>
<thead>
<tr>
<th>Completion Date</th>
<th>11/24/12</th>
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<table>
<thead>
<tr>
<th>Name of Designated/Authorized Person</th>
<th>R. McDonald</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Title</th>
<th>President</th>
</tr>
</thead>
</table>

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

---

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

**State of New Jersey**

**Notification of Asbestos Abatement**

**(Pursuant to NJAC 8:99 and 12:120)**

**Date of Notification (1)**

10-13-2012

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

Danny Minervini

**Street Address**

41 West 19th Street

**City, State, Zip Code**

Weehawken NJ 07086

**Name of Contact**

Danny Minervini

### Facility Information

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

Private Property

**Street Address**

41 West 19th Street

**City**

Weehawken NJ 07086

**County (5)**

Hudson

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

1500 

4 floors

**Building Age**

+50

**Other**

- None

**Name of Monitoring Firm Hired by Building Owner (5)**

n/a

**Telephone No.**

n/a

**Name of Abatement Contractor (9)**

Asbestos Abatement Management Co.

**Telephone No.**

201-758-7158

**License No.**

001144

**Name of OSHA Monitor**

J&S Environmental Corp.

**Street Address**

2333 Route 22 West

**City, State, Zip Code**

Union NJ 07083

**Start Date (10)**

11/15/2012

**Scheduled Completion Date (11)**

11/17/2012

**Occupancy Status During Abatement**

Closed/ Vacated During Entire Period of Abatement

**Abatement Performed Outdoors of Normal Facility Hours**

No

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

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

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

- Tiling
- Ceiling Pluming

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

- Basements
- Boiler Rooms

**Abatement Type**

- Removal
- Repair
- Encapsulation
- Eradication

**Amount (Specify SF or LF)**

- 80 LF
- 24 SF

**Name of Registered Waste Hauler**

Asbestos Transportation Company

**City, State**

Shirley NJ 11967

**Name of Registered Landfill**

Mirmersa Enterprises

**Disposal Date**

City, State

Waysburg OH 44688

**Completed by**

Edwin Precilla

**Title**

Project Manager

**Signature**

*Do not use this form for asbestos licensure exempted activities.*
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:69 and 13:12G)  

**Data of Notification (1)**  
11-19-2012

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Building Owner/Operator</th>
<th>Street Address</th>
<th>Name of Contractor</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>The Sibber Partnership AIA</td>
<td>422 Morris Avenue</td>
<td>Jader Contracting, LLC</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOL</td>
<td>Amendment #1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOH</td>
<td>Emergency (including jurisdiction)</td>
<td></td>
<td></td>
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<tr>
<td>DCA</td>
<td>Cancellation</td>
<td></td>
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**Name of Facility Where Abatement is Taking Place (3)**  
Former Car Dealership for Demo

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City (6)</th>
<th>County Code (7)</th>
<th>Current Use (Prior to being demolished)</th>
</tr>
</thead>
<tbody>
<tr>
<td>89-72 Franklin Place</td>
<td>Summit</td>
<td>Union</td>
<td>Car Dealership</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>County Code (7)</th>
<th>County Code (8)</th>
<th>Number of Floors</th>
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</thead>
<tbody>
<tr>
<td>Union</td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City (6)</th>
<th>County Code (7)</th>
<th>Current Use (Prior to being demolished)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Union</td>
<td>Car Dealership</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>n/a</td>
<td>n/a</td>
<td>Jader Contracting, LLC</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City (6)</th>
<th>County Code (7)</th>
<th>Current Use (Prior to being demolished)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Union</td>
<td>Car Dealership</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
<th>Telephone No.</th>
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<tbody>
<tr>
<td>n/a</td>
<td></td>
<td>973-708-7500</td>
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<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
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<tbody>
<tr>
<td>11-20-2012</td>
<td>12-31-2012</td>
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<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check Only Once)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Closed/or Visited During Entire Period of Abatement</td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
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</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>mins-Enclosure</td>
</tr>
<tr>
<td>Non-Paintable (*) and Non-Fibrous Procedure</td>
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</table>

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility</th>
<th>In Location Normally Used Solely by Maintenance/Contractual Staff (12)</th>
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</thead>
<tbody>
<tr>
<td>You</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Entire Structure - Dealershop &amp; House on Same Property</th>
<th>To be disposed of as</th>
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</thead>
<tbody>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>asbestos waste</td>
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</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJDEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
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</thead>
<tbody>
<tr>
<td>Yannuzzo and Sons Demolition</td>
<td>0033137</td>
<td>TBD</td>
<td>IESI</td>
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<table>
<thead>
<tr>
<th>City, State</th>
<th>Company Name</th>
<th>Capital Cities</th>
<th>City, State</th>
<th>Daily</th>
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<tbody>
<tr>
<td>Hillsborough, NJ</td>
<td>Lillie Lazarovich</td>
<td>TBD</td>
<td>Bethlehem, PA</td>
<td>11-19-2012</td>
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</tbody>
</table>

**FACILITY INFORMATION**

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

- **Square Foot # of Floors**
  - 500 +

- **Built Age**
  - 50 +

<table>
<thead>
<tr>
<th>Name of Construction</th>
<th>Street Address</th>
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<tbody>
<tr>
<td>Jader Contracting, LLC</td>
<td>22 Tow Lane</td>
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<th>Telephone No.</th>
<th>License No.</th>
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<td>973-708-7500</td>
<td>01088</td>
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<tr>
<th>Name of Registered Landfill</th>
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<tbody>
<tr>
<td>IESI</td>
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</table>

- **No Check**

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

Date of Notification (1) 11-27-2012

Name of Building Owner/Operator (2)
East Orange General Hospital

Agencies Notified

- EPA
- DEP
- DOL
- DOH
- DCA

Type Notification

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

Street Address
300 Central Ave.

City, State, Zip Code
East Orange, NJ 07018

Name of Contact
Peter Donahue

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
East Orange General Hospital 4th Floor Wing

Street Address
300 Central Ave.

City (5)
East Orange

County (6)
Essex

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
6

Bldg. Age
50+

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

ASCM No.

Name of Abatement Contractor (9)
Jadar Contracting, LLC

Street Address
22 Troy Lane

City, State, Zip Code
Lincoln Park, NJ 07035

Project Manager for Monitoring Firm
Keith Savel

Telephone No.
973-326-8800

Start Date (10)
10-29-2012

Scheduled Completion Date (11)
12-31-2012

Occupy Status During Abatement (Check Only One)

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other – Describe: 9 am - 9 pm

Scope of Work (Check All That Apply)

- Yes
- No
- N/A

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

Endorse

Name of Registered Waste Hauler
Jadar Contracting LLC

NJDEP Waste Hauler ID No.
0033137

Cubic Yards of Waste
TBD

Name of Registered Landfill
GROWS Landfill

City, State
Lincoln Park, NJ 07035

Disposal Date
TBD

City, State
Morrisville PA 19067

Completed by
Lillie Lazarevich

Title
Secretary

Signature

Date
11-27-2012

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

**Emergency Non Sub-8**

**Date of Notification**: 11/12/17

**Name of Building Owner/Operator**: Northern Valley Regional High School District

**Street Address**: 162 Knickerbocker Road

**City, State, Zip Code**: Demarest, NJ 07627

**Name of Contact**: Janet Carnicelli

### FACILITY INFORMATION

**Name of facility where abatement is taking place**: Northern Valley Regional High School (Non Sub 8)

**Street Address**: 150 Knickerbocker Road

**City, State, Zip Code**: Demarest, NJ 07627

**Name of Abatement Contractor**: B & G Restoration, Inc.

**Street Address**: 105 Ryerson Road

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

**Telephone Number**: 973-696-6869

**License Number**: 0378

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

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

- Facility closed/vacated during entire period of abatement.
- Abatement performed outside of normal facility hours.
- Other: Start job 4:00pm - 12:30am

### Scope of Work

- Demolition
- Renovation
- Full Containment win-negative pressure
- Mini-enclosure
- Non-traversable procedure

### Room B101

<table>
<thead>
<tr>
<th>Location of</th>
<th>Description of</th>
<th>Amount</th>
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<tbody>
<tr>
<td>asbestos-containing material (ACM)</td>
<td>asbests-containing material (ACM)</td>
<td>950 sf</td>
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<table>
<thead>
<tr>
<th>Room</th>
<th>VAT</th>
<th>Y</th>
<th>N</th>
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<tbody>
<tr>
<td>B101</td>
<td>X</td>
<td></td>
<td></td>
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</table>

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

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

**Tonnage**: 1963

**Disposal Date**: 12/03/12

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

**City, State**: Tullytown, PA

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

**Title**: Treasurer

**Signature**: Gordana Luna

**Date**: 11/27/12
**State of NJ**
**Notification of Asbestos Abatement**
(Pursuant to NJAC 8:60-7 and 12:120-7)

**Emergency Non Sub 8**

**Date of Notification (1)**
12/11/2012

**Name of Building Owner/Operator (2)**
Northern Valley Regional High School District

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

**Type Notification**
- [X] Initial
- [ ] Amendment
- [ ] Cancellation

**Street Address**
162 Knickerbocker Road

**City, State, Zip Code**
Demarest, NJ 07627

**Name of Contact**
Janet Cunicelli

**Telephone Number**

---

**FACILITY INFORMATION**

**Name of facility where abatement is taking place (3)**
Northern Valley Regional High School (Non Sub 8)

**Street Address**
150 Knickerbocker Road

**City, State, Zip Code**
Demarest, NJ 07627

**County (6)**
Bergen

**County Code (7)**

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

**Street Address**
105 Ryerson Road

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

**Telephone Number**
973-696-6869

**License Number**
0378

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

**Street Address**
105 Ryerson Road

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

---

**Scheduled Start Date (10)**
11/30/12

**Sched. Completion Date (11)**
12/01/12

**Occupancy Status During Abatement (Check only one)**
- [X] Facility closed/evacuated during entire period of abatement.
- [ ] Abatement performed outside of normal facility hours.
- [ ] Other-Describe: start job 4:00pm - 12:30am

**Scope of Work (check all that apply)**
- [X] Demolition
- [ ] Renovation
- [ ] Full Containment with/without pressure
- [ ] Glovebag procedure
- [ ] Mini-enclosure
- [X] Non-friable procedure
- [ ] >3 sf or >3 if
- [ ] >160 sf or >260 if
- [X] VAT

**Location of asbestos-containing material to be abated in facility (13)**

<table>
<thead>
<tr>
<th>Room</th>
<th>Description of asbestos-containing material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Location normally used solely by maintenance/custodial staff(12)</th>
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</thead>
<tbody>
<tr>
<td>VAT</td>
<td>VAT</td>
<td>950 sf</td>
<td>Yes</td>
</tr>
</tbody>
</table>

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

**NJDEP Hauler ID#**
19563

**Cubic Yards of Waste**
10 yards

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

**City, State**
Tullytown, PA

**Disposal Date**
12/03/12

**Completed by (Print or Type)**
Gordana Luna

**Title**
Treasurer

**Signature**
Gordana Luna

**Date**
11/27/12
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>11-27-2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agencies Notified</td>
<td>EPA</td>
</tr>
<tr>
<td>Name of Building Owner / Operator (2)</td>
<td>Kennedy University Hospital</td>
</tr>
<tr>
<td>Street Address</td>
<td>2201 Chapel Hill Campus</td>
</tr>
<tr>
<td>City, State &amp; Zip Code</td>
<td>Cherry Hill, NJ 08002</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Mrs. Sharon Peters</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Kennedy University Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>2201 Chapel Hill Campus</td>
</tr>
<tr>
<td>City</td>
<td>Cherry Hill</td>
</tr>
<tr>
<td>County</td>
<td>Camden</td>
</tr>
<tr>
<td>County Code</td>
<td></td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Mr. Jim Proctor</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>609-704-8850</td>
</tr>
<tr>
<td>Scheduled Start Date (10)</td>
<td>10-29-2012</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>12-1-2012</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
<th>Facility Closed/Vacated During Entire Period of Abatement</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Abatement Performed Outside of Normal Hours 4:30pm-1:00am</td>
</tr>
</tbody>
</table>

Describe:

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Hours 4:30pm-1:00am

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

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance or Custodial Staff? (13)</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abatement Type</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Same Day Surgery</th>
<th>Records Room</th>
<th>Records Room(added)</th>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Location</td>
<td>Location</td>
<td>NJDEP Waste Hauler ID No.</td>
</tr>
<tr>
<td>Robinson Waste Disposal Service, Inc.</td>
<td>Same Day Surgery</td>
<td>Records Room(added)</td>
<td>17304</td>
</tr>
</tbody>
</table>

Cubic Yards of Waste

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

Completed By (Print or Type)  
Mr. Brian Haney  
Title: President  
Signature: [Signature]  
Date: 11/27/2012
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
November 26, 2012

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

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

Name of Building Owner / Operator (2)

Bank of America

Street Address
176 South Street

City, State & Zip Code
Newark, NJ 07114

Name of Contact
Jim Kalafsky

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Bank of America

Street Address
176 South Street

City (5)
Newark

County (6)
Essex

Name of Monitoring Firm Hired by Building Owner (8)
Environmental Testing Consultants, LLC

Street Address
One Mall Drive, Suite 404

City, State & Zip Code
Cherry Hill, NJ 08002

Project Manager for Monitoring Firm
Howard Zenobi

Scheduled Start Date (10)
November 27, 2012

Scheduled Completion Date (11)
November 26, 2012

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

Scope of Work (Check all that apply)
☒ ≥3 sf or ≥ 50 lf
☒ ≥160 sf or ≥260 lf

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 of Registered Waste Hauler

Name of Registered Waste Hauler
Synatech, Inc.

Hauler ID No.
27420

Cubic Yards of Waste
1

Name of Registered Landfill
Grows Landfill

City, State
Little Egg Harbor, NJ 08087

Disposal Date
November 29, 2012

Name of Registered Landfill
Morrisville, PA

Completed By
Diane Aiola

Title
Executive Administrator

Signature

Date
November 26, 2012

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

State of New Jersey

Date of Notification: 11/27/12

Name of Building Owner/Operator: C.L., JR.

Address: 153 RT. 50

City, State, Zip Code: GREENFIELD, N.J. 07026

Name of Contact Person: BRUCE BREMIC

Telephone Number: 

FACILITY INFORMATION

Type of Facility: 

- School (K-12)
- Subchapter 8 (Other Than K-12)
- Other (I.E., private & commercial buildings, homes, etc.)

- Occupancy Status During Abatement: VACANT

- Scope of Work: (Check all that apply)
  - Renovation
  - Demolition

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Description</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Siding</td>
<td>Transite</td>
<td>1400' y</td>
</tr>
</tbody>
</table>

Name of Abatement Contractor: KLEMCO INC.

Name of Registered Landfill: C.M.C., M.V., A.

Name of Registered Waste Handler: KLEMCO INC.

CITY OF MAPLE SHADE, N.J. 08052

Date: 11/27

[Signature]

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

Date of Notification: 11/27/12

Name of Building Owner/Operator:

Address:
155 Rt. 50
OCEANFIELD, NJ 07750

City, State, Zip Code:
OCEANFIELD, NJ 07750

Name of Contact:

Telephone Number:

Agencies Notified:

Type Notification:

Name of Facility Where Abatement is Taking Place:
RESIDENCE

Street Address:
320 ASBURY AVE

City:
OCEAN CITY

County:
CAPE MAY

Asbestos Abatement Contractor:
KLEEMCO INC.

Address:
369 S. SPRUCE AVE.

City, State, Zip Code:
MAPLE SHADE, N.J. 08052

Current Use (Prior to being demolished):

Occupancy Status During Abatement:

Facility Closed/Abandoned During Entire Period of Abatement:

Abatement Performed Outside of Normal Facility Hours:

Scope of Work:

Location of Asbestos-Containing Material (ACM)

Is Location Normally Used Solely by Maintenance/Custodial Staff?

Description of Asbestos-Containing Material (ACM)

Amount (Specify SF or LF):

Analyzer Type:

Name of Registered Waste Hauler:
KLEEMCO INC.

Cubic Yards of Waste:

Name of Registered Landfill:
C.M.C., M.U.A.

Disposal Date:

City, State:
WOODRIDGE, N.J.

Name of Registered Contractor:

Signature:

Date:
11/27/12

[Handwritten notes and signatures]
**State of New Jersey**
**Notification of Asbestos Abatement**
(Pursuant to NJAC 8:60 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (11)</th>
<th>11/27/12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>CAT-FAB TECH CONTRACTING</td>
</tr>
<tr>
<td>Street Address</td>
<td>155 Mt. So.</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>GREENFIELD, N.J. 07025</td>
</tr>
<tr>
<td>Contact</td>
<td>RAYMOND OLEPIK</td>
</tr>
</tbody>
</table>

**Facility Information**

<table>
<thead>
<tr>
<th>Type of Facility (4)</th>
<th>Residential</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Facility Where Abatement Is Taking Place (3)</td>
<td>RESIDENCE</td>
</tr>
<tr>
<td>Square Feet</td>
<td>1000</td>
</tr>
<tr>
<td>Building Age</td>
<td>50</td>
</tr>
<tr>
<td>Current Use (Prior to being demolished)</td>
<td>Vacant</td>
</tr>
</tbody>
</table>

| Name of Asbestos Abatement Contractor (9) | KLEMCO INC., L.L.C. |
| Street Address | 369 S. SPRUCE AVE. |
| City, State, Zip Code | MAPLE SHADE, N.J. 08052 |
| Telephone No. | 856-779-0472 |
| License No. | 00444 |

| Name of OSHA Monitor | JOSPEH KLEMM |
| Street Address | 369 S. SPRUCE AVE. |
| City, State, Zip Code | MAPLE SHADE, N.J. 08052 |

**Scope of Work**

- Renovation
- Demolition

<table>
<thead>
<tr>
<th>Renovation</th>
<th>Demolition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

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

- Type: SIDING
- Location: IN FACILITY
- Quantity: 175' x 10
- Amount: 2500elaide

**Name of Registered Waste Hauler**

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>KLEMCO INC.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hauler ID No.</td>
<td>57837</td>
</tr>
<tr>
<td>City, State</td>
<td>MAPLE SHADE, N.J. 08052</td>
</tr>
</tbody>
</table>

**Disposal Date**

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>11/27/12</th>
</tr>
</thead>
</table>

**Signature**

<table>
<thead>
<tr>
<th>Signature</th>
<th>JOSEPH KLEMM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>OWNER</td>
</tr>
<tr>
<td>Date</td>
<td>11/27/12</td>
</tr>
</tbody>
</table>

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

Date of Notification (11) 11/27/12

Name of Building Owner/Operator (2) 155 Mt. So.

Agencies Notified

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

Check
☐ EPA
☐ DEP
☐ DOL
☐ DHD
☐ DCA

Type Notification

Address

3465 Asbury Ave.

City

OCEAN CITY

County

CAPE MAY

Name of Facility Where Abatement is Taking Place (3)

Type of Facility (4)

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

Square Foot

1000

8 of Floors

2

Bldg Age

40+

Current Use (Prior to being demolished)

VACANT

Name of Abatement Contractor (9)

Kleinco INC.

Street Address

369 S. Sproule Ave.

City, State, Zip Code

MAPLE SHADE, N.J. 08052

Name of OSHA Monitor

JOSEPH KLEMM

Street Address

369 S. Sproule Ave.

City, State, Zip Code

MAPLE SHADE, N.J. 08052

Start Date (10) 12/10/12

Scheduled Completion Date (11) 12/12/12

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)

☐ 131 ft. or 131
☐ 260 ft. or 260
☐ Other - Describe:

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

Description of Asbestos-Containing Material (ACM)

☐ Other (Specify: SF or LF)

Amount

Abatement Type

☒ Removal
☒ Other

Name of Registered Waste Hauler

Kleinco INC.

Cubic Yards of Waste

5

Name of Registered Landfill

C.M.C., M.U.A

Disposal Date

N.J.08052

City, State

WODSONE, N.J.

Signature

JOSEPH KLEMM

Date 11/27/12

Note: 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: 11/27/12

Name of Building Owner/Operator: 

Street Address: 155 N, 50

City, State, Zip Code: OCEAN CITY, NJ 08226

Name of Contact: TREVOR MUSCUM

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place: RESIDENCE

Street Address: 3453 ASOUNY AVE.

City: OCEAN CITY

County: CAMDEN

Type of Abatement Contractor: VACANT

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

Name of Abatement Contractor: KICEMCO INC.

Street Address: 369 S. SPRUCE AVE.

City, State, Zip Code: MAPLE SHADE, N.J. 08052

License No: 856-779-0172

License No: 00444

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):

- Demolition

- Renovation

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

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

- Yes

- No

- N/A

- Trans/175

- Name of Registered Waste Hauler: KICEMCO INC.

- NMB Waste Hauler D No: 17904

- Cubic Yards of Waste: 5

- Name of Registered Landfill: C.M.C., M.U.A.

- City, State, Zip Code: WOODRIDGE, N.J. 07625

- Disposal Date: 11/27/12

- Signature: JOSEPH KLEMM

- Date: 11/27/12

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:30 and 12:120)  

**Date of Notification (1):** 11/27/2012  
**Name of Building Owner/Operator (2):** Fairview Cemetery  
**Street Address:** 1100 East Broad St  
**City, State, Zip Code:** Westfield, NJ 07091  

**Name of Contact:** Richard Ralph  
**Telephone Number:**  

---  
**FACILITY INFORMATION**  
**Name of Facility Where Abatement is Taking Place (3):** Fairview Cemetery  
**Type of Facility (4):**  
☐ School (K-12)  
☐ Subchapter 8 (Other than K-12)  
☐ Other (i.e., private & commercial buildings, homes, etc.)  
**Square Feet:** 2500  
**# of Floors:** 2  
**Bldg. Age:** 60+  
**Current Use (Prior to being demolished):** Office Building  

---  
**Name of Monitoring Firm Hired by Building Owner (5):** N/A  
**ASCM No.:** N/A  
**Name of Abatement Contractor (9):** Valiant Associates, LLC  
**Street Address:** 145 Mill Street  
**City, State, Zip Code:** Paterson, NJ 07501  
**Telephone No.:** 973-553-5374  
**License No.:** 01108  
**Name of OSHA Monitor:** Valiant Associates, LLC  
**Street Address:** 145 Mill Street  
**City, State, Zip Code:** Paterson, NJ 07501  

---  
**Start Date (10):** 12/07/12  
**Scheduled Completion Date (11):** 12/08/12  
**Occupancy Status During Abatement (Check only one):**  
☒ Facility Closed/Vacated During Entire Period of Abatement  
☐ Abatement Performed Outside of Normal Facility Hours  
☐ Other - Describe:  

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

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

<table>
<thead>
<tr>
<th>Location Normally Used Solely by Maintenance/Custodial Staff (12)</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>X Pipe/Elbow Insulation</td>
<td>20 LF</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---  
**Name of Registered Waste Hauler:** N.J. DEP Waste Hauler ID No. 20990  
City, State: New Castle, DE  
**Name of Registered Landfill:** Minerva Landfill  
City, State: Waynesburgh, OH  
**Cubic Yards of Waste:**  
**Disposal Date:** 12/08/2012  
**Completed By:** Miodrag Stamenovic  
**Title:** President  
**Signature:**  
**Date:** 11/27/2012  

---  
*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)

**Date of Notification (1)**
11/27/12

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

**Street Address**
500 Dallas Street #1000
Houston, TX 77002

**Name of Contact**
Nizam Najafi

**FACILITY INFORMATION**

**Name of Facility Where Abatement Is Taking Place (3)**
Kinder Morgan (KMLT) "Dock 2 Approach"

**Street Address**
78 Lafayette Avenue

**City (5)**
Cartaret

**County (6)**
Middlesex

**County Code (7)**
NA

**Square Feet**
NA

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

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

**Liquid Terminal**
- [ ]

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

**Street Address**
234 20th Avenue
Brick, NJ

**Telephone Number**
908-862-4301

**Asbestos and Mold Services, Corp.**

**Street Address**
3859 Sylon Blvd.
Hainesport, NJ 08036

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

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

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

**Street Address**
107 Haddon Ave.
Westmont, NJ 08108

**Telephone Number**
609-702-0400

**License Number**
00862

**EMSL Analytical**

**Scheduled Start Date (10)**
12/10/12

**Scheduled Completion Date (11)**
12/24/12

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

**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

**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**

**Name of Registered Waste Hauler**
NJDEP Waste Hauler ID No.
22612

**Cubic Yards of Waste**
10

**Name of Registered Landfill**
GROWS

**City, State**
Trenton, NJ

**Disposal Date**
12/24/12

**City, State**
Morrisville, PA

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

**Title**
Admin.

**Signature**

**Date**
11/27/12
<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>11/28/12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Palmyra Harbour Condominium Association, Inc.</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>Type Notification</td>
</tr>
<tr>
<td>X EPA</td>
<td>X Initial</td>
</tr>
<tr>
<td>X DEP</td>
<td>□ Amended</td>
</tr>
<tr>
<td>□ DOL</td>
<td>□ Amendment #</td>
</tr>
<tr>
<td>□ DOH</td>
<td>□ Emergency (including justification)</td>
</tr>
<tr>
<td>□ DCA</td>
<td>□ Cancellation</td>
</tr>
<tr>
<td>Street Address</td>
<td>2000 Harbour Drive</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Palmyra, NJ 08065</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Chris Popoli</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place (3) | Palmyra Harbour Condominium |
| Street Address | 2000 Harbour Drive |
| City (5) | Palmyra |
| County (6) | Burlington |
| Name of Monitoring Firm Hired by Building Owner (8) | MECS |
| ASCM No. | |
| Name of Abatement Contractor (9) | Stevens Environmental Services, Inc. |
| Project Manager for Monitoring Firm | William Weisgarber |
| Telephone No. | (609) 298-4070 |
| Start Date (10) | 12/10/12 |
| Scheduled Completion Date (11) | 12/12/12 |
| Occupancy Status During Abatement | |
| ☑ Facility Closed/Vacated During Entire Period of Abatement |
| ☐ Abatement Performed Outside of Normal Facility Hours |
| ☑ Other - Describe: 8AM - 4:30PM |
| Scope of Work (Check all that apply) |
| ☑ ≥3 sf or ≥3 ft |
| ☑ ≥160 sf or ≥260 ft |
| ☑ Renovation Demolition |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) |
| Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) |
| Yes | No |
| Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) |
| pipe insulation |
| Amount (Specify SF or LF) | 80 LF |
| Abatement Type | |
| Full Containment with Negative Pressure |
| Mini-Enclosure |
| Glovebag Procedure |
| Non-Exempted (*) and Non-Friable Procedure |
| Name of Registered Waste Hauler | Stevens Environmental Services Inc |
| Hauler ID No. | 18292 |
| Cubic Yards of Waste | 2 CU |
| Name of Registered Landfill | T.R.R.F., Inc. |
| Disposal Date | 12/12/12 |
| City, State | Tullytown, PA |
| Completed By | Mahlon E. Stevens |
| Title | Project Manager |
| Signature | |
| Date | 11/28/12 |

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

Date of Notification (1) 11 / 29 / 2012

Name of Building Owner/Operator (2) CSX Corporation

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

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

Street Address
500 Water Street
Jacksonville, FL 32202

City, State, Zip Code

Name of Contact
Gary Wywra

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
CSX Railyard - Police Headquarters

Street Address
25 Pennsylvania Avenue

City (6)
Kearny

County (6)
Hudson

County Code (7) [STATE USE ONLY]
3375

Square Feet
2

# of Floors
30+

Bldg. Age

Current Use (Prior to being demolished)
Industrial

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

ASCM No.

Name of Abatement Contractor (9)
Prism Response, Inc.

Street Address
128 S. Tryon Street - Interstate Tower

City, State, Zip Code
Charlotte, NC 28202

Telephone No.
732-939-3707

License No.
01121

Project Manager for Monitoring Firm
Gary Wywra

Telephone No.
724-325-3330

Name of OSHA Monitor
Shaw Environmental, Inc.

Street Address
128 South Tryon Street, Interstate Tower

City, State, Zip Code
Charlotte, NC 28202

Start Date (10) 12 / 10 / 2012

Scheduled Completion Date (11) 12 / 21 / 2012

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

Scope of Work (Check all that apply)
☐ ≥3 sf or ≥3 ft
☐ ≥150 sf or ≥250 ft

☐ Demolition

☐ Renovation

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

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

IN Facility

Location Normally Used Solely by Maintenance/Custodial Staff

Yes No N/A

(13)

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

Amount (Specify SF or LF)

3375 SF

18 SF

10

Name of Registered Waste Hauler

Waste Management

NJDEP Waste Hauler ID No. SW1724

Cubic Yards of

Disposal Date
12/21/2012

Name of Registered Landfill
Grand Central Sanitary Landfill

City, State
Camden, New Jersey

Penn Argyl, PA

Completed By (Print or Type)
Jessica Busch

Title
Administrative Support

Signature

Date
11/29/2012

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