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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 / 16 / 13</td>
<td>Burlington County Bridge Commission</td>
</tr>
</tbody>
</table>

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

**Street Address**  
Route 413

**City (5)**  
Burlington

**County (6)**  
Burlington

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

**ASCN No.**

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>USA Environmental Management, Inc.</td>
</tr>
</tbody>
</table>

**Street Address**  
8436 Enterprise Avenue

**City, State, Zip Code**  
Philadelphia, PA 19153

**Telephone No.**

<table>
<thead>
<tr>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>856-482-1311</td>
<td>215-356-5810</td>
</tr>
<tr>
<td>1156</td>
<td></td>
</tr>
</tbody>
</table>

**Start Date (10)**

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>☐ Abatement Performed Outside of Normal Facility Hours - Describe</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Machine Room Windows</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Window Glazing</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**  
Service Transport Group/USA Env. Mgmt

<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 CY</td>
</tr>
</tbody>
</table>

**Disposal Date**  
11/30/2013

**City, State**  
Waynesburg, OH

**Completed By (Print or Type)**

<table>
<thead>
<tr>
<th>Dilip Kumar</th>
</tr>
</thead>
</table>

**Title**  
Program Manager

**Signature**  
[Signature]

**Date**  
10-16-13

---

<table>
<thead>
<tr>
<th>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>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes</td>
<td>☑ Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>☐ No</td>
<td>☑ Mini-Enclosure</td>
</tr>
<tr>
<td>☐ N/A</td>
<td>☑ Glovebag Procedure</td>
</tr>
<tr>
<td></td>
<td>☑ Non-Exempted (*) and Non-Friable Procedure</td>
</tr>
</tbody>
</table>

---

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

Date of Notification (1)    OCT. 18, 2013
Name of Building Owner/Operator (2)    OCEAN SUNSET 35 LLC

Agencies Notified    Type Notification
□ EPA
□ DEP
□ DOL
□ DOH
□ DCA
□ Initial
□ Amended
□ Amendment #2
□ Emergency (including justification)
□ Cancellation

Street Address    PO BOX 19063
City, State, Zip Code    MEDIA, PA 19063

Name of Contact    COURTNEY WRIGHT

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)    PROPOSED CVS PHARMACY

Street Address    911-919 ROUTE 35 NORTH
City (5)    OCEAN
County (6)    MONMOUTH

Name of Monitoring Firm Hired by Building Owner (8)    N/A
Name of Abatement Contractor (9)    Finishing Touch Asbestos Abatement Corp., Inc.

Street Address    17 Thompson Street
City, State, Zip Code    West Long Branch, NJ 07764

License No.    00040

Start Date (10)    10/28/13
Scheduled Completion Date (11)    11/25/13

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

Square Feet    13,000 SF
# of Floors    1
Bldg. Age    60 + YRS

Current Use (Prior if being demolished)    FORMER RETAIL STORES

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

Scoops 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

<table>
<thead>
<tr>
<th>Location in Facility (15)</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) (13)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>BUILDING 919</td>
<td>X</td>
<td>VAT</td>
<td>1025 SF</td>
<td>X</td>
</tr>
<tr>
<td>BUILDING 919</td>
<td>X</td>
<td>ROOFING</td>
<td>4600 SF</td>
<td>X</td>
</tr>
<tr>
<td>BUILDING 919</td>
<td>X</td>
<td>CEILING TILE &amp; CEMENT</td>
<td>2400 SF</td>
<td>X</td>
</tr>
<tr>
<td>BUILDING 911</td>
<td>X</td>
<td>ROOFING</td>
<td>300 SF</td>
<td>X</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler    SAKOUTIS BROTHERS DISPOSAL
NJDEP Waste Hauler ID No.    21243
Cubic Yards of Waste    10 CY
Name of Registered Landfill    GROWS NORTH LANDFILL

City, State    COLTS NECK, NJ
Disposal Date    11/25/13
City, State    MORRISVILLE, PA

Completed by    JOSEPH P. MILLER
Title    PRESIDENT
Signature

Do not use this form for asbestos licensure exempted activities.
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:59 and 5:16)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 / 16 / 13</td>
<td>New Jersey Schools Operator Authority</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ EPA</td>
<td>☑ Initial</td>
<td>1 W. State Street</td>
</tr>
<tr>
<td>☑ DOLWD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☑ DHSS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☑ DCA (NJAC 5:23-8)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Name of Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trenton, NJ 08625</td>
<td>Dave Benfer</td>
</tr>
</tbody>
</table>

### FACILITY INFORMATION

<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>PS # 16</td>
<td>☑ School (K-12)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>County Code (7)</th>
<th>Current Use (Prior if being demolished)</th>
</tr>
</thead>
<tbody>
<tr>
<td>11 22nd Avenue</td>
<td>Passaic</td>
<td>Vacant</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (6)</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>WCD Group</td>
<td></td>
<td>USA Environmental Management, Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>23 Route 31 North, Suite B26</td>
<td>609-730-0007</td>
<td>215-385-5810</td>
</tr>
<tr>
<td>Pennington, NJ 08534</td>
<td></td>
<td>001156</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Michael Garambone</td>
<td>609-730-0007</td>
<td>215-385-5810</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 / 30 / 13</td>
<td>11 / 30 / 13</td>
<td>USA Environmental Management, Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Facility Closed/Vacated During Entire Period of Abatement</td>
<td>8436 Enterprise Avenue</td>
</tr>
<tr>
<td>☑ Abatement Performed Outside of Normal Facility Hours - Describe</td>
<td>Philadelphia, PA 19153</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Time of Abatement: 7:00 AM-3:30PM_____PM-_____AM</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☑ Full Containment with Negative Pressure</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
<th>Location of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ ≥3 sf or ≥3 if</td>
<td>TO BE ABATED IN Facility (13)</td>
</tr>
<tr>
<td>☑ ≥160 sf or ≥260 f</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>-----</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>103 EA</td>
<td></td>
</tr>
<tr>
<td>790 SF</td>
<td></td>
</tr>
<tr>
<td>3,300 SF</td>
<td></td>
</tr>
<tr>
<td>300 LF</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Exterior Windows</th>
<th>Exterior Roof</th>
<th>First and Second Floor</th>
<th>Basement</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Glazing</td>
<td>☑ Flashing</td>
<td>☑ Floor tile and Mastic</td>
<td>☑ Pipe Insulation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Service Transport Group/USA</th>
<th>NJDEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minerva Landfill</td>
<td></td>
<td>20990/32610</td>
<td>300</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Castle, DE/Philadelphia, PA</td>
<td>11/30/2013</td>
<td>300</td>
<td>Minerva Landfill</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dilip Kumar</td>
<td>Program Manager</td>
<td></td>
</tr>
</tbody>
</table>

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

Date of Notification: 10/9/13

Name of Building Owner/Operator:
Jersey Central Power & Light/First Energy

Street Address:
PO Box 1911 - 300 Madison Ave
Morristown, NJ 07962

Current Use (Prior if being demolished):
residence

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place:
801 St John's Street.

Square Feet: 2,500

Type of Facility:
Controlled Environmental Systems

Name of Abatement Contractor:
Health & Safety Services, Inc

Name of Monitoring Firm Hired by Building Owner:
ASCM No. 117

Street Address:
318 12th Street.

Name of OSHA Monitor:
Hammonton, NJ 08037

Cape May

City, State, Zip Code:
City, State, Zip Code

Hammonton, NJ 08037

Telephone No.:
609-704-9850

License No.:
215-542-7000

Telephone No.:
00847

Telephone No.:
00847

Start Date:
10/2/13

Scheduling Completion Date:
10/12/13

City, State, Zip Code:
City, State, Zip Code

Street Address:
1121 N. Bethlehem Pike - Suite 60

City, State, Zip Code:
City, State, Zip Code

City, State, Zip Code:
City, State, Zip Code

Telephone No.:
609-704-9850

Telephone No.:
215-542-7000

Telephone No.:
00847

Telephone No.:
00847

Scheduling Completion Date:
10/12/13

Occupancy Status During Abatement:
CES

Scope of Work:

- 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

- thru out building
- Ceilings and walls thru out
- Exterior
- Exterior north west door
- Kitchen

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

- Yes
- No
- N/A

Description of Asbestos Containing Material (ACM):

- Floor tile 9"x9" 260 SF
- Joint Compound 3310 SF
- Exterior Transite 1500 SF
- Window Glazing 25 LF
- Sink

Amount (Specify SF or LF):

- Ammonia
- Formaldehyde
- Asbestos Abatement Company

Abatement Type:

- Removal
- Repair
- Encapsulation
- Endoscope

Name of Registered Waste Hauler:
STG

NJDEP Waste Hauler ID No.:
20900

Cubic Yards of Waste:
30

Name of Registered Landfill:
Minerva Landfill

City, State:
City, State

New Castle, DE

Waynesburg, OH 44688

Disposal Date:
10/29/13

City, State:
City, State

Waynesburg, OH 44688

Completed By:
Patricia Visco

Title:
Office Manager

Signature:

Date:
10/3/13

* Do not use this form for asbestos removal except under supervision.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 12:120)

Date of Notification (11)
10/18/17

Name of Building Owner/Operator (2)
PineGlands Construction

Street Address
300 77 TH ST.

City, State, Zip Code
Sea Isle City, N.J., 08243

Name of Contact
Frank Eduardi

FACILITY INFORMATION

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

Street Address
225 57TH ST.

City
Sea Isle City

County
CAPE MAY

Name of Monitoring Firm Hired by Building Owner
N/A

ASCM No.

Name of Abatement Contractor (8)
Klemco INC.

Street Address
369 S. Spruce Ave.

City, State, Zip Code
Maple Shade, N.J., 08052

Telephone No.
856-779-0472

License No.
00444

Name of OSHA Monitor
Joseph Klem

Street Address
369 S. Spruce Ave.

City, State, Zip Code
Maple Shade, N.J., 08052

Scope of Work (Check all that apply)
Renovation Demolition

Location of Asbestos-Containing Material (ACM)

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

Yes No N/A

Description of Asbestos-Containing Material (ACM)

Amount

Abatement Type

Removal

Repair

Abatement

Name of Registered Waste Hauler
Klemco INC.

NDEP Waste Hauler ID No.
17894

Cubic Yards of Waste

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

Disposal Date

City, State
Woodbine, N.J.

Completed By
Joseph Klem

Title
VIP

Signature

Date
10/18/17

* Do not use this form for asbestos licensure exempted activities
# State of New Jersey
## NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:660 and 12:120)

**Date of Notification (1):** 10/18/13

**Name of Building Owner/Operator (2):** **GARDEN STATE DREDGING**

**Street Address:** P.O. BOX 782 - F CLERMONT, FL

**City, State, Zip Code:** 1710 CLEMARR, NJ, 08210

**Name of Contact:** Jim Nungway

### FACILITY INFORMATION

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

**Street Address:** 115 BURR ST.

**City (5):** LONGPORT

**County (6):** ATLANTIC

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

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

**Square Foot:** 1000

**# of Floors:** 2

**Building Age:** 40+ Y

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

### MONITORING FIRM INFORMATION

**Name of Monitoring Firm: Klemco INC.**

**Street Address:** 369 S. Spruce Ave.

**City, State, Zip Code:** MAPLE SHADE, NJ, 08052

**Telephone No.:** 856-779-0472

**License No.:** 00444

**Name of OSHA Monitor:** J. Klemm

**Street Address:** 369 S. Spruce Ave.

**City, State, Zip Code:** MAPLE SHADE, NJ, 08052

### SCOPE OF WORK

**Scope of Work (Check all that apply):**
- [ ] 1160 SQ or 2600 SQ
- [ ] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Wet Enclosure
- [ ] Glovebox Procedure
- [ ] Non-Exempted ( )
- [ ] Full Containment with Negative Pressure

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

- [ ] Sitelaw

**Amount (Specify SF or LF):** 2200 LF

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

- [ ] Thermal Insulation
- [ ] Surfacings
- [ ] Other Miscellaneous

**Name of Registered Waste Hauler:** Klemco INC

**NJDEP Waste Hauler D No.:** 9992

**Cubic Yards of Waste:**

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.C.U. A.</td>
</tr>
</tbody>
</table>

**Completions by:**

**Signature:**

**Date:** 10/18/13

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

**Pursuant to NJAC 8:60 and 12:120**

**VILLAGE OF TIMBER CREEK CONDO ASSOCIATION**

**Date of Notification (1)**: 10/18/2013

**Type Notification**:
- Initial

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

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

**Street Address**
1801 LAUREL ROAD UNIT 100

**City, State, Zip Code**
LINDENWOLD NJ 08021

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

**Name of Contact**
JANE MERUCCI

---

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

**VILLAGE OF TIMBER CREEK Unit 201 & 202**

**Street Address**
1801 LAUREL ROAD

**City (5)**
LINDENWOLD

**County (6)**
CAMDEN

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

**Name of Abatement Contractor (9)**
ASSURED ENVIRONMENTAL SERVICES INC.

**Address**
570 CLEMS RUN
MULLICA HILL NJ 08062

**License No.**
01145

**Name of Abatement Contractor (9)**

**Telephone No.**
856-423-5711

**Name of OSHA Monitor**
EMSL

**Street Address**
200 RT. 130 NORTH
CINNAMINSON NJ 08077

---

**Square Feet**
1800 P/UNIT

**# of Floors**
2

**Bldg. Age**
40

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

**Area**

**Full Containment with Negative Pressure**

**Glovebag Procedure**

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

**Renovation (Check All That Apply)**
- [X] Demolition

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

**In Facility**

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

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

**Amount (Specify SF or LF)**

**Abatement Repair**

**Abates**

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

**UNIT 201 / ENTIRE UNIT**

**UNIT 202 / ENTIRE UNIT**

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

**Cubic Yards of Waste**
80

**Disposal Date**
11/22/2013

**Signature**

**Title**
PROJECT COORDINATOR

**Do not use this form for asbestos licensure exam**

---

**Completed by**
RON SWANSON

---

**State**
ASB-41 (R-06-08)
# Notification of Asbestos Abatement

(Pursuant to NJAC 8:50 and 12:120)

**Date of Notification:** 10/18/2013

**Name of Building Owner/Operator:** WENONA UNITED METHODIST CHURCH

**Street Address:** 105 EAST WILLOW STREET

**City, State, Zip Code:** WENONA NJ 08090

**Telephone Number:**

---

**Name of Facility Where Abatement is Taking Place:** WENONA UNITED METHODIST CHURCH

**Street Address:** 105 EAST WILLOW STREET

**City:** WENONA

**County:** GLOUCESTER

**Name of Monitoring Firm Hired by Building Owner:** MGD ENVIRONMENTAL

**Name of Abatement Contractor:** ASSURED ENVIRONMENTAL SERVICES INC.

**Street Address:** 570 CLEMS RUN

**City, State, Zip Code:** MULLICA HILL NJ 08062

**Telephone No.:** 609-760-1540

**License No.:** 01145

**Name of OSHA Monitor:** EMSL

**Start Date:** 11/1/2013

**Scheduled Completion Date:** 11/2/2013

**Scope of Work:**

- Renovation
- Demolition

---

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

**Type of Facility:** Church

**Square Feet:** 5000

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

**Full Containment with Negative Pressure:** No

**Renovation: Yes**

**Glovebag Procedure:** No

**Non-Exempted () and Non-Friable Procedure:** Yes

**Electrical Closet:**

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

- **Location Normally Used Solely by Maintenance/Custodial Staff:** Yes
- **Material (e.g. thermal systems insulation, surfacing, VAT, or other miscellaneous):** FLOOR TILE & MASTIC

**Amount (Specify SF or LF):** 50 SF

**Abatement Type:**

- **Full Containment with Negative Pressure:** No
- **Renovation:** Yes
- **Glovebag Procedure:** No
- **Non-Exempted () and Non-Friable Procedure:** Yes

**Name of Registered Landfill:** ALLIED WASTE IMPERIAL LANDFILL

**Name of Registered Waste Hauler:** ASSURED ENVIRONMENTAL SERVICES

**Cubic Yards of Waste:** 3

**Disposal Date:** 11/4/2013

**City, State:** IMPERIAL, PA

**Signature:**

---

**Name of Contact:** MARYLYNN CARSON

**Title:** PROJECT COORDINATOR

**Completed by:** RON SWANSON

---

*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)

**Date of Notification:** October 16, 2013

**Name of Building Owner/Operator:** Rutgers, The State University of NJ

**Street Address:** Environmental Health & Safety Dept.  
27 Road 1, Bldg. 4086, Livingston Campus  
Piscataway, NJ 08854

**Name of Contact:** Michael Smith, Env. Health & Safety

**Name of Facility Where Abatement is Taking Place:** Records Hall, Bldg# 3080

**Street Address:** College Avenue Campus

**City:** New Brunswick  
County: Middlesex  
County Code: 0098

**Name of Monitoring Firm Hired by Bldg. Owner:** Cardno ATC

**Street Address:** 3 Terri Lane

**City:** Burlington  
State: NJ  
Zip Code: 08016

**Project Manager for Monitoring Firm:** Brian Kearney  
**Telephone Number:** 609-386-8800

**Scheduled Start Date:** 10/25/13  
**Scheduled Completion Date:** 10/28/13

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

**Other - Describe:** Shift Hours: 5:00 PM – 5:00 AM

**Scope of Work (Check all that apply):**
- ≥ 3 sf or ≥ 3 If  
- ≥ 160 sf or ≥ 260  
- Renovation  
- Demolition

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

**Room:** 139  
**Location:** Ceiling Tiles  
**Square Footage:** 24 SF

**Name of Reg. Waste Hauler:**
- **See Hauler Below #1 & 2**
  - Hauler #1: Greenwood Abatement Consultants, Inc.  
    - Butler, NJ 07405  
    - NJDEP # 2117
  - Hauler #2: STG – 58 Phelps Lane, New Castle, De 19720  
    - NJ DEP # SW2117

**Cubic Yards of Waste:** 5 CY

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

**Disposal Date:** 10/28/13

**Completed by:** Raymond C. Pedalino  
**Title:** Senior Project Manager

**Signature:** Raymond C. Pedalino  
**Date:** October 16, 2013

**Copies To:** Rutgers, REHS, Attn: Mike Smith  
and Cardno ATC, Attn: Brian Kearney
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 / 21 / 13</td>
<td>Estling Village, LLC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ EPA</td>
<td>Initial</td>
<td>54 Horse Hill Road</td>
</tr>
<tr>
<td>☑ DOH</td>
<td>Amended</td>
<td></td>
</tr>
<tr>
<td>☑ DCA (NJAC 5:23-8)</td>
<td>Amendment #</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Emergency (including justification)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cancellation</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<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>Estling Village Warehouse</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 and commercial buildings, homes, etc.)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>30 Estling Lake Road</td>
<td>Cedar Knolls, NJ 07927</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>City (5)</th>
<th>County Code (7) (STATE USE ONLY)</th>
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<tbody>
<tr>
<td>Denville</td>
<td></td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>County (6)</th>
<th>Current Use (Prior if being demolished)</th>
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<tbody>
<tr>
<td>Morris</td>
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</tr>
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</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bio Terra Solutions</td>
<td></td>
<td>ALL PRO MANAGEMENT LLC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>P.O. Box 1224</td>
<td>973-494-3762</td>
<td>1188</td>
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<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Name of OSHA Monitor</th>
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<tbody>
<tr>
<td>10 / 30 / 13</td>
<td>ALL PRO MANAGEMENT LLC</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Facility Closed/Vacated During Entire Period of Abatement</td>
<td>27 Outwater Lane</td>
</tr>
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</table>

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED 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>Roof</td>
<td>☑ Yes</td>
<td>Roofing and Flashing</td>
<td>12,000 SF</td>
<td>☑ ☑ ☑ ☑</td>
</tr>
<tr>
<td>Boiler Room</td>
<td>☑ Yes</td>
<td>Tank Insulation</td>
<td>150 SF</td>
<td>☑ ☑ ☑ ☑</td>
</tr>
<tr>
<td>Boiler Room</td>
<td>☑ Yes</td>
<td>Pipe Insulation</td>
<td>100 LF</td>
<td>☑ ☑ ☑ ☑</td>
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</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJDEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste As Needed</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALL PRO MANAGEMENT LLC</td>
<td>0034860</td>
<td>Cubic Yards of Waste As Needed</td>
<td>IESI Landfill</td>
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</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
<th>Name of Registered Landfill</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Garfield, NJ</td>
<td>TBD</td>
<td>IESI Landfill</td>
<td>10-21-17</td>
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</table>

<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
<th>Title</th>
<th>Signature</th>
<th>Jan 13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zvonko Veskov</td>
<td>President</td>
<td>[Signature]</td>
<td>JAN 13</td>
</tr>
</tbody>
</table>

*Do not use this form for asbestos licensure exempted activities.*
<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Faculty (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>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td>Amount (Specify SF or LF)</td>
</tr>
<tr>
<td>Warehouse</td>
<td>X</td>
<td></td>
<td>Thermal Insulation</td>
</tr>
<tr>
<td>Floor Tile</td>
<td>X</td>
<td></td>
<td>VAT</td>
</tr>
<tr>
<td>Caulking</td>
<td>X</td>
<td></td>
<td>Other miscellaneous</td>
</tr>
</tbody>
</table>
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)
10 / 21 / 13

Name of Building Owner/Operator (2)
Steven Pospishil

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

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

Street Address
96 Mayfair Drive

City, State, Zip Code
West Orange, NJ 07052

Name of Contact
Steven Pospishil

FACILITY INFORMATION

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

Street Address
96 Mayfair Drive

City (5)
West Orange

County (6)
Essex

County Code (7) (STATE USE ONLY)

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

Square Feet
2560

# of Floors
2

Bldg. Age
53

Residential House

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)
Health & Safety Services, Inc

ASCM No.
00117

Name of Abatement Contractor (9)
Superior Abatement Inc

Address
318 12th Street

City, State, Zip Code
Hammonton NJ 08037

Project Manager for Monitoring Firm
Jim Proctor

Telephone No.
(609) 704-8850

Street Address
2 Henderson Drive

City, State, Zip Code
West Caldwell, NJ 07006

License No.
00411

Start Date (10)
10 / 31 / 13

Scheduled Completion Date (11)
11 / 01 / 13

Name of OSHA Monitor
Superior Abatement Inc

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)

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

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

Amount (Specify SF or LF)

Abatement Type
Removal Repair Encapsulate Eradicate

Bedroom
☐ ☒ VAT
☐ ☒ VAT
☐ ☒ VAT

Name of Registered Waste Hauler
Service Transport Group, Inc

NJDEP Waste Hauler ID No.
SW2117

Cubic Yards of Waste
5

Name of Registered Landfill
Minerva Landfill

City, State
New Castle, DE

Disposal Date
11/01/13

City, State
Waynesburgh, OH

Completed By (Print or Type)
Nick Petrovski

Title
President

Signature

Date
10-021-13

MAY 11

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

**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:60 and 12:130)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>10/14/13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>MR. RYAN KRYZYK</td>
</tr>
<tr>
<td>Street Address</td>
<td>58 SUMMER STREET</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>PASAIC, NJ 07055</td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>KRYZYK</td>
</tr>
<tr>
<td>Street Address</td>
<td>58 SUMMER STREET</td>
</tr>
<tr>
<td>County Code</td>
<td>07055</td>
</tr>
<tr>
<td>Name of Abatement Contractor (8)</td>
<td>A. Mac Contracting Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td>105 LOWELL ROAD</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>GLEN ROCK, NJ 07452</td>
</tr>
<tr>
<td>Start Date (13)</td>
<td>10/14/13</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>10/18/13</td>
</tr>
<tr>
<td>Other - Describe:</td>
<td></td>
</tr>
<tr>
<td>Soap of Work (Check All That Apply)</td>
<td></td>
</tr>
<tr>
<td>Asbestos-Containing Material (ACM) TO BE ABATED</td>
<td></td>
</tr>
<tr>
<td>Location in Facility (15)</td>
<td></td>
</tr>
<tr>
<td>Is Normal Location Normally Used Safely by Maintenance/Custodial Staff? (12)</td>
<td>Yes</td>
</tr>
<tr>
<td>Description of Asbestos Containing Material (ACM) (i.e., thermal insulation, surfacing, VAT, or other miscellaneous)</td>
<td>PIPE</td>
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<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED</td>
<td></td>
</tr>
<tr>
<td>Amount</td>
<td>1500 L</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>Rovia Transport</td>
</tr>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
<td>207852</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>1</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>IESI PA Bethlehem Landfill Corp.</td>
</tr>
<tr>
<td>City, State</td>
<td>Bethlehem, PA 18015</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>10/18/13</td>
</tr>
<tr>
<td>Completed by</td>
<td>R. McDonald</td>
</tr>
<tr>
<td>Title</td>
<td>President</td>
</tr>
<tr>
<td>Signature</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>10/18/13</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 8:50 and 12:120)

**Date of Notification (1)**: 10/21/13

**Name of Building Owner/Operator (2)**: FC INVESTMENTS

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

**Street Address**: 18-26 HILERY STREET

**City, State, Zip Code**: FAIR LAWN, NJ 07410

**Facility Information**

- **Name of Facility Where Abatement is Taking Place (3)**: FC INVESTMENTS
- **Type of Facility (4)**: School (K-12)
- **Square Feet**: 1550
- **# of Floors**: 2
- **Story Age**: 60

**Name of Monitoring Firm Hired by Building Owner (9)**: ASGM No.

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

**Street Address**: 105 Lowell Road

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

**Project Manager for Monitoring Firm**: Telephone No.

**Telephone No.**: 201-252-5841

**License No.**: 00155

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

**Street Address**: 280 Huyler Street

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

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

- Renovation
- Demolition

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

**Amount (SF or Lb)**: 300

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

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

**Waste Hauler ID No.**: 20755

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

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

**Disposal Date**: 10/21/13

**Completion by**: R. McDonald

Title: President

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>10/21/13</th>
</tr>
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<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>JONATHAN COHEN</td>
</tr>
<tr>
<td>Street Address</td>
<td>555 NORTH AVE, UNIT 15N</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>FORT LEE NJ 07024</td>
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<tr>
<td>Name of Contact</td>
<td>JONATHAN</td>
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#### FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement Is Taking Place (3)</th>
<th>COHEN</th>
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<tbody>
<tr>
<td>Street Address</td>
<td>555 NORTH AVE, UNIT 15N</td>
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<tr>
<td>City (5)</td>
<td>FORT LEE</td>
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<td>County (6)</td>
<td>BERGEN</td>
</tr>
<tr>
<td>Current Use (Prior to being demolished)</td>
<td>APT</td>
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<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
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<tr>
<td>Name of Abatement Contractor (9)</td>
<td>A. Mac Contracting Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td>105 Lowell Road</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Glen Rock, N.J. 07452</td>
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<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
</tr>
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<tbody>
<tr>
<td>Telephone No.</td>
<td>201-262-5841</td>
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<tr>
<td>License No.</td>
<td>00156</td>
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| Start Date (10) | 10/13/13 |
| Scheduled Completion Date (11) | 11/4/13 |

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check Only One)</th>
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<tbody>
<tr>
<td>Facility Closed/ Vacated During Entire Period of Abatement</td>
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<table>
<thead>
<tr>
<th>Scopes of Work (Check All That Apply)</th>
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<tbody>
<tr>
<td>Renovation</td>
</tr>
<tr>
<td>Demolition</td>
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<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CEILING</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
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</thead>
<tbody>
<tr>
<td>1100 SF</td>
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<table>
<thead>
<tr>
<th>Abatement Type</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 (*) and Non-Fireable Procedure</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NUDEP Waste Hauler ID No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rovic Transport</td>
<td>20785</td>
</tr>
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<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>IESI PA Bethlehem Landfill Corp.</td>
</tr>
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<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>City, State</th>
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<tbody>
<tr>
<td>10/20/13 02</td>
<td>Bethlehem, PA 18015</td>
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<table>
<thead>
<tr>
<th>Completed by</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>R. McDonald</td>
<td>President</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signatures</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>R. McDonald</td>
<td>10/21/13</td>
</tr>
</tbody>
</table>

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

(Pursuant to NJAC 8:60 and 5:16)

## Date of Notification

| 10 | 21 | 13 |

### Agencies Notified

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

### Type Notification

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

### Name of Building Owner/Operator

Ms. Gail McKeon / Job # 1310-1816 Chk. #3377

### Street Address

1409 Noreen Drive

### City, State, Zip Code

Burlington, NJ 08016

### Name of Contact

Gail McKeon

### Name of Facility Where Abatement is Taking Place

Residential Property

### Street Address

1409 Noreen Drive

### City (5)

Burlington

### County (6)

Burlington

### Square Feet

1786

### # of Floors

4

### Bidg. Age

47

### Current Use (Prior to being demolished)

Residential

### Name of Abatement Contractor

Asbestos and Mold Services, Corp.

### Street Address

3859 Sylon Boulevard

### City, State, Zip Code

Hainesport, NJ 08036

### Project Manager for Monitoring Firm

Kelly Walton

### Street Address

16 West Elizabeth Avenue

### City, State, Zip Code

Linden, NJ 07036

### Telephone No.

908-862-4301

### Telephone No.

609-702-0400

### License No.

00682

### Name of OSHA Monitor

EMSL Analytical, Inc.

### Street Address

200 U.S. Route 130 North

### City, State, Zip Code

Cinnaminson, NJ 08077

### Occupancy Status During Abatement

- Facility Closed/Vacated during entire period of abatement
- Abatement performed outside of normal facility hours - describe

### Time of Abatement

AM PM AM

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

- ≥3 sf or ≥3 lfl
- ≥150 sf or ≥260 sf
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

TO BE ABATED

IN Facility

(13)

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

Yes No N/A

### Description of Asbestos Containing Material (ACM)

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

### Amount (Specify SF or LF)

140 SF

### Utility Room & Bathroom 1st Fl

- Floor Tile and Mastic

### Name of Registered Waste Hauler

Freehold Cartage, Inc.

### NJ/DEP Waste Hauler ID No.

02265

### Cubic Yards of Waste

5

### Name of Registered Landfill

GROWS Landfill

### City, State

Morrisville, PA 19067

### Disposal Date

11/5/13

**ASB-41**

MAY 11

*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 (10) 10 / 21 / 13

Name of Building Owner/Operator (2) Ms. Marian Bobyak / Job # 1310-1820 Chk. #3379

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

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

Street Address
19 Oriental Avenue

City, State, Zip Code
Haddon Township, NJ 08108

Name of Contact
Marian Bobyak

FACILITY INFORMATION

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

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

Street Address
19 Oriental Avenue

City (5)
Camden

County Code (7)(STATE USE ONLY)

County (6)
Burlington

Current Use (Prior if being demolished)
Residential

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

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

ASCM No.

Street Address
19 Oriental Avenue

City, State, Zip Code
Linden, NJ 07036

Project Manager for Monitoring Firm
Kelly Walton

Telephone No.
908-862-4301

License No.
00862

Start Date (10) 11 / 5 / 13

Scheduled Completion Date (11) 11 / 6 / 13

Name of OSHA Monitor
EMSL Analytical, Inc.

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_ PW PM AM

Scope of Work (Check all that apply)
☐ ≥23 ft or ≥3 if
☐ ≥160 ft or ≥260 if
☒ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

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

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

Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
Duct boots with asb. paper wrap
4 each
Duct Boot
1 each
Ductwork
2 LF

Name of Registered Waste Hauler
Freehold Cartage, Inc.

NJDEP Waste Hauler ID No. 02255

Cubic Yards of Waste 5

Name of Registered Landfill
GROWS Landfill

Disposal Date 11/6/13

City, State
Freehold, NJ

Name of Registered Waste Hauler
Freehold Cartage, Inc.

Cubic Yards of Waste 5

Name of Registered Landfill
GROWS Landfill

City, State
Freehold, NJ

Completed By (Print or Type)
Kimberly A. Trumbetti

Title Office Coordinator

Signature ____________________________

Date 10-21-13

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 8:15)

**Date of Notification:** 10/21/13  
**Name of Building Owner/Operator:** CHOC II, LP c/o Needleman Mt. Co., Inc.  
**Job #:** 1310-1819 Chk. #3378

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
<th>State, Zip Code</th>
<th>Name of Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ EPA</td>
<td>□ Initial</td>
<td>1060 North Kings Highway Suite 250</td>
<td>Cherry Hill, NJ 08034</td>
<td>Kelly Hubs</td>
</tr>
<tr>
<td>□ DOLWD</td>
<td>□ Amended</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ DHSS</td>
<td>□ Amendment #</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ DCA (NJAC 5:23-8)</td>
<td>□ Emergency (including justification)</td>
<td></td>
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<tr>
<td>□ Cancellation</td>
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</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place</th>
<th>Type of Facility</th>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commercial Property</td>
<td></td>
<td>20,000</td>
<td>2</td>
<td>38</td>
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<table>
<thead>
<tr>
<th>City</th>
<th>County Code (<em>STATE USE ONLY</em>)</th>
<th>Current Use (Prior if being demolished)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cherry Hill</td>
<td>Camden</td>
<td>Commercial Offices</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner</th>
<th>Name of Abatement Contractor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Horizon Environmental</td>
<td>Asbestos and Mold Services, Corp.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>PO Box 336</td>
<td>856-848-0800</td>
<td>00862</td>
</tr>
<tr>
<td>Throfare, NJ 08086</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dave Flanigan</td>
<td>609-702-0400</td>
<td>00862</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date</th>
<th>Scheduled Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/7/13</td>
<td>11/6/13</td>
</tr>
</tbody>
</table>

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

- [x] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM/PM AM/PM AM

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

- [ ] ≥3 sf or ≥3 if  
- [ ] ≥160 sf or ≥280 if  
- [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 IN FACILITY:**

- Basement  
- [ ] Demolition of boiler  
- & abatement of internal materials  
- [ ] 50 SF

**Name of Registered Waste Hauler:** Freehold Cartage, Inc.

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
<th>Disposal Date</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>GROWS Landfill</td>
<td>10/8/13</td>
<td>Morrisville, PA 19067</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kimberly A. Trumbetti</td>
<td>Office Coordinator</td>
<td>[Signature]</td>
<td>11/21/13</td>
</tr>
</tbody>
</table>

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