NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:1209)

**State of New Jersey**

**Name of Building Owner/Operator:** TALMADGE SGE, LLC

**Name of Facility Where Abatement is Taking Place:** TALMADGE SGE

**Address:** 44 TALMADGE ROAD

**City:** EDISON

**County:** MIDDLESEX

**Type of Facility:** Vacant, Warehouse/Office

**Square Feet:** 230,000

**Current Use/Prior to Demolition:** Vacant, Warehouse/Office

**Type of Abatement Contractor:** A. Mac Contracting Inc.

**Street Address:** 105 Lowell Road

**City, State, Zip Code:** Glen Rock, N.J. 07452

**Project Manager for Monitoring:**

**Telephone No.:** 201-262-5841

**License No.:** 00156

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

**Street Address:** 280 Huyler Street

**City, State, Zip Code:** Hackensack, NJ 07606

**Scope of Work:**
- Renovation/Remodeling
- 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:**

- **Office Areas:** VAT + Mastic, Abatement Type: X

- **Office/Warehouse:**
  - Pipe, Abatement Type: X
  - Duct Insulation, Abatement Type: X

**Name of Registered Waste Hauler:** Rovic Transport

**NJ/DEP Waste Hauler ID No.:** 20785

**Cubic Yards of Waste:** 50

**Disposal Date:** 8/30/12

**Name of Registered Landfill:** IESI PA Bethlehem Landfill Corp.

**City, State:** Bethlehem, PA 18015

**Completed by:** R. McDonald

**Title:** President

**Signature:**

**Date:** 10/5/12

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

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

Date of Notification (1): 8/7/12

Name of Building Owner/Operator (2): TALMADE SGE, LLC

Street Address: 200 DEVON AVE, TALMADE, NJ

City, State, Zip Code: BENSENVILLE, IL 60106

Name of Contact: MR. MILLBERG

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

Street Address: 44 TALMADE ROAD

City: EDISON

County: MIDDLESEX

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

ASCM No.:

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

Street Address: 105 Lowell Road

City, State, Zip Code: Glen Rock, N.J. 07452

Telephone No.: 201-262-5841

License No.: 00156

Name of OSHA Monitor: Omega Environmental Services Inc.

Street Address: 280 Huyler Street

City, State, Zip Code: Hackensack, NJ 07606

Start Date (10): POSTPONE

Scheduled Completion Date (11):

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 ≥250 if
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Fireable Procedure

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

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):

- VAT + MASTIC
- PIPE
- DUCT INSULATION

Amount (Specify SF or LF):

- 43.7165 SF
- 8,500 LF
- 000 LF

Name of Registered Huckler: Rovic Transport

NDEC Waste Hauler Id No. 20786

Cubic Yards of Waste: 50

Name of Registered Landfill: IESI PA Bethlehem Landfill Corp.

City, State: Bethlehem, PA 18015

Disposal Date: 8/30/12

Completed by: R. McDonald

Title: President

Signature:

Date: 8/7/12

* 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)  
10/05/12

Name of Building Owner / Operator (2)  
Gerrresheimer Glass, Inc.

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

Type Notification
☐ Initial  
☐ Amended  
☐ Emergency  
☐ Cancellation

Street Address  
537 Crystal Ave.

City, State & Zip Code  
Vineland, NJ 08360

Name of Contact  
C/O Patrick Larney

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
Building 106, Hot End

Street Address  
537 Crystal Ave.

City (5)  
Vineland

County (6)  
Cumberland

County Code (7)

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

Square Feet  
~60,000

# of Floors  
1

Bldg. Age  
~ 40 Years

Current Use (Prior if being demolished)

Manufacturing & Warehouse

Name of Abatement Contractor (9)  
Altech Environmental Services

Street Address  
1300 Industrial Highway

City, State & Zip Code  
Southampton, PA 18966

Telephone Number  
215 953-8600

License Number  
00741

Name of OSHA Monitor  
Altech Environmental Services

Street Address  
1300 Industrial Highway

City, State & Zip Code  
Southampton, PA 18966

Project Manager for Monitoring Firm  
Jack Carney

Telephone Number  
856 223-0080

Scheduled Start Date (10)  
10/17/12

Scheduled Completion Date (11)  
10/18/12

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

Describe:

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

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

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

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

Amount (Specify SF or LF)

Abatement Type
☐ Removal
☐ Repair
☐ Encapsulate
☐ Endorse

Building 106, Hot End Rest Rm's  
Sheet Flooring  
149 SF

Name of Registered Waste Hauler  
Altech Environmental Services, Inc

NJDEP Waste Hauler ID No.  
23124

Cubic Yards of Waste  
~ 6 Cu Yd

Name of Registered Landfill  
Minerva Landfill

City, State  
Southampton, PA

Disposal Date  
11/2012

City, State  
Waynesburg, PA

Completed By (Print or Type)  
Patrick Larney

Title  
Dir. Of Ops.

Signature

Date  
10/05/12
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 5:16)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 / 13 / 12</td>
<td>Trustees of Princeton University</td>
</tr>
</tbody>
</table>

- **Agencies Notified**
  - EPA
  - DOLWD
  - DHSS
  - DCA (NJAC 5:23-6)

- **Type Notification**
  - Initial
  - Amended
  - Amendment #1-10/5/12
  - Emergency (including justification)
  - Cancellation

- **Street Address**
  - E.A. MacMillan Building

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

- **Name of Contact**
  - Robert Ortega

**FACILITY INFORMATION**

- **Name of Facility Where Abatement is Taking Place (3)**
  - Princeton University-Elementary Particle Lab-Building 25

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

- **Square Feet**
  - 11,000

- **# of Floors**
  - 1

- **Bldg. Age**
  - 60+

- **County Code (7) [STATE USE ONLY]**
  - MERCER

- **Current Use (Prior if being demolished)**
  - MRI Suite and storage

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

- ATC Associates, Inc.

- **ASCM No.**
  - 00098

**Name of Abatement Contractor (9)**

- BRISTOL ENVIRONMENTAL, INC.

- **Street Address**
  - 1123 BEAVER STREET

**Project Manager for Monitoring Firm**

- Michael R Keehn

- **Telephone No.**
  - 609-386-8800

- **License No.**
  - 00509

- **Start Date (10)**
  - 9 / 27 / 12

- **Scheduled Completion Date (11)**
  - 10 / 15 / 12

- **Name of OSHA Monitor**
  - BRISTOL ENVIRONMENTAL, INC.

- **Street Address**
  - 1123 BEAVER STREET

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

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM/AM/PM

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

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

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

- IN Facility (13)

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

- Yes
- No
- N/A

- **4th Floor - Workarea #1**
  - Floor tile and mastic
  - 355 SF
  - Full Containment with Negative Pressure
  - Mini-Enclosure
  - Glovebag Procedure
  - Non-Exempted (*) and Non-Friable Procedure

- **4th Floor - Workarea #1**
  - Transite panels
  - 1,200 SF
  - Full Containment with Negative Pressure
  - Mini-Enclosure
  - Glovebag Procedure
  - Non-Exempted (*) and Non-Friable Procedure

- **4th Floor - Workarea #1**
  - Pipe and fitting insulation
  - 30 LF
  - Full Containment with Negative Pressure
  - Mini-Enclosure
  - Glovebag Procedure
  - Non-Exempted (*) and Non-Friable Procedure

**Name of Registered Waste Hauler**

- BRISTOL ENVIRONMENTAL, INC.

- **NJ DEP Waste Hauler ID No.**
  - 18706

**Cubic Yards of Waste**

- 0

**Name of Registered Landfill**

- G.R.O.W.S. NORTH LANDFILL

- **Disposal Date**
  - City, State
  - MORRISVILLE, PA 19067

**Completed By (Print or Type)**

- Brian Scafiro

**Title**

- Estimator

**Signature**

- Brian Scafiro /jl

**Date**

- 10/5/10

*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) 9 / 13 / 12

Agencies Notified
- EPA 6574
- DOLWD 6758
- DHSS 6791
- DCA 6727

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

Name of Building Owner/Operator (2) Trustees of Princeton University

Street Address
E.A. MacMillian Building
Princeton, NJ 08544

Name of Contact
Robert Ortega

Date of Abatement
2012 OCT 11 PM 1:40

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Princeton University-Elementary Particle Lab-Building 25

Street Address
Faculty Rd

City (5)
Priceton

County (6)
MERCER

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

ASCM No. 00098

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

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

Project Manager for Monitoring Firm
Michael R Keehn

Telephone No. 609-386-8800

License No. 00509

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL, INC.

Phone No. 215-768-6040

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

Start Date (10) 9 / 27 / 12

Scheduled Completion Date (11) 10 / 8 / 12

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

Scope of Work (Check all that apply)

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</th>
<th>Is Location Normally Used Solely by Maintenance/ Custodial Staff?</th>
<th>Description of Asbestos Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>TO BE ABATED IN Facility (13)</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td>(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
</tr>
<tr>
<td>1st Floor - Workarea #1</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>Floor tile and mastic</td>
</tr>
<tr>
<td>2nd Floor - Workarea #1</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>Transite panels</td>
</tr>
<tr>
<td>3rd Floor - Workarea #1</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>Pipe and fitting insulation</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
BRISTOL ENVIRONMENTAL, INC.

NJDEP Waste Hauler ID No. 18706

Cubic Yards of Waste

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

City, State
BRISTOL, PA 19007

Disposal Date

Completed By (Print or Type)
Brian Scafiro

Title
Estimator

Signature
Brian Scafiro

Date 9/13/02

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

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<th>Date of Notification (1)</th>
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<td>Agencies Notified</td>
<td></td>
</tr>
<tr>
<td>EPA</td>
<td></td>
</tr>
<tr>
<td>DOLWD</td>
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<tr>
<td>DHSS</td>
<td></td>
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<tr>
<td>DCA (NJAC 5:23-8)</td>
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<tr>
<th>Name of Building Owner/Operator (2)</th>
<th>Trustees of Princeton University</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>E.A. MacMillian Building</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Princeton, NJ 08544</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Robert Ortega</td>
</tr>
</tbody>
</table>

## FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Princeton University-Elementary Particle Lab-Building 25</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>Faculty Rd</td>
</tr>
<tr>
<td>City (5)</td>
<td>Princeton</td>
</tr>
<tr>
<td>County (6)</td>
<td>MERCER</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
<th>00098</th>
</tr>
</thead>
<tbody>
<tr>
<td>ATC Associates, Inc.</td>
<td>Name of Abatement Contractor (9)</td>
<td>BRISTOL ENVIRONMENTAL, INC.</td>
</tr>
</tbody>
</table>

| Street Address | 3 Terri Lane |
| City, State, Zip Code | Burlington, NJ 08016 |
| Project Manager for Monitoring Firm | Michael R Keehn |
| Telephone No. | 609-386-8800 |

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>9 / 27 / 12</th>
<th>Scheduled Completion Date (11)</th>
<th>10 / 15 / 12</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Facility Closed/Vacated During Entire Period of Abatement</td>
<td></td>
</tr>
<tr>
<td>☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM <strong>PM</strong> AM</td>
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</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ 3 sf or 3 if</td>
<td></td>
</tr>
<tr>
<td>☑ 160 sf or 280 if</td>
<td></td>
</tr>
<tr>
<td>☑ Renovation</td>
<td></td>
</tr>
<tr>
<td>☑ Demolition</td>
<td></td>
</tr>
<tr>
<td>☑ Full Containment with Negative Pressure</td>
<td></td>
</tr>
<tr>
<td>☑ Mini-Enclosure</td>
<td></td>
</tr>
<tr>
<td>☑ Glovebag Procedure</td>
<td></td>
</tr>
<tr>
<td>☑ Non-Exempted (*) and Non-Friable Procedure</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
<th>IN Facility (13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</td>
<td>Yes</td>
</tr>
</tbody>
</table>

| 1st Floor - Workarea NF #1 | ☑ | ☒ | ☒ | Floor tile | 1400 SF | ☒ | ☒ | ☒ | ☒ |
| 1st Floor - Workarea NF #1 | ☑ | ☒ | ☒ | Pipe Insulation | 20 LF | ☒ | ☒ | ☒ | ☒ |
| 1st Floor - Workarea NF #1 | ☑ | ☒ | ☒ | Floor tile | 25 SF | ☒ | ☒ | ☒ | ☒ |
| 1st Floor - Workarea NF #1 | ☑ | ☒ | ☒ | Window glazing | 25 LF | ☒ | ☒ | ☒ | ☒ |

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>BRISTOL ENVIRONMENTAL, INC.</th>
</tr>
</thead>
<tbody>
<tr>
<td>NJ DEP Waste Hauler ID No.</td>
<td>18705</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>G.R.O.W.S. NORTH LANDFILL</td>
</tr>
<tr>
<td>City, State</td>
<td>BRISTOL, PA 19007</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
<th>Brian Scario</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>Estimator</td>
</tr>
<tr>
<td>Signature</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>City, State</th>
<th>MORRISVILLE, PA 19067</th>
</tr>
</thead>
</table>

| Signature Date | 10/5/12 |

*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)
9 / 13 / 12
Name of Building Owner/Operator (2)
Trustees of Princeton University

Agencies Notified
☐ EPA
☐ DOLWD
☐ DHSS
☐ DCA
☐ #2-9/26/12
☐ Amendment #2-9/26/12
☐ Emergency (including justification)
☐ Cancellation

Type Notification
☐ Initial
☐ Amended

Street Address
E.A. MacMillian Building
City, State, Zip Code
Princeton, NJ 08544

Name of Contact
Robert Ortega
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Princeton University-Elementary Particle Lab-Building 25
Street Address
Faculty Rd
City (5)
Princeton
County (6)
MERCIER
County Code (?/STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)
ATC Associates, Inc.
ASCM No.
00098
Name of Abatement Contractor (9)
BRISTOL ENVIRONMENTAL, INC.

Street Address
3 Terri Lane
City, State, Zip Code
Burlington, NJ 08016

Project Manager for Monitoring Firm
Michael R Keen
Telephone No.
609-386-8600
Telephone No.
215-788-6040
License No.
00509

Start Date (10)
9 / 27 / 12
Scheduled Completion Date (11)
10 / 8 / 12

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

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

Time of Abatement: 7:00AM-9:30PM PM AM

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) TO BE ABATED IN Facility (13)

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

Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
Amount (Specify SF or LF)
Abatement Type

Table:

<table>
<thead>
<tr>
<th>Floor</th>
<th>Location</th>
<th>Description</th>
<th>Amount (SF or LF)</th>
<th>Removal</th>
<th>Repair</th>
<th>Encapsulation</th>
<th>Enclosure</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Floor Workarea NF #1</td>
<td>Floor tile</td>
<td>1400 SF</td>
<td>☐ ☐ ☐</td>
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<td></td>
</tr>
<tr>
<td>1st Floor Workarea NF #1</td>
<td>Pipe Insulation</td>
<td>20 LF</td>
<td>☐ ☐ ☐</td>
<td>☐ ☐ ☐</td>
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<td></td>
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<tr>
<td>1st Floor Workarea NF #2</td>
<td>Floor tile</td>
<td>25 SF</td>
<td>☐ ☐ ☐</td>
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<td></td>
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<tr>
<td>1st Floor Workarea NF #1</td>
<td>Window glazing</td>
<td>25 LF</td>
<td>☐ ☐ ☐</td>
<td>☐ ☐ ☐</td>
<td>☐ ☐ ☐</td>
<td>☐ ☐ ☐</td>
<td></td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
BRISTOL ENVIRONMENTAL, INC.
N.J. DEP Waste Hauler ID No.
18706
Cubic Yards of Waste
Name of Registered Landfill
G.R.O.W.S. NORTH LANDFILL
City, State
BRISTOL, PA 19007
Disposal Date
City, State
MORRISVILLE, PA 19067

Completed By (Print or Type)
Brian Scafiro
Title
Estimator
Signature
Date
9/26/12

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

**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 5:16)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>9 / 13 / 12</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Agencies Notified</strong></td>
<td></td>
</tr>
<tr>
<td>✄ EPA</td>
<td></td>
</tr>
<tr>
<td>✄ DOLWD</td>
<td></td>
</tr>
<tr>
<td>✄ DHSS</td>
<td></td>
</tr>
<tr>
<td>✄ DCA (NJAC 5:23-8)</td>
<td></td>
</tr>
<tr>
<td><strong>Type Notification</strong></td>
<td></td>
</tr>
<tr>
<td>✄ Initial</td>
<td></td>
</tr>
<tr>
<td>✄ Amended Amendment #1-9/18/12</td>
<td></td>
</tr>
<tr>
<td>✄ Emergency (including justification)</td>
<td></td>
</tr>
<tr>
<td>✄ Cancellation</td>
<td></td>
</tr>
<tr>
<td><strong>Name of Building Owner/Operator (2)</strong></td>
<td>Trustees of Princeton University</td>
</tr>
<tr>
<td><strong>Street Address</strong></td>
<td>E.A. MacMillian Building</td>
</tr>
<tr>
<td><strong>City, State, Zip Code</strong></td>
<td>Princeton, NJ 08544</td>
</tr>
<tr>
<td><strong>Name of Contact</strong></td>
<td>Robert Ortega</td>
</tr>
<tr>
<td><strong>Telephone Number</strong></td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**
Princeton University-Elementary Particle Lab-Building 25

**Street Address**
Faculty Rd

**City (6)**
Princeton

**County (6)**
MERCIER

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

**Square Feet**
11,000

**# of Floors**
1

**Bidg. Age**
60+

**Current Use (Prior if being demolished)**
MRI Suite and storage

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

**ASCM No.**
00098

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

**Street Address**
1123 BEAVER STREET

**City, State, Zip Code**
BRISTOL, PA 19007

**Telephone No.**
215-788-6040

**License No.**
00509

**Name of OSHA Monitor**
BRISTOL ENVIRONMENTAL, INC.

**Street Address**
1123 BEAVER STREET

**City, State, Zip Code**
BRISTOL, PA 19007

**Start Date (10)**
ON HOLD

**Scheduled Completion Date (11)**

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

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

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN FACILITY (13)</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, V.A.T., or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Floor - Workarea NF #1</td>
<td>✄ Yes</td>
<td>Floor tile</td>
<td>1400 SF</td>
<td>✄ 0</td>
</tr>
<tr>
<td>1st Floor - Workarea NF #1</td>
<td>✄ No</td>
<td>Pipe insulation</td>
<td>20 LF</td>
<td>✄ 0</td>
</tr>
<tr>
<td>1st Floor - Workarea NF #1</td>
<td>✄ No</td>
<td>Floor tile</td>
<td>25 SF</td>
<td>✄ 0</td>
</tr>
<tr>
<td>1st Floor - Workarea NF #1</td>
<td>✄ No</td>
<td>Window glazing</td>
<td>25 LF</td>
<td>✄ 0</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
BRISTOL ENVIRONMENTAL, INC.

**NJDEP Waste Hauler ID No.**
18706

**Cubic Yards of Waste**

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

**City, State**
BRISTOL, PA 19007

**Disposal Date**

**City, State**
MORRISVILLE, PA 19067

**Completed By (Print or Type)**
Brian Scarfo

**Title**
Estimator

**Signature**
Brian Scarfo

**Date**
9/18/12
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 6:16)

Date of Notification (1)  9 / 13 / 12

Agencies Notified
- EPA
- DOLWD 675
- DHSS 674
- DCA (NJAC 5:23-8)

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

Name of Building Owner/Operator (2)
Trustees of Princeton University

Street Address
E.A. MacMillian Building

City, State, Zip Code
Princeton, NJ 08544

Name of Contact
Robert Ortaga

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Princeton University-Elementary Particle Lab - Building 25

Street Address
Faculty Rd
Princeton

City (6)

County (6)
MERCER

County Code (7) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (4)
ATC Associates, Inc.

ASCM No.
00098

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

Street Address
3 Terri Lane
Burlington, NJ 08016

City, State, Zip Code

Telephone No.
609-386-8800

License No.
00509

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL, INC.

Street Address
1123 BEAVER STREET
BRISTOL, PA 19007

City, State, Zip Code

Scope of Work (Check all that apply)
- 20,000 ft
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friables Procedure

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

1st Floor - Workarea NF #1
- Floor tile
- 1400 SF
- X Repair
- X Encapsulate
- X End Cap

1st Floor - Workarea NF #2
- Floor Insulation
- 20 LF
- X Repair
- X Encapsulate
- X End Cap

1st Floor - Workarea NF #1
- Window Glazing
- 25 LF
- X Repair
- X Encapsulate
- X End Cap

Name of Registered Waste Hauler
BRISTOL ENVIRONMENTAL, INC.

NJDEP Waste Hauler ID No.
18706

Cubic Yards of Waste

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

City, State
BRISTOL, PA 19007

Disposal Date

Completed By (Print or Type)
Brian Scafaro
Title
Estimator
Signature

Date

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

Date of Notification (1)  
October 8, 2012

Name of Building Owner/Operator (2)  
Schweitzer-Mauduit

Street Address  
85 Main Street  
City, State, Zip Code  
Spotswood, New Jersey 08061

Name of Contact  
Hal Bernstein  
Telephone Number  

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
Schweitzer-Mauduit-Powerhouse Bldg.

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

Square feet  
4,000 sf  
# of Floors  
2  
Bldg. Age  
65

Current Use (Prior if being demolished)  
Powerhouse

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

Street Address  
1889 Route 9, Unit 61  
City, State, Zip Code  
Toms River, New Jersey 08755-1271

Project Manager for Monitoring Firm  
Nicholas Fernicola  
Telephone Number  
732-349-9932

Scheduled Start Date (10)  
10/22/12  
Scheduled Completion Date (11)  
10/24/12

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 __ area we are working in is closed

Scope of Work (Check all that apply)  
[ x ] >3 sf or ≥31 ft  
[ ] ≥160 sf or ≥260 ft  
[ x ] Renovation  
[ ] Demolition  
[ ] Full Containment with Negative Pressure  
[ ] Mini-Enclosure  
[ x ] Glovebag Procedure  
[ ] Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location</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>Oil line-basement</td>
<td>YES</td>
<td>Asbestos pipe insulation</td>
<td>30 LF</td>
<td>X</td>
</tr>
<tr>
<td>Condensate line-basement</td>
<td>X</td>
<td>Asbestos pipe insulation</td>
<td>40 LF</td>
<td>X</td>
</tr>
<tr>
<td>Maintenance line-basement</td>
<td>X</td>
<td>Asbestos pipe insulation</td>
<td>30 LF</td>
<td>X</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler  
Guardian Contracting, Inc.

NJDEP Waste Hauler ID No.  
20223  
Cubic Yards of Waste  
5  
Name of Registered Landfill  
T.R.R.F.

City, State  
Toms River, New Jersey  
Disposal Date  
10/25/12  
City, State  
Tullytown, Pennsylvania  
Date  
10/8/2012

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

**Date of Notification:** October 8, 2012

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

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

**Name of Building Owner/Operator:** Schweitzer-Mauduit
**Street Address:** 85 Main Street
**City, State, Zip Code:** Spotswood, New Jersey 08087

**Name of Contact:** Hal Bernstein

**Facility Information**

**Name of Facility Where Abatement is Taking Place:**
Schweitzer-Mauduit-main plant

**Street Address:** 85 Main Street
**City, County:** Spotswood, Middlesex

**County Code (STATE USE ONLY):**
[ ] 06000 sf

**Current Use (Prior if being demolished):**
Main plant

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

**Square feet:** 60,000 sf
**# of Floors:** 2
**Bldg. Age:** 80 years

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

**Project Manager for Monitoring Firm:** Nicholas Fernicola
**Telephone Number:** 732-349-9932
**ASCM No.:**
**Name of OSHA Monitor:** E.M.S.L. Analytical

**Street Address:** 1056 Stelton Road
**City, State, Zip Code:** Piscataway, New Jersey 08854

**Occupancy Status During Abatement (Check only one):**
- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours
- [X] Other - Describe area we are working in is closed

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

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Normally used Solely by Maintenance/Custodial Staff</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Roll storage</td>
<td>X</td>
<td>Asbestos pipe insulation</td>
<td>120 lf</td>
<td>X</td>
</tr>
<tr>
<td>Stock prep</td>
<td>X</td>
<td>Asbestos pipe insulation</td>
<td>80 lf</td>
<td>X</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:** Guardian Contracting, Inc.
**NJDEP Waste Hauler ID No.:** 20223
**Cubic Yards of Waste:** 5
**Name of Registered Landfi ll:** T.R.R.F.

**City, State:** Toms River, New Jersey
**Disposal Date:** 10/25/12
**City, State:** Tullytown, Pennsylvania

**Completed by (Print or Type):**
**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 8:60 and 12:120)

Date of Notification (1)  
(2) 10-04-12  
Name of Building Owner/Operator (2)  
Schindler Elevator Corporation

Agencies Notified  
☐ EPA  
☐ DEP  
☐ DOL  
☑ DOH  
☐ DCA  
Type Notification  
☐ Initial  
☐ Amended  
☐ Amendment #2  
☐ Emergency (including justification)  
☐ Cancellation  
Street Address  
20 Whippany Road  
Name of Contact  
Mr. Bill Rafferty  
City, State, Zip Code  
Morristown  
Telephone Number  

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
20 Whippany Road

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

Square Feet  
3  
# of Floors  
3  
Bldg. Age  
20 yrs. +

County Code (7)  
Morris

Current Use (Prior to being demolished)  
Commercial

Name of Monitoring Firm Hired by Building Owner (8)  
TBD  
ASCM No.  
Name of Abatement Contractor (9)  
Pinnacle Environmental Corp.

Street Address  
200 Broad Street

City, State, Zip Code  
Carlstadt, NJ 07072

Telephone No.  
201-939-6565  
License No.  
007556

Project Manager for Monitoring Firm  

Start Date (10)  
(2) 10-09-12  
Scheduled Completion Date (11)  
10-31-12

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

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

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

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

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

Amount (Specify SF or LF)  
120LF

Abatement Type  
☐ Removal  
☐ Repair  
☐ Encapsulate  
☐ Enclosure

Name of Registered Waste Hauler  
ATC, Inc. / TriState Transfer (50071)  
NJDEP Waste Hauler ID No.  
24310

Cubic Yards of Waste  
TBD  
Name of Registered Landfill  
Minerva Enterprises

City, State  
Shirley, NY / Bronx, NY  
Disposal Date  
TBD  
City, State  
Waynesburg, OH 44668

Completed by  
John Tancredi  
Title  
Project Manager  
Signature  
Date  
10-04-12

ASB-41 (R-06-08)

* 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)**

09-20-12\(1\)/09-27-12

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

Schindler Elevator Corporation

**EPA**

DEP

DOL

DOH

DCA

**Agency Notified**

Type Notification

Initial

Amended

Amendment #1

Emergency (Including justification)

Cancellation

**Street Address**

20 Whippany Road

**City, State, Zip Code**

Morristown

**Name of Contact**

Mr. Bill Rafferty

**Telephone Number**

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

20 Whippany Road

**County (6)**

Morris

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

**Type of Facility (4)**

School (K-12)

Subchapter 8 (Other than K-12)

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

**Square Feet**

3

**# of Floors**

3

**Bldg. Age**

20 yrs. +

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

Commercial

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

TBD

**ASCM No.**

**Name of Abatement Contractor (9)**

Pinnacle Environmental Corp.

**Street Address**

200 Broad Street

**City, State, Zip Code**

Carlstadt, NJ 07072

**Project Manager for Monitoring Firm**

**Telephone No.**

201-939-5565

**License No.**

00756

**Start Date (10)**

10-01-12

**Scheduled Completion Date (11)**

10-31-12

**Name of OSHA Monitor**

Even-Air Inc.

**Street Address**

10-59 Jackson Avenue

**City, State, Zip Code**

Long Island City, NY 11101

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

Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours

Other – Describe: Area is vacant

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

- ≥3 sf or ≥3 if
- ≥1000 sf or ≥2600 sf
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

In Facility (13)

<table>
<thead>
<tr>
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<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>2nd Floor: West Wing</td>
<td>X</td>
<td>Pipe Fittings</td>
<td>120LF</td>
<td></td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**

ATC, Inc. / TriState Transfer (50071)

NJDEP Waste Hauler ID No. 24310

Cubic Yards of Waste TBD

Name of Registered Landfill Minerva Enterprises

City, State Shirley, NY / Bronx, NY

Disposal Date TBD

City, State Waynesburg, OH 44688

**Completed by**

John Tancredi

**Title**

Project Manager

**Signature**

**Date** 09-27-12

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

**Date of Notification (1)**
09-20-12

**Name of Building Owner/Company**
Schindler Elevator Corporation

**Address**
20 Whippany Road

**City, State, Zip Code**
Morristown, NJ 07960

**Name of Contact**
Mr. Bill Rafferty

### FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Description</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name of Facility Where Abatement is Taking Place (3)</strong></td>
<td>20 Whippany Road</td>
</tr>
<tr>
<td><strong>City (5)</strong></td>
<td>Morristown</td>
</tr>
<tr>
<td><strong>County (6)</strong></td>
<td>Morris</td>
</tr>
<tr>
<td><strong>County Code (7)</strong> (STATE USE ONLY)</td>
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<tr>
<td><strong>Type of Facility (4)</strong></td>
<td>Commercial</td>
</tr>
<tr>
<td><strong>Square Feet</strong></td>
<td></td>
</tr>
<tr>
<td><strong># of Floors</strong></td>
<td>3</td>
</tr>
<tr>
<td><strong>Bidg Age</strong></td>
<td>20 yrs. +</td>
</tr>
<tr>
<td><strong>Current Use (Prior to being demolished)</strong></td>
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<td>TBD</td>
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<td><strong>ASCM No.</strong></td>
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<td>Pinnacle Environmental Corp.</td>
</tr>
<tr>
<td><strong>Street Address</strong></td>
<td>200 Broad Street</td>
</tr>
<tr>
<td><strong>City, State, Zip Code</strong></td>
<td>Carlstadt, NJ 07072</td>
</tr>
<tr>
<td><strong>Project Manager for Monitoring Firm</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Telephone No.</strong></td>
<td>201-939-6565</td>
</tr>
<tr>
<td><strong>License No.</strong></td>
<td>00756</td>
</tr>
<tr>
<td><strong>Start Date (10)</strong></td>
<td>10-01-12</td>
</tr>
<tr>
<td><strong>Scheduled Completion Date (11)</strong></td>
<td>10-31-12</td>
</tr>
<tr>
<td><strong>Occupancy Status During Abatement (Check Only One)</strong></td>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td><strong>Other - Describe</strong></td>
<td>Area is vacant</td>
</tr>
<tr>
<td><strong>Scope of Work (Check All That Apply)</strong></td>
<td></td>
</tr>
<tr>
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<td>• Renovation Demolition</td>
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<td>• Full Containment with Negative Pressure</td>
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<td>• Mini-Enclosure</td>
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<td><strong>Location of Asbestos-Containing Material (ACM) TO BE ABATED</strong></td>
<td>In Facility</td>
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<tr>
<td><strong>Is Location Normally Used Solely by Maintenance/Custodial Staff?</strong> (12)</td>
<td>No</td>
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<tr>
<td><strong>Description of Asbestos Containing Material (ACM)</strong> (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td>Pipe Fittings</td>
</tr>
<tr>
<td><strong>Amount (Specify SF or LF)</strong></td>
<td>120LF</td>
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<tr>
<td><strong>Abatement Type</strong></td>
<td></td>
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<tr>
<td><strong>Location of Asbestos-Containing Material (ACM)</strong> TO BE ABATED**</td>
<td>In Facility</td>
</tr>
<tr>
<td><strong>Name of Registered Waste Hauler</strong></td>
<td>ATC, Inc. / TriState Transfer (50071)</td>
</tr>
<tr>
<td><strong>Disposal Date</strong></td>
<td>TBD</td>
</tr>
<tr>
<td><strong>Minerva Enterprises</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Completed by</strong></td>
<td>John Tacredi</td>
</tr>
<tr>
<td><strong>Title</strong></td>
<td>Project Manager</td>
</tr>
<tr>
<td><strong>Signature</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Date</strong></td>
<td>09-20-12</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 12:120)

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

**Name of Building Owner/Operator (2)**  
WARNER, HAN

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

**Type Notification**  
- Initial
- Amended
- Amendment #: 1
- Emergency (including justification)
- Cancellation

**FACILITY INFORMATION**

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

**Street Address**  
91 BENTON AVE

**City (5)**  
CAPE MAY

**County Code (7)**  
CAPE MAY

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

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

**Name of Abatement Contractor (9)**  
KLEMCO INC.

**Street Address**  
369 S. SPRUCE AVE

**City, State, Zip Code**  
CAPE MAY, N.J. 08204

**Name of OSHA Monitor**  
JOSEPH KLEM

**Current Use / Prior to Demolition**  
VACANT

**Project Manager for Monitoring Firm**  
KLEMCO INC.

**Telephone No.**  
856-779-0422

**License No.**  
00444

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

**Scheduled Completion Date (11)**  
10/17/12

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

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

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

**Is Location Normally Used Solely by Maintenance/Custodial Staff (12)**  
No

**Description of Asbestos-Containing Material (ACM)**  
- 2,000 ft

**Amount (Specify SF or LF)**

**Abatement Type**

- Full Containment with Negative Pressure
- Non-Exempted and Non-Fireable Procedures

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

**Completion Date**

10/4/12

**Name of Registered Waste hauler**

**Date**

10/4/12

**Note:** Do not use this form for asbestos license exempted activities.
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to N.J.A.C. 8:58-10 and 11:13-30)

**Name of Facility Where Asbestos is Being Located:**
**PLANT HONDA**

**Address:**
1010 HUDSON ST
UNION, N.J., 07083

**Name of Permittee:**
STEWART

**Type of Facility (4):**
Retail (K-12)

**County Code:**
9

**Telephone No.:**
954-223-1751

**Identification No.:**
060595

**Name of person in charge:**
PAUL R. BASS

**Name of Abatement Contractor:**
ALC INSULATION CORP.

**Address:**
95 MONROE RD
COLTS NECK, N.J., 07722

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

**Occupancy Date:**
10-04-12

**Occupancy Status on Date of Notice:**
N/A

**Abatement Date:**
10-20-12

**Duration of Abatement:**
0-09-12

**Nature of Abatement:**
Removal

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

**In Location Normally Visual Sibility:**
Maintenance/Controlled Staff

**Location:**
FLOOR TILES, WALL 750.50

**Abatement Method:**
Chemical Procedure

**Name of Registered Contractor:**
ALC INSULATION CORP.

**Date of Notice:**
10-04-12

**Date Completed:**
10-29-12

**Name of Contractor:**
GASTON PA

**Date of Notice:**
10-04-12

**Date Completed:**
10-29-12

---

*Do not use this form for asbestos removal - exempted activities.*
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:80 and 12:129)

Date of Notification (1)  
09/28/12

Name of Building Owner/Operator (2)  
Passaic Street Realty Association, Inc.

Agencies Notified  
EPA  
DEP  
DOL  
DOH  
DCA  

Type Notification  
Initial  
Amended  
Emergency (including justification)  
Cancellation

Street Address  
2 Passaic Street

City, State, Zip Code  
Garfield, NJ 07026

Name of Contact  
Bob Franchini

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
Auto Plaza

Street Address  
2 Passaic Street

City (5)  
Garfield

County (6)  
Passaic

Square Feet  
8,000

# of Floors  
1

Bldg. Age  
50+

Current Use (Prior to being demolished)  
Auto Plaza

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

ASCM No.  

Name of Abatement Contractor (9)  
Stanmark Contractors, LLC

Street Address  
27 Edsall Drive

City, State, Zip Code  
Sussex, NJ 07461

Telephone No.  
973-894-2022

License No.  
01137

Start Date (10)  
10/14/12

Scheduled Completion Date (11)  
10/17/12

Name of OSHA Monitor  
AmeriSci

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)  

Removal  
Demolition  

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

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

(13)

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

Yes  
No  
N/A

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

Amount (Specify SF or LF)  
130 L.F.

Abatement Type  

Endorsement

Name of Registered Waste Hauler  
PRO-TECH, LLC

NJDEP Waste Hauler ID No.  
190713

Cubic Yards of Waste  
5

Name of Registered Landfill  
MINERVA LANDFILL

City, State  
WANESBURG, OH

Completed by  
Marko Stankovic

Title  
President

Signature  

Date  
09/28/12

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

Date of Notification (1)
10/3/12

Agencies Notified
EPA
DEP
DOL
DOH
DCA

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

Name of Building Owner/Operator (2)
Tom Zimmerman / Residence
Name of Contact
Torn

Street Address
119 Laguna Lane
City, State, Zip Code
Loveladies NJ 08008

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

Square Feet
1000+
# of Floors
2
Bldg. Age
35+

Type of Facility (4)

Current Use (Prior if being demolished)
House

Name of Abatement Contractor (9)
Pernaco Inc
Name of OSHA Monitor (11)
Pernaco Inc

Street Address
PO Box 329
City, State, Zip Code
West Berlin NJ 08091

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

Start Date (10)
10/15/12
Scheduled Completion Date (11)
10/19/12

Approximate Cost

Scope of Work (Check All That Apply)

X 2400 sf or 2400 if

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

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

Description of Asbestos-Containing Material (ACM)
$Iure, INC
Surface, VAT, or other miscellaneous

Amount (Specify SF or LF)
2400 SF

Abatement Type

Name of Registered Waste Hauler
United Containers
NJ DEP Waste Hauler ID No.
22459

Cubic Yards of Waste
3

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

City, State
Elm NJ

Completed by
Anthony T Perna
Title
President

Signature
Date
10/3/12

* 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) 10/3/12

Agency(ies) Notified Type Notification
EPA Initial
DEP Amended
DOL Amendment #
DOH Emergency (including justification)
DCA Cancellation

Name of Building Owner/Operator (2) David Ginsburg / Residence
Street Address 55 West California Av
City, State, Zip Code Beach haven Park NJ 08091

FACILITY INFORMATION
Name of Facility Where Abatement is Taking Place (3)
David Ginsburg / Residence
Street Address 55 West California Av
City (6) Beach haven Park NJ 08091
County (7) Ocean
Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Pernaco Inc
Street Address PO Box 329
City, State, Zip Code West Berlin NJ 08091

Project Manager for Monitoring Firm Telephone No.
Name of Abatement Contractor (9)
Street Address
City, State, Zip Code
Telephone No. License No. 656 753-9800 00727

Start Date (10) 10/3/12 Scheduling Completion Date (11) 10/3/12
Name of OSHA Monitor Same
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
≥ 160 sf or ≥ 280 if
Renovation
Demolition
Full Containment with Negative Pressure
Mini-Enclosure
Glovebag Procedure
Non-Exempted (*) and Non-Resilient Procedure

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

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

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

Amount (Specify SF or LF)

Abatement Type
Removal
Repair
Encapsulate
Enclosure

Name of Registered Waste Hauler
United Containers
NJDEP Waste Hauler ID No. 22459
Cubic Yards of Waste 1
Name of Registered Landfill
G.R.O.W.S.
City, State Morrisville PA 19067
Completed by Anthony T. Perna Title President
Disposal Date 10/4/12
City, State Morrisville PA 19067
Completed by Anthony T. Perna Title President
Disposal Date 10/4/12
City, State Morrisville PA 19067

* 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)  

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<thead>
<tr>
<th>Date of Notification (1)</th>
<th>10/3/12</th>
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<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Zaino / Residence</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>EPA, DEP, DOL, DOH, DCA</td>
</tr>
<tr>
<td>Type Notification</td>
<td>Initial, Amended, Emergency (including justification), Cancellation</td>
</tr>
<tr>
<td>Street Address</td>
<td>128 East Holly Banks Street, Long Beach TWP NJ 08008</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Long Beach TWP NJ 08008</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Erik</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
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</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement Is Taking Place (3)</th>
<th>Zaino / Residence</th>
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<tbody>
<tr>
<td>Street Address</td>
<td>128 East Holly Banks Street</td>
</tr>
<tr>
<td>City (5)</td>
<td>Long Beach TWP NJ 08008</td>
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<tr>
<td>County (6)</td>
<td>Ocean</td>
</tr>
<tr>
<td>County Code (7)</td>
<td>(STATE USE ONLY)</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>Pernaco Inc</td>
</tr>
<tr>
<td>Street Address</td>
<td>PO Box 329, West Berlin NJ 08091</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>West Berlin NJ 08091</td>
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<tr>
<td>Telephone No.</td>
<td></td>
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<tr>
<td>License No.</td>
<td>00727</td>
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<tr>
<td>Name of OSHA Monitor</td>
<td>Pernaco Inc</td>
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<tr>
<td>Street Address</td>
<td>PO Box 329, West Berlin NJ 08091</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>West Berlin NJ 08091</td>
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</tbody>
</table>

**Project Manager for Monitoring Firm**

| Start Date (10) | 10/16/12 |
| Scheduled Completion Date (11) | 10/25/12 |
| Occupancy Status During Abatement (Check Only One) | Facility Closed/Vacated During Entire Period of Abatement |
| Other – Describe: | |
| Scope of Work (Check All That Apply) | 23 sf or 23 if, ≥180 sf or ≥2600 sf, Removal, Demolition, Full Containment with Negative Pressure, Mini-Enclosure, Glovebag Procedure, Non-Exempted (*) and Non-Friable Procedure |

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

| In Facility (13) | Yes, No, N/A |
| Exterior Siding | X |
| Exterior Siding | 2500 SF |

| Name of Registered Waste Hauler | United Containers |
| Cubic Yards of Waste | 3 |
| Name of Registered Landfill | G.R.O.W.S. |

| City, State | Elm NJ |
| Disposal Date | 10/25/12 |
| City, State | Morrisville PA 19067 |

**Completed by**

| Anthony T Perna | Title | Signature |
| President | |

* 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) 10/4/12
Name of Building Owner/Operator (2) Hudson County

Agencies Notified
- EPA [ ] Initial Notification
- DEP [ ] Emergency Notification
- DOL [x] Amended Notification
- DOH [x] Cancellation
- DCA [ ]

Type of Notification
- [ ] Initial Notification
- [x] Emergency Notification
- [ ] Amended Notification
- [ ] Cancellation

Street Address
595 Newark Ave.
City, State, Zip Code
Jersey City, NJ 07306

Name of Contact
Ray Galager
Telephone Number

FACILITY INFORMATION
Name of Facility Where Abatement is Taking Place (3)
Hudson County Public Safety Building

Street Address
555 Duncan 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

Name of Abatement Contractor (5)
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 W
City, State, Zip Code
Union, NJ 07083

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

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

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

Amount (Specify SF or LF)

[x] Full Containment with Negative Pressure

Occupancy Status During Abatement (Check only one)
[X] Other – Describe: partially vacated

Project Manager for Monitoring Firm
Kevin Lovely
732-390-5858

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

SQ. Ft
250000

市县
13

Bldg. Age
~ 50

Office building

Sched. Start Date (10)
10/6/12
Sched. Completion Date (11)
10/9/12

Narcotics Division Office
[X] Plaster/spray-on ceiling

12 SF

Name of Registered Waste Hauler
Jupiter Environmental Services

NJ/DEP Waste Hauler ID No.
04782

Cubic Yards Of Waste
1

Name of Registered Landfill
Minerva Landfill

City, State
Waynesburg, OH

Completed By (Print or Type)
Pane Repic
Title
General Manager
Signature

Date
10/4/12

ASB-41
State of New Jersey

NOTIFICATION OF ASBESTOS
(Pursuant to NJAC 5:8-16.52)

Date of Notification (1) 10/4/12

Agencies Notified:

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<tr>
<th>EPA</th>
<th>DEP</th>
<th>DOL</th>
<th>DOH</th>
<th>DCA</th>
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Type of Notification:

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<tr>
<th>Initial</th>
<th>Emergency</th>
<th>Amended</th>
<th>Cancellation</th>
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</thead>
<tbody>
<tr>
<td>[ ]</td>
<td>[ ]</td>
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</tr>
</tbody>
</table>

Name of Building Owner/Operator (2)

Hudson County

Street Address:

555 Newark Ave.

City, State, Zip Code:

Jersey City, NJ 07306

Name of Contact:

Ray Galager

Telephone Number:

Fax:

Oct 4 2012 01:24PM 404/71/01

RECEIVED

APPROVED

Deputy Director of Health & Senior Services

Signature: [Signature]

Date: 10/4/12 Time: 155PM

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Hudson County Public Safety Building

Street Address:

555 Duncan Avenue

City (5) Jersey City

County (8) Hudson

County Code (7) (STATE USE ONLY) 00110

Name of Monitoring Firm Hired by Building Owner:

CACC McIntyre, Inc.

Asbestos Monitoring

Project Manager for Monitoring Firm:

Kevin Lovely

Telephone Number:

732-390-5858

Scheduled Start Date (10) 10/6/12

Sched. Completion Date (11) 10/9/12

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: partially vacated

Scope of Work (Check all that apply)

[ ] Demolition

[ ] Removal

[ ] 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 04762

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

Description of Asbestos – Containing Material (ACM) (Specify SF or LF)

Amount

Full Containment with Negative Pressure

Mini - Enclosure

Glovebox Procedure

Non - Fibrile Procedure

Name of OSHA Monitor:

J & S Environmental Laboratories, LLC

Street Address:

2333 Route 22 W

City, State, Zip Code:

Union, NJ 07083

Name of Abatement Contractor (9)

Jupiter Environmental Services, Inc.

Street Address:

3 Lynn Court

City, State, Zip Code:

Lincoln Park, NJ 07035

Telephone Number:

973-708-0200

License Number:

00852

Name of Registered Waste Hauler:

Minerva Landfill

City, State:

Lincoln Park, NJ

Wayneburg, OH

Disposal Date:

10/12/12

Completed By (Print or Type):

Pane Repic

Title:

General Manager

Signature:

Date:

10/4/12
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notice 9/28/12

<table>
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<th>Agencies Notified</th>
<th>Type Notification</th>
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<td>EPA</td>
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<td>DOH</td>
<td>Cancellation</td>
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<tr>
<td>DCA</td>
<td></td>
</tr>
</tbody>
</table>

Name of Building Owner / Operator (2)
Prymar, Inc.

Street Address
34 Washington Street
City, State & Zip Code
Clark, NJ 07066

Name of Contact
Richard Marhold

<table>
<thead>
<tr>
<th>FACILITY INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
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<tr>
<td>Commercial Property</td>
</tr>
<tr>
<td>33 Westfield Avenue</td>
</tr>
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</table>

City (5)
Clark

County (6) | County Code (7)
--- | ---
Union | |

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

ASCM No.

Name of Abatement Contractor (9)
Global Abatement Services, LLC

Street Address
443 Schoolhouse Road
City, State & Zip Code
Monroe Township, NJ 08831

Telephone Number
732-290-2217

License Number
00714

Name of OSHA Monitor
Global Abatement Services, LLC

Street Address
443 Schoolhouse Road
City, State & Zip Code
Monroe Township, NJ 08831

Telephone Number
732-605-9982

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

Abatement Performed Outside of Normal Facility Hours - Describe: Area Isolated During Abatement

Other - Describe:

Scope of Work (Check all that apply)
Demolition X
Renovation
Large Project

X Quantity is ≥ 3 SF or ≥ 3 LF ACM

Quantity is ≥ 160 SF or ≥ 260 LF ACM

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

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

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

Amount (Specify Square Feet or Linear Feet)

Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)

Full Containment with Negative Pressure Mini-Enclosure

X Glovebag Procedure

Other: Clean up

Name of Registered Waste Hauler
Freehold Cartage

NJDEP Waste Hauler ID # 18693

Cu. Yds. of Waste
8

Name of Registered Landfill
TRRF

City State
Freehold, NJ

Disposal Date
10/15/12

City, State
Tullytown, Pa

Completed By (Print or Type)
Dominick Tringali

Title
Pres.

Signature
Dominick Tringali

Date
9/28/12

ASB-41 JUN 96 G4687
**State of New Jersey**

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

**Date of Notification (1)**
10/02/12

**Name of Building Owner/Operator (2)**
Somerset Property Investment LLC

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

**Street Address**
P.O. Box 5188

**City, State, Zip Code**
Newark NJ 07105

**Name of Contact**
Bill Holz

**Facility Information**

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

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

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

**Square Feet**
1700

**# of Floors**
2

**Bidg. Age**
110

**Current Use (Prior to Demolition)**
Residential

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

**Name of Abatement Contractor (9)**
Lesco Services Inc.

**Street Address**
156 Maple Ave

**City, State, Zip Code**
Wallington NJ 07057

**Project Manager for Monitoring Firm**

**Telephone No.**
973-406-7341

**License No.**
01107

**Start Date (10)**
10/03/12

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

**Occupy Status During Abatement (Check Only One)**

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

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

<table>
<thead>
<tr>
<th>Location of ACM</th>
</tr>
</thead>
<tbody>
<tr>
<td>TO BE ABATED</td>
</tr>
<tr>
<td>In Facility</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of ACM</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>basement</td>
<td>*</td>
</tr>
<tr>
<td>1st floor</td>
<td>*</td>
</tr>
<tr>
<td>dilapidated building</td>
<td>*</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
Newark Carting Inc.

**Cubic Yards of Waste**
5

**Name of Registered Landfill**
GROWS

**City, State**
Newark NJ

**Disposal Date**
10/13/12

**City, State**
Morrisville PA

**Completed by**
Leslaw Nalodka

**Title**
President

**Signature**

**Date**
10/02/12

---

*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)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>10/02/12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Frank Ricker</td>
</tr>
</tbody>
</table>

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

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

**Street Address**
50 Morristown Rd.

**City, State, Zip Code**
Bernardsville NJ 07924

**Name of Contact**
Bill Hotz

**Telephone Number**

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Residential Property</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>50 Morristown Rd.</td>
</tr>
<tr>
<td>City (5)</td>
<td>Bernardsville</td>
</tr>
<tr>
<td>County (6)</td>
<td>Somerset</td>
</tr>
<tr>
<td>County Code (7)</td>
<td>Residential</td>
</tr>
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</table>

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

**ASCM No.**

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

| Square Feet | 2970 |
| # of Floors | 2 |
| Bldg. Age | 80 |

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

**Name of Abatement Contractor (9)**
Lesco Services Inc.

**Street Address**
156 Maple Ave

**City, State, Zip Code**
Wallington NJ 07057

**Project Manager for Monitoring Firm**

<table>
<thead>
<tr>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>973-406-7341</td>
</tr>
</tbody>
</table>

**License No.**
01107

**Start Date (10)**
10/03/12

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

**Occancy 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)**
- [ ] 3,000 sf or 33 if
- [ ] 3,100 sf or 260 if
- [ ] Renovation
- [ ] Demolition
- [X] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location Normally Used Solely by Maintenance/ Custodial Staff? (12)</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>basement</td>
<td>*</td>
<td>pipe insulation</td>
<td>200lf.</td>
<td>*</td>
</tr>
<tr>
<td>roof</td>
<td>*</td>
<td>roofing material</td>
<td>420sf.</td>
<td>*</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
Newark Carting Inc.

**NJDEP Waste Hauler ID No.**
05409

**Cubic Yards of Waste**
5

**Name of Registered Landfill**
GROWS

**City, State**
Newark NJ

**Disposal Date**
10/13/12

**City, State**
Morrisville PA

**Completed by**
Leslaw Nowacka

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

**Date**
10/02/12

*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

Agency Notified
EPA
DEP
DOL
DOH
DCA

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

Name of Building Owner/Operator (2)
Exelon Nuclear

Street Address
PO 388

City, State, Zip Code
Forked River, N.J. 08731

Name of Contact
James Hess

Telephone Number

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

Street Address
PO 388

City (5)
Forked River

County (6)
Ocean

Square Feet
800,000

# of Floors
6

Bldg. Age
45 years

Current Use (Prior if being demolished)
Nuclear Power Plant

Type of Facility (4)

Name of Abatement Contractor (6)
Advanced Nuclear LLC

ASCM No.
00021

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

Street Address
28 North Pennell Rd

City, State, Zip Code
Media, Pa. 19063

Project Manager for Monitoring Firm
Tony Smith

Telephone No.
610-891-0114

Telephone No.
717-399-5213

License No.
01186

Start Date (10)
10/22/12

Completion Date (11)
12/31/12

Name of OSHA Monitor
Tony Smith

AET

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

Scope of Work (Check All That Apply)

- 3 or less sf or less than 100 sf
- 100 sf or 260 sf
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

In Facility

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

Description of Asbestos-Containing Material (ACM)
thermal systems insulation

Amount (Specify SF or LF)
100 LF

Abatement Type
Removal
Repair
Replacement
Encapsulation
Endure

Various locations Reactor/Turbine

Name of Registered Waste Hauler
Hittman Transport

NJDEP Waste Hauler ID No.
TND98778065

Cubic Yards of Waste
6

Name of Registered Landfill
Duratek

Disposal Date
12/31/12

City, State
Oak Ridge, TN
Barnwell, S.C.

Completed by

Title

Signature

Date

* Do not use this form for asbestos licensure exempted activities.
Date of Notification (1):
10/04/12

Name of Building Owner/Operator (2):
Victor Slezak

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

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

Street Address:
37 Elmwood Road

City, State, Zip Code:
Cedar Grove, NJ 07009

Name of Contact:
Victor Slezak

Telephone Number:

FACILITY INFORMATION

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

Street Address:
37 Elmwood Road

City (5):
Cedar Grove

County (6):
Essex

County Code (7) (STATE USE ONLY):

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

Square Feet:
2,200+

# of Floors:
2

Bldg. Age:
50+

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

ASCM No.:

Name of Abatement Contractor (9):
Pyramid Contracting Corp.

Street Address:
163 Sargeant Avenue

City, State, Zip Code:
Clifton, NJ 07013

Project Manager for Monitoring Firm:

Telephone No.:
973-689-6281

License No.:
01099

Start Date (10):
10/20/12

Scheduled Completion Date (11):
10/20/12

Name of OSHA Monitor:
J&S Environmental Laboratories LLC

Street Address:
2333 Route 22 West

City, State, Zip Code:
Union, NJ 07081

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

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Used Solely by Custodial Staff? (12)</th>
<th>Is Location Normally Used Solely by Maintenance Staff?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>X</td>
<td>Yes</td>
</tr>
<tr>
<td>Basement</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

- [ ] 20 LF

Abatement Type:
- [X] Encapsulation
- [ ] Removal
- [ ] Repair

End Date:

Name of Registered Waste hauler:
Pyramid Contracting Corp.

NU/DEP Waste Hauler ID No.:
32613

Cubic Yards of Waste:
1

Name of Registered Landfill:
G.R.O.W.S., Inc.

City, State:
Clifton, New Jersey

Disposal Date:
10/20/12

City, State:
Morgantown, Pennsylvania

Completed by:
Dimo Golcev

Title:
General Manager

Signature:

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)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>10/5/12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner / Operator (2)</td>
<td>State of NJ Department of Children &amp; Families – Office of Education</td>
</tr>
<tr>
<td>Street Address</td>
<td>10 Quakerbridge Plaza</td>
</tr>
<tr>
<td>City, State &amp; Zip Code</td>
<td>Trenton, NJ 08625</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Mr. Ronald Wybraniec, Operations Mgr.</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place (3) | Atlantic Campus |
| Street Address | 252 Tilton Road |
| City (5) | Egg Harbor Twp. |
| County (6) | Atlantic |
| County Code (7) |  |

<table>
<thead>
<tr>
<th>Type of Facility (4)</th>
<th>School (K-12)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Subchapter 8 (Other than K-12)</td>
</tr>
<tr>
<td></td>
<td>Other (i.e. private &amp; commercial buildings, homes, etc.)</td>
</tr>
<tr>
<td>Square Feet</td>
<td>11,253</td>
</tr>
<tr>
<td># of Floors</td>
<td>1</td>
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<tr>
<td>Bldg. Age</td>
<td>1970</td>
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<table>
<thead>
<tr>
<th>Current Use (Prior if being demolished)</th>
<th>School</th>
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</thead>
<tbody>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>Asbestos and Mold Services, Corp.</td>
</tr>
<tr>
<td>Street Address</td>
<td>3859 Sylon Blvd.</td>
</tr>
<tr>
<td>City, State &amp; Zip Code</td>
<td>Hainesport, NJ 08036</td>
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</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Brian Holbig</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone Number</td>
<td>609-462-3218</td>
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<th>Scheduled Start Date (10)</th>
<th>10/15/12</th>
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<td>Scheduled Completion Date (11)</td>
<td>10/18/12</td>
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</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</td>
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<tr>
<td></td>
<td>Describe:</td>
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<td></td>
<td>Isolated Area</td>
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<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
<th>Renovation</th>
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<tbody>
<tr>
<td></td>
<td>Demolition</td>
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<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)</th>
<th>Asbestos Glazing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cubic Yards of Waste</td>
<td></td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Horizon Disposal</th>
</tr>
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<tbody>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
<td>22612</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>10/18/12</td>
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<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kim Trumbetti</td>
<td>Admin.</td>
<td>[Signature]</td>
<td>10/5/12</td>
</tr>
</tbody>
</table>
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1)
7/16/12

Name of Building Owner / Operator (2)
Federal Aviation Administration WJH Technical Center

Street Address
Environmental & Safety Section ANG-# 332 ACY Jutg WJ Gen NJ 08405
City, State & Zip Code
Atlantic City, NJ 08405

Name of Contact
Mr. Greg Forrest, Asbestos Program Manager

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Building #162-ASR-9

Building #162 FAA TC Atlantic City Intl. Airport

City (5) County (6) County Code (7)
Atlantic City Atlantic

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
4731 2 52 years

Current Use (Prior if being demolished)

Airport
Name of Abatement Contractor (9)
Asbestos and Mold Services, Corp.
Street Address
3859 Sylon Blvd.
City, State & Zip Code
Hainesport, NJ 08036

Telephone Number
License Number
609-702-0400 00862

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

Project Manager for Monitoring Firm
Telephone Number
Mike Panapresso 215-244-1300

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

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

Scope of Work (Check all that apply)

≥3 sf or ≥3 lf
≥160 sf or ≥260 lf
Renovation Demolition

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

Building #162

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

Description of Asbestos-Containing Material (ACM)
(i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)
Double Layer Floor Tile and Plywood

Amount (Specify SF or LF)
20 SF

Name of Registered Waste Hauler
NJDEP Waste Hauler ID No.
Horizon Disposal 22612

Cubic Yards of Waste
Disposal Date
GROWS

Name of Registered Landfill
City, State
Morrisville, PA
10/9/12

Completed By (Print or Type)
Kim Trumbetti
Title
Admin.
Signature

Date
<table>
<thead>
<tr>
<th><strong>State of New Jersey</strong></th>
<th><strong>NOTIFICATION OF ASBESTOS ABATEMENT</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>(Pursuant to NJAC 8:59 and 12-129)</td>
<td></td>
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</table>

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

**Name of Building Owner/Operator (2):** Exelon Nuclear

**Street Address:** PO 388

**City, State, Zip Code:** Forked River, N.J. 08731

**Name of Contact:** James Hess

**Telephone Number:**

---

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

**Oyster Creek Nuclear**

**Street Address:** PO 388

**City:** Forked River

**County:** Ocean

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

**Square Feet:** 800,000

**# of Floors:** 6

**Bldg. Age:** 45 years

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

**ASCM No.:** 00021

**Name of Abatement Contractor (9):** Advanced Nuclear LLC

**Street Address:** 120 North Lime St

**City, State, Zip Code:** Lancaster, Pa. 17602

**TelephoneNumber:** 717-399-5213

**License No.:** 01188

**Name of OSHA Monitor:** Tony Smith AET

**Street Address:** 28 North Pennell Rd

**City, State, Zip Code:** Media, Pa. 19063

---

**Start Date (10):** 10/22/12

**Scheduled Completion Date (11):** 12/31/12

**Occupancy Status During Abatement (Check Only One):**

- ☑ Facility Closed/Vacated During Entire Period of Abatement
- ☑ Abatement Performed Outside of Normal Facility Hours
- ☑ Other – Describe: Refuel Outage Maintenance Personnel

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

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

---

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

- ☑ Various locations Reactor/Turbine
- ☑ x thermal systems insulation

**Amount (Specify SF or LF):** 100 LF

**Abatement Type:**

- ☑ Endurable
- ☑ Denudate
- ☑ Dismantle

---

**Name of Registered Waste Hauler:**

Hittman Transport

**NJDEP Waste Hauler ID No.:** TND98778065

**Cubic Yards of Waste:** 6

**Name of Registered Landfill:** Duratek

**Disposal Date:** 12/31/12

**City, State:** Barnwell, S.C.

---

**Completed by:** James Hess

**Project Manager:**

**Signature:**

Date: 10/6/12

---

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

**State of New Jersey**  
1208-4536  
CHECK #4536

**RECEIVED**

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>Name of Building Owner / Operator</th>
</tr>
</thead>
<tbody>
<tr>
<td>8/11/11</td>
<td>The College of New Jersey</td>
</tr>
</tbody>
</table>

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

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

**Street Address**  
PO Box 7718

**City, State & Zip Code**  
Ewing, NJ 08628

**Name of Contact**  
Amanda Radosti

**Telephone Number**

**FACILITY INFORMATION**

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

**Square Feet**  

**# of Floors**  

**Bldg. Age**

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

**Name of Monitoring Firm Hired by Building Owner**  
TTI Environmental

**Name of Abatement Contractor**  
AbateTech, Inc.

**Project Manager for Monitoring Firm**  
Jim Guilardi  
Telephone Number: 856-840-8800

**Scheduled Start Date**  
10/3/12

**Scheduled Completion Date**  
10/5/12

**Occupancy Status During Abatement**

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

**Scope of Work**

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

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

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

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

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

- Insulation, surfacing, VAT or other miscellaneous

**Amount (Specify SF or LF)**  
Pipe Insulation 80 LF

**Abatement Type**

- Removal
- Repair
- Encapsulate
- Enclosure

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>AbateTech, Inc.</td>
<td>12</td>
<td>T.R.R.F. Landfill</td>
</tr>
</tbody>
</table>

**City, State**  
Lumberton, NJ

**Disposal Date**  
10/5/12

**Completed By (Print or Type)**

- Gwen Trumbetti

<table>
<thead>
<tr>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opps. Coord.</td>
<td>[Signature]</td>
<td>10/2/12</td>
</tr>
</tbody>
</table>
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to N.J.A.C. 8:60 and 12:120)

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Building Owner / Operator</th>
<th>Date of Notification</th>
<th>10/4/12</th>
</tr>
</thead>
<tbody>
<tr>
<td>✗ EPA</td>
<td></td>
<td>Verizon Communications</td>
<td>2012 OCT 11 AM 10:22</td>
<td></td>
</tr>
<tr>
<td>✗ DEP</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>✗ DOL</td>
<td>Initial</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>✗ DOH</td>
<td>Amended #1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>✗ DCA</td>
<td>Emergency</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cancellation</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place
Verizon

Street Address
80 Highway 46 East
Fairfield, Essex

<table>
<thead>
<tr>
<th>Name of Monitoring Firm</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor</th>
</tr>
</thead>
<tbody>
<tr>
<td>TTI Environmental</td>
<td></td>
<td>AbateTech, Inc.</td>
</tr>
</tbody>
</table>

Street Address
1253 North Church Street
Mooresstown, NJ 08057

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone Number</th>
<th>License Number</th>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Harold Baldwin</td>
<td>856-640-8500</td>
<td>00529</td>
<td>EMSL Analytical</td>
</tr>
</tbody>
</table>

Scheduled Start Date: 9/17/12  
Scheduled Completion Date: 10/12/12

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

<table>
<thead>
<tr>
<th>Scope of Work</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 sf or 3 l</td>
<td></td>
</tr>
<tr>
<td>100 sf or 260 l</td>
<td></td>
</tr>
<tr>
<td>Renovation</td>
<td>Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>Demolition</td>
<td>Mini-Enclosure</td>
</tr>
<tr>
<td></td>
<td>Glove Bag Procedures</td>
</tr>
<tr>
<td></td>
<td>Non-Exempted and Non-Friable Procedure</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Main Roof</td>
</tr>
<tr>
<td>Main &amp; Lower Roof</td>
</tr>
<tr>
<td>Main Roof</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance or Custodial Staff?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>Roof Flashing Roof Supports</td>
</tr>
<tr>
<td>Roof Drains</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
AbateTech, Inc

<table>
<thead>
<tr>
<th>NJDEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>18750</td>
<td>8</td>
<td>TRRF Landfill</td>
</tr>
</tbody>
</table>

City, State  
Lumberton, NJ

Completed By (Print or Type)
Gwen Trumbetti

Title  
Opps. Coord.

Signature  
Date  
10/4/12
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1) 10/4/12

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

Type Notification
- Initial
- Amended #
- Emergency
- Cancellation

Name of Building Owner / Operator (2) Cherry Hill B.O.E.

Street Address 45 Ranaldo Terrace
City, State & Zip Code Cherry Hill, NJ 08034

Name of Contact Bill Thompson

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Cherry Hill H.S. West

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

Square Feet
# of Floors
Bldg. Age

Current Use (Prior if being demolished) School

City (5) Camden

County (6) County Code (7)

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

ASCM No.

Name of Abatement Contractor (9) AbateTech, Inc.

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

Telephone Number 856-985-8800

License Number 00529

Name of OSHA Monitor EMSL Analytical

Scheduled Start Date (10) 10/5/12

Scheduled Completion Date (11) 10/8/12

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

Describe: 4:30 PM Start Fri, daytime Sat & Sunday B/D Monday

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

Renovation
Demolition

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

Wrestling Room

Location Normally Used
Yes No N/A

Maintenance or Custodial Staff?

Floor tile

Description of Asbestos-Containing Material (ACM)

Amount (Specify SF or LF)

Abatement Type

Removal
Repair
Encapsulate

Name of Registered Waste Hauler AbateTech, Inc.

Cubic Yards of Waste 12

Name of Registered Landfill TRRF Landfill

Completed By (Print or Type)
Gwen Trumbetti

Title Office Coord.

Date 10/4/12
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120.1)

Date of Notification (1) 9/27/12

Name of Building Owner / Operator
Princeton University

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

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

Name of Contact
Robert Ortego, P.E.

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Princeton University – Firestone Library

Street Address
One Washington Road

City (5)  Princeton  County (6)  Mercer  County Code (7)  

Project Manager for Monitoring Firm
Mike Kean

Telephone Number 609-388-8800

Scheduled Start Date (10) 9/7/12
Scheduled Completion Date (11) 10/31/12

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

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

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

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

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

Amount (Specify SF or LF)

Abatement Type

Work Area #1 - Level 1
Sprayed on Fireproofing  6,220 SF
VAT & Mastic  4,000 SF

Work Area #1 - Level 1
Radiator Liner Material  714 SF
Moisture Barrier Material  714 SF

Name of Registered Waste Hauler
AbateTech, Inc.

Waste Hauler ID No. 18750

Cubic Yards of Waste 40

Name of Registered Landfill
TRRF Landfill

City, State Lumberton, NJ

Disposal Date 10/31/12

City, State Tullytown, PA

Completed By (Print or Type)
Gwen Trumbetti

Title Opps. Coord.

Signature

Date 9/27/12
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1)  
10/1/12

Name of Building Owner / Operator (2)  
Ocean City Housing Authority

Agencies Notified | Type Notification  
---|---
[ ] EPA | Initial
[ ] DEP | Amended #
[ ] DOL | Emergency
[ ] DOH | Cancellation
[ ] DCA

Street Address  
204 Fourth Street
City, State & Zip Code  
Ocean City, NJ 08226

Name of Contact  
Nicholas Thompson

Telephone Number  

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
Ocean City Senior Housing Apartment Building
Street Address  
635 West Ave.

City (5) | County (6) | County Code (7)  
---|---|---
Ocean City | Cape May

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

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

Current Use (Prior if being demolished)  
Apartment Building

Name of Monitoring Firm Hired by Building Owner (8)  
Health & Safety Services
Street Address  
1123 West Ave.
City, State & Zip Code  
Ocean City, NJ 08226

ASCM No.

Name of Abatement Contractor (9)  
AbateTech, Inc.
Street Address  
PO Box 25
City, State & Zip Code  
Lumberton, NJ 08048

Telephone Number  
609-265-2107
License Number  
00529

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

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

Describe:

Scheduled Start Date (10)  
10/2/12
Scheduled Completion Date (11)  
10/5/12

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)  

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)  
250 SF

Abatement Type  

Room 309 Closet & Bedroom  
Sprayed applied material

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

Name of Registered Waste Hauler  
AbateTech, Inc.
NJDEP Waste Hauler ID No.  
18750

Cubic Yards of Waste  
10
Name of Registered Landfill  
TRRF Landfill

City, State  
Lumberton, NJ
Disposal Date  
10/5/12
City, State  
Tullytown, PA

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

Date  
10/1/12
<table>
<thead>
<tr>
<th>Date of Hygienist Visit</th>
<th>Home of Resident/Contact Person</th>
<th>2012 Oct 11 AM 10:00</th>
</tr>
</thead>
<tbody>
<tr>
<td>10-5-12</td>
<td>Mark and Annie Cooper</td>
<td></td>
</tr>
<tr>
<td>&quot;Asbestos Control &amp; Licensing&quot;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of Facility/Where Abatement is Taking Place</td>
<td>Resident</td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
<td>1145 18 Ave</td>
<td></td>
</tr>
<tr>
<td>City, State</td>
<td>Longport, NJ</td>
<td></td>
</tr>
<tr>
<td>County</td>
<td>Ocean</td>
<td></td>
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<tr>
<td>Name of Abatement Contractor</td>
<td>Linn Joe LLC</td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
<td>1212 Burlington Ave</td>
<td></td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Delanco, NJ 08075</td>
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<tr>
<td>Phone Number</td>
<td>609-224-0971</td>
<td></td>
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<tr>
<td>License No</td>
<td>010700</td>
<td></td>
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<td>Start Date</td>
<td>10-15-12</td>
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<tr>
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<td>10-15-12</td>
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<tr>
<td>Name of OSHA Monitor</td>
<td></td>
<td></td>
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<tr>
<td>Occupancy Status during Abatement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Building</td>
<td></td>
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<tr>
<td>Location of Asbestos-Containing Material (ACMs)</td>
<td>outside</td>
<td></td>
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<tr>
<td>Description of ACMs</td>
<td>Inside Siding</td>
<td></td>
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<tr>
<td>Amount</td>
<td>1700 sq ft</td>
<td></td>
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<tr>
<td>Name of Registered słucha</td>
<td>Jack Robinson Ward</td>
<td></td>
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<tr>
<td>Phone Number</td>
<td>253-87</td>
<td></td>
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<tr>
<td>City, State</td>
<td>Belleville, NJ</td>
<td></td>
</tr>
<tr>
<td>Completed by</td>
<td>John UP</td>
<td></td>
</tr>
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</table>
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60-7 and 12:120-7)

**Date of Notification (1)**
10 / 9 / 12

**Name of Building Owner/Operator (2)**
MERCK SHARP & DOHME CORPORATION / BRANDENBURG INDUSTRIAL SERVICES CO.

**Street Address**
126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414 / 2217 SPILLMAN DRIVE
City, State, Zip Code: RAHWAY, NEW JERSEY 07065 / BETHLEHEM, PA 18015

**Name of Contact**
MARY BETH BAKER
Telephone Number: 973-729-5649

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (5)**
MERCK SHARP & DOHME CORPORATION

**City (6)**
RAHWAY

**County (7)**
UNION

**County Code (7) (STATE USE ONLY)**
59

**Name of Monitoring Firm Hired by Building Owner (8)**
ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.

**ASCN No.**
17

**Name of Abatement Contractor (9)**
PAR ENVIRONMENTAL CORPORATION

**Street Address**
655 WEST SHORE TRAIL
City, State, Zip Code: SPARTA, NEW JERSEY 07871

**Telephone Number**
973-729-5649

**License Number**
945-399-7500

**Project Manager for Monitoring Firm**
WILLIAM S. KERDEL, CBI

**Expected State Date (10)**
10 / 10 / 12

**Scheduled Completion Date (11)**
10 / 17 / 12

**Month**
10

**Day**
9

**Year**
2012

**Name of OSHA Monitor**
AMERISCI LABORATORIES INC #11480

**Street Address**
117 EAST 30TH STREET
City, State, Zip Code: NEW YORK, NEW YORK 10019

**Occuancy Status During Abatement (Check only one):**
X Facility Closed/ Vacated During Entire Period of Abatement

**Other – Describe:** MONDAY - FRIDAY 7AM-3:30 PM

**Adjacency of Abatement Location to: **

**Type of Facility (4)**
X School (K-12)

**Subchapter (Other than K-12)**
X Other (ie., private & comm. bldgs., homes, etc.)

**Full Containment with Negative Pressure**

**Renovation**

**Glovebag Procedure**

**Non-Friable Procedure**

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

**TO BE ABATED in Facility (13):**

**Is Location normally used solely by: **

**Maint/Custodial Staff (12):**

**Yes**

**No**

**N/A**

**Surface area of Roof-Square Feet:**
X Roof - T100 Tank

**Cubic Yards of Waste:**
100

**Name of Registered Waste Hauler:**
FREEHOLD CARTAGE, INC.

**Hauler ID No.:**
15999

**Cubic Yards of Waste:**
100

**Name of Registered Landfill:**
LYCOMING COUNTY RESOURCE MANAGEMENT SERVICES

**City:**
FREEHOLD, NEW JERSEY

**Date of Disposal:**
10/10-10/17/12

**City, State:**
MONTGOMERY, PA 17752

**Completed by (Print or Type):**
BENJAMIN SANCHEZ
Title: DIRECTOR OF OPERATIONS

**Signature:**

**Date:** 10/9/12
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 7:26-2.12)

Date of Notification (1)
10/03/2012

Name of Building Owner/Operator (2)
BASF Corporation

Street Address
100 Campus Drive

City, State, Zip Code
Floham Park, NJ 07932

Name of Contact
Frank Picaelma

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
BASF – Outside / Concrete Slabs

Street Address
1 James Street

City (5)
Belvidere

County (6)
Warren

County Code (7)
06470

Name of Monitoring Firm Hired by Bldg. Owner (8)
ASCM No. 00104

Environmental Health Investigations, Inc.

Street Address
655 West Shore Trail

City, State, Zip Code
Sparta, NJ 07971

Project Manager for Monitoring Firm
William S. Kerbel, CIH

Telephone Number
973-79-5649

License Number
01066

Scheduled Start Date (10)
10/08/2012

Scheduled Completion Date (11)
12/07/2012

Name of OSHA Monitor
Testor Tech

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

Describe Vacant Bldgs. To Be Demolished

Other – Describe

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

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

<table>
<thead>
<tr>
<th>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asphalt Tar &amp; Paper</td>
<td>5,400 sf</td>
<td>X</td>
</tr>
<tr>
<td>Insulation in Flooring</td>
<td>1600 sf</td>
<td>X</td>
</tr>
<tr>
<td>Exterior pipe insulation</td>
<td>300 lf</td>
<td>X</td>
</tr>
</tbody>
</table>

Name of Reg. Waste Hauler
Gary W. Gray GTrucking

NJ DEP Waste Hauler ID # NJ DEP #09369

Cubic Yards of Waste
250

Name of Reg. Landfill
IESI PA Bethlehem Landfill

Completed by (Print or Type)
Joseph K. White

Title
Project Coordinator

Signature

Date
10/09/2012
**Notification of Demolition or Renovation (continued)**

X. Description of Planned Demolition or Renovation Work and Methods to be Used:
See attached Work Plans. Additionally any areas where friable piping materials are encumbered will be regulated.

| Description of Engineering Controls and Work Practices to be Used to Control Emissions of Asbestos at the Demolition or Renovation Site: |
| See attached Work Plans. Additionally, all friable piping will be removed using wet methods, glovebagging and or wrap and cut. |

<table>
<thead>
<tr>
<th>XII. Waste Transporter#1 Gary W. Gray Trucking</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address: 56 Route 48</td>
</tr>
<tr>
<td>City: Delaware</td>
</tr>
<tr>
<td>County: Warren</td>
</tr>
<tr>
<td>State: NJ</td>
</tr>
<tr>
<td>Zip: 07833</td>
</tr>
<tr>
<td>Contact: Jason R. Wilson</td>
</tr>
<tr>
<td>Telephone: 908-475-3767</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Waste Transporter#2 N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
</tr>
<tr>
<td>City:</td>
</tr>
<tr>
<td>County:</td>
</tr>
<tr>
<td>State:</td>
</tr>
<tr>
<td>Zip:</td>
</tr>
<tr>
<td>Contact:</td>
</tr>
<tr>
<td>Telephone:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>XIII. Waste Disposal Site ESI PA Bethlehem Landfill Corp</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address: 2335 Applebutter Road</td>
</tr>
<tr>
<td>City: Bethlehem</td>
</tr>
<tr>
<td>County: Northampton</td>
</tr>
<tr>
<td>State: PA</td>
</tr>
<tr>
<td>Zip: 18015</td>
</tr>
<tr>
<td>Contact: Alan Schleyer</td>
</tr>
<tr>
<td>Telephone: 610-317-3200</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>XIV. If the Demolition was Ordered by a Government Agency, Please Identify the Agency Below:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Authority</td>
</tr>
<tr>
<td>Date of Order (MM/DD/YY)</td>
</tr>
<tr>
<td>Date Ordered to Begin (MM/DD/YY)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>XV. For Emergency Renovations:</th>
</tr>
</thead>
<tbody>
<tr>
<td>DATE and HOUR of Emergency: (MM/DD/YY) 9-16-2012 (HH:MM) Prior to noon</td>
</tr>
<tr>
<td>Description of SUDDEN, UNEXPECTED EVENT: Please see attached BASF letter dated 09/16/2012</td>
</tr>
</tbody>
</table>

Explanation of how the Event caused unsafe conditions, or a serious disruption of industrial operations: Please see attached BASF letter dated 9/16/2012. Per call in on 9-24-12 NCM is unable to commence work on 9-24-12 due to resources needed to respond to needs associated with the demolition of the Powerhouse located on the BASF site. Proposed Work Plan for Debris Pile attached. This Work Plan was emailed to Tom Voorhees on 10/3/12 and approval has been received.

| XVI. Description of Procedures to Be Followed in the Event that Unexpected Asbestos is Found, or that Previously Non-Friable Asbestos Material Becomes Crumbled, Pulverized or Reduced to Powder |
| Restrict work area and regulate, wet material, notify appropriate regulatory agencies, commence cleanup using wet methods. |

| XVII. I Certify that an Individual, Trained in the Provisions of this Regulation (40CFR Part 61, Subpart M) Will be On-Site During the Demolition or Renovation, and that Evidence that the Required Training has Been Accomplished by this Person will be Available for Inspection During Normal Business Hours (Required one (1) year after promulgation). |
| (Signature of Owner/Operator) |
| (Date) 10/09/12 |

| XVIII. I Certify that the Above Information is Correct |
| (Signature of Owner/Operator) |
| (Date) 10/09/12 |
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60-7 and 12-120-7)

**Date of Notification**  
10/02/12

**Agency Notified**  
- EPA  
- DEP  
- DCA (x)  
- DOH

**Type Notification**  
- Initial  
- Notice  
- Amended  
- Cancellation

**Name of Building Owner/Operator**  
Princeton University

**Street Address**  
P.O. box 2158

**City, State, Zip Code**  
Princeton, NJ 08543

**Name of Contact**  
Robert Otego

**RECEIVED**  
2012 OCT 11 AM 9:59

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**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place**  
Princeton University — 87 Prospect -Room 107

**Type of Facility**  
- School (K12)  
- Subchapter E (Other than K12)  
- Other (i.e. Private & Commercial buildings, homes, etc.)

**Square Feet**  
20000

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

**Street Address**  
515 Grove Street Suite 1B

**City, State, Zip Code**  
Haddon Heights NJ

**Telephone Number**  
856-547-0505

**Name of Abatement Contractor**  
Associated Specialty Contracting

**Street Address**  
98 LaCrua Avenue

**City, State, Zip Code**  
Glen Mills, PA 19342

**Telephone Number**  
610-364-9622

**Licence Number**  
1103

**Name of OSHA Monitor**  
Criterion Labs

**Street Address**  
3370 Progresive Drive

**City, State, Zip Code**  
Bensalem PA 19020

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

**Scope of work (Check all that apply)**  
- Demolition  
- Renovation  
- x Full Containment with Negative Pressure

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
<th>Is Normally Used</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>
</tr>
</thead>
<tbody>
<tr>
<td>Room 107 x No N/A</td>
<td>floor mastic</td>
<td>576 SF</td>
<td>x</td>
</tr>
<tr>
<td>Room 107 x</td>
<td>fireproofing</td>
<td>24 SF</td>
<td>x</td>
</tr>
</tbody>
</table>

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

**Cubic Yards of Waste**  
5

**Name of Registered Landfill**  
GROWS

**City, State**  
Trenton NJ

**Disposal Date**  
As needed

**Name of Registered Landfill**  
City, State  
Morrisville PA

**Completed By (Print or Type)**  
Mark Goshow

**Title**  
Project Manager

**Signature**  
Mark Goshow

**Date**  
10/04/12

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G4667