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

Date of Notification (1)  
October 03/2012

Name of Building Owner/Operator (2)  
Walter Ricciardi

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

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

Street Address  
20 Hilltop circle

City, State, Zip Code  
Morristown, NJ 07960

Name of Contact  
Walter Ricciardi

FACILITY INFORMATION

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

Street Address  
20 Hilltop circle

City (5)  
Morristown

County (6)  
Morris

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

Square Feet  
8,000

Bldg. Age  
97

Current Use (Prior if being demolished)  
non occupant

Name of Monitoring Firm Hired by Building Owner (8)  
AZ Solution Consulting LLC

ASCM No.  
54 105

Name of Abatement Contractor (9)  
Makigar LLC

Street Address  
140 Ray str, ap.8

City, State, Zip Code  
Garfield, NJ 07026

Name of OSHA Monitor  
AZ Solution Consulting LLC

Telephone No.  
973 769 7170

License No.  
01177

Source of Work (Check All That Apply)  
- Renovation
- Demolition

Location of Asbestos Containing Material (ACM) TO BE ABATED

In Facility  
- Yes
- No

Location of Asbestos Containing Material (ACM) TO BE ABATED

Description of Asbestos Containing Material (ACM)  
- Insulation

Amount (Square Feet or Lb)  
700 sq. ft.

Abatement Type  
- Full Containment with Negative Pressure

EPA Date  
10/05/2012

Name of Registered Waste Hauler  
Makigar LLC

City, State  
Garfield, NJ 07026

Disposal Date  
10/05/2012

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

Date of Notification (1) September 25/2012
Name of Building Owner/Operator (2) Walter Riccardi

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

Street Address 20 Hilltop circle
City, State, Zip Code Morristown, NJ 07960
Name of Contact Walter Riccardi

FACILITY INFORMATION
Name of Facility Where Abatement Is Taking Place (3)
House
Street Address 20 Hilltop circle
City (5) Morristown
County (6) Morris
County Code (7) (STATE USE ONLY) 
Name of Monitoring Firm Hired by Building Owner (8)
AZ Solution Consulting LLC
ASCM No. 54106
Name of Abatement Contractor (9)
Makltigar LLC
Street Address 7007 60th Street
City, State, Zip Code Ridgewood, NY 11385
License No. 01177
Name of OSHA Monitor AZ Solution Consulting LLC
Street Address 7007 60th street
City, State, Zip Code Ridgewood, NY 11385

Start Date (10) 10/06/2012
Scheduled Completion Date (11) 11/06/2012

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

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

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

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJ DEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Makltigar LLC</td>
<td>32 909</td>
<td>10</td>
<td>Grows Landfill</td>
</tr>
</tbody>
</table>

Location of Asbestos-Containing Material (ACM) Normally Used Solely by Maintenance/Custodial Staff?

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

Amount (Specify SF or LF)

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

Completed by Veselin Petrovski Title President
Signature
Date 09/25/2012

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

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:80 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>10/08/12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Trinitas Regional Medical Center</td>
</tr>
<tr>
<td>Agency(ies) Notified</td>
<td>EPA, DEP, DOL, DOH, DCA</td>
</tr>
<tr>
<td>Type Notification</td>
<td>Initial</td>
</tr>
<tr>
<td>Location</td>
<td>Trinitas Regional Medical Center</td>
</tr>
<tr>
<td>Street Address</td>
<td>225 Williamson Street</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Rutherford, NJ 07070</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Robert Lopez</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place (3) | Trinitas Regional Medical Center |
| County (6) | Union |
| County Code (7) |  |
| Current Use (Prior if being demolished) | Medical Center |
| 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 |
| Project Manager for Monitoring Firm |  |
| Telephone No. | 973-864-2022 |
| License No. | 01137 |
| Start Date (10) | 09/15/12 |
| Scheduled Completion Date (11) | 10/15/12 |
| Occupancy Status During Abatement (Check Only One) | Facility Closed/Vacated During Entire Period of Abatement |
| Other – Describe: |  |
| Scope of Work (Check All That Apply) | Renovation, Demolition |
| ≥3 sf or ≥3 if |  |
| ≥160 sf or ≥260 if |  |

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

<table>
<thead>
<tr>
<th>Location</th>
<th>7th floor North side</th>
<th>7th floor North side</th>
<th>7th floor North side</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td>loose floor tiles</td>
<td>carpet</td>
<td>floor tiles</td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td>3 S.F.</td>
<td>120 S.F.</td>
<td>500 S.F.</td>
</tr>
<tr>
<td>Abatement Type</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Name of Registered Waste Hauler | Atlantic Carting |
| NJDEP Waste hauler ID No. | 26085 |
| Cubic Yards of Waste | 15 |
| Name of Registered Landfill | G.R.O.W.S. |
| City, State | Morrisville, PA |
| Disposal Date on completion |  |
| Completed by | Marko Stankovic |
| Title | President |
| 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 12:129)

Date of Notification (1) 10/05/12

Name of Building Owner/Operator (2) Bulls Ferry Studio

Agencies Notified

Street Address 6903 Jackson Street
City, State, Zip Code Guttenberg, NJ 07093

Name of Contact Dan Bartaluce
Telephone Number

FACILITY INFORMATION
Type of Facility (4)

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

Street Address 6903 Jackson Street
City (5) Guttenberg
County (6) Hudson

Telephone No. 973-864-2022
License No. 01137

Project Manager for Monitoring Firm

ASCM No.

Name of Abatement Contractor (9)
Stanmark Contractors, LLC

Street Address 27 Edsall Drive
City, State, Zip Code Sussex, NJ 07461

Name of OSHA Monitor AmeriSci

Start Date (10) 10/16/12
Scheduled Completion Date (11) 10/19/12

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

Scope of Work (Check All That Apply)
23 sf or ≥ 3 if
≥ 600 sf or ≥ 260 sf if
Ranovation
Demolition

Location of Asbestos-Containing Material (ACM)
Boiler Room

Is Location Normally Used Solely by Maintenance/Custodial Staff?
Yes
No
N/A
Pipe Insulation
80 L.F.

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

Amount (Specify SF or LF)

Abatement Type
Removal
Repair
Encapsulation
Extermination

Name of Registered Waste Hauler Pro-Tech, LLC

NJDEP Waste Hauler ID No. 190713

Cubic Yards of Waste 3

Name of Registered Landfill Minerva Landfill

Disposal Date on completion City, State
Waynesburgh, OH

Completed by Marko Stankovic
Title President
Signature

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

**Name of Building Owner/Operator:** Levin Management Corp.

**Type of Building:**
- Initial
- Amendment #
- Emergency

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>space 17A</td>
<td>[X] Yes</td>
<td>Vinyl asbestos tile</td>
<td>150 SF</td>
<td></td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:** Robinson Waste  
**Disposal Date:** 10-12-12

**City, State:** Bellmawr, NJ  
**Name of Registered Landfill:** GROWN, Inc.

**Completed by:** Timothy E. Bryan  
**Signature:** [Signature]

**Telephone Number:**
- Levin Management Corp.
- Plymouth Environmental Co., Inc.

**Square Feet:** 7,500  
**# of Floors:** 1  
**Bidg. Age:** 43 yrs.

**Other Information:**  
- Plymouth Environmental Co., Inc.
- NJDEP Waste Hauler ID No. 17304
- Cubic Yards of Waste: 2
- Disposal Date: 10-12-12
- City, State: Morrisville, PA

---

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

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

**Name of Building Owner/Operator (2)**  
South Jersey Port Corporation

**Agencies Notified**  
- EPA
- DEP
- DCA (NJAC 5:16)
- DHSS
- DCA (NJAC 5:23-8)

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

**FACILITY INFORMATION**

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

**Street Address**  
2710 Broadway

**City (5)**  
Camden

**County (6)**  
Camden

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

**Name of Abatement Contractor (9)**  
Diamond Huntbach Construction Corporation

**Name of Contact**  
Hank D'Andrea

**Telephone Number**

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

**Square Feet**  
53,930

**# of Floors**  
1

**Bldg. Age**  
20+

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

**Street Address**  
P.O. Box 316

**City, State, Zip Code**  
Thorofare, NJ 08086

**Name of OSHA Monitor**  
SAME AS ABOVE

**Project Manager for Monitoring Firm**  
Steve Lanigan

**Telephone No.**  
856-848-0800

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

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

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

**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)**

<table>
<thead>
<tr>
<th>Location of ACM</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Whouse, Bck storage &amp; Office Bldg</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hallway</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Warehouse roof</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Office area-Under Carpet</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location Naturally Used Solely by Maintenance/ Custodial Staff? (12)</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Aircell Pipe Insulation &amp; Fittings</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9&quot; X 9&quot; Floor tiles &amp; mastic</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Black Flashing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9&quot; X 9&quot; Floor tiles &amp; mastic</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Description of ACM</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>70 Locations</td>
<td>475 SF</td>
</tr>
<tr>
<td>800 SF</td>
<td></td>
</tr>
<tr>
<td>2,400 SF</td>
<td></td>
</tr>
</tbody>
</table>

**Location of Registered Waste Hauler Service Transport**

<table>
<thead>
<tr>
<th>NJ/DEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>A901</td>
<td></td>
<td>Minerva Landfill</td>
</tr>
</tbody>
</table>

**City, State**  
New Castle, DE

**Disposal Date**  
10/31/12

**Name of Registered Landfill**

**City, State**  
Waynesburg, OH

**Completed By (Print or Type)**  
Charles F. Imbimbo

**Title**  
Project Manager

**Signature**

**Date**  
10/2/12

---

*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)
10 / 05 / 12

Name of Building Owner/Operator (2)
A.P. construction, Inc

Agencies Notified
☐ EPA
☐ DEP
☐ DCA (NJAC 5:16)
☐ DHSS
☐ DCA (NJAC 5:23-8)
Type Notification
☐ Initial
☐ Amended
☐ Amendment #
☐ Emergency (including justification)
☐ Cancellation

Street Address
915 S. Black Horse Pike
City, State, Zip Code
Blackwood, NJ 08012

Name of Contact
Mr. Pete Bellantoni

Telephone Number

FACILITY INFORMATION

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

Street Address
781 Lakeland Road
City (5)
Blackwood
County (6)
Camden
County Code (7) (STATE USE ONLY)

Square Feet
832
# of Floors
1
Bldg. Age
50+

Current Use (Prior if being demolished)
Vacant House

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

Name of Abatement Contractor (9)
Diamond Huntbach Construction Corporation

Street Address
500 East Luzerne Street
City, State, Zip Code
Philadelphia, PA 19124

Project Manager for Monitoring Firm

Telephone No.

License No.
215-739-8166
00646

Start Date (10)
10 / 19 / 12
Scheduled Completion Date (11)
10 / 26 / 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-4:00PM, __PM __AM

Name of OSHA Monitor
SAME AS ABOVE

Street Address

City, State, Zip Code

Scope of Work (Check all that apply)
☐ >3 sf or >3 ft
☐ ≥250 sf or ≥250 ft
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

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

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

Completion Date
10/31/12

Exterior Siding
☐ Transite Shingles
1300

Name of Registered Waste Hauler
Diamond Huntbach Construction
NJDEP Waste Hauler ID No.
19689

Cubic Yards of Waste
3 c.y.

Name of Registered Landfill
Minerva

City, State
Philadelphia, PA

Disposal Date
City, State
Waynesburg, OH 44688

Completed By (Print or Type)
Charles F. Imbimbo
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 8:80 and 12:120)  

Date of Notification (1): 10/09/2012  
Name of Building Owner/Operator (2): Most Holy Name of Jesus Parish

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

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

Street Address: 697 Cortland St  
City, State, Zip Code: Perth Amboy, NJ 08861  
Name of Contact: Rev John Gordon  
Tel. Number: 

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Holy Trinity Parish - Perth Amboy

Street Address: 315 Lawrie St  
City (5): Perth Amboy  
County (6): Middlesex  
County Code (7) (STATE USE ONLY): 

Name of Monitoring Firm Hired by Bldg. Owner (8): Testor Technology Environmental Services, Inc  
ASCM No.: 
Name of Contractor (9): UNITED STATES ENVIRONMENTAL UNIVERSAL SERVICES, INC

Street Address: 365 River Drive  
City State, Zip Code: Garfield, NJ 07026  
Long Island City, NY 11101  
Telephone Number: (718)752-2090  
Name of OSHA Monitor: Testor Tech.  
License Number: 00331  
Scheduled Start Date (10): 10/09/2012  
Scheduled Completion Date (11): 10/15/2012  

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

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

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement Area</td>
<td>X</td>
<td>Pipe Insulation</td>
<td>235 LF</td>
<td>X</td>
</tr>
</tbody>
</table>

Name of Reg. Waste Hauler: NUDEP Waste Hauler ID #: 16706  
Cubic Yards of Waste: 

Name of Reg. Landfill: G.R.O.W.S., Waste Management  
City, State: Garfield, NJ  
Disposal Date: 

U.S. Environmental Universal Services:  
City, State: Morristown, PA  
Date: 10/09/2012  
Completed by: Roque Schipilliti  
Title: President  
Signature:

ASB-41
State of New Jersey
ASBESTOS CONTROL & LICENSING
DOL - 10 DAYWAIVER APPROVED

RECEIVED
DOL - 10 DAY

Date of Notification (2)
10/09/2012

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

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

Name of Building Owner/Operator (2)
Most Holy Name of Jesus Parish
Street Address
697 Cortland St
City State Zip Code
Perth Amboy NJ 08861

Name of Contact
Rev John Gordon

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Holy Trinity Parish - Perth Amboy
Street Address
315 Lowre St
City (6)
Perth Amboy

County Code (7) (STATE USF ONLY)

County Name (6)
Middlesex

Name of Monitoring Firm Hired by Bldg. Owner (8)
Testing Technology Environmental Services, Inc
Street Address
10-59Jackson Ave
City State Zip Code
Long Island City NY 11101

Name of Contractor (9)
UNITED STATES ENVIRONMENTAL UNIVERSAL SERVICES, INC
Street Address
365 River Drive
City State Zip Code
Garfield NJ 07026

Telephone Number
(716) 52-2090

Licence Number
00331

Project Manager for Monitoring Firm (10)
Stan Evenhouse

Telephone Number
(973) 476-5755

Scheduled Start Date (10)
10/09/2012

Scheduled Completion Date (11)
10/19/2012

Name of OSHA Monitor

Tenor Tech

Occupancy Status During Abatement (Check only one)
(X) Abatement Performed Outside of Normal Facility Hours

(X) Located Normaly Used Solely by Maintenance/Custodial Staff (12)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED
Description of Asbestos-Containing Material (ACM) (Specify Asbestos contamination, including WAT or other mixtures)

Amount (Specify SF or LF)

Abatement View

Removal

Bacalage

Endorse

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

Name of Reg. Waste Hauler
NJ DEP Waste Hauler ID #
Cubic Yards of Waste
Name of Reg. Landfill
U.S. Environmental Universal Services
16700
G.R.O.W.S. Waste Management
City State
Garfield NJ
Morrisville PA

Completed by
Roque Schiatti
Title
President
Signature
Date
10/09/2012
# State of New Jersey

## NOTIFICATION OF ASBESTOS ABATEMENT

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

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>10/18/12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator</td>
<td>PINELANDS CONSTRUCTION</td>
</tr>
<tr>
<td>Address</td>
<td>300 77TH ST.</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>SEO ISLE CITY, N.J. 08243</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Frank Eberdini</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>0</td>
</tr>
</tbody>
</table>

## FACILITY INFORMATION

| Name of Facility Where Abatement is Taking Place | RESIDENCE |
| Street Address | 7528 SUNSET DRIVE |
| City | AVALON |
| County | LAKE HURON |
| Name of Monitoring Firm Hired by Building Owner | N/A |
| Name of Abatement Contractor | KLEMCZ INC. |
| Address | 369 S. SPRUCE AVE. |
| City, State | MAPLE SHADE, N.J. 08052 |
| License No. | 00444 |
| Telephone No. | 856-779-0472 |

| Start Date | 10/18/12 |
| Scheduled Completion Date | 10/25/12 |

## Occupancy Status During Abatement

- Facility Closed/Vacated During Entire Period of Abatement

## Scope of Work

- Siding

## Description of Asbestos-Containing Material (ACM)

- Description: TRANSITE
- Amount: 180 ft |

## Name of Registered Waste Hauler

- KLEMCZ INC. |
| City, State | MAPLE SHADE, N.J. |

## Completion

- Completed by Joseph Kleczka

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* Do not use this form for asbestos licensure exempted activities.
# State of New Jersey
## NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:50G)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner / Operator (2)</th>
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<tbody>
<tr>
<td>9/24/2012</td>
<td>Servicemaster of Cherry Hill</td>
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<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
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<tr>
<td>EPA</td>
<td></td>
<td>2005 Route 70 East</td>
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<table>
<thead>
<tr>
<th>City, State &amp; Zip Code</th>
<th>Name of Contact</th>
<th>Telephone Number</th>
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<tbody>
<tr>
<td>Cherry Hill, NJ</td>
<td>Kevin Allen</td>
<td></td>
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</table>

### FACILITY INFORMATION

**Residence**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>18 Newell Pass</td>
<td></td>
</tr>
</tbody>
</table>

**Square Feet**

<table>
<thead>
<tr>
<th># of Floors</th>
<th>Bldg. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>1500</td>
<td>50</td>
</tr>
</tbody>
</table>

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

**Type of Facility (4)**

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

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

<table>
<thead>
<tr>
<th>ASCM No.</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Alpha Environmental Services</td>
</tr>
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</table>

**Street Address**

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State &amp; Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>2129 Route 33</td>
<td>Hamilton, NJ 08610</td>
</tr>
</tbody>
</table>

**Name of Abatement Contractor (9)**

**Telephone Number**

<table>
<thead>
<tr>
<th>License Number</th>
<th>Name of OSHA Monitor (10)</th>
</tr>
</thead>
<tbody>
<tr>
<td>01091</td>
<td>EMSL Analytical</td>
</tr>
</tbody>
</table>

**Project Manager for Monitoring Firm**

**Telephone Number**

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State &amp; Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>107 Haddon Ave.</td>
<td>Westmont, NJ 08108</td>
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</table>

**Scheduled Start Date (10)**

<table>
<thead>
<tr>
<th>Scheduled Completion Date (11)</th>
<th>Occupancy Status During Abatement (Check only one)</th>
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<tbody>
<tr>
<td>9/26/2012</td>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
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<tr>
<td></td>
<td>Abatement Performed Outside of Normal Hours – 7am to 3pm</td>
</tr>
<tr>
<td></td>
<td>Describe:</td>
</tr>
<tr>
<td></td>
<td>Facility Occupied During Abatement</td>
</tr>
</tbody>
</table>

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

- [X] 3 sq ft or 3 sf
- [X] 160 sq up to 260 sf
- [X] Renovation
- [X] 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**

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

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

**First Floor**

<table>
<thead>
<tr>
<th>VAT</th>
<th>800 sf</th>
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**Name of Registered Waste Hauler**

**Cubic Yards of Waste**

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>NJDEP Waste Hauler ID No. 00033330</td>
<td>Grows Landfill</td>
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</tbody>
</table>

**Disposal Date**

<table>
<thead>
<tr>
<th>City, State</th>
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</thead>
<tbody>
<tr>
<td>Morrisville, PA</td>
</tr>
</tbody>
</table>

**Completed By (Print or Type)**

<table>
<thead>
<tr>
<th>Title</th>
<th>Project Manager</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rod Richardson</td>
<td>Project Manager</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rod Richardson</td>
<td>9/24/2012</td>
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</table>
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1)  9/27/2012  Name of Building Owner / Operator (2)  Willie Pryor

Agencies Notified  Type Notification
☒ EPA  Initial
☐ DEP  Amended
☒ DOL  Emergency
☐ DOH  Cancellation
☐ DCA

Name of Contact  Paul Dengler

Street Address  PO Box 182
City, State & Zip Code  Laurens, SC

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Residence
Street Address  22 Barrington Ln
City (5)  Willingoro  County (6)  Burlington  County Code (7) 

Square Feet  2000  # of Floors  1  Bidg. Age  50

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

Current Use (Prior if being demolished)
☒ Residential
☐ Commercial

Name of Abatement Contractor (9)
Alpha Environmental Services
Street Address  2129 Route 33
City, State & Zip Code  Hamilton, NJ 08610

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

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

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)

Exterior
☐ siding  1000sf

Name of Registered Waste Hauler  NJDEP Waste Hauler ID No. 00033330

Name of Registered Landfill  Grows Landfill
City, State  Trenton, NJ

Disposal Date  10/6/2012  City, State  Morrisville, PA

Completed By (Print or Type)  Rod Richardson
Title  Project Manager
Signature

Date  9/27/2012
**NOTIFICATION OF ASBESTOS ABATEMENT**

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

**State of New Jersey**

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

Resorts Hotel and Casino

**Date of Notification (1)**

10/5/2012

**Agencies Notified**

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

**Type Notification**

- [ ] Initial
- [ ] Amended
- [ ] Emergency
- [ ] Cancellation

**Street Address**

1133 Boardwalk

**City, State & Zip Code**

Atlantic City, NJ 08401

**Name of Contact**

Bob Lavita

**Telephone Number**


---

**FACILITY INFORMATION**

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

Resorts Casino

**Street Address**

113 Boardwalk

**City (5)**

Atlantic City

**County (6)**

Ocean

**County Code (7)**


**Type of Facility (4)**

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

**Square Feet**

60000

**# of Floors**

13

**Bldg. Age**

80

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

Casino

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

ASCM No.

Projects Manager for Monitoring Firm

**Telephone Number**


**Scheduled Start Date (10)**

10/17/2012

**Scheduled Completion Date (11)**

10/18/2012

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

- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Hours – 7am to 3pm
  
  Describe:
  
  - [ ] Facility Occupied During Abatement
  
  Scope of Work (Check all that apply)
  
  - [ ] ≥3 sf or ≥3 lf
  - [ ] ≥160 sf ≥250 lf
  - [ ] Renovation
  - [ ] Demolition
  - [ ] Full Containment with Negative Pressure
  - [ ] Mini-Enclosure
  - [ ] Glove Bag Procedures
  - [ ] Non-Exempted and Non-Friable Procedure

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

- [ ] Yes
- [ ] No
- [ ] N/A

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

- [ ] Yes
- [ ] No

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

- [ ] Amount (Specify SF or LF)

**Abatement Type**

- [ ] Removal
- [ ] Repair
- [ ] Encapsulate
- [ ] Enclosure

**1st Floor Ladies Room-Old Red’s Lounge**

- [ ] Pipe Insulation
  - [ ] 15 LF

**Name of Registered Waste Hauler**

ALPHA ENVIRONMENTAL

**City, State**

Hamilton

**Completed By (Print or Type)**

Rod Richardson

**Name of Registered Landfill**

Grows Landfill

**City, State**

Morrisville, PA

**Disposal Date**

various

**Cubic Yards of Waste 1**

0033330

**Name of Registered Waste Hauler**

ALPHA ENVIRONMENTAL

**Date**

10/5/2012
# NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

**Date of Notification (1):** 10/5/2012

**Name of Building Owner / Operator (2):** Dr Gregory Frick

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

**Type Notification:**
- [x] Initial
- [ ] Amended
- [ ] Emergency
- [ ] Cancellation

**Street Address:**
99 Kingwood-Stockton Rd

**City, State & Zip Code:**
Rosemont, NJ

**Name of Contact:**
Greg Frick

**Telephone Number:**

---

## FACILITY INFORMATION

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

**Residence:**
99 Kingwood-Stockton Rd

**City (5):**
Rosemont

**County (6):**
Ocean

**County Code (7):**

**Square Feet:** 2000

**# of Floors:** 2

**Bldg. Age:** 80

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

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

**ASCM No.:**

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

**Street Address:**
2129 Rt 33

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

**Name of Abatement Contractor (9):**
ALPHA ENVIRONMENTAL

**Name of OSHA Monitor:**
EMSL Analytical

**Street Address:**
107 Haddon Avenue

**City, State & Zip Code:**
Westmont, NJ 08108

**Name of Monitoring Firm for Monitoring Firm:**
ALPHA ENVIRONMENTAL

**Telephone Number:**
215-295-1004

**License Number:**
01091

**Scheduled Start Date (10):** 10/15/2012

**Scheduled Completion Date (11):** 10/16/2012

**Occupy Status During Abatement (Check only one):**
- [x] 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):**
- [x] ≥ 3 sf or ≥ 3 if
- [ ] 160 sf ≥ 260 sf
- [x] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [x] 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
- [x] N/A

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

**Amount (Specify SF or LF):**
Pipe Insulation total estimated 200 if repair to estimated 10lf

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

**Name of Registered Waste Hauler:**
ALPHA ENVIRONMENTAL

**Cubic Yards of Waste:**
0

**Name of Registered Landfill:**
Grows Landfill

**City, State:**
Hamilton

**Disposal Date:**
various

**Name of Registered Landfill:**
Grows Landfill

**City, State:**

**Name of Registered Landfill:**
Grows Landfill

**City, State:**

**Completed By (Print or Type):**
Rod Richardson

**Title:**
PM

**Signature:**
Rod Richardson

**Date:**
10/5/2012
**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>10/2/12</th>
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<tbody>
<tr>
<td>Name of Building Owner / Operator (2)</td>
<td>ACTAVIS</td>
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<tr>
<td>Agency Notified</td>
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<tr>
<td>EPA</td>
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<td>Street Address</td>
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<td>200 ELMORA AVENUE</td>
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<tr>
<td>City, State &amp; Zip Code</td>
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<tr>
<td>ELIZABETH, NJ 07207</td>
<td></td>
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<tr>
<td>Name of Contact</td>
<td></td>
</tr>
<tr>
<td>Mike Piccirillo</td>
<td></td>
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</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place (3) | ACTAVIS |
| Street Address |
| 200 ELMORA AVENUE |
| City (5) |
| ELIZABETH, NJ |
| County (6) |
| UNION |
| County Code (7) |
| Code |
| Square Feet |
| 30,000 |
| # of Floors |
| 4 |
| Bldg. Age |
| 70 +/- |
| Current Use (Prior to being demolished) |
| PHARMACEUTICAL |
| 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 |
| LARRY NAGELBERG |
| Telephone Number |
| 215-672-6088 |
| ASCM No. |
| Name of Monitoring Firm Hired by Building Owner (8) | EAGLE INDUSTRIAL HYGIENE |
| Street Address |
| 359 DRESHER ROAD |
| City, State & Zip Code |
| HORSHAM, PA 19044 |
| Telephone Number |
| 215-788-6040 |
| License Number |
| 00509 |
| Scheduling Start Date (10) | 10/2/12 |
| Scheduling Completion Date (11) | 10/3/12 |
| Occupancy Status During Abatement (Check only one) |
| A | Facility Closed/Vacated During Entire Period of Abatement |
| X | Abatement Performed Outside of Normal Hours – 7am to 3pm |
| Describe: | 5pm-7am |
| X | Facility Occupied During Abatement |

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

| 1st floor corridor outside cafeteria |
| Yes | No | N/A |

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

| To Be Abated |
| Pipe insulation |
| 25 LF |

**Full Containment with Negative Pressure**

| Mini-Enclosure |
| Glove Bag Procedures |
| Non-Exempted and Non-Friable Procedure |

**Amount (Specify SF or LF)**

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

**Name of Registered Waste Hauler**

| SERVICE TRANSPORT GROUP, INC. |
| NJDEP Waste Hauler ID No. |
| 20990 |

**Completed By (Print or Type)**

| PATRICK T. DeCARO |
| Title |
| PROJ. MGR. |

**Date**

| 10/2/12 |

**Name of Registered Landfill**

| MINERVA LANDFILL |
| City, State |
| WAYNESBURG, OH 44688 |
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:80 and 12:120)

Date of Notification (1)
10/8/12

Name of Building Owner/Operator (2)
Sharon Thompson

Agencies Notified

☐ EPA  ☑ DEP  ☑ DOH  ☐ DOL

Type Notification

☐ Initial  ☑ Amended  ☐ Amendment #

Street Address
586 Clarendon Court
City, State, Zip Code
River Edge, NJ

Name of Contact
Sharon Thompson

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)
house

Street Address
Clarendon Court
City (5)
River Edge

County Code (7)
Bergen

Square Feet
2500
# of Floors
2
Build. Age
60

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)
ABS Environmental Services, LLC
Street Address
4 East Gate Drive, PO Box 483
City, State, Zip Code
Glenwood, NJ 07418

Telephone No.
973-583-8500
License No.
703

Start Date (10)
10/22/12

Scheduled Completion Date (11)
10/29/12

Name of OSHA Monitor

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

☑ Abatement Performed Outside of Normal Facility Hours

Other – Describe:

Scope of Work (Check All That Apply)

☒ ≤250 sf or ≤2500 sf
☒ ≤5000 sf or ≤25000 sf

☐ Renovation
☒ Demolition

☒ Full Containment with Negative Pressure

☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Flexible Procedure

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

In Facility (13)

Yes  No  N/A

basement  X  

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  ☒ Enclose

Name of Registered Waste Hauler

NJDEP Waste Hauler ID No. 15939

Cubic Yards of Waste

10

Name of Registered Landfill

GROWS N Landfill

Disposal Date

TBD

City, State

Morrisville, PA

Freehold Cartage

Freehold NJ

Completed by

Andrew Scott Higgins

Title

President

Signature

Date

10/8/12

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)  
10/8/12

Name of Building Owner/Operator (2)  
US Masters Residential Property (USA) Fund

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

Street Address  
1000 Plaza Two, Floor 10, Harborside Financial Center

City, State, Zip Code  
Jersey City, NJ 07311

Name of Contact  
Daniel Bailey

Telephone Number

FACILITY INFORMATION

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

Street Address  
132 Prospect Street

City (5)  
Jersey City

County (6)  
Hudson

County Code (7)  
(State USE ONLY)

Current Use (Prior to being demolished)  

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

Square Feet  
3900

# of Floors  
4

Bldg. Age  
80

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

Name of Abatement Contractor (9)  
ABS Environmental Services, LLC

Street Address  
4 E Gate Drive, PO Box 483

City, State, Zip Code  
Glenwood, NJ 07418

Project Manager for Monitoring Firm  

Telephone No.  
973-583-8500

License No.  
703

Start Date (10)  
10/8/12

Scheduled Completion Date (11)  
10/26/12

Name of OSHA Monitor  

Occupancy Status During Abatement (Check One Only)  

[ ] 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 ≥ 3 if  
[ ] ≥ 160 sf or ≥ 2560 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>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM) (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>200 LF</td>
<td>x</td>
</tr>
<tr>
<td>1st floor kitchen, pantry, hall</td>
<td>[ ]</td>
<td>floor tile</td>
<td>330 SF</td>
<td>x</td>
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</tbody>
</table>

Name of Registered Waste Hauler  
NJDEP Waste Hauler ID No. 15939

Cubic Yards of Waste  
10

Name of Registered Landfill  
GROWS N Landfill

City, State  
Morrisonville, PA

Disposal Date  
TBD

Freehold Cartage  

Freehold NJ  

Completed by Andrew Scott Higgins  
Title  
President  
Signature  
Date  
10/8/12

* 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)**
10/8/12

**Name of Building Owner/Operator (2)**
Meuchon Community Services Corp

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

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

**Street Address**
319 Maple Street
City, State, Zip Code
Perth Amboy, NJ 08861

**Name of Contact**
Donna Fernandez

**Telephone Number**

---

**FACILITY INFORMATION**

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

**House**

**Street Address**
167 Throop Avenue
City (5)
New Brunswick

**County (6)**
Middlesex

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

**Square Feet**
300

**# of Floors**
3

**Bldg. Age**
60

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

---

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

**Name of Abatement Contractor (9)**
ABS Environmental Services, LLC

**Street Address**
4 East Gate Drive, PO Box 483
City, State, Zip Code
Glenwood, NJ 07418

**Project Manager for Monitoring Firm**

**Telephone No.**
973-583-8500

**License No.**
703

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

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Description of Asbestos Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>In Facility</td>
<td>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
</tr>
<tr>
<td>yes</td>
<td>no</td>
</tr>
<tr>
<td>basement</td>
<td>floor tile (excludes mastic)</td>
</tr>
</tbody>
</table>

---

**Name of Registered Waste Hauler**

**Freehold Cartage**

**Disposal Date**
TBD

**Name of Registered Landfill**
GROWS N Landfill

**City, State**
Morrisville, PA

**Freehold NJ**

**Completed by**
Andrew Scott Higgins

**Title**
President

**Signature**

**Date**
10/8/12

---

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

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:60-7 and 12:120-7)

---

**Date of Notice:** 10/05/12

### FACILITY INFORMATION

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

**Building #204, 1st Floor Hallway**

**200 Route 1 South**

**City (5):** Newark

**County (6):** Essex

**County Code (7):**

---

**Type of Facility (4):**

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

**Square Feet:** 50000

**# of Floors:** 7

**Bldg. Age:** 60

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

Brewery

---

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

ASCN No. 0045

**Name of Abatement Contractor (9):**

Global Abatement Services, LLC

**Street Address:**

- 64 Broad Street

---

**City, State & Zip Code:**

Matawan, NJ 07747

**Telephone Number:** 732-290-2217

**Telephone Number:** 732-605-9062

**License Number:** 00714

**Name of OSHA Monitor:**

Global Abatement Services, LLC

**Street Address:**

443 Schoolhouse Road

**City, State & Zip Code:**

Monroe Township, NJ 08831

---

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

- 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
- Renovation
- Large Project
- Quantity is ≥ 3 SF or ≥ 3 LF ACM
- X Quantity is ≥ 160 SF or ≥ 260 LF ACM

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

- Is Location Normally Used Solely by Maintenance or Custodial Staff?
  - (12)
  - Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility
  - (13)

**Location of 1st Fl. Hall/Pump Control Area:** N/A

**TSI Debris:** 900 SF

**Clean-up/Repair**

---

**Name of Registered Waste Hauler:**

Freehold Cartage

**NJDEP Waste Hauler ID #:** 18693

**Cu. Yds. of Waste:** 10

**Name of Registered Landfill:**

TRRF

**City, State:** Freehold, NJ

**Disposal Date:** 10/08/12

**City, State:** Tullytown, Pa

**Completed By (Print or Type):**

Dominick Tringali

**Title:** Pres.

**Signature:**

**Date:** 10/05/12

---

ASB-41 JUN 95 G4667
## 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>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/8/2012</td>
<td>City of East Orange</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agency Notified</th>
<th>Type Notification</th>
<th>City of</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ EPA</td>
<td>Initial</td>
<td>East Orange</td>
<td>44 City Hall Plaza</td>
</tr>
<tr>
<td>□ DEP</td>
<td>Amended</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ DOL</td>
<td>Amendment #</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ DOH</td>
<td>Emergency (Including justification)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ DCA</td>
<td>Cancellation</td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Old EOPD Building</td>
<td>□ School (K-12)</td>
</tr>
<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>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FACILITY INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (6)</td>
</tr>
<tr>
<td>Street Address</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
</tr>
<tr>
<td>Telephone No.</td>
</tr>
<tr>
<td>License No.</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
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<tbody>
<tr>
<td>October 18, 2012</td>
<td>January 15, 2013</td>
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<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Facility Close/Notzated During Entire Period of Abatement</td>
</tr>
<tr>
<td>□ Abatement Performed Outside of Normal Facility Hours</td>
</tr>
<tr>
<td>□ Other - Describe</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ ~ 3 sf or ~ 3 sf</td>
</tr>
<tr>
<td>□ ~ 1 50 sf or ~ 260 sf</td>
</tr>
<tr>
<td>□ Renovation</td>
</tr>
<tr>
<td>□ Demolition</td>
</tr>
<tr>
<td>□ Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>□ Mini-Enclosure</td>
</tr>
<tr>
<td>□ Glovebag Procedure</td>
</tr>
<tr>
<td>□ Non-Exempted (*) and Non-Friable Procedure</td>
</tr>
</tbody>
</table>

| Location of Asbestos-Containing Material (ACM) |
| TO BE ABATED IN Facility (13) |
| Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) |
| Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) |
| Amount (Specify SF or LF) |
| Abatement Type |
| Repair |
| Encapsulate |
| Encourage |

| All exterior windows | intact window frames | 2750 SF | x |

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>RICI CORP</td>
</tr>
<tr>
<td>City, State</td>
</tr>
<tr>
<td>PASAIC, NJ</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>G.R.O.W.S. LANDFILL</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>G.R.O.W.S. LANDFILL</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>RISTO TRAJKOV</td>
<td>PRESIDENT</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>10/8/2012</td>
</tr>
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</table>
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 12:20)

**State of New Jersey**

**Date of Notification (1)**
10-9-2012

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

**County of Union**

**Agencies Notified**

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

**Type Notification**

<table>
<thead>
<tr>
<th>Initial</th>
<th>Amended</th>
<th>Amendment # 1</th>
<th>Emergency (including justification)</th>
<th>Cancellation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Street Address**

10 Elizabeth Town Plaza
City, State, Zip Code
Elizabeth, NJ 07207

**Name of Contact**

David

**FACILITY INFORMATION**

**Name of Facility Where Abatement Is Taking Place (3)**
Galloping Hills Service Yard

**Street Address**
21 North 31st Street

**City (5)**
Kenilworth

**County (6)**
Union

**County Code (7)**

**Type of Facility (4)**

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

**Square Feet**

**# of Floors**

**Bldg. Age**

50+

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

**Empty Scheduled for Demo**

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

**ASCM No.**
n/a

**Name of Abatement Contractor (9)**
Jadar Contracting, LLC

**Street Address**
22 Troy Lane

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

**Project Manager for Monitoring Firm**
n/a

**Telephone No.**

973-706-7950

**License No.**
01088

**Start Date (10)**
10-15-2012

**Scheduled Completion Date (11)**
11-10-2012

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

☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other — Describe: 9 am - 5pm

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

☐ ≥3 sf or ≥3 lf
☐ ≥180 sf or ≥260 lf
☐ 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**

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Roof</td>
</tr>
<tr>
<td>Hallway leading to interior B. Room</td>
</tr>
<tr>
<td>2nd Fl. Apartment Kitchen</td>
</tr>
<tr>
<td>Stairwell leading to 2nd Fl. Apt.</td>
</tr>
</tbody>
</table>

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

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

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

<table>
<thead>
<tr>
<th>Description of Asbestos Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Built up Roofing Material</td>
</tr>
<tr>
<td>VAT</td>
</tr>
<tr>
<td>VAT</td>
</tr>
<tr>
<td>VAT</td>
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</table>

**Amount (Specify SF or LF)**

<table>
<thead>
<tr>
<th>Amount</th>
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<tbody>
<tr>
<td>10,000 SF</td>
</tr>
<tr>
<td>60SF</td>
</tr>
<tr>
<td>150 SF</td>
</tr>
<tr>
<td>15 SF</td>
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**Abatement Type**

<table>
<thead>
<tr>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Removal</td>
</tr>
<tr>
<td>Repair</td>
</tr>
<tr>
<td>Encapsulate</td>
</tr>
<tr>
<td>Enclose</td>
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</table>

**Location of Registered Waste Hauler**

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>DJM Transport, LLC</td>
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</table>

**NJDEP Waste Hauler ID No.**

<table>
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<tr>
<th>29681</th>
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**Cubic Yards of Waste**

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</table>

**Name of Registered Landfill**

<table>
<thead>
<tr>
<th>Clean Earth Inc.</th>
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</table>

**Disposal Date**

TBD

**City, State**

<table>
<thead>
<tr>
<th>Kearny, NJ 07032</th>
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**Completed by**

<table>
<thead>
<tr>
<th>Lillie Lazarevich</th>
</tr>
</thead>
</table>

**Title**

<table>
<thead>
<tr>
<th>Secretary</th>
</tr>
</thead>
</table>

**Signature**

<table>
<thead>
<tr>
<th>Lillie Lazarevich</th>
</tr>
</thead>
</table>

**Date**

10-9-2012

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

GAC Project # 060-12  
Client Project #

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>October 08, 2012</th>
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<tbody>
<tr>
<td>Agencies Notified</td>
<td></td>
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<tr>
<td>□ EPA</td>
<td></td>
</tr>
<tr>
<td>□ DCA</td>
<td></td>
</tr>
<tr>
<td>□ DOL</td>
<td></td>
</tr>
<tr>
<td>□ DEP - No Longer REQUIRED</td>
<td></td>
</tr>
<tr>
<td>□ DOH</td>
<td></td>
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<tr>
<td>Notification Type</td>
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<td>□ Initial Notification</td>
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<td>□ Amended Notification</td>
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<td>□ Emergency (including justification)</td>
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<tr>
<td>□ Cancelled</td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Building Owner/Operator (2)</th>
<th>Rutgers, the State University of NJ</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>Environmental Health &amp; Safety Des.</td>
</tr>
<tr>
<td></td>
<td>27 Road 1, Bldg 4086, Livingston Campus</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Piscataway, NJ 08854</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Engineering, Bldg# 3558</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>Busch Campus</td>
</tr>
<tr>
<td>City (5)</td>
<td>Piscataway</td>
</tr>
<tr>
<td>County (6)</td>
<td>Middlesex</td>
</tr>
<tr>
<td>County Code (7)</td>
<td></td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Bldg. Owner (8)</td>
<td>Atc Associates</td>
</tr>
<tr>
<td>ASCM No.</td>
<td>0098</td>
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<table>
<thead>
<tr>
<th>Name of Contractor (9)</th>
<th>Greenwood Abatement Consultants, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>268 Main Street</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Butler, NJ 07405</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm</th>
<th>Brian Kearny</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone Number</td>
<td>609-386-8800</td>
</tr>
<tr>
<td>Scheduled Start Date</td>
<td>10/18/12</td>
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<tr>
<td>Scheduled Completion Date</td>
<td>10/22/12</td>
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<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:</td>
<td></td>
</tr>
<tr>
<td>□ Other - Describe: Shift Hours: 5:00 PM - 5:00 AM</td>
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<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>□ &gt; 3 sf or &gt; 3 l F</td>
<td></td>
</tr>
<tr>
<td>□ 160 sf or &gt; 260</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) in Facility (13)</th>
<th>Is Location Normally Used Solely by Maint./Custodial Staff (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
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<tbody>
<tr>
<td>D-115</td>
<td>X</td>
<td></td>
<td>1100 SF</td>
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<thead>
<tr>
<th>Name of Ren. Waste Hauler</th>
<th>Njdep Waste Hauler Id #</th>
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<tbody>
<tr>
<td>See Hauler Below #1 &amp; 2</td>
<td>See Below</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hauler #1: Greenwood Abatement Consultants, Inc. - Butler, NJ 07405</th>
</tr>
</thead>
<tbody>
<tr>
<td>Njdep # 12561</td>
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</table>

<table>
<thead>
<tr>
<th>Hauler #2: Newark Carting, Inc., Newark, NJ 04509</th>
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</thead>
<tbody>
<tr>
<td>Njdep # 4509</td>
</tr>
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<tr>
<th>Completed by (Print or Type)</th>
<th>Raymond C. Pedalino</th>
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</thead>
<tbody>
<tr>
<td>Title</td>
<td>Senior Project Manager</td>
</tr>
<tr>
<td>Signature</td>
<td>Raymond C. Pedalino</td>
</tr>
<tr>
<td>Date</td>
<td>October 08, 2012</td>
</tr>
</tbody>
</table>

Copies To: Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney
### State of New Jersey - Notification of Asbestos Abatement

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

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>October 5, 2012</th>
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<thead>
<tr>
<th>Agencies Notified</th>
<th>Notification Type</th>
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<tr>
<td>☑ EPA</td>
<td>Initial Notification</td>
</tr>
<tr>
<td>☑ DCA</td>
<td>Amended Notification #1 - new start &amp; completion dates</td>
</tr>
<tr>
<td>☑ DOL</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>☑ DEP - No Longer REQUIRED</td>
<td>Cancelled</td>
</tr>
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<table>
<thead>
<tr>
<th>Name of Building Owner/Operator (2)</th>
<th>RUTGERS, THE STATE UNIVERSITY OF NJ</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>ENVIRONMENTAL HEALTH &amp; SAFETY DEPT.</td>
</tr>
<tr>
<td>27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS</td>
<td></td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>PISCATAWAY, NJ 08854</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Contact</th>
<th>MIKE SMITH, ENV. HEALTH &amp; SAFETY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone Number</td>
<td>P.O. BOX 12103, NEW YORK, NY 10012</td>
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<table>
<thead>
<tr>
<th>FACILITY INFORMATION</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>BARTLETT HALL BLDG# 6024</th>
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<tbody>
<tr>
<td>Street Address</td>
<td>COOK CAMPUS</td>
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| City (5) | NEW BRUNSWICK |
| County (6) | MIDDLESEX |
| County Code (7) | (State Use Only) |

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Bldg. Owner (8)</th>
<th>ASCM No. 0098</th>
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<tbody>
<tr>
<td>ATC ASSOCIATES</td>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>3 TERRI LANE</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State, Zip Code</td>
<td>BURLINGTON, NJ 08016</td>
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<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>BRIAN KEARNY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone Number</td>
<td>609-386-8800</td>
</tr>
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</table>

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

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
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</thead>
<tbody>
<tr>
<td>☑ Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>☑ Abatement Performed Outside of Normal Facility Hours -</td>
</tr>
<tr>
<td>Describe: Shift Hours: 3:00 PM (FRI) – 5:00 AM</td>
</tr>
<tr>
<td>(MONT) 24 HR as needed</td>
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<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
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</thead>
<tbody>
<tr>
<td>☑ ≥ 30 sf or ≥ 3 if</td>
</tr>
<tr>
<td>☑ ≥ 600 sf or ≥ 260</td>
</tr>
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<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) in Facility (13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is Location Normally Used Solvyl by Maint./Custodial Staff?</td>
</tr>
<tr>
<td>Description of Asbestos Containing Material (ACM)</td>
</tr>
<tr>
<td>(i.e. thermal systems insulation, surfacing, VAV, or other mischief)</td>
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<table>
<thead>
<tr>
<th>Room</th>
<th>303A</th>
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</thead>
<tbody>
<tr>
<td>TRANSITE</td>
<td></td>
</tr>
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<table>
<thead>
<tr>
<th>Name of Reg. Waste Hauler</th>
<th>N.J.DEP Waste Hauler ID #</th>
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<tbody>
<tr>
<td>See Hauler Below #1 &amp; 2</td>
<td>See Below</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hauler #1</th>
<th>Greenwood Abatement Consultants, Inc. – Butler, NJ 07405</th>
</tr>
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<tbody>
<tr>
<td>NJ.DEP #</td>
<td>12561</td>
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<table>
<thead>
<tr>
<th>Hauler #2</th>
<th>Newark Carting, Inc., Newark, NJ 04509</th>
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<tbody>
<tr>
<td>NJ.DEP #</td>
<td>4569</td>
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<tr>
<th>Completed by (Print or Type)</th>
<th>RAYMOND C. PEDALINO</th>
</tr>
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<tbody>
<tr>
<td>Title</td>
<td>SENIOR PROJECT MANAGER</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
<th>G.R.O.W.S. North Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cubic Yards of Waste:</td>
<td>10 CY</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>10/15/12</td>
</tr>
<tr>
<td>City, State</td>
<td>100 New Ford Mill Rd, Morrisville, Pa 19067</td>
</tr>
<tr>
<td>Signature</td>
<td>Raymond C. Pedalino</td>
</tr>
<tr>
<td>Date</td>
<td>October 5, 2012</td>
</tr>
</tbody>
</table>

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

GAC Project # 060-12  
Client Project #

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>September 20, 2012</th>
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<thead>
<tr>
<th>Agency/Notified</th>
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<tbody>
<tr>
<td>X EPA</td>
</tr>
<tr>
<td>X DCA</td>
</tr>
<tr>
<td>X DOL</td>
</tr>
<tr>
<td>X DEP - No Longer REQUIRED</td>
</tr>
<tr>
<td>X DOH</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Notification Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>X Initial Notification</td>
</tr>
<tr>
<td>X Amended Notification</td>
</tr>
<tr>
<td>□ Emergency (including justification)</td>
</tr>
<tr>
<td>□ Canceled</td>
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<thead>
<tr>
<th>Name of Building Owner/Operator (2)</th>
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<tbody>
<tr>
<td>RUTGERS, THE STATE UNIVERSITY OF NJ</td>
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<thead>
<tr>
<th>Street Address</th>
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<tbody>
<tr>
<td>ENVIRONMENTAL HEALTH &amp; SAFETY DEPT. 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS</td>
</tr>
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<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
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<tbody>
<tr>
<td>PISCATAWAY, NJ 08854</td>
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<table>
<thead>
<tr>
<th>Name of Contact</th>
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<tbody>
<tr>
<td>MIKE SMITH, ENV. HEALTH &amp; SAFETY</td>
</tr>
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<table>
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<tr>
<th>Telephone Number</th>
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<tbody>
<tr>
<td>973-492-0477</td>
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<table>
<thead>
<tr>
<th>Name of Contractor (9)</th>
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<tbody>
<tr>
<td>GREENWOOD ABATEMENT CONSULTANTS, INC.</td>
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<table>
<thead>
<tr>
<th>Street Address</th>
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<tbody>
<tr>
<td>268 MAIN STREET</td>
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<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
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<tbody>
<tr>
<td>BUTLER, NJ 07405</td>
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<table>
<thead>
<tr>
<th>License Number</th>
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<tr>
<td>00840</td>
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<tr>
<th>Scope of Work (Check all that apply)</th>
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<tbody>
<tr>
<td>□ Renovation</td>
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<tr>
<td>□ Demolition</td>
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<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) in Facility (13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>□ Mini-Enclosure</td>
</tr>
<tr>
<td>□ Glovebag Procedure</td>
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<tr>
<td>□ Non-Exempted (C) and Non-Friable Procedure</td>
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<table>
<thead>
<tr>
<th>Name of Reg. Waste Hauler</th>
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<td>TRANSITE</td>
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<td>10 CY</td>
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<tr>
<th>Copies To:</th>
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<tbody>
<tr>
<td>Rutgers, REHS, Attn: Mike Smith</td>
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<td>ATC, Attn: Brian Kearney</td>
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<table>
<thead>
<tr>
<th>Disposal Date</th>
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<tbody>
<tr>
<td>10/08/12</td>
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<table>
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<tr>
<th>City, State, Zip Code</th>
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<tr>
<td>100 New Ford Mill Rd, Morrisville, Pa 19067</td>
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<table>
<thead>
<tr>
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<tbody>
<tr>
<td>RAYMOND C. PEDALINO</td>
</tr>
<tr>
<td>Senior Project Manager</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Raymond C. Pedalino</td>
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</tbody>
</table>

<table>
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<tr>
<th>Date</th>
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<tbody>
<tr>
<td>September 20, 2012</td>
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</table>
State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

Date of Notification (1)
October 8, 2012

Name of Building Owner/Operator (2)
New Jersey American Water Company

Name of Facility Where Abatement Is Taking Place (3)
NJ American Water Company, Roselle Booster Station
East Station

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

Square Feet: Unknown Number of Floors: 1 Building Age: 70 years

Current Use (prior if being demolished): Power Station to be demolished

Name of Contractor (5)
GREENWOOD ABATEMENT CONSULTANTS, INC.

Address
288 MAIN STREET
Butler, NJ 07405

License Number
00840

Name of OSHA Monitor
EMSL inc.

Street Address
1056 Stelton Road
Piscataway, NJ 08854

Name of Contractor (5)
GREENWOOD ABATEMENT CONSULTANTS, INC.

Address
288 MAIN STREET
Butler, NJ 07405

License Number
00840

Name of OSHA Monitor
EMSL inc.

Street Address
1056 Stelton Road
Piscataway, NJ 08854

Source of Work (Check all that apply)

Renovation
Demolition

- ≥ 3 of 6 or ≥ 3 if
- ≥ 150 of ≤ 260

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

East Building

东 Building

Glass Block Caulk
Louver Window Caulk
Exhaust Flue Pipe Transite
Roof Flashing

Name of Registered Landfill
Meadowfill Landfill

Hauler #1: Greenwood Abatement Consultants, Inc. – Butler, NJ 07405
NJ DEP # 12561

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

Please Note: This amendment clarifies the exact jobsite location, which is on the border of Roselle & Roselle Park.
State of New Jersey - Notification of Asbestos Abatement

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

**Date of Notification (1):** September 24, 2012

<table>
<thead>
<tr>
<th>Agencie(s) Notified</th>
<th>Notification Type</th>
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<td>□ Initial Notification</td>
</tr>
<tr>
<td>□ DCA</td>
<td>□ Amended Certification</td>
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<tr>
<td>□ Dol</td>
<td>□ Emergency (including justification)</td>
</tr>
<tr>
<td>□ DEP</td>
<td>□ Cancelled</td>
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<table>
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<tr>
<th>Name of Building Owner/Operator (2)</th>
<th>New Jersey American Water Company</th>
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<tr>
<th>Street Address</th>
<th>RARitan District, Roselle Water Booster Station</th>
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<tbody>
<tr>
<td>City, State, Zip Code</td>
<td>Roselle, NJ 07076 PKF Mark III WTP</td>
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<thead>
<tr>
<th>FACILITY INFORMATION</th>
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<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>NJ American Water Company, Roselle Booster Station East Station</th>
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<tbody>
<tr>
<td>Street Address</td>
<td>400 West 19th Street</td>
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<table>
<thead>
<tr>
<th>Name of Contractor (8)</th>
<th>GREENWOOD ABATEMENT CONSULTANTS, INC.</th>
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<tbody>
<tr>
<td>Street Address</td>
<td>268 MAIN STREET</td>
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<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Mark Connors</th>
</tr>
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<tbody>
<tr>
<td>Telephone Number</td>
<td>732-672-7519</td>
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<table>
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<tr>
<th>Name of CSH&amp; Monitor</th>
<th>EMSL Inc.</th>
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<tbody>
<tr>
<td>Street Address</td>
<td>1056 Stelton Road</td>
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<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
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</table>

<table>
<thead>
<tr>
<th>Facility Closed/Vacated During Entire Period of Abatement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours - Describe</td>
</tr>
<tr>
<td>O</td>
</tr>
<tr>
<td>Other - Describe: Vacant to be demolished</td>
</tr>
<tr>
<td>Phase 2 - October 9, 2012 to October 17, 2012</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Source of Work (Check all that apply)</th>
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| ≥ 3 sf or ≥ 3 if | □ ≥ 160 sf or ≥ 260 |

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) in Facility (13)</th>
<th>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</th>
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</thead>
<tbody>
<tr>
<td>East Building</td>
<td>NO</td>
</tr>
</tbody>
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| Full Containment with Negative Pressure |
| Renovation Demolition |

<table>
<thead>
<tr>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other), Material</th>
<th>Amount (Specify SF or LF)</th>
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</thead>
<tbody>
<tr>
<td>Glass Block Caulk</td>
<td>108 LF</td>
</tr>
<tr>
<td>Louver Window Caulk</td>
<td>65 LF</td>
</tr>
<tr>
<td>Exhaust Flue Pipe Transite</td>
<td>10 LF</td>
</tr>
<tr>
<td>Roof Flashing</td>
<td>100 LF</td>
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<table>
<thead>
<tr>
<th>Name of Reg. Waste Hauler</th>
<th>Greenwood Abatement Consultants, Inc. – Butler, NJ 07405</th>
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<tbody>
<tr>
<td>N J DEP Waste Hauler # ID</td>
<td>NJ DEP # 12561</td>
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<tr>
<th>Name of Registered Landfill</th>
<th>Meadowfill Landfill</th>
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<table>
<thead>
<tr>
<th>Hauler #1</th>
<th>Greenwood Abatement Consultants, Inc. – Butler, NJ 07405 (Disposal Date: October 17, 2012)</th>
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<tbody>
<tr>
<td>Hauler #2</td>
<td>Newark Carting, Inc. – Newark, NJ 04509, NJ DEP # 19551</td>
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<tr>
<th>Completed by (Print or Type)</th>
<th>Marin Graue</th>
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<tbody>
<tr>
<td>Title</td>
<td>SENIOR PROJECT MANAGER</td>
</tr>
</tbody>
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GAC # 2012-308- Phase 2
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (10) 08 / 12

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

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

Name of Building Owner/Operator (2)
Campbell Soup

Street Address
1 Campbell Place
Camden, NJ

City, State, Zip Code
Camden, NJ

Name of Contact
Chris Schoen

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Former Sears

Street Address
1300 Admiral Wilson Blvd

City (5)
Camden

County (6)
Camden

County Code (7)/STATE USE ONLY

Name of Monitoring Firm Hired by Building Owner (6)
Langen Engineers

ASCM No.
NA

Name of Abatement Contractor (9)
Alliance Environmental Systems

Street Address
550 East Union Street
City, State, Zip Code
West Chester, PA 19382

Project Manager for Monitoring Firm
Ross Caldwell

Telephone No.
201-794-6900

Schedule Completion Date (11)
11 / 9 / 12

Start Date (10)
10 / 23 / 12

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

Square Feet
200000

# of Floors
3

Bldg. Age
100

Current Use (Prior if being demolished)
Manufacturing

Name of OSHA Monitor
AET

Street Address
28 N. Pennel Road

City, State, Zip Code
Media, PA 19063

Scope of Work (Check all that apply)
- >3 sf or >3 If
- >160 sf or >280 If
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
<th>Description</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st &amp; 2nd Floor</td>
<td>pipe insulation</td>
<td>4000 LF</td>
</tr>
<tr>
<td>Mech Room</td>
<td>vibration cloth</td>
<td>35 SF</td>
</tr>
<tr>
<td>Windows, Doors, mirrors</td>
<td>misc. glue, caulk</td>
<td>1850 SF</td>
</tr>
<tr>
<td>electric room, elevator room</td>
<td>Brake pad, transite, ebony board</td>
<td>122 SF</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
N.E.T.S.

NJDEP Waste Hauler ID No.
18947

Cubic Yards of Waste
25

Name of Registered Landfill
Allied BFI Imperial

Disposal Date
TBD

City, State
Imperial, PA

Completed By (Print or Type)
John Heemer

Title
Estimator

Signature

Date
19/11/12

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

Date of Notification (1)
10/11/2012

Name of Building Owner/Operator (2)
Raritan Valley Community College Faculty and Grounds Department

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

Street Address
P.O. Box 3300

City, State, Zip Code
Somerville NJ 08876

Name of Contact
Brian P. O’Rourke

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Center for Student Life

Street Address
118 Lamington Rd

City (5)
Branchburg

County (6)
Somerset

County Code (7) (STATE USE ONLY)
N/A

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

Name of Abatement Contractor (9)
Niram Inc.

Street Address
91 Fulton Street

City, State, Zip Code
Boonton NJ 07005

Project Manager for Monitoring Firm

Telephone No.

Start Date (10)
10/12/2012

Scheduled Completion Date (11)
10/19/2012

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

Scope of Work (Check All That Apply)
- ≥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/Custodial Staff? (12)

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

Amount (Specify SF or LF)
60 LF

Abatement Type

Name of Registered Waste Hauler
Niram Inc.

NJ/DEP Waste Hauler ID No.
12577

Cubic Yards of Waste
2

Name of Registered Landfill
Minerva Enterprises LLC

City, State
Boonton NJ

Disposal Date
10/22/2012

City, State
Waynesburg OH

Completed by
Slobodan Panic

Title
Project Manager

Signature

Date
10/11/2012

* Do not use this form for asbestos licensure exempted activities.
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:69 and 12:129)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>10/01/12</th>
</tr>
</thead>
</table>

**Name of Building Owner/Operator (2)**
Louis & Caroline Wolfgang

**Street Address**
18 Taylor Street

**City, State, Zip Code**
Millburn, NJ 07041

**Name of Contact**
Louis & Caroline Wolfgang

**FACILITY INFORMATION**

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

**Street Address**
18 Taylor Street

**City (6)**
Millburn

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

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

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

**Square Feet**
N/A

**# of Floors**
N/A

**Bldg. Age**
N/A

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

**Street Address**
11 Rosengren Avenue

**City, State, Zip Code**
Totowa, NJ 07512

**Project Manager for Monitoring Firm**

**Telephone No.**
973-345-8685

**License No.**
#00675

**Name of OSHA Monitor**
D&S Abatement, Inc.

**Street Address**
11 Rosengren Avenue

**City, State, Zip Code**
Totowa, NJ 07512

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

**Scope of Work (Check All That Apply)**
- ≥3 sf or ≥3 if
- ≥160 sf or ≥260 ft²
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glowbag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>basement</td>
<td>No</td>
<td>pipe insulation</td>
<td>70 LF</td>
</tr>
<tr>
<td>crawl space</td>
<td>X</td>
<td>pipe insulation</td>
<td>25 LF</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
D&S Abatement, Inc.

**NJDEP Waste Hauler ID No.**
#20996

**Cubic Yards of Waste**
TBD

**Disposal Date**
TBD

**Name of Registered Landfill**
Waste Management of PA

**City, State**
Totowa, NJ

**Completed by**
Deanna Broussard

**Title**
Project Manager

**Signature**

**Date**
10/01/12

*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)
10/01/12

Name of Building Owner/Operator (2)
Louis & Caroline Wolfgang

Agencies Notified

- EPA
- DEP
- DOL
- DOH
- DCA

Type Notification

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

Street Address
20 Taylor Street

City, State, Zip Code
Millburn, NJ 07041

FACILITY INFORMATION

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

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

Square Feet
N/A

# of Floors
N/A

Bldg. Age
N/A

County Code (7)

- Current Use (Prior if being demolished)
  House

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

ASCM No.

Name of Abatement Contractor (9)
D&S Abatement, Inc.

Street Address
11 Rosengren Avenue

City, State, Zip Code
Totowa, NJ 07512

Project Manager for Monitoring Firm

Telephone No.
973-345-8885

License No.
#00675

Start Date (10)
10/11/12

Scheduled Completion Date (11)
10/13/12

Occupancy Status During Abatement (Check Only One)

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

Scope of Work (Check All That Apply)

- ≥30 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)

- basement

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)
204 LF

Abatement Type

- Removal
- Repair
- Encapsulate
- Enclose

Name of Registered Waste Hauler

D&S Abatement, Inc.

NJDEP Waste Hauler ID No.
#20996

Cubic Yards of Waste
TBD

Name of Registered Landfill

Waste Management of PA

City, State
Totowa, NJ

Disposition Date
TBD

City, State
Tullytown, PA

Completed by
Deanna Brusamin

Title
Project Manager

Signature

Date
10/01/12

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

**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:69 and 12:120)

**Date of Notification (1)**
10/01/12

**Name of Building Owner/Operator (2)**
Louis & Caroline Wolfgang

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

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

**Street Address**
22 Taylor Street

**City, State, Zip Code**
Millburn, NJ 07041

**Name of Contact**
Louis & Caroline Wolfgang

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

**County Code (7)**
N/A

**County Code (7) (STATE USE ONLY)**
N/A

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

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

**Square Feet**
N/A

**# of Floors**
N/A

**Bldg. Age**
N/A

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

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

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

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

**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

**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)**
60 LF

**Abatement Type**

**Name of Registered Waste Hauler**
D&S Abatement, Inc.

**City, State**
Totowa, NJ

**Disposal Date**
TBD

**Name of Registered Landfill**
Waste Management of PA

**City, State**
Tullytown, PA

**Completed by**
Deanna Brkuscin

**Title**
Project Manager

**Signature**

**Date**
10/01/12

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*Do not use this form for asbestos licensure exempted activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:80 and 12:120)

Date of Notification (1)
10/4/12

Name of Building Owner/Operator (2)
Iris Delia Rodriguez

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

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

Street Address
163 New York Avenue

City, State, Zip Code
Jersey City, NJ 07307

Name of Contact
Iris Delia Rodriguez

FACILITY INFORMATION

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

Street Address
163 New York Avenue

City (5)
Jersey City

County Code (6)
Hudson

County (6)

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

Name of Abatement Contractor (9)
ABS Environmental Services, LLC

Street Address
4 E Gate Drive, PO Box 483

City, State, Zip Code
Glenwood, NJ 07418

Project Manager for Monitoring Firm

Telephone No.
973-583-8500

License No.
703

Start Date (10)
10/24/12

Scheduled Completion Date (11)
10/30/12

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

Scope of Work (Check All That Apply)
☒ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf
☐ 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)
Pipe insulation

Amount (Specify SF or LF)
64 SF

Abatement Type
Removal
Repair
Encapsulate
Endoscope

Name of Registered Waste Hauler
Freehold Cartage

Cubic Yards of Waste
10

Name of Registered Landfill
GROWS N Landfill

City, State
Morrisville, PA

Completed by
Andrew Scott Higgins

Title
President

Signature

Date
10/4/12

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

Date of Notification (1)
10/4/12

Name of Building Owner/Operator (2)
Mr. & Mrs. Guthreau

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

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

Street Address
2577 Juliari Place

City, State, Zip Code
Union, NJ 07083

Name of Contact
Angie

FACILITY INFORMATION

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

Street Address
2577 Juliari Place

City (5)
Union

County Code (6)
County Code (STATE USE ONLY)

Current Use (Prior to being demolished)

Name of Monitoring Firm Hired by Building Owner (8)
ABS Environmental Services, LLC

ASCM No.

Name of Abatement Contractor (9)
ABS Environmental Services, LLC

Street Address
4 E Gate Drive, PO Box 483

City, State, Zip Code
Glenwood, NJ 07418

Project Manager for Monitoring Firm

Telephone No.
973-583-8500

License No.
703

Start Date (10)
10/19/12

Scheduled Completion Date (11)
10/25/12

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

Other – Describe:

Scope of Work (Check All That Apply)
☐ >= 320 sf or >= 3 if
☒ >= 2160 sf or >= 2800 sf

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

Yes
No
N/A

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

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

Amount
(Specify SF or LF)
600 SF

Abatement Type

Removal
Repair
Encapsulate
Endorse

Location

NJDEP Waste
Hauler ID No. 15939

Cubic Yards of Waste
10

Name of Registered Landfill
GROWS N Landfill

City, State
Morrisville, PA

Freehold Cartage

Disposal Date
TBD

Completed by
Andrew Scott Higgins

Title
President

Signature

Date
10/4/12

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

(State of New Jersey)

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

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

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

**Type Notification:**
- [ ] Initial
- [ ] Emergency (including justification)
- [ ] Amended
- [ ] Amendment #: 2
- [ ] Cancellation

**Name of Building Owner/Operator (2):**
- [ ] J. C. Newcomer
- [ ] C. L. Realty
- [ ] MPG

**Street Address:**
- [ ] 310 Park Ave

**City, State, Zip Code:**
- [ ] SCOTIA PLAINS, NJ 07076

**Name of Contact:**
- [ ] BRYAN NEWTON

**Telephone Number:**
- [ ]

<table>
<thead>
<tr>
<th><strong>FACILITY INFORMATION</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name of Facility Where Abatement is Taking Place (3):</strong></td>
</tr>
<tr>
<td>J. C. Realty</td>
</tr>
<tr>
<td><strong>Street Address:</strong></td>
</tr>
<tr>
<td>14A Franklin St</td>
</tr>
<tr>
<td><strong>City (5):</strong></td>
</tr>
<tr>
<td>EIZABETH</td>
</tr>
<tr>
<td><strong>County (6):</strong></td>
</tr>
<tr>
<td>UNION</td>
</tr>
</tbody>
</table>

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

**Name of Abatement Contractor (9):**
- [ ] Best Removal Inc

**Street Address:**
- [ ] 450 S. River St

**City, State, Zip Code:**
- [ ] Hackensack, N.J. 07601

**License No.:**
- [ ] 00388

**Telephone No.:**
- [ ] 201-329-7444

**Name of OSHA Monitor:**
- [ ] Omega Environmental Inc

**Street Address:**
- [ ] 280 Huyler St

**City, State, Zip Code:**
- [ ] South Hackensack, N.J. 07606

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

**Square Feet (12):**
- [ ] 2800

**# of Floors (8):**
- [ ]

**Age (9):**
- [ ]

**Current Use (Prior if being established):**
- [ ]

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

- [ ] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Jumbo Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th><strong>Location Normally Used Solely by Maintenance/Custodial Staff:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

**Description of ACM (Specify Type of ACM):**
- [ ] Baseement

**Location of ACM:**
- [ ] THERMAL INSULATION

<table>
<thead>
<tr>
<th><strong>Amount (Specify SF or LF):</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>15 LF</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:**
- [ ] Best Removal Inc

**ID No.:**
- [ ] 17109

**Cubic Yards of Waste:**
- [ ] 1/20

**Name of Registered Landfill:**
- [ ] Minerva Enterprises

**City, State:**
- [ ] Waynesburg, Oh

**Disposal Date:**
- [ ] 10/9/12

**Completed by:**
- [ ] J. MAIORANO

**Signature:**
- [ ]

**Date:**
- [ ] 10/9/12

*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) 10/06/12

Agency Notified
☐ EPA ☐ DEP ☐ DOL ☐ DOH ☐ DCA
☐ Initial ☐ Amended ☐ Amendment # 2 ☐ Emergency (including justification) ☐ Cancellation

Name of Building Owner/Operator (2)
Trinitas Regional Medical Center

Street Address
301 Rt. 17 North, Suite 800
City, State, Zip Code
Rutherford, NJ 07070

Name of Contact
Robert Lopez

Name of Facility Where Abatement Is Taking Place (3)
Trinitas Regional Medical Center

Street Address
225 Williamson Street
City (6)
Elizabeth
County (6)
County Code (7)
(State Use Only)

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

Project Manager for Monitoring Firm

Telephone No.

License No.

Start Date (10) 09/15/12
Scheduled Completion Date (11) 10/15/12

Occupy Status During Abatement (Check Only One)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other – Describe: during and after normal business hours

Scope of Work (Check All That Apply)
☐ 23 sf or ≥ 3 sf
☐ ≥ 160 sf or ≥ 260 sf
☐ Retirement
☐ 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

7th floor North Side x

7th floor North Side x

7th floor North Side x

7th floor North Side x

loose floor tiles

loose floor tiles

detector

Name of Registered Waste Hauler
Pro-Tech, LLC

Disposal Date on Completion

Name of Registered Landfill
Minerva Landfill

City, State
Waynesburgh, OH

Completed by
Marko Stankovic

Title
President

Signature

Date 10/06/12

* Do not use this form for asbestos licensure exempted activities.
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:69 and 12:120)

**Date of Notification (1)**  
10/8/12

**Name of Building Owner/Operator (2)**  
Ron Kempe / Residence

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

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

**Street Address**  
108 Lake Superior Drive

**City, State, Zip Code**  
Tuckerton NJ 08087

**Name of Contact**  
Ron

**Telephone Number**

---

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**  
Ron Kempe / Residence

**Street Address**  
108 Lake Superior Drive

**City (5)**  
Tuckerton NJ 08087

**County (6)**  
Ocean

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

**Square Feet**  
1000 +  
**# of Floors**  
1  
**Bldg. Age**  
35+

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

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

**ASCM No.**  

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

**Street Address**  
PO Box 329

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

**Telephone No.**  
856-753-9800  
**License No.**  
00727

**Start Date (10)**  
10/22/12  
**Scheduled Completion Date (11)**  
11/2/12

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

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

---

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

**In Facility**  
(13)

| Exterior Siding | x | Exterior Siding | 1650 SF | x |

---

**Name of Registered Waste Hauler**  
United Containers

**NUDEP Waste Hauler ID No.**  
22459

**Cubic Yards of Waste**  
2

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

**City, State**  
Elm NJ

**Disposal Date**  
11/2/12  
**City, State**  
Morrisville PA 19067

**Completed by**  
Anthony T Perna  
**Title**  
President  
**Signature**

**Date**  
10/8/12

---

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>10/8/12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Ivan Gonzales / Residence</td>
</tr>
<tr>
<td>Agenies Notified</td>
<td>Type Notification</td>
</tr>
<tr>
<td>EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended</td>
</tr>
<tr>
<td>DOL</td>
<td>Amendment #</td>
</tr>
<tr>
<td>DOH</td>
<td>Emergency</td>
</tr>
<tr>
<td>DCA</td>
<td>Justification</td>
</tr>
<tr>
<td>Street Address</td>
<td>106 Lake Ave</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Hamilton NJ 08610</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Ivan</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place (3) | Ivan Gonzales / Residence |
| Street Address | 106 Lake Ave |
| City (5) | Hamilton NJ 08610 |
| County Code (6) | Mercer |
| Current Use (Prior if being demolished) | |
| Name of Abatement Contractor (9) | Pernaco Inc |
| Telephone No. | 865-759-9800 |
| License No. | 110727 |
| Start Date (10) | 10/9/12 |
| Schedulat Completion Date (11) | 10/12/12 |
| Occupancy Status During Abatement (Check Only One) | |
| Facility Closed/Vacated During Entire Period of Abatement | |
| Abatement Performed Outside of Normal Facility Hours | |
| Other - Describe: Home owner Home | |

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

- [X] 30 sf or ±30 sf
- [X] 160 sf or ±260 sf
- [X] Renovation
- [X] Demolition
- [X] Full Containment with Negative Pressure
- [X] Mini-Enclosure
- [X] Glovebag Procedure
- [X] Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location of Asbestos-containing Material (ACM) TO BE ABATED In Facility (13)</th>
<th>Basement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is Locating, Normally Used Solely by Custodial Staff? (12)</td>
<td>No</td>
</tr>
<tr>
<td>Description of Asbestos-containing Material (ACM)</td>
<td>Floor Tile / Mastic</td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td>280 SF</td>
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</tbody>
</table>

**Name of Registered Waste Hauler**

- United Containers
- NJDEP Waste Hauler ID No. 22459
- Cubic Yards of Waste 2
- Disposal Date 10/12/12
- City, State Morrisville PA 19067

**Completed by**

- Anthony T Perna
- Title President
- Signature

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

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

**Date of Notification (1)**
10/8/12

**Agency(ies) Notified**
- [x] EPA
- [x] DEP
- [ ] DOL
- [x] DOH
- [ ] DCA

**Type Notification**
- [x] Initial
- [ ] Amended
- [x] Amendment # 1
- [x] Emergency (including justification)
- [ ] Cancellation

**Name of Building Owner/Operator (2)**
Repauno Day Care

**Street Address**
171 N Repauno Ave

**City, State, Zip Code**
Gibbstown, NJ 08027

**Name of Contact**
John

**Telephone Number**

**Name of Facility Where Abatement Is Taking Place (3)**
Repauno Day Care

**Street Address**
171 N Repauno Ave

**City (6)**
Gibbstown, NJ 08027

**County (6)**
Gloucester

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

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

**Square Feet**
1000+

**# of Floors**
2

**Bldg. Age**
35 +

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

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

**ASCM No.**

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

**Street Address**
PO Box 329

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

**Project Manager for Monitoring Firm**

**Telephone No.**

**Telephone No.**
865-753-9800

**License No.**
00727

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

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

**Occupancy Status During Abatement (Check Only One)**
- [x] Facility closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours
- [x] Other – Describe: after 4 PM

**Scope of Work (Check All That Apply)**
- [x] 2-3 sf or 2-3 if
- [x] 160 sf or 2260 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 (13)**

<table>
<thead>
<tr>
<th>Location of ACM</th>
<th>Is Locating Normaly Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
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</thead>
<tbody>
<tr>
<td>Basement</td>
<td>x</td>
<td>Floor Tile/ Mastic</td>
<td>1800 SF</td>
<td>x</td>
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</table>

**Location of Registered Waste Hauler**
United Containers

**NJDEP Waste Hauler ID No.**
22459

**Cubic Yards of Waste**
4

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

**City, State**
Elm NJ

**Disposal Date**
10/12/12

**City, State**
Morrismville PA 19067

**Completed by**
Anthony T Perna

**Title**
President

**Signature**

**Date**
10/8/12

*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)
10/8/12

Name of Building Owner/Operator (2)
Bill Gnade / Residence

Agency(e)s Notified

Type Notification

Name of Contact
Bill

Street Address
22 East New York Ave

City, State, Zip Code
Brighton Beach NJ 08008

Name of Registered Waste Hauler
United Containers

Name of Asbestos-Containing Material (ACM)

Location of

TO BE ABATED

In Facility


Exterior Siding

x

Exterior Siding

2600 SF

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

City, State
Morrisville PA 19067

Disposal Date
11/2/12

Completed by
Anthony T Perna

Title
President

Signature

Date
10/8/12

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

ASB-41 (R-06-06)
## NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

**Date of Notification (1)***
10/8/12

**Name of Building Owner/Operator (2)***
Billy Amon/Residence

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

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

**Street Address***
68 Jennie Drive

**City, State, Zip Code***
Manahawkin NJ 08050

**Name of Contact***
Billy

**Telephone Number***

### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place (3)***
Billy Amon/Residence

**Square Feet***
1000 +

**Bldg. Age***
35+

**County Code (7)***

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

**Name of Monitoring Firm Hired by Building Owner (6)***
N/A

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

**Street Address***
PO Box 329

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

**Telephone No.***
856-753-9800

**License No.***
00727

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

**Scheduled Completion Date (11)***
11/2/12

**Occuancy 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)***
- [ ] 2sf or 2sf
- [x] 1600 sf or 2260 sf
- [x] 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***

<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>
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</thead>
<tbody>
<tr>
<td>Exterior Siding</td>
<td>[x]</td>
<td>Exterior Siding</td>
<td>2100 SF</td>
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</tbody>
</table>

**Name of Registered Waste Hauler***
United Containers

**Disposal Date***
11/2/12

**City, State, Zip Code***
Morrisville PA 19067

**Title***
President

**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)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>10/9/12</th>
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<tbody>
<tr>
<td>Agency Notified</td>
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</tr>
<tr>
<td>□ EPA</td>
<td>□ DEP</td>
</tr>
<tr>
<td>□ DOL</td>
<td>□ DOH</td>
</tr>
<tr>
<td>□ DCA</td>
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<tr>
<td>Street Address</td>
<td>310 PARK AVE</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>SOUTH PLAINS, NJ</td>
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<tr>
<td>Name of Building Owner/Operator</td>
<td></td>
</tr>
<tr>
<td></td>
<td>EVA GREEN CITY REALTY</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>M. ORIYAN NEUTON</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
<tr>
<td>FACILITY INFORMATION</td>
<td></td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
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</tr>
<tr>
<td></td>
<td>EVA GREEN CITY REALTY</td>
</tr>
<tr>
<td>Street Address</td>
<td>442 FRANKLIN ST</td>
</tr>
<tr>
<td>City</td>
<td>ELIZABETH</td>
</tr>
<tr>
<td>County</td>
<td>UNION</td>
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<tr>
<td>Name of Monitoring Firm Hired by Building Owner (6)</td>
<td>ASCM No.</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>Best Removal Inc</td>
</tr>
<tr>
<td>Street Address</td>
<td>450 S. River St</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Hackensack, N.J. 07601</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>201-329-7444</td>
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<tr>
<td>License No.</td>
<td>00388</td>
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<tr>
<td>Start Date (10)</td>
<td>10/18/12</td>
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<tr>
<td>Scheduled Completion Date (11)</td>
<td>10/19/12</td>
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<tr>
<td>Occupancy Status During Abatement (Check only one)</td>
<td></td>
</tr>
<tr>
<td>□ Facility Closed/Vacated During Entire Period of Abatement</td>
<td></td>
</tr>
<tr>
<td>□ Abatement Performed Outside of Normal Facility Hours</td>
<td></td>
</tr>
<tr>
<td>□ Other – Describe:</td>
<td></td>
</tr>
<tr>
<td>Scope of Work (Check all that apply)</td>
<td></td>
</tr>
<tr>
<td>□ 3 or more</td>
<td>□ Renovation</td>
</tr>
<tr>
<td>□ 160 or more</td>
<td>□ Demolition</td>
</tr>
<tr>
<td>□ 260 or more</td>
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<tr>
<td>IS Location Normally Used Solely by Maintenance/Custodial Staff? (12)</td>
<td>Yes</td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</td>
<td>PAGMENT</td>
</tr>
<tr>
<td>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAC, or other miscellaneous)</td>
<td>THERMAL INSULATION 45 LF</td>
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<tr>
<td>Name of Registered Waste Hauler</td>
<td>Best Removal Inc</td>
</tr>
<tr>
<td>NDEP Waste Hauler ID No.</td>
<td>17109</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>167</td>
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<tr>
<td>Name of Registered Landfill</td>
<td>Minerva Enterprises</td>
</tr>
<tr>
<td>City, State</td>
<td>Hackensack, N.J. 07601</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>10/9/12</td>
</tr>
<tr>
<td>Completed by</td>
<td>J. MAIORANO</td>
</tr>
<tr>
<td>Title</td>
<td>Estimator</td>
</tr>
</tbody>
</table>

*Do not use this form for asbestos licensure exempted activities.*
<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>10-10-12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>MASTrocile</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>EPA</td>
</tr>
<tr>
<td>Type Notification</td>
<td>Initial</td>
</tr>
<tr>
<td>Street Address</td>
<td>973 NEW JERSEY RD</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>LAHARDES AT 08837</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>MICHAEL</td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>MASTrocile</td>
</tr>
<tr>
<td>Current Use (Prior to being demolished)</td>
<td>residence</td>
</tr>
<tr>
<td>Type of Facility (4)</td>
<td>School (K-12)</td>
</tr>
<tr>
<td>Square Feet</td>
<td>2072</td>
</tr>
<tr>
<td>County Code (7) (STATE USE ONLY)</td>
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</tr>
<tr>
<td># of Floors</td>
<td>1</td>
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<tr>
<td>Bldg. Age</td>
<td>70</td>
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<tr>
<td>County (6)</td>
<td>LAHARDES</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>ACE INSULATION CO INC</td>
</tr>
<tr>
<td>Street Address</td>
<td>95 MONTROSS RD</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>COLTS NECK, NJS, 07722</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>1757-0029</td>
</tr>
<tr>
<td>License No.</td>
<td>1757-0029</td>
</tr>
<tr>
<td>Name of Project Manager for Monitoring Firm</td>
<td>ACE INSULATION CO INC</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>1757-0029</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>10-19-12</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>10-22-12</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check only one)</td>
<td>Facility Closed/Abandoned During Entire Period of Abatement</td>
</tr>
<tr>
<td>Scope of Work (Check all that apply)</td>
<td>Renovation</td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED</td>
<td>outdoors</td>
</tr>
<tr>
<td>In Facility (13)</td>
<td></td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)</td>
<td>Yes</td>
</tr>
<tr>
<td>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
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</tr>
<tr>
<td>Amount (Specialty SF or LF)</td>
<td></td>
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<tr>
<td>Abatement Type</td>
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<tr>
<td>Name of Registered Waste Hauler</td>
<td>ACE INSULATION</td>
</tr>
<tr>
<td>NUDEP Waste Hauler ID No.</td>
<td>20056</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>3</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>GROW'S LANDFILL</td>
</tr>
<tr>
<td>City, State</td>
<td>COLTS NECK, NJS</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>10-22-12</td>
</tr>
<tr>
<td>Completed By</td>
<td>Jack Hall</td>
</tr>
<tr>
<td>Title</td>
<td>PPS MAN</td>
</tr>
<tr>
<td>Signature</td>
<td>Jack Hall</td>
</tr>
<tr>
<td>Date</td>
<td>10-10-12</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) 10-18-12

Name of Building Owner/Operator (2) JOHN WEISS

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

Street Address 462 LONG AVE

City, State, Zip Code MANSQUAN

Name of Contact MIKE SOABES

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

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) JOHN WEISS

Square Feet 2000

County Code (7) (STATE USE ONLY) 14057

Current Use (Prior if being demolished) 10-19-12

Name of Abatement Contractor (5) ACE INSULATION

Oct 2012

ASCN No. 000079

City, State, Zip Code 07733

Name of OSHA Monitor

Start Date (10) 10-19-12

Telephone No. 282 294-1257

Scheduled Completion Date (11) 10-22-12

License No. 000079

Name of Registered Waste Hauler (8)

Full Containment with Negative Pressure

□ Renovation

□ Demolition

□ Non-Exempted (*) and Non-Friable Procedure

□ Full Containment with Negative Pressure

Location of Asbestos-Containing Material (ACM)

□ Renovation

□ Demolition

□ Non-Exempted (*) and Non-Friable Procedure

□ Non-Exempted (*) and Non-Friable Procedure

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

Amount (Specify SF or LF)

□ 23 sf or 23'23"

□ 160 sf or >260 sf

□ 23 sf or 23'23"

□ 160 sf or >260 sf

□ Full Containment with Negative Pressure

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

Abatement Type

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

Home

House

Siding

Name of Registered Waste Hauler

ACE INSULATION

Cubic Yards of Waste

1800

Name of Registered Landfill GROWS LANDFILL

City, State RECEIVED

Cherry Hill N.J.

Disposal Date 10-22-12

Completed By

Date 10-10-12

* 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)
10/09/12

Name of Building Owner/Operator (2)
Mary Einhorn

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

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

Name of Building Owner/Operator (2)
Mary Einhorn

Street Address
72 Albert Street

City, State, Zip Code
Woodbridge, NJ 07095

Telephone Number

FACILITY INFORMATION

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

Street Address
72 Albert Street

City (5)
Woodbridge, NJ 07095

County (6)
Middlesex

County Code (7) (STATE USE ONLY)

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

Name of Abatement Contractor (9)
Blavor, Inc.

ASCM No.
n/a

Street Address
1 Mountain Ave

City, State, Zip Code
Montville, NJ 07045

License No.
01049

Telephone No.
973-265-4165

Name of OSHA Monitor
Blavor, Inc.

Start Date (10)
10/20/12

Scheduled Completion Date (11)
10/20/12

Occupancy Status During Abatement (Check only one)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other - Describe: 9:00 am - 9:00 pm

Scope of Work (Check all that apply)
- $25 sf or $30 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

TO BE ABATED
IN FACILITY (13)

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

Yes No

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

Amount (Specify SF or LF)

Abatement Type

Asbestos Pipe Insulation
70 LF

Name of Registered Waste Hauler
Blavor, Inc.

Cubic Yards of Waste
TBD

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

City, State
Montville, NJ 07045

Disposal Date
TBD

Completed By
Ray Nedich

Title
President

Signature
Date
10/09/12

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