State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:50 and 12:120)

Date of Notification (1)  
09/03/2013

Name of Building Owner/Operator (2)  
Elizabeth Hybl

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

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

Street Address  
15 Baldwin Place

City, State, Zip Code  
Bloomfield, NJ 07003

FACILITY INFORMATION

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

Quarter Code (7)  
(STATE USE ONLY)  
_______

County Code (7)  
Essex  
_______

County Code (7)  
Essex  
_______

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.)

Square Feet  

# of Floors  

Bldg. Age  

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

ASCN No.  

Name of Abatement Contractor (9)  
Super, LLC

Street Address  
2200 Paterson Plank Rd # 7

City, State, Zip Code  
North Bergen, NJ 07047

Telephone No.  
(201) 864-6583

Telephone No.  
(201) 336-0477

License No.  
01195

Name of OSHA Monitor  
Testor Tech

Start Date (10)  
09/13/2013

Scheduled Completion Date (11)  
09/23/2013

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

Name of Registered Waste Hauler  
SUPER, LLC

NJDEP Waste Hauler ID No. 034693

Disposal Date  
TBD

City, State  
Paramus, NJ  
LIC, NY 11101

Name of Registered Landfill  
GROWS Landfill

Committed by  
Tailor Dominguez

Title  
Project Manager

Signature  

Date  
09/03/2013

* Do not use this form for asbestos licensure exempted activities.
Date of Notification (1) 9/3/13

Name of Building Owner/Operator (2) PSE&G

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

Street Address
400 HADLEY ROAD
SOUTH PLAINFIELD, NJ 07080

City, State, Zip Code
SOUTH PLAINFIELD, NJ 07080

Name of Contact
Fox McQuillen

Name of Facility Where Abatement is Taking Place (3) PSE&G

Street Address
108 HAMPTON RD.

City (5) CHERRY HILL

County (6) CAMDEN

Name of Monitoring Firm Hired by Building Owner (8) ASCM No. 0045

ENVIRONMENTAL TACTICS

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) SWITCH STATION

Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA INC.

Street Address
396 WHITEHEAD AVE.

City, State, Zip Code
SOUTH RIVER, NJ 08882

Telephone No. 732-290-2217

Name of OSHA Monitor
UNIQUE SYSTEMS OF AMERICA INC.

Street Address
396 WHITEHEAD AVE.

City, State, Zip Code
SOUTH RIVER, NJ 08882

Telephone No. 732-432-8350

License No. 01111

Start Date (10) 9/17/13

Scheduled Completion Date (11) 9/25/13

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

Scope of Work (Check All That Apply)
≥30 sf or ≥3 if
≥150 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

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) 500 LF

Abatement Type
Removal
Repair
Encapsulate
Enclosure

Name of Registered Waste Hauler WASTE MANAGEMENT

NJ/DEP Waste Hauler ID No. 1125

Cubic Yards of Waste

Name of Registered Landfill

GROWS

City, State
ELIZABETH, NJ

Disposal Date 9/26/13

City, State
MORRISVILLE, PA

Completed by Carol Launo
Title office mgr

Signature Carol Launo
Date 9/3/13
# State of New Jersey
## NOTIFICATION OF ASBESTOS ABATEMENT
*(Pursuant to NJAC 8:60 and 5:16)*

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>9 / 3 / 13</th>
</tr>
</thead>
</table>

- **Agencies Notified**
  - EPA
  - DOLWD
  - DHSS
  - DCA *(NJAC 6:23-8)*
- **Type Notification**
  - Initial
  - Amended
  - Emergency (including justification)
  - Cancellation

<table>
<thead>
<tr>
<th>Name of Building Owner/Operator (2)</th>
<th>100 Park Plaza Drive, LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Street Address</strong></td>
<td>PO Box 1515</td>
</tr>
<tr>
<td><strong>City, State, Zip Code</strong></td>
<td>Secaucus, NJ 07096-1515</td>
</tr>
<tr>
<td><strong>Name of Contact</strong></td>
<td>Mr. Robert Mertrud</td>
</tr>
<tr>
<td><strong>Telephone Number</strong></td>
<td>Telephone Number</td>
</tr>
</tbody>
</table>

### FACILITY INFORMATION

- **Name of Facility Where Abatement is Taking Place (3)**
  - 100 Park Plaza Drive
- **Square Feet**
  - 160,000
- **# of Floors**
  - 2
- **Bldg. Age**
  - 25+
- **Current Use (Prior if being demolished)**
  - Vacant Building

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>Horizon Environmental</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ASCM No.</strong></td>
<td>Name of Abatement Contractor (9)</td>
</tr>
<tr>
<td><strong>Street Address</strong></td>
<td>Asbestos and Mold Services, Corp.</td>
</tr>
<tr>
<td><strong>City, State, Zip Code</strong></td>
<td>PO Box 336</td>
</tr>
<tr>
<td><strong>Hudson</strong></td>
<td>3859 Sylon Boulevard</td>
</tr>
<tr>
<td><strong>County Code (7) (STATE USE ONLY)</strong></td>
<td>08086</td>
</tr>
</tbody>
</table>

| **Project Manager for Monitoring Firm** | Steve Flanagan |
| **Telephone No.** | 856-646-0800 |

| **Start Date (10)** | 9 / 18 / 13 |
| **Scheduled Completion Date (11)** | 10 / 03 / 13 |

### Scope of Work (Check all that apply)
- 3 sf or ≥3 sf if
- 10 sf or ≥10 sf if
- ≥160 sf or ≥260 sf if
- Renovation
- Demolition
- Negative Pressure
- Enclosure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>TO BE ABATED IN Facility</th>
<th>(13)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Yes</strong></td>
<td><strong>No</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Throughout</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Floor Tile &amp; Mastic</strong></td>
</tr>
<tr>
<td><strong>8,500 SF</strong></td>
</tr>
</tbody>
</table>

### Name of Registered Waste Hauler
- Freehold Cartage, Inc.
- NJDEP Waste Hauler ID No. 02265
- Cubic Yards of Waste: 5
- Name of Registered Landfill: GROWS Landfill

<table>
<thead>
<tr>
<th><strong>City, State</strong></th>
<th>Freehold, NJ</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Disposal Date</strong></td>
<td>10/4/13</td>
</tr>
<tr>
<td><strong>City, State</strong></td>
<td>Morrisville, PA 19067</td>
</tr>
</tbody>
</table>

| **Completed By (Print or Type)** | Kimberly A. Trumbetti |
| **Title** | Office Coordinator |
| **Signature** | Signature |
| **Date** | 9-3-13 |

---

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

**NOTIFICATION OF ASBESTOS ABATEMENT**

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>9 / 03 / 13</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Building Owner/Operator (2)</th>
<th>Job #</th>
<th>2008-1780: Chk. #3314</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>Mr. Joshua &amp; Mrs. Robin Schwartz</td>
<td></td>
<td></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>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cancellation</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>8 Edinburgh Court</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State, Zip Code</td>
<td>Mount Laurel, NJ 08054</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Josh Schwartz</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

### FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Residential Property</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>114 North Gladstone Avenue</td>
</tr>
<tr>
<td>City (5)</td>
<td>Margate City</td>
</tr>
<tr>
<td>County (6)</td>
<td>Atlantic</td>
</tr>
<tr>
<td>County Code (7) (STATE USE ONLY)</td>
<td></td>
</tr>
<tr>
<td>Current Use (Prior if being demolished)</td>
<td>Residential Property</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>NA</td>
<td></td>
<td>Asbestos and Mold Services, Corp.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>3659 Sylon Boulevard</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State, Zip Code</td>
<td>Hainesport, NJ 08036</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>609-702-0400</td>
</tr>
<tr>
<td>License No.</td>
<td>00962</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
<th>EMSL Analytical, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>200 U.S. Route 130 North</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Cinnaminson, NJ 08077</td>
</tr>
</tbody>
</table>

### Start Date (10) | 9 / 30 / 13 |

| Scheduled Completion Date (11) | 10 / 02 / 13 |

<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 Time of Abatement: AM: PM/ PM: AM</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
</tr>
</thead>
<tbody>
<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>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exterior</td>
</tr>
<tr>
<td>☐</td>
</tr>
<tr>
<td>☐</td>
</tr>
<tr>
<td>☐</td>
</tr>
<tr>
<td>☐</td>
</tr>
<tr>
<td>☐</td>
</tr>
<tr>
<td>☐</td>
</tr>
<tr>
<td>☐</td>
</tr>
<tr>
<td>☐</td>
</tr>
<tr>
<td>☐</td>
</tr>
<tr>
<td>☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler Freehold Cartage, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
</tr>
<tr>
<td>City, State</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>10/3/13</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State</td>
<td>Morrisville, PA 19067</td>
</tr>
</tbody>
</table>

**Completed By (Print or Type)**

<table>
<thead>
<tr>
<th>Kimberly A. Trumbetti</th>
<th>Office Coordinator</th>
</tr>
</thead>
</table>

**Signature**

**Date**

9-3-13

*Do not use this form for asbestos licensure exempted activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:90 and 5:16)

Date of Notification (1)
09 / 3 / 13

Name of Building Owner/Operator (2)
Tucher Development Corp

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

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

Street Address
799 Central Ave

City, State, Zip Code
Highland Park NJ

Name of Contact
John Donohue

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Retail Store

Street Address
175 Main Street

City (5)
Fort Lee

County (8)
Bergen

County Code (7) [STATE USE ONLY]  

Current Use (Prior to being demolished)

Name of Monitoring Firm Hired by Building Owner (8)
J & S Environmental Laboratories LLC

Name of Abatement Contractor (9)
ALL PRO MANAGEMENT LLC

ASCM No.

Street Address
2333 Route 22 West
City, State, Zip Code
Union NJ

License No.

Telephone No.
908 206 0073

Name of OSHA Monitor
ALL PRO MANAGEMENT LLC

Project Manager for Monitoring Firm
Sherill

Start Date (10)
09 / 13 / 13

Scheduled Completion Date (11)
09 / 23 / 13

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 l f
☐ ≥160 sf or ≥260 l f
☐ 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)
12,900 SF

Abatement Type

Removal ☐ Repair ☐ Encapsulate ☐

Endorsement ☐

Name of Registered Waste Hauler
ALL PRO MANAGEMENT LLC

NJDEP Waste Hauler ID No.
0034860

Cubic Yards of Waste
As Needed

Name of Registered Landfill
IESI Landfill

City, State
Garfield NJ

Disposal Date
TBD

City, State
Bethlehem, PA

Completed By (Print or Type)
Ted Veskov

Title
PM

Signature

Date

* 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)

**Name of Building Owner/Operator (2)**  
Aqualon Ashland Functional Ingredients  
**Street Address**  
50 S. Minisink Avenue  
**City, State, Zip Code**  
Parlin, NJ 08859

**Name of Contact**  
John Hoffman  
**Telephone Number**  

### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place (3)**  
Ashland (remote part of property)

**Street Address**  
50 S. Minisink Avenue

**City (5)**  
Parlin

**County (6)**  
MIDDLESEX  
**County Code (7) (STATE USE ONLY)**  
N/A

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

**Name of Abatement Contractor (9)**  
eservices, LLC

**Street Address**  
335 Commerce Drive, Suite 300

**City, State, Zip Code**  
Fort Washington, PA 19034

**Project Manager for Monitoring Firm**  
David Whelihan  
**Telephone No.**  
215-285-1860

**Start Date (10)**  
9/16/13  
**Scheduled Completion Date (11)**  
9/20/13

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

**Scope of Work (Check All That Apply)**  
X ≥ 500 sq ft or ≥ 1000 ft  
= 1000 sf or ≥2600 ft  
- Demolition  
- Renovation

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>field / hedge row</td>
<td>pipe insulation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
<th>200 LF</th>
</tr>
</thead>
</table>

**Name of Registered Waste Hauler**  
**Waste Management**

**NJDEP Waste Hauler ID No.**

**Cubic Yards of Waste**

3

**Name of Registered Landfill**

**GROWS**

**City, State**

**Trenton, NJ**

**Disposal Date**

**TBD**

**City, State**

**Morrisville, PA**

**Completed by**  
Jack Bally  
**Title**  
Sr. Project Manager  
**Signature**  

ASB-41 (R-06-09)

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)
8 / 30 / 13

Name of Building Owner/Operator (2)
KTR NJ III

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

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

Street Address
300 Barr Harbor Dr.

City, State, Zip Code
Conshohocken Pa. 19428

Name of Contact
Frank Ryan

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
275 Omar Ave

City (5)
Middlesex

County (6)
County Code (7)/STATE USE ONLY

Square Feet
390,760

# of Floors
2

Bldg. Age
35

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

ASCM No.

Name of Abatement Contractor (9)
Affiliated Environmental Services Inc.

Street Address
PO Box 1224

City, State, Zip Code
Union NJ 07083

Project Manager for Monitoring Firm
Rick Buscaino

Telephone No.
Telephone No.
201-931-0313

License No.
01148

Name of OSHA Monitor
Omega Environmental

Street Address
290 Huyler St.

City, State, Zip Code
S. Hackensack 07606

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

Time of Abatement: AM PM AM PM

Scope of Work (Check all that apply)
□ ≥25 sf or ≥3 If
□ ≥160 sf or ≥260 If
□ Renovation
☑ Demolition

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

Yes No N/A

Is Location Normally Used Solely by Maintenance/Custodial Staff?

□ VAT

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

Amount (Specify SF or LF)

Abatement Type

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

☐ Removal
☐ Repair
☐ Encapsulate

☐ Endorse

□ codec a c™d

Name of Registered Waste Hauler
Express Waste Services LLC

NJDEP Waste Hauler ID No.
NJ 804

Cubic Yards of Waste
6500

Name of Registered Landfill
Mineral Enterprises Inc.

City, State
Newark NJ

Disposal Date
9/12-10/13

City, State
Waynesburg OH

Completed By (Print or Type)
Robert Dombroski

Title
VP Operation/sales

Signature
Robert Dombroski

Date
9/30/13

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>9-3-13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>V.F.V. Properties Inc</td>
</tr>
<tr>
<td>Street Address</td>
<td>P.O. Box 508</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Martinsville, NJ 08836</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Frank Morano</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

- **Type of Facility (4):** Single Family Dwelling (Vacant)
- **Square Feet:** 1
- **Current Use (Prior to being demolished):** Single Family Dwelling
- **County Code (7):** Somerset
- **Name of Abatement Contractor (9):** EPC Technologies Inc
- **Street Address:** P.O. Box 337
- **City, State, Zip Code:** New Egypt, NJ 08533
- **Telephone No:** 609 758-3365
- **License No:** 00394

**ABATEMENT INFORMATION**

- **Start Date (10):** 9-13-13
- **Scheduled Completion Date (11):** 9-13-13
- **Facility Closed/Vacated During Entire Period of Abatement:** Yes
- **Abatement Performed Outside of Normal Facility Hours:** No
- **Description of Asbestos Containing Material:** Flooring
- **Amount (Specify SF or LF):** 150 SF

**WASTE DISPOSAL INFORMATION**

- **Name of Registered Hauler:** EPC Technologies
- **Disposal Date:** 9-16-13
- **City, State:** Morristown, PA
- **Name of Registered Landfill:** Waste Management of PA

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:99 and 12:120)

Date of Notification (1) 8-4-13
Name of Building Owner/Operator (2) G. J. B. Y.

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

type notification
☐ Initial
☐ Amended
☐ Amendment # 1

Street Address 982 Lake Avenue
City, State, Zip Code CLARK, N.J. 07019

Name of Facility Where Abatement Is Taking Place (3) 982 Lake Avenue
City (5) CLARK
County (6) UNION

Name of Monitoring Firm Hired by Building Owner (6) ACE INSULATION CO., INC.

Name of Abatement Contractor (9) ACE INSULATION CO., INC.
Street Address 95 Montrose Road
City, State, Zip Code COLTS NECK, N.J. 07722

Project Manager for Monitoring Firm

Telephone No. 732-294-1757
License No. 000029

Start Date (10) 8-4-13
Scheduled Completion Date (11) 9-6-13

Occupancy Status During Abatement (Check Only One)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other – Describe: 7 Am to 7 Pm

Scope of Work (Check All That Apply)
☐ <33 sf or <3 if
☐ >=160 sf or >=260 if
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Gloves Bag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

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

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) 1841

Abatement Type

Name of Registered Waste Hauler
NJ DEP Waste Hauler ID No. 12086
Cubic Yards of Waste 1

Name of Registered Landfill
IESE
Disposal Date 9-6-13

City, State
COLTS NECK, N.J.

Completed by George Wuest
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 12:110)

Date of Notification: 9/12/13
Name of Building Owner/Operator: CMF CONTRACTING INC.

Facility Information:
Name of Facility Where Abatement is Taking Place: RESIDENCE
Street Address: 3016 ASBURY AVE.
City: OCEAN CITY
County: OCEAN

Name of Abatement Contractor: KLEEMCO INC.

Abatement Details:
Sign Date: 9/12/13
Scheduled Completion Date: 10/17/13
Occupancy Status During Abatement: Vacant
Facility Closed/Vacated During Entire Period of Abatement
Abatement Performed Outside of Normal Facility Hours

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

Siding
Transite

Name of Registered Waste Hauler: KLEEMCO INC.
Name of Registered Landfill: C.M.C., M.U.B.

Complied By: JOSEPH KLEEM
Title: OWNER
Signature: JOSEPH KLEEM
Date: 9/12/13

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

Date of Notification (1)
9/2/13

Name of Building Owner/Operator (2)
Ron Armor Private Home

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

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

Street Address
211 5th st

City, State, Zip Code
Beach Haven NJ 08008

Name of Contact
Ron

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Ron Armor Private Home

Street Address
211 5th st

City (5)
Beach Haven NJ 08008

Square Feet
1000 +

County Code (7)

County (6)

# of Floors
1

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

Owner – Describe: ______________________________

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)
Home

Name of Monitoring Firm Hired by Building Owner (9)
N/A

Name of Abatement Contractor (9)
Pemaco Inc.

Street Address

PO Box 329

City, State, Zip Code
West Berlin NJ 08091

Telephone No.
856-753-9800

License No.
00727

Project Manager for Monitoring Firm

Start Date (10)
9/12/13

Scheduled Completion Date (11)
9/19/13

Name of OSHA Monitor
Same

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

Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)
Exterior Siding 1600 Sf

Abatement Type
☐ Removal
☐ Repair
☐ Encapsulation
☐ Endorse

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

Amount (Specify SF or LF)

Abatement Type

Name of Registered Waste Hauler

United Containers

NJDEP Waste Hauler ID No.
22459

Cubic Yards of Waste
3

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

City, State
Elm NJ

Disposal Date
9/18/13

City, State
Morrisville PA 19067

Completed by
Anthony T Perna
Title
President
Signature

Date
9/2/13

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 8:90 and 12:120)

**Date of Notification (1)**
08/30/13

**CK#**
2794

**$200**

**Agency**
EPA
DEP
DOL
DOH
DCA

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

**Name of Building Owner/Operator (2)**
Linden Dept of Public Works

**Street Address**
700 Lower Road

**City, State, Zip Code**
Linden, New Jersey 07036

**Name of Contact**
Scott Higgins

**Telephone Number**

**FACILITY INFORMATION**

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

**Street Address**
700 Lower Road

**City (5)**
Linden, New Jersey 07036

**County (6)**

**County Code (7)**

(State Use Only)

**Union (6)**

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

**Detail Associates**

**Name of Abatement Contractor (9)**
Lilich Corporation

**Street Address**
606 McBride Avenue

**City, State, Zip Code**
Woodland Park, NJ 07424

**Project Manager for Monitoring Firm**
Stephen J

**Telephone No.**
201-569-6708

**Telephone No.**
973-225-8400

**License No.**
01104

**Name of OSHA Monitor**
J&S Environmental Labs

**Start Date (10)**
08/29/13

**Scheduled Completion Date (11)**
09/02/13

**Occupancy Status During Abatement (Check Only One)**
Facility Closed/Vacated During Entire Period of Abatement
Abatement Performed Outside of Normal Facility Hours
Other — Describe: 7AM-11PM

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

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

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

<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>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mechanic's Office</td>
<td>X</td>
<td>DoubleLayerVAT&amp;Mastic(NonFri)</td>
<td>160 SF</td>
<td>X</td>
</tr>
<tr>
<td>Cafeteria</td>
<td>X</td>
<td>TripleLayerVAT&amp;Mastic(NonFri)</td>
<td>800</td>
<td>X</td>
</tr>
<tr>
<td>Locker Room &amp; Hallway</td>
<td>X</td>
<td>TripleLayerVAT&amp;Mastic(NonFri)</td>
<td>650</td>
<td>X</td>
</tr>
<tr>
<td>Foreman's Office</td>
<td>X</td>
<td>DoubleLayerVAT&amp;Mastic(NonFri)</td>
<td>240</td>
<td>X</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
Lilich Corporation

**NJDEP Waste Hauler ID No.**
18724

**Cubic Yards of Waste**
3

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

**City, State**
Woodland Park, New Jersey 07424

**Disposal Date**
09/06/13

**City, State**
Morristown, Pennsylvania

**Completed by**
Tatiana Kalenikova

**Title**
Vice President

**Signature**

**Date**
08/30/13

*Do not use this form for asbestos licensure exempted activities.*
Date of Notification (1) 08/15/13  CK# 2773  $200

Name of Building Owner/Operator (2)  Linden DPW

Agencies Notified  Type Notification

X  EPA  Initial

X  DEP  Amended

X  DOL  Amendment #

X  DOH  Emergency (including

DCA  Justification)

Name of Facility Where Abatement is Taking Place (3)  Linden DPW

Street Address  700 Lower Road

City, State, Zip Code  Linden, New Jersey 07036

Name of Abatement Contractor (9)  Lillich Corporation

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

Detail Associates

City, State, Zip Code  Englewood, New Jersey 07631

Project Manager for Monitoring Firm  Stephen J

Telephone No.  201-599-8708

Occupancy Status During Abatement (Check Only One)

Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours

Other - Describe: 7AM - 11PM

Start Date (10) 08/29/13  Scheduled Completion Date (11) 09/02/13

Name of OSHA Monitor  J&S Environmental Labs

Street Address  2333 Route 22 West

City, State, Zip Code  Union, New Jersey 07083

Scope of Work (Check All That Apply)

33 sf or 33 sf

≥160 sf or ≥250 sf

Renovation

Demolition

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

In Facility (13)

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

Yes  No  N/A

Mechanic's Office  X

Cafeteria  X

Locker Room & Hallway  X

Foreman's Office  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

Endose

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

In Facility (13)

Mechanic's Office  DoubleLayerVAT&Mastic(NonFri)  160 SF  x

Cafeteria  DoubleLayerVAT&Mastic(NonFri)  800 SF  x

Locker Room & Hallway  VAT & Mastic(NonFri)  240 SF  x

Foreman's Office  VAT & Mastic(NonFri)  240 SF  x

Name of Registered Waste Hauler  Lillich Corporation

NJDEP Waste Hauler ID No.  18724

Cubic Yards of Waste  2

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

City, State  Woodland Park, New Jersey 07424

Disposal Date  09/06/13

City, State  Morrisville, Pennsylvania

Completed by  Tatiana Kalenikova  Title  Vice President

Signature  Date  08/15/13

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

**Name of Building Owner/Operator:** Buckeye Perth Amboy Terminal, LLC  
**Name of Contact:** Tom Leehan  
**Telephone Number:**  

### FACILITY INFORMATION  
**Name of Facility Where Abatement is Taking Place:** Buckeye Perth Amboy Terminal  
**Street Address:** 380 Maurer Road  
**City:** Perth Amboy  
**County:** Middlesex  
**Type of Facility:**  
- School (K-12)  
- Subchapter 6 (Other than K-12)  
- Other (i.e., private & commercial buildings, homes, etc.)  
**Square Feet:** 7500  
**# of Floors:** 1  
**Bldg. Age:** +/-100  
**Current Use:** Pipe Rack  
**Name of Abatement Contractor:** Pepper Environmental Services, Inc.  
**Address:** 617 Stokes Road, Suite 4-318  
**City, State, Zip Code:** Medford, NJ 08055  
**License No.:** 01166  
**Telephone No.:** 215-533-5155  
**Telephone No.:** 888-715-2211  
**Name of OSHA Monitor:** Finog Environmental  
**Street Address:** 2251 Fraley Street  
**City, State, Zip Code:** Philadelphia, PA 19137  
**License No.:**  

### Scope of Work  
- **Location of Asbestos-Containing Material (ACM) TO BE ABATED:** Pipe Pack West Yard  
- **Renovation/Demolition:**  
- **Is Location Normally Used Solely by Maintenance/Custodial Staff:** No  
- **Description of Asbestos Containing Material (ACM):**  
- **Amount (Specify SF or LF):** 800 LF  
- **Abatement Type:**  
- **Repair:** No  
- **Encapsulate:** No  
- **Encapsulate:** No  

**Name of Registered Waste Hauler:**  
**Service Transport:** A & L Salvage  
**Disposal Date:** City, State  
**City, State:** Libson, OH  
**Completed by:** Jennifer Niven, Dir. of Operations  
**Signature:**  
**Date:** 8-27-13  

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