State of New Jersey
NOTIFICATION OF ASPBESTOS ABATEMENT
(Pursuant to NJAC 8:58 and 12:120)

Date of Notification: 10/2/2012

Name of Building Owner/Operator: R. SATTERWHITE

Agency Notified: EPA

Type of Notification: Initial

Street Address: 89 WILLOWDALE AVE

City, State, Zip Code: MONTCLAIR, NJ 07042

Name of Contact: R. SATTERWHITE

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place: R. SATTERWHITE

Street Address: 89 WILLOWDALE AVE

City: MONTCLAIR

County: ESSEX

Square Foot: 1800

# of Floors: 2

Bldg. Age: 81 yrs

Name of Monitoring Firm Hired by Building Owner: Best Removal Inc

ASCN No.:

Name of Abatement Contractor: Best Removal Inc

Street Address: 450 S. River St

City, State, Zip Code: Hackensack, N.J. 07601

Telephone No.: 201-329-7444

License No.: 00388

Name of OSHA Monitor: Omega Environmental Inc

Street Address: 280 Huyler St

City, State, Zip Code: South Hackensack, N.J. 07606

Start Date: 10/23/12

Scheduled Completion Date: 10/25/12

Occupancy Status During Abatement: General Use

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

Amount (Specify SF or LF): 475 SF

Abatement Type:

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

BASEMENT

BASEMENT

Location Normally Used Solely by Maintenance/ Custodial Staff?

Yes

No

Cubic Yards of Waste: 0

Name of Registered Landfill: Minerva Enterprises

City, State: Waynesburg, OH

Completed by: J. Maiorano

Title: Estimator

ASB-41

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

Date of Notification (1)
10/4/12

Name of Building Owner/Operator (2)
Elizabeth Donald / Residence

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

Street Address
14 East Glouster

City, State, Zip Code
Harvey Cedars NJ 08008

Name of Contact
Elizbeth

FACILITY INFORMATION

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

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

Square Feet
1000 +

City (5)
Harvey Cedars NJ 08008

# of Floors
2

County (6)
Ocean

Bldg. Age
35+

County Code (7)
STATE USE ONLY

Current Use (Prior if being demolished)
House

Name of Monitoring Firm Hired by Building Owner (8)
n/a

License No.
00727

Name of Abatement Contractor (9)
Pernaco Inc.

ASCM No.

Street Address
PO Box 329

City, State, Zip Code
West Berlin NJ 08091

Telephone No.
856-753-9800

Name of OSHA Monitor
Pernaco Inc.

Telephone No.

Start Date (10)
10/17/12

Scheduled Completion Date (11)
10/23/12

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

Scope of Work (Check All That Apply)

- ≥3 sf or ≥3 if
- ≥160 sf or ≥2260 if
- Renovation
- Demolition

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

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

Yes No N/A

Exterior Siding

Exterior Siding

2975 SF

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

Amount (Specify SF or LF)

Abatement Type

Removal

Repair

Encapsulation

Endorsement

Endorser

Name of Registered Waste Hauler

United Containers

NJDEP Waste Hauler ID No.
22459

Cubic Yards of Waste
3

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

City, State
Morrisville PA 19067

Disposal Date
10/23/12

Completed by
Anthony T Perna

Title
President

Signature

Date
10/4/12

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

**Date of Notification (1)**  
10/4/12

**Name of Building Owner/Operator (2)**  
Joe Syzmanski / Residence

**Acuties Notified**  
- [X] EPA
- [ ] DEP
- [X] DOL
- [ ] DOH
- [ ] DCA

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

**Street Address**  
347 West 5th St

**City, State, Zip Code**  
Ship Bottom NJ 08008

**Name of Contact**  
Joe

**ASBESTOS CONTROL & LICENSING**  
**RECEIVED**  
2012 OCT 9 AM 10:20

**FACILITY INFORMATION**

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

**Street Address**  
347 West 5th St

**City (5)**  
Ship Bottom NJ 08008

**County (6)**  
Ocean

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

**Name of Monitoring Firm Hired by Building Owner (8)**  
n/a

**ACSM No.**

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

**Street Address**  
PO Box 329

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

**Name of OSHA Monitor**  
Pernaco Inc.

**Street Address**  
PO Box 329

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

**Start Date (10)**  
10/17/12

**Completion Date (11)**  
10/23/12

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

**Scope of Work (Check All That Apply):**
- [ ] ≥3 sf or ≥3 If
- [ ] ≥180 sf or ≥280 If
- [X] Renovation
- [X] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

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

**TO BE ABATED**

In Facility

**Location (13)**

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

**Yes**  
**No**  
N/A

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

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

**Amount (Specify SF or LF)**

**Abatement Type**

**Removal**  
**Repair**  
**Enclose**  
**Endorse**

**Exterior Siding**

**2400 SF**  

**Number of Yards**

**Name of Registered Waste Hauler**  
United Containers

**NJDEP Waste Hauler ID No.**  
22459

**Cubic Yards of Waste**  
3

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

**City, State**  
Elm NJ

**Disposal Date**  
10/23/12

**City, State**  
Morrsville PA 19067

**Completed by**  
Anthony T Perna

**Title**  
President

**Signature**  
[Signature]

**Date**  
10/4/12

*Do not use this form for asbestos licensure exempted activities.*
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:1:20)

Date of Notification (1)  
10/4/12

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

Name of Building Owner/Operator (2)  
Joe Syzmsnksi / Residence

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

Street Address  
29 North 11th St

City, State, Zip Code  
Surf City NJ 08008

FACILITY INFORMATION

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

Square Feet  
1000 +

# of Floors  
1

Bldg. Age  
35 +

County (6)  
Ocean

County Code (7)  
(STATE USE ONLY)  

Current Use (Prior if being demolished)  
House

Name of Monitoring Firm Hired by Building Owner (8)  
n/a

ASCM No.  

Name of Abatement Contractor (9)  
Pernaco Inc.

Street Address  
PO Box 329

City, State, Zip Code  
West Berlin NJ 08091

Project Manager for Monitoring Firm  

Telephone No.  
856-753-9800

License No.  
00727

Start Date (10)  
10/19/12

Scheduled Completion Date (11)  
10/26/12

Name of OSHA Monitor  
Pernaco Inc.

City, State, Zip Code  
West Berlin NJ 08091

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 lf

☐ ≥190 sf or ≥280 lf

☐ Renovation

☐ Demolition

☐ Full Containment with Negative Pressure

☐ Mini-Endoscopy

☐ 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, surfacing, VAT, or other miscellaneous)

Amount (Specify SF or LF)  
1400 SF

Abatement Type

Endorse

Endorse

Endorse

Name of Registered Waste Hauler  
United Containers

NJDEP Waste Hauler ID No.  
22459

Cubic Yards of Waste  
2

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

City, State  
Elm NJ

Disposal Date  
10/26/12

City, State  
Morrisville PA 19067

Completed by  
Anthony T Perna  
Title  
President

Signature  
Date  
10/4/12

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

Date of Notification (1)
10-3-12

Name of Building Owner/Operator (2)
James van Note

RECEIVED
2012 OCT-9 AM 10:26

Agencies Notified
[X] EPA
[X] DOL
[X] DON
[X] DCA

Type Notification
[X] Initial Notification

Street Address
106 Heller Way
Montclair, NJ

Name of Contact
Jim van Note

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

City (5)
Essex

County (6)

County Code (7) (STATE USE ONLY)

Name of Monitoring Firm hired by building owner (8)
N/A

ASCM No.

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm

Telephone Number
N/A

Scheduled Start Date (10)
10/16/12

Sched. Completion Date (11)
10/19/12

Month Day Year

Month Day Year

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

Other - Describe: Off Hours Describe

Scope of Work (Check all that apply)
[X] Renovation

Other - Describe: Demolition

Location of Asbestos-Containing Material (ACM)

Location Normally Used Solely

Maintenance/Custodial Staff (12)

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

Amount (Specify SF or LT)

Abatement Type

Basement

[X] VAT

380 X

Name of Registered Waste Hauler
AZTECH MANAGEMENT, INC.

Hauler ID No.
17040

City, State, Zip Code
Montclair, NJ 07042

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

Disposal Date
10/20/12

City, State
Morrisville, PA 19067

Completed By (Print or Type)
Constantine Vivian

Title
President

Signature
Date
10/3/12
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)  
October 2, 2012

Name of Building Owner/Operator (2)  
BIJOU PROPERTIES LLC

Agencies Notified Type Notification

- EPA Initial
- DEP Amended
- DOL Amendment #
- DOL Emergency (including justification)
- DOH Cancellation

Street Address  
1422 GRAND STREET, SUITE 5B

City, State, Zip Code  
HOBBOKEN, NEW JERSEY 07030

Name of Contact  
Mr. Matthew Testa

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
HOBBOKEN PARKING GARAGE

Street Address  
1415 Park Ave.

City (5)  
Hoboken

County (6)  
Hudson

County Code (7)  
(STATE USE ONLY)  
40,000

Square Feet

Current Use (Prior if being demolished)  
Garage

Type of Facility (4)  

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

License No.  

Name of Abatement Contractor (9)  
SLAVCO CONTRUCTION INC.

Name of Monitoring Firm Hired by Building Owner (8)  
CSA CONSULTING SERVICE AMERICA

ASCM No.

Start Date (10)  
October 16, 2012

Scheduled Completion Date (11)  
November 16, 2012

Occupancy Status During Abatement (Check Only One)  

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other – Describe: 7:00am-3:30pm Monday - Friday

Name of OSHA Monitor  
SLAVCO CONTRUCTION INC.

Scope of Work (Check All That Apply)  

- ≥25 sf or ≥25 if
- ≥160 sf or ≥256 sf

- Renovation
- Demolition

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Description</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>East Exterior Wall/Fmr. Loading Docks</td>
<td></td>
<td></td>
<td></td>
<td>Roof Tar/Mastic</td>
<td>200SF</td>
</tr>
<tr>
<td>South Side of Level F</td>
<td></td>
<td></td>
<td></td>
<td>Floor Tile</td>
<td>15SF</td>
</tr>
<tr>
<td>Roof (4)</td>
<td></td>
<td></td>
<td></td>
<td>Parapet Tar &amp; Remnant Shingles</td>
<td>1600SF</td>
</tr>
<tr>
<td>Roof (5)</td>
<td></td>
<td></td>
<td></td>
<td>Tar on Steel Beam</td>
<td>50SF</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler  
Slavco Construction Inc.

NJDEP Waste Hauler ID No.  
18508

Cubic Yards of Waste  
TBD

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

City, State  
CLIFTON, NEW JERSEY 07011-1802

Completed by  
Vivian D. Jurcevic

Title  
Office Mgr.

Signature  

Date  
October 2, 2012

* Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance / Custodial Staff (12)</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems, insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Removable Enclosure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primarily the East Wall</td>
<td>x</td>
<td>Window Caulking</td>
<td>20LF</td>
<td>x</td>
</tr>
</tbody>
</table>

Completed By: (Print or Type)  
Vivian D. Jurcevic  
Title: Office Mgr.  
Signature: [Signature]  
Date: 10/2/2012
### State of New Jersey
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>October 3, 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator</td>
<td>Tim Handy</td>
</tr>
<tr>
<td>Street Address</td>
<td>6 Watson Place</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Manasquan, NJ 08736</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Residence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>316 Dellmuth Avenue</td>
</tr>
<tr>
<td>City</td>
<td>Ortley Beach</td>
</tr>
<tr>
<td>County (6)</td>
<td>Ocean</td>
</tr>
<tr>
<td>County Code (7)</td>
<td>N/A</td>
</tr>
<tr>
<td>Bldg. Age</td>
<td>60</td>
</tr>
<tr>
<td># of Floors</td>
<td>1</td>
</tr>
<tr>
<td>Square feet</td>
<td>900 sf</td>
</tr>
<tr>
<td>Current Use (Prior if being demolished)</td>
<td>Residence</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>N/A</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>Guardian Contracting, Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td>1889 Route 9, Unit 61</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Toms River, New Jersey 08755-1271</td>
</tr>
<tr>
<td>License Number</td>
<td>00624</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>732-349-9932</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>E.M.S.L. Analytical</td>
</tr>
<tr>
<td>Street Address</td>
<td>1056 Stelton Road</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Piscataway, New Jersey 08854</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] &gt;3 sf or ≥3 if</td>
</tr>
<tr>
<td>[ ] ≥160 sf or ≥260 if</td>
</tr>
<tr>
<td>[ ] Demolition</td>
</tr>
<tr>
<td>[ ] Renovation</td>
</tr>
<tr>
<td>[ ] Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>[ ] Mini-Enclosure</td>
</tr>
<tr>
<td>[ ] Glovebag Procedure</td>
</tr>
<tr>
<td>[ ] Non-Exempted (*) and Non-Friable Procedure</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED (13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exterior</td>
</tr>
<tr>
<td>Asbestos siding</td>
</tr>
<tr>
<td>750 sf</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Guardian Contracting, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
<td>20223</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>2</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>T.R.R.F.</td>
</tr>
<tr>
<td>City, State</td>
<td>Toms River, New Jersey</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>10/19/12</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by (Print or Type)</th>
<th>Nicholas Fernicola</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>Project Manager</td>
</tr>
<tr>
<td>Signature</td>
<td>Nicholas Fernicola</td>
</tr>
<tr>
<td>Date</td>
<td>10/3/2012</td>
</tr>
</tbody>
</table>

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

Date of Notification (1)
10/03/12 CK:2280 $200

Name of Building Owner/Operator (2)
Jay Brinkerhoff

Agencies Notified
EPA
DEP
DOL
DOH
DDA

Type Notification
Initial
Amended
Amendment # 0
Emergency (including justification)
Cancellation

Street Address
11 Westminster Road

City, State, Zip Code
Summit, New Jersey 07901

Name of Contact
Jay Brinkerhoff

FACILITY INFORMATION

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

City (5)
Summit, New Jersey 07901

County (6)
Union

County Code (7)
(SATE USE ONLY)

Current Use (Prior if being demolished)
Home

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

ASCM No.

Name of Abatement Contractor (6)
Lillich Corporation

Street Address
5434 King Avenue, Suite 101

City, State, Zip Code
Pennsauken, New Jersey 08109

Project Manager for Monitoring Firm
Tim Gronen

Telephone No.
856-615-9516

Start Date (10)
10/22/12

Scheduled Completion Date (11)
10/24/12

License No.
01104

Name of OSHA Monitor
J&S Environmental Labs

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

Scope of Work (Check All That Apply)
≥3 sf or ≥3 lf
≥150 sf or ≥250 lf
Renovation
Demolition

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

Yes
No
N/A

Air Cell Pipe Insulation

Location
Basement

Location
Air Cell Pipe Insulation

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

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

Amount
200 LF

Abatement Type

Name of Registered Waste Hauler
Lillich Corporation

Waste Hauler ID No.
18724

Cubic Yards of Waste
3

Disposal Date
10/26/12

City, State/Mail address
Woodland Park, New Jersey 07424

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

Disposal Date
10/26/12

City, State/Mail address
Morrisville, Pennsylvania

Completed by
Tatiana Kalenikova
Title
Vice President
Signature
Date 10/03/12

* Do not use this form for asbestos licensure exempted activities.
Date of Notification (1) | 10/03/12  CK:2285  $200
---|---
Name of Building Owner/Operator (2) | North Arlington Board of Education
FACILITY INFORMATION
Name of Facility Where Abatement is Taking Place (3) | North Arlington High School
Street Address | 222 Ridge Road
City, State, Zip Code | North Arlington, New Jersey 07031
County Code (7) (STATE USE ONLY) | Bergen
Name of Abatement Contractor (9) | Lillich Corporation
Street Address | 606 McBride Avenue
City, State, Zip Code | Cranford, New Jersey 07016
Project Manager for Monitoring Firm | Ralph Coppola
Telephone No. | 908-497-8900
Start Date (10) | 11/08/12
Scheduled Completion Date (11) | 11/11/12
Occupancy Status During Abatement (Check Only One)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other – Describe: Bam start
Scope of Work (Check All That Apply)
- ≥ 3 sf or ≥ 3 ft
- ≥ 100 sf or ≥ 260 ft
- 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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Athletic Directors Office</td>
<td>X</td>
<td>Grey Corrugated AirCellPipes</td>
<td>20 LF</td>
<td>X</td>
</tr>
</tbody>
</table>
Name of Registered Waste Hauler | Lillich Corporation
City, State | Woodland Park, New Jersey 07424
Name of Registered Landfill | G.R.O.W.S Landfill
Disposal Date | 11/13/12
City, State | Morrisville, Pennsylvania
Completed by | Tatiana Kalenikova
Title | Vice President
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:17A)

MO# 20142479878

Date of Notification (1) 10 / 03 / 12

Name of Building Owner/Operator (2) John Rutigliano 2012 OCT -9 AM 10: 07

Agencies Notified □ EPA □ DOTLD □ DHSS
□ DCA (NJAC 5:23-9)

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

Street Address 105 E. Palisade Avenue

City, State, Zip Code Englewood, NJ 07631

Name of Contact John Rutigliano

Telephone Number

FACILITY INFORMATION

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

Street Address 105 E. Palisade Avenue

City (5) Englewood, NJ 07631

County (6) Bergen

County Code (?): (STATE USE ONLY) Current Use (Prior to being demolished)

Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9)
Gr Tech LLC

Street Address 576 Valley Rd #283

City, State, Zip Code Wayne, NJ 07470

Project Manager for Monitoring Firm Telephone No. 973-638-1777

License No. 01127

Start Date (10) 10 / 12 / 12 Scheduled Completion Date (11) 10 / 13 / 12

Name of OSHA Monitor Envirosion Consultants, Inc

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

City, State, Zip Code Fair Lawn, NJ 07410

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

Name of Registered Waste Hauler
Gr Tech LLC

Cubic Yards of Waste
TBD

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

City, State Wayne, NJ 07470

Disposal Date TBD

City, State Tullytown, PA

Completed By (Print or Type) Title Signature
N.Jevity Owner

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

Date of Notification (1)
October 2, 2012

Name of Building Owner / Operator (2)
Bank of America

Street Address
367 Springfield Avenue
City, State & Zip Code
Summit, NJ 07901

Name of Contact
Dino Napoli

Email

FACILITY INFORMATION

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

Street Address
367 Springfield Avenue

City (5)
Summit

County (6)
Union

County Code (7) USE ONLY

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

ASCM No.

Name of Abatement Contractor (9)
Synatech, Inc.

Street Address
One Mall Drive, Suite 404
City, State & Zip Code
Cherry Hill, NJ 08002

Project Manager for Monitoring Firm
Howard Zenobi

Telephone Number
856-482-1311

Telephone Number
609-296-6916

License Number
00817

Scheduled Start Date (10)
October 13, 2012

Scheduled Completion Date (11)
October 15, 2012

Occupancy Status During Abatement (Check only one)
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 If
≥100 sf or ≥ 260 If
Renovation
Demolition

Location of Asbestos-Containing Material (ACM)
TO BE ABATED
IN Facility (19)

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

Teller Area

Floor Tile and Assoc. Mastic

Name of Registered Waste Hauler
Synatech, Inc.

Cubic Yards of Waste
5

Name of Registered Landfill

City, State
Little Egg Harbor, NJ 08087

Completed By
Diane Aloia

Title
Executive Administrator

Signature

Date
October 2, 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) October 03, 2012

Name of Building Owner/Operator (2) Jacobus Pharmaceutical Co.

Agencies Notified Type of Notification

EPA Initial

DEP Amended

DOL Amendment #1

DOH Emergency (Including

DCA Justification)

Cancellation

Name of Facility Where Abatement is Taking Place (3)
Jacobus Pharmaceutical Co.
County Road 683
Plainsboro Township, NJ

Street Address

City, State, Zip Code

Name of Contact Tom Santoli

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

Project Manager for Monitoring Firm Telephone No.

Brent Alltemose, CIH, CSP 866.734.0127

Start Date (10) 9/26/12

Scheduled Completion Date (11) 12/31/12

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

Street Address

City, State, Zip Code

Cherry Hill, NJ 08034

Name of OSHA Monitor

The MACK Group, LLC.

Street Address

City, State, Zip Code

Cherry Hill, NJ 08034

Facility Closed/Vacated During Entire Period of Abatement (Check Only One)

☑ Abatement Performed Outside of Normal Facility Hours

Other - Describe:

Scope of Work (Check All That Apply)

☑ 0 – 50 sf or 0 – 25 if

☐ 50 – 249 sf or 26 if – 260 if

☐ Renovation

☐ Demolition

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

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

Yes No N/A

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

Maintenance Shop asbestos tile & mastic 900sf

Bathroom...

Vestibule...

Penthouse AC-5 Pipe 80 if

Name of Registered Waste Hauler

Newark Carting / Rovic 4509

Cubic Yards of Waste

Disposal Date

Name of Registered Landfill

Newburg, PA 12/31/12

Cumberland County Landfill

Completed by

Mike Cooper

Title

President

Date

Signature

10/3/12

* Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<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>Penthouse AC-5</td>
<td>❌</td>
<td>Fittings</td>
<td>8</td>
<td>☒</td>
</tr>
<tr>
<td>TankRoom/SteamRoom &quot;L&quot;</td>
<td>❌</td>
<td>Steam Pipe</td>
<td>8 LF</td>
<td>☒</td>
</tr>
<tr>
<td></td>
<td></td>
<td>6&quot; LP Condensate Pipe</td>
<td>70 LF</td>
<td>☒</td>
</tr>
</tbody>
</table>
## NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

### Date of Notification (1)

September 12, 2012

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

Jacobus Pharmaceutical Co.

### Agencies Notified

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

### Type Notification

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

### County Road 683

City, State, Zip Code

Plainfield Township, NJ

### Name of Contact

Tom Santoli

### FACILITY INFORMATION

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

Jacobus Pharmaceutical Co.

#### Street Address

County Road 683

City (5)

Plainfield Township, NJ

#### County Code (7)

[STATE USE ONLY]

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

Sabre Health

#### Street Address

1015 Zucksville Road

City, State, Zip Code

Easton, PA 18040

#### Telephone No.

866.734.0127

#### Start Date (10)

9/26/12

#### Scheduled Completion Date (11)

10/26/12

#### Occupancy Status During Abatement (Check One Only)

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

#### Other - Describe:

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

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

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

#### In Facility (13)

<table>
<thead>
<tr>
<th>Maintenance Shop</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Description of Asbestos Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bathrooms</td>
<td></td>
<td></td>
<td></td>
<td>asbestos tile &amp; mastic</td>
</tr>
<tr>
<td>Vestibule</td>
<td></td>
<td></td>
<td></td>
<td>500sf</td>
</tr>
</tbody>
</table>

### Name of Registered Waste Hauler

Newark Carting / Rovic

4509

Cubic Yards of Waste

14.5

Name of Registered Landfill

Cumberland County Landfill

City, State

Newburg, PA

Disposal Date

10/26/12

Completed by

Mike Cooper

Title

President

Signature

Date

287

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

Date of Notification (1):
October 3, 2012

Name of Building Owner / Operator (2):
Bayshore Community Hospital

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

Type Notification:
- [x] Initial
- [ ] Amended
- [ ] Amendment # _____
- [ ] Cancellation

Street Address:
727 North Beers Street

City, State & Zip Code:
Holmdel, NJ 07733

Name of Contact:

Telephone Number:

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3):
Bayshore Community Hospital

Street Address:
727 North Beers Street

City (5):
Holmdel

County (6):
Monmouth

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

Name of Abatement Contractor (9):
Synatech, Inc.

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

Square Feet:
100,000

# of Floors:
5

Bldg. Age:
60

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

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

Scope of Work (Check all that apply):
- [x] ≥3 sf or ≥ 1 if
- [ ] ≥160 sf or ≥260 if
- [x] Demolition
- [ ] Renovation
- [ ] Full Containment with Negative Pressure
- [ ] Non-Exempted(*) and Non-Friable Procedure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Encapsulate
- [ ] Repair
- [ ] Endorse

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

<table>
<thead>
<tr>
<th>Location Normally Used Solely by Maintenance or Custodial Staff? (12)</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Valve/Fitting Insulation</td>
<td>8 LF</td>
<td>Removal</td>
</tr>
<tr>
<td>No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Abatement Type:

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

- [x] Boiler Room

Cubic Yards of Waste:
< 1

Name of Registered Landfill:

Grows Landfill

City, State:
Morrisville, PA

Disposal Date:
October 9, 2012

Name of Registered Waste Hauler:
Synatech, Inc.

Hauler ID No.:
27429

City, State:

Little Egg Harbor, NJ 08087

Completed By:
Diane Alola

Title:
Executive Administrator

Signature:

[Signature]

Date:
October 3, 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)**
October 3, 2012

**Name of Building Owner / Operator**
Bayshore Community Hospital

**Type Notification**
EMERGENCY

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

**Street Address**
727 North Beers Street

**City, State & Zip Code**
Holmdel, NJ 07733

**Name of Contact**

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

**FACILITY INFORMATION**

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

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

**Square Feet**
100,000

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

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

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

**IN Facility (15)**

<table>
<thead>
<tr>
<th>Location</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boiler Room</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Valve/Fitting Insulation</td>
<td></td>
<td></td>
<td>B LF</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
NJDEP Waste Hauler ID No. Z7429

<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 1</td>
<td>Grows Landfill</td>
</tr>
</tbody>
</table>

**Disposal Date**
October 9, 2012

<table>
<thead>
<tr>
<th>City, State</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Morrisville, PA</td>
<td>October 3, 2012</td>
</tr>
</tbody>
</table>

**Completed By**
Diane Alota

**Signature**

**Title**
Executive Administrator

*Do not use this form for asbestos licensure or complaint audits.*
State of New Jersey - Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

**Date of Notification (1):**
October 3, 2012

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

**Notification Type:**
- Initial Notification
- Emergency (including justification)

**Name of Building Owner/Operator (2):**
The Valley Hospital

**Street Address:**
223 North Van Dien Avenue

**City, State, Zip Code:**
Ridgewood, NJ 07450-2736

**Name of Contact:**
William Stasiak

**Telephone Number:**

---

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

**Checel 4th Floor – Neuro/Ortho Support Areas**

**Street Address:**
223 North Van Dien Avenue

**City (5), County (6), County Code (7):**
Ridgewood, Bergen (State Use Only)

**Name of Monitoring Firm Hired by Bldg. Owner (8):**
Colden Corporation

**ASCM No.:**

---

**Name of Contractor (8):**
GREENWOOD ABATEMENT CONSULTANTS, INC.

**Street Address:**
268 MAIN STREET

**City State, Zip Code:**
Butler, NJ 07405

**Telephone Number:**
973-492-0477

**License Number:**
00840

**Name of OSHA Monitor:**
EMSL inc.

**Street Address:**
1056 Stelton Road

**City State, Zip Code:**
Piscataway, NJ 08854

---

**Occupancy Status During Abatement (Check only one):**
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Describe: Weekends – Friday-Saturday-Sunday
- Phase 1: October 19, 2012 – October 22, 2012
- Phase 2: TBD
- Phase 3: TBD

**Source of Work (Check all that apply):**
- ≥ 3 sf or ≥ 3 ft
- ≥ 100 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, surfaced, VAT, or other miscellaneous):**

**Checel 4th Floor Neuro/Ortho Support Areas:**
- VAT & Mastic

**Cubic Yards of Waste:**
30

**Disposal Date:**
October 22, 2012

**Name of Registered Landfill:**
Meadowfill Landfill

**Hauler #1:** Greenwood Abatement Consultants, Inc. – Butler, NJ 07405

**NJ DEP #:** 12561

**Hauler #2:** Newark Carting, Inc. – Newark, NJ 07105, NJ DEP # 19551

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

**Title:** SENIOR PROJECT MANAGER

**Signature:** Marin Graue

**Date:** October 3, 2012

---

**GAC # 2012-355**
<table>
<thead>
<tr>
<th>Date of Collection (9)</th>
<th>Name of Depositing Owner / Operator (10)</th>
<th>Type of Facility (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10-3-12</td>
<td>S. ALTMAN</td>
<td>C.</td>
</tr>
</tbody>
</table>

**Name of Facility Where Abatement is Taking Place (5)**
S. ALTMAN

**Street Address**
35-11 VAN DUREN AVE

**City (5)**
FAIRLAWN

**County (5)**
BERGEN

**Name of Abatement Contractor (9)**
Best Removal Inc

**Address**
450 South River St

**City, State, Zip Code**
Hackensack, N.J. 07606

**Telephone No.**
201-329-7444

**License No.**
03368

**Job Code**
Best Removal Inc

**Description of Abatement**

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Description</th>
<th>Amount</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>BAREMEOI</td>
<td>THERMAL INSULATION</td>
<td>45 LF</td>
<td>X</td>
</tr>
</tbody>
</table>

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

**Hazardous Waste Handler ID No.**
17109

**Disposal Date**
10-20-12

**Comments**

**Signature**
R. Veldman

**Estimator**
R. Veldman

*Do not use this form for asbestos renovation or remediation activities.*
<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>Name of Building Control Officer</th>
<th>Name of Building Contract Officer</th>
<th>RECENTED</th>
</tr>
</thead>
<tbody>
<tr>
<td>10-3-12</td>
<td>J S Realty Associates</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Facility Information**

<table>
<thead>
<tr>
<th>Agency</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
</tr>
<tr>
<td>DEP</td>
</tr>
<tr>
<td>DOL</td>
</tr>
<tr>
<td>DOH</td>
</tr>
<tr>
<td>DCA</td>
</tr>
</tbody>
</table>

**Street Address**

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

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

- **Boiler Room**: Thermal Surprising 80 SF

**Name of Registered Waste Handler**

- Best Removal Inc.

**Disposal Date**

- 10-17-12

**Other Description**

- Full Containment with Negative Pressure
- Positive Pressure
- Non-Regulated Site

**Compliance**

- R Veldran
- Estimator
<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>Name of Receiving Company Operator</th>
</tr>
</thead>
<tbody>
<tr>
<td>10-3-12</td>
<td>M. Connolly</td>
</tr>
</tbody>
</table>

**Facility Information**

- **Name of Facility Where Abatement is Taking Place:** M. Connolly
- **Address:** 55 Riveredge Road
- **City:** Bergenfield
- **County:** Bergen
- **Type of Facility:** Residence
- **Purpose:** To remove asbestos contamination

**Abatement Information**

- **Schedule Completion Date:** 10-16-12
- **Phone Number:** 201-329-7444
- **License No.:** 00388
- **Name of On-Site Monitor:** Omega Environmental Services
- **Abatement Type:** Thermal Insulation
- **Amount of Work:** 15 LF

**Company Information**

- **Company Name:** Best Removal Inc.
- **Address:** 450 South River St
- **City:** Hackensack
- **County:** Bergen

**Waste Information**

- **Waste Handler:** Best Removal Inc.
- **Waste Type:** Asbestos Containing Material (ACM)
- **Disposal Date:** 10-10-12
- **City:** Wayneburg, OH

**Estimator:** R. Veldran

---

*Note: Do not quote this form for collection purposes or other applications.*
## State of New Jersey
### NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:69 and 12:126)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>10-3-12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency Notified</td>
<td>EPA</td>
</tr>
<tr>
<td>Type Notification</td>
<td>Initial</td>
</tr>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Karen Miller</td>
</tr>
<tr>
<td>Street Address</td>
<td>671 New Rd, Townley Rd</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Asbestos, NY</td>
</tr>
<tr>
<td>Name of Principal Member</td>
<td>Bernard S.</td>
</tr>
</tbody>
</table>

### FACILITY INFORMATION

| Name of Facility Where Abatement is Taking Place (3) | Resident |
| Street Address                                      | 8 S Pelham Ave |
| City, State, Zip Code                               | Longport, Ocean |
| County Code (6) (STATE USE ONLY)                    | |
| Name of Monitoring Firm Hired by Building Owner (9) | |
| ASCM No.                                             | |
| Name of Abatement Contractor (10)                   | Ham & Co. CCC |
| Street Address                                      | 121 Meridian Ave |
| City, State, Zip Code                               | Jersey, NJ 08005 |
| Name of QOSHA Monitor                               | |
| Project Manager for Monitoring Firm                 | |
| Telephone No.                                        | 856-574-0871 |
| License No.                                          | 01070 |
| Effort Date (11)                                     | 10-15-10 |
| Scheduled Completion Date (11)                       | 10-15-10 |

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

- Renovation
- Removal
- Containment
- Full Containment with Negative Pressure
- Mill Removal
- deDusting Procedure
- Non-Exempted (7) and Non-Potable Procedure

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

<table>
<thead>
<tr>
<th>ACM Setting</th>
<th>Location Normally Used Solely by Maintenance/ Custodial Staff (12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACM Setting</td>
<td>Yes</td>
</tr>
</tbody>
</table>

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

- ACM Setting

### Amount (Specify if | |

### Abatement Type

- Removal
- Removal
- Endurance

### Name of Registered Waste Handler

- Jack Spencer

<table>
<thead>
<tr>
<th>NJ/DEP Waste Handler ID No.</th>
<th>18347</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cubic Yards of Waste</td>
<td></td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>WY of the</td>
</tr>
</tbody>
</table>

### Disposal Data

- Bellmore, NY
- Date: 12-2-2012

---

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

Date of Notification (1): 10/12/12

Name of Building Owner/Operator (2): PINELANDS CONSTRUCTION

Street Address: 300 77TH ST., ASBESTOS CONTROL

City, State, Zip Code: SEA ISLE CITY, N.J., 08243

Name of Contact: Frank Edmond

FACILITY INFORMATION

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

Street Address: 133 58TH ST

City (5): SEA ISLE CITY

County Code (6): CAPE MAY

County Code (7): STATE USE ONLY

Type of Facility (4): VACANT

Square Feet: # of Floors: Bidg. Age:

Current Use (Prior if being demolished): VACANT

Name of Abatement Contractor (9): KLEM CO INC.

Street Address: 369 S, SPRUCE AVE.

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

Name of OSHA Monitor: Joseph Klemm

Project Manager for Monitoring Firm: Telephone No.

Start Date (10): 10/15/12

Scheduled Completion Date (11): 10/22/12

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):

- 23 sf or 23 If
- 260 sf or 260 If
- Renovation
- Demolition

Full Containment with Negative Pressure

Mini-Enclosure

Glovebag Procedure

Non-Exempted (*) and Non-Friable Procedure

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

IN Facility (13):

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 Asbestos-Containing Material (ACM)

TO BE ABATED

IN Facility (13):

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

Amount (Specify SF or LF):

Abatement Type:

Name of Registered Waste Hauler: KLEM CO INC.

NJDEP Waste Hauler ID No.: 17984

Cubic Yards of Waste: Disposal Date:

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

City, State: MAPLE SHADE, N.J.

Complted By: Joseph Klemm

Signature: V/P

Date: 10/12/12

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

State of New Jersey

Notification of Asbestos Abatement

(Pursuant to NJAC 8:60 and 11:11C

Date of Notification:

10/4/12

Name of Building Owner/Operator:

MICHAEI NICHOLS

Address:

23 KING ST.

2012 OCT-9 AM 9:56

City, State, Zip Code:

RIO GRANDE, N.J. 08242

Name of Contact:

SAME

Facility Information

Name of Facility Where Abatement Is Taking Place:

RESIDENCE

Street Address:

338 87TH ST

City:

STOWE HABSON

County Code:

CAPE MAY

Type of Facility:

VACANT

Name of Abatement Contractor:

KLEEM INC.

Address:

369 S SPRUCE AVE

City, State, Zip Code:

COWE SHARPE, N.J. 08012

Project Manager for Abatement:

JOSPE KLEEM

Address:

369 S SPRUCE AVE

City, State, Zip Code:

COWE SHARPE, N.J. 08012

Scope of Work:

Removal of Siding

Location of Asbestos-Containing Material (ACM) to Be Abated:

Siding

Amount:

2,500.00

Name of Registered Waste Hauler:

KLEEM INC.

Name of Registered Land:

CHCMUL

City, State:

WOODBINE, N.J.

Signed By:

JOSPE KLEEM

Date:

10/4/12

Do not use this form for asbestos abatement exempted activities.
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:20/N.J.A.C. 7:26-2.12)

**Date of Notification (1):** 10/01/12  
**Name of Building Owner/Operator (2):** Newark Public School

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

**Type Notification:** Initial

**Street Address:** 2 Cedar Street  
**City, State, Zip Code:** Newark, NJ 07102

**Name of Contact:** Benjamin Olagadeyo

**Telephone Number:**

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3):** 14th Avenue Elementary School

**City/ (5):** Newark  
**County (6):** Essex  
**County Code (7):** 07013

**Name of Monitoring Firm Hired by Building Owner:** ASCM No.: 00110

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

**Square Feet:** 150,000  
**# of Floors:**

**Bldg. Age:** 60  
**Current Use:** School

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

**Street Address:** 358 Broadway  
**City, State, Zip Code:** Newark, NJ 07104

**Project Manager for Monitoring Firm:** Kevin Lovely

**Telephone No.:** (732)-390-5858

**Telephone No.:** (973) 732-6225  
**License No.:** 01017

**Name of OSHA Monitor:** AmeriSci.

**Street Address:** 117 East 30th Street  
**City, State, Zip Code:** New York, New York, 10016

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

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

**Describe:**

**Describe:**

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

**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>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Basement</td>
<td>Pipe Insulation</td>
</tr>
</tbody>
</table>

**Completed By:** Sam Hounoh  
**Title:** Project Manager  
**Signature:**

**Date:** 10/01/12
**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:60 and 12:20/NJ.A.C. 7:26-2.12)

**State of New Jersey**

**Name of Building Owner/Operator:**
Atlantic Aviation – Hangar 3 (East, North & South Sides)

**Street Address:**
177 Industrial Avenue
City, State, Zip Code: Teterboro, NJ 07608

**Name of Contact:**
William Mullins
**Telephone Number:**

---

**FACILITY INFORMATION**

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

**Street Address:**
177 Industrial Avenue

**City (5):**
Teterboro

**County (6):**
Bergen

**County Code (7):**
07608

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

**Telephone No.:**
(732)-390-3858

**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:** School

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

**Street Address:**
358 Broadway, Suite 202
City, State, Zip Code: Newark, NJ 07104

**Name of OSHA Monitor:**
AmeriSci

**Street Address:**
117 East 30th Street
City, State, Zip Code: New York, New York, 10016

---

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

- Facility Closed/vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Non Frangible Removal During Plant Operation activities

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

- [ ] ≥ 3 sf or ≥ 3 if
- [ ] ≥ 160 sf or ≥ 260 ft

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

<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, VAF, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st &amp; 2nd Floor</td>
<td>X</td>
<td>Window Caulking</td>
<td>600 LF</td>
<td>X</td>
</tr>
<tr>
<td>1st &amp; 2nd Floor</td>
<td>X</td>
<td>Door caulking</td>
<td>80 LF</td>
<td></td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:**
NJDEP Waste Hauler ID No.: 4506
Name of Registered Landfill:
City, State: Newark Carting

**Disposal Date:**
City, State: Tullytown Re. Facility

**Completed By:**
Sam Hounow

**Title:**
Project Manager

**Signature:**

**Date:**
10-01-12
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 12:120)

Date of Notification (1):
10-3-2012

Agency Notified:
- EPA
- DEP
- DOL
- DCM
- DCA

Type Notification:
- Initial
- Amended
- Emergency (Including Justification)
- Cancellation

Name of Building Owner/Operator (2):
The Biber Partnership AIA

Name of Contact:
Joe

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):
Former Car Dealership for Demo

Street Address:
422 Morris Avenue
City, State, Zip Code:
Summit, NJ 07901

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 Foot: # of Floors: Bldg. Age:
50+

Current Use (Prior to being demolished):
Car Dealership

Name of Abatement Contractor (9):
Jadar Contracting LLC

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

Telephone No.:
973-706-7950
License No.:
01086

Name of OSHA Monitor:
Jadar Contracting

Start Date (10):
10-4-2012
Scheduled Completion Date (11):
11-15-2012

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

Scope of Work (Check All That Apply):
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Nont-Enclosure
- Glovebox Procedure
- Non-Exempted (*) and Non-Flexible Procedure

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

In Facility (13):

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

Description of Asbestos-Containing Material (ACM) (i.e., thermal system installation, surfacing, VAT, or other miscellaneous):

Amount (Specify SF or LF):

Abatement Type:

Entire Structures - Dealership & House on Same Property:

To be disposed of as asbestos wastes

Name of Registered Waste Hauler:
Yannuzzi & Sons Demolition

Yard No.:
17497

Cubic Yards of Waste:
TBD

Name of Registered Lancerial:
IESI

City, State:
Hillsborough, NJ

Disposal Date:
TBD

City, State:
Bethlehem, PA

Signature:

Date:
10-3-2012

* Do not use this form for asbestos lien waiver exempted activities.
State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1)  2012 OCT 9  AM 9:52  
Name of Building Owner/Operator (2)  JULIA REYNOLDS  

Street Address  27 SPRING BROOK RD  
City, State, Zip Code  HARRISTOWN, NJ  
Name of Contact  JULIA REYNOLDS  

FACILITY INFORMATION

Type of Facility (4)  
□ School (K - 12)  
□ Subchapter 8 (Other than K-12)  
□ Other (Private/Commercial Bldgs./Homes, etc.)  

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

Name of Facility where abatement is taking place (3)  HOUSE  
Street Address  27 SPRING BROOK RD  
City, State, Zip Code  HARRISTOWN, NJ  

Name of Monitoring Firm Hired by Bldg. Owner (6)  
Name of Abatement Contractor (9)  NICK RESTORATION LLC  
Street Address  72 BROOKSIDE RD  
City, State, Zip Code  RANDOLPH, NJ  
Telephone Number  973-933-2550  License Number  001133  
Name of OSHA Monitor  J & S ENVIRONMENTAL  
Street Address  2333 RT 22 WEST  
City, State, Zip Code  UNION, NJ 07083  

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:  

Scope of Work (check all that apply)  
□ Demolition  
□ Renovation  
□ Greater than 2 sf  
□ Greater than 2 sf, but less than or equal to 160 sf  
□ Greater than 160 sf and greater than or equal to 260 sf  
□ Full Containment w/ negative pressure  
□ Glovebag procedure  
□ Mini-enclosure  
□ Non-friable procedure  

Location of asbestos-containing material to be abated in facility (13)  
Is location normally used solely by maintenance/custodial staff (12)  
Description of asbestos-containing material (ACM)  
Amount (Specify SF or LF)  

Removal  Repair  Encapsulate  Encl.  

Registered Waste hauler  NICK RESTORATION  
City, State  RANDOLPH, NJ 07869  
Disposal Date  TBD  
Name of Registered Hauler  P. R. O. W. S.  

Completed by (Print or Type)  ELVIRA MEDA  
Title  PRESIDENT  
Signature  ELVIRA  
Date  10-2-12
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 10/02/2012

Name of Building Owner/operator (2) Bruce A. Jones

Agencies Notified Type Notification

- EPA Initial
- DEP Amended
- DOH Amendment #
- DCA

Street Address 8 Market Street

City, State, Zip Code Phillipsburg, NJ 08865

Name of Contact Bruce A. Jones

FACILITY INFORMATION

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

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

Square Feet

# of Floors Bldg. Age

County Code (7) [STATE USE ONLY] Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)
ASCM No. Name of Abatement Contractor (9)
Nick Restoration LLC

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm Telephone No.

Start Date (10) 10/13/12 Scheduled Completion Date (11) 10/15/12

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 ft
- ≥160 sf or ≥260 ft
- 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)

- Basement area

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

Name of Registered Waste Hauler
Nick Restoration LLC

City, State Randolph, NJ

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

Committed By
Elvira Mrda

Title President

Signature

Date 10/02/2012

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

**RECEIVED**

**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

**Date of Notification (1)** 10/3/12

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

**Street Address**

595 Newark Ave.

City, State, Zip Code

Jersey City, NJ 07306

**Name of Contact**

Kim Riscart

**Telephone Number**

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3)

Hudson County Admin. Bldg.

Street Address

595 Newark Avenue

City (5)

Jersey City

County (6)

Hudson

County Code (7)

[STATE USE ONLY]

Name of Monitoring Firm Hired by Building Owner

Whitman Companies, Inc.

ASCM No.

00110

Street Address

7 Pleasant Hill Road

City, State, Zip Code

Cranbury, NJ 08512

Project Manager for Monitoring Firm

Kevin Lovely

Telephone Number

732-396-5858

Scheduled Start Date (10)

12/20/12

Sched. Completion Date (11)

12/31/12

Occupancy Status During Abatement (Check only one)

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

Scope of Work (Check all that apply)

- [X] Renovation
- [ ] Demolition
- [ ] ≥3 sf or ≥3 If
- [X] ≥150 sf or ≥260 If

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Various – CJP courtroom, 406, 107</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Various – courtrooms, offices</td>
<td>x</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

- [X] Plaster/spray-on ceiling to be scraped*
- [ ] Floor tile*

**Amount (Specify SF or LF)**

- 3300 SF
- 5200 SF

**Name of Registered Waste Hauler**

Jupiter Environmental Services

NJDEP Waste Hauler ID No.

04782

Cubic Yards

10

Of Waste

**Name of Registered Landfill**

Minerva Landfill

City, State

Lincoln Park, NJ

Waynesburg, OH

Completed By (Print or Type)

Pawe Repic

Title

General Manager

Signature

Date

10/3/12

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

Date of Notification (1) 10/3/12
Name of Building Owner/Operator (2) UMDNJ
Agencies Notified
[x] EPA  [ ] DEP
[x] DOL  [x] DOH
[x] DCA
Type of Notification
[x] Initial Notification
[x] Emergency Notification
[x] Amended Notification
Amend #1 Cancellation
Name of Contact Joseph Conway

ASBESTOS CONTROL & LICENSING

Name of Facility Where Abatement is Taking Place (3)
UMDNJ – Power Plant
Street Address
295 Norfolk St.

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

Name of Monitoring Firm Hired by Building Owner
TTI Environmental, Inc.
ASCN No. 00003

Street Address
9 East Stow Road
City, State, Zip Code
Marlton, NJ 08053

Project Manager for Monitoring Firm
Howard Baldwin

Telephone Number 856-985-8800
Scheduled Start Date (10) 4/23/12
Sched. Completion Date (11) 12/31/12
Occancy Status During Abatement (Check only one)
[ ] Facility Closed/Vacated During Entire Period of Abatement
[x] Abatement Performed Outside of Normal Facility Hours –
   Describe: Power Plant
[x] Other – Describe: partially vacated

Scope of Work (Check all that apply)
[x] Demolition
[x] ≥3 sf or ≥3 if
[x] ≥160 sf or ≥260 if
[ ] Renovation

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

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

Power plant – basement & mezz.
Header/valve insulation 550 SF X
pipe insulation 300 LF X

Name of Registered Waste Hauler
Jupiter Environmental Services
NJDEP Waste Hauler ID No. 04762

Cubic Yards Of Waste 10
Disposal Date 10/31/12
Name of Registered Landfill
Minerva Landfill
City, State
Lincoln Park, NJ
Waynesburg, OH

Completed By (Print or Type)
Pane Repic
Title General Manager
Signature X
Date 10/3/12

Amendment #1, 10/9/12: Quantity of pipe insulation has increased. One phase of the work is scheduled to start on 10/22/12 with anticipated completion about 10/31/12. It includes removal of 160LF (Subchapter 8 project) of pipe insulation from basement.
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7.1)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>4/9/12</th>
<th>Name of Building Owner/Operator (2)</th>
<th>UMDNJ</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agencies Notified</td>
<td></td>
<td>Type of Notification</td>
<td>Initial</td>
</tr>
<tr>
<td>[x] EPA</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>[x] DEP</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>[x] DOL</td>
<td>[ ] Emergency</td>
<td></td>
<td></td>
</tr>
<tr>
<td>[x] DOH</td>
<td>[ ] Amended</td>
<td></td>
<td></td>
</tr>
<tr>
<td>[x] DCA</td>
<td>[ ] Cancellation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
<td></td>
<td>City, State, Zip Code</td>
<td>Newark, NJ 07101</td>
</tr>
<tr>
<td>30 Bergen Street</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of Contact</td>
<td></td>
<td>Telephone Number</td>
<td></td>
</tr>
<tr>
<td>Joseph Conway</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3)
UMDNJ – Power Plant

Street Address
295 Norfolk St.

City (5) Newark
County (5) Essex

Name of Monitoring Firm Hired by Building Owner
TTI Environmental, Inc.

ASCM No. 00003

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

Street Address
3 Lynn Court

City, State, Zip Code
Lincoln Park, NJ 07035

Telephone Number
973-709-0200

License Number
08852

Name of OSHA Monitor
J & S Environmental Laboratories, LLC

Street Address
2333 Route 22 West

City, State, Zip Code
Union, NJ 07083

Scope of Work (Check all that apply)

- Demolition
- [x] Renovation
  - Full Containment with Negative Pressure
  - [x] Mini – Enclosure
  - [x] Glovebag Procedure
  - [x] Non – Frangible Procedure

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

<table>
<thead>
<tr>
<th>In Location Normally Used Solely by Maintenance/Custodial Staff (12)</th>
<th>Description of Asbestos – Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>x Header/valve insulation</td>
<td>550 SF</td>
<td>[x] Removable</td>
</tr>
<tr>
<td>No</td>
<td>x pipe insulation</td>
<td>20 LF</td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
Jupiter Environmental Services

NJ DEP Waste Hauler ID No. 04782

Cubic Yards Of Waste
10

Name of Registered Landfill
Minerva Landfill

Disposal Date
5/15/12 +

City, State
Waynesburg, OH

Completed By (Print or Type) Pane Repic

Title General Manager

Signature

Date 4/9/12

ASB-41
JUN 95

State of New Jersey

Received: 2012 OCT 9 AM 9:50
Check # 6716
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1): 10/3/12

Name of Building Owner/Operator (2): Roman Abashkin

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

Type of Notification
- [ ] Initial Notification
- [X] Amended Notification
- [ ] Cancellation

Street Address: 72 Ridgeview Terr.
City, State, Zip Code: Wayne, NJ 07470

Name of Contact: Roman Abashkin

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):
Residence
Street Address: 72 Ridgeview Terr.
City (5): Wayne, County (6): Passaic

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

ASCM No.

Scheduled Start Date (10): 10/13/12
Scheduled Completion Date (11): 10/18/12

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: 2000
# of Floors: 2
Bldg. Age: 50

Current Use (Prior if being demolished): Residence

Name of Abatement Contractor (9):

Jupiter Environmental Services, Inc.
Street Address: 3 Lynn Court
City, State, Zip Code: Lincoln Park, NJ 07035

Telephone Number: 973-709-0200
License Number: 00852

Name of OSHA Monitor:

J & S Environmental Laboratories, LLC
Street Address: 2333 Route 22 West
City, State, Zip Code: Union, NJ 07083

Scope of Work (Check all that apply)
- [ ] Demolition
- [ ] >=6 sf or >=3 if
- [X] >=160 sf or >=260 if
- [ ] Renovation
- [X] Full Containment with Negative Pressure
- [ ] Mini - Enclosure
- [ ] Glovebag Procedure
- [X] Non - Friable Procedure

Location of Asbestos - Containing Material (ACM) To Be Abated

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

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

Amount (Specify SF or LF): 600 SF

Abatement Type

Name of Registered Waste Hauler:

Jupiter Env. Svc.
NJDEP Waste Hauler ID No.: 04783
Cubic Yards Of Waste:
3

Name of Registered Landfill:

Minerva Landfill
City, State:
Lincoln Park, NJ
Disposal Date: 10/31/12
City, State:
Waynesburg, OH

Completed By (Print or Type):

Pane Repic
Title: General Manager
Signature: [Signature]
Date: 10/3/12

ASB-41
JUN 95

G4667
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to N.J.A.C. 7:29-2.12)

Date of Notification (1) 10/1/2012

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

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

Name of Building Owner/Operator (2) Borough of Swedesboro

Street Address 1500 Kings Highway

City, State, Zip Code Swedesboro, NJ 08085

Name of Contact William Goodwin

Tel. Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Borough Hall

Street Address 1500 Kings Highway

City (5) Swedesboro

County (6) Gloucester

County Code (7) (State Use Only)

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

Street Address

Project Manager for Monitoring Firm

Telephone Number 856-224-4392

License Number 00857

Scheduled Start Date (10) 10/20/2012

Scheduled Completion Date (11) 10/20/2012

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

Other - Describe

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

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

Various small areas on first floor

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

YES

NO

NA

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

VAT and Mastic

Amount (Specify SF or LF) <150 SF

Abatement Type X


Name of Reg. Waste Hauler NJDEP Waste Hauler ID # 17273

Waste Management, Inc.

Cubic Yards of Waste <1

Name of Reg. Landfill Gloucester County Landfill

City, State South Harrison, NJ

Completed by (Print or Type) ANDREW GREEN

Title MANAGER - KAIS

Signature

Date 10/1/2012

Disp. Date Various

City, State South Harrison, NJ

Mail to: NJDEP-DSHW-BRRTP 401 E. State St., PO 414

Trenton, NJ 08625-0414

Telephone 609-984-6620

C:\WORD\MYDOCS\ASBESTOS 9/19/00
### State of New Jersey
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60-12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/4/12</td>
<td>Carlos Guzman</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>801-817 Cedar St.</td>
<td>Riverton NJ 08077</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>801-817 Cedar St.</td>
<td>Riverton NJ 08077</td>
</tr>
</tbody>
</table>

#### County Code (6) (STATE USE ONLY)
- [ ] Burlington

#### Name of Monitoring Firm Hired by Building Owner (8)
- DVD Environmental

#### ASCM No.
- Emlo Corporation

#### Current Use (Prior if being demolished)
- 1000
- 2
- 53

### FACILITY INFORMATION

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

#### Square Feet
- 1000

#### # of Floors
- 2

#### Bldg. Age
- 53

#### Start Date (10)
- 10/13/12

#### Scheduled Completion Date (11)
- 10/13/12

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

### Scope of Work (Check All That Apply)
- [X] ≥3 sf or ≥3 If
- [ ] ≥100 sf or ≥260 If
- [X] Renovation
- [X] 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>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>-----</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pipe Insulation 8</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Removal</td>
</tr>
<tr>
<td>x</td>
</tr>
</tbody>
</table>

#### Amount (Specify SF or LF)
- 8

### Name of Registered Waste Hauler
- L&C Europa Co Inc.

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minerva Enterprises Inc.</td>
</tr>
</tbody>
</table>

#### City, State
- Minerva OH

<table>
<thead>
<tr>
<th>Completed by</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marjan Kasapinov</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>J. K.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/4/12</td>
</tr>
</tbody>
</table>

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

Date of Notification (1)  
10 / 05 / 12

Name of Building Owner/Operator (2)  
Verizon

Agencies Notified  
- EPA
- DOLWD
- DHSS
- DCA (NJAC 5:23-8)
Type Notification  
- Initial
- Amended
- Amendment #____
- Emergency (including justification)
- Cancellation

Street Address  
1095 6th Avenue
New York, NY 10036

City, State, Zip Code
Name of Contact  
Alex Baylor
Telephone Number

FACILITY INFORMATION

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

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

Street Address  
502 Main Street

City (5)  
Fort Lee

Square Feet  
25000

Current Use (Prior if being demolished)

County (6)  
Bergen

Bldg. Age  
40

County Code (7) (STATE USE ONLY)

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  
1253 North Church Street

Telephone No.  
856-840-9800

License No.  
718-605-5256
00774

City, State, Zip Code  
Moorestown, NJ

Name of OSHA Monitor  
Testor Tech

Project Manager for Monitoring Firm  
Harold Balwin

Start Date (10)  
10 / 15 / 12

Scheduled Completion Date (11)  
10 / 18 / 12

Scope of Work (Check all that apply)

- ≥ 3 sf or ≥ 3 lǐ
- ≥ 160 sf or ≥ 260 lǐ
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure
- Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)
  - Yes
  - No
  - N/A

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

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

Amount (Specify SF or LF)

Abatement Type

Battery Room

[ ] VAT  
400 SF

Name of Registered Waste Hauler  
Global Waste Industries Inc

Cubic Yards of Waste

Name of Registered Landfill

NJDEP Waste Hauler ID No.  
NJ-22171

Minerva Enterprises Inc

City, State  
Hackettstown, NJ

Disposal Date  
10/18/12

City, State  
Waynesburg, OH

Completed By (Print or Type)  
John Tardy

Title  
Senior Project Manager

Signature  

Date  
10/5/12

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