State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 5:80 and 12:120)

Date of Notification (1)
9/4/13

Name of Building Owner/Operator (2)
Cape May County office complex

Agencies Notified
- EPA
- DEP
- DOL
- DOH
- DGCA

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

Street Address
9 North Main Street
City, State, Zip Code
Cape May Court House NJ 08210
Name of Contact
Fran Mcavoy

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Cape May County office complex / shed behind building

Street Address
9 North Main Street

City (5)
Cape May Court House NJ 08210

County (6)
Cape May

County Code (7) (STATE USE ONLY)

400 +

Square Feet

# of Floors

1

Bldg. Age

35+

Current Use (Prior if being demolished)
Shed

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

Name of Abatement Contractor (9)
Pernaco Inc.

ASCM No.
N/A

Street Address
PO Box 329

City, State, Zip Code
West Berlin NJ 08091

License No.
00727

Telephone No.
856-753-9800

Project Manager for Monitoring Firm

Telephone No.

Start Date (10)
9/17/13

Name of OSHA Monitor
Same

Scheduled Completion Date (11)
9/23/13

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

Scope of Work (Check All That Apply)
- ≥200 sf or ≥3 if
- ≥160 sf or ≥200 sf
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

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

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

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
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<tbody>
<tr>
<td>834 SF</td>
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<table>
<thead>
<tr>
<th>Abatement Type</th>
</tr>
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<tbody>
<tr>
<td>Exterior</td>
</tr>
</tbody>
</table>

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
9/23/13

City, State
Morrisville PA 19067

Completed by
Anthony T Perna

Title
President

Signature

Date
9/4/13

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:29 and 12:120)

Date of Notification (1)
9/4/13

Name of Building Owner/Operator (2)
Rich Mancuso Private Home

Agencies Notified

Name of Contact
Rich

Type Notification

Street Address
34 Joshua

City, State, Zip Code
Manahawkin NJ 08050

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)
Rich Mancuso Private Home

Type of Facility (4)

City (5)
Manahawkin NJ 08050

Square Feet
1000+

County (6)

County Code (7)

Current Use (Prior if being demolished)
Home

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

Name of Abatement Contractor (9)
Pernaco Inc.

ASCM No.

Street Address
PO Box 329

Telephone No.
856-753-9800

City, State, Zip Code
West Berlin NJ 08091

License No.
00727

Project Manager for Monitoring Firm

Name of OSHA Monitor
Same

Telephone No.

Start Date (10)
9/16/13

Scheduled Completion Date (11)
9/23/13

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

License No.

Other – Describe:

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

Scope of Work (Check All That Apply)

≥3sf or ≥3 if
≥160 sf or ≥250 if
Renovation
Demolition

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

In Facility

(13)

Location

Exterior Siding

Exterior Siding

Is Location

Yes
No
N/A

Description of Asbestos Containing Material (ACM)

(12)

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

Amount

Abatement

Removal
Repair
Encapsulate
Endcap

≥250 sf or ≥400 sf

1200 SF

x

Location

Exterior Siding

Exterior Siding

Cubic Yards

3

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

Name of Registered Waste Hauler
United Containers

Cubic Yards

3

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

City, State
Elm NJ

Disposal Date
9/23/13

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

City, State
Morrisville PA 19067

Completed by
Anthony T Perna

Title
President

Signature

Date
9/4/13

* 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)

Date of Notification (1)  
8-24-13

Name of Building Owner/Operator (2):  
Flemington GMC Dealership

Street Address:  
211 South 202/31

City, State, Zip Code:  
Flemington, NJ 08822

Name of Contact:  
Dave Kersher.

Name of Facility Where Abatement is Taking Place (3):  
Flemington GMC Dealership

Street Address:  
P.O. Box 337

City, State, Zip Code:  
New Egypt, NJ 08533

Type of Facility (4):  
EPC Technologies Inc.

ASCM No.:  
N/A

Name of Abatement Contractor (9):  
EPC Technologies Inc.

Street Address:  
P.O. Box 337

City, State, Zip Code:  
New Egypt, NJ 08533

Start Date (10):  
9-5-13

Scheduled Completion Date (11):  
9-26-13

Name of OSHA Monitor:  
EPC Technologies Inc.

City, State, Zip Code:  
New Egypt, NJ 08533

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

<table>
<thead>
<tr>
<th>Location</th>
<th>ACM 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>Roof Front Building</td>
<td>X</td>
<td>Flashing Tan</td>
<td>200 SF X</td>
<td>Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>Roof Back Building</td>
<td>X</td>
<td>Flashing Tan</td>
<td>60 SF X</td>
<td>Mini-Enclosure</td>
</tr>
</tbody>
</table>

Location of Registered Waste Hauler:  
EPC Technologies

NJDEP Waste Hauler ID No.:  
17000

Cubic Yards of Waste:  
2

Name of Registered Landfill:  
Waste Management of PA

City, State:  
9-10-13  Municipality of PA

Completed by:  
Steve Schenker, President

Signature:  
Steve Schenker

Date:  
8-24-13

* 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)

Date of Notification (1):
09/03/2013

Name of Building Owner/Operator (2):
Gannett Fleming Project Development Corp

Agencies Notified

<table>
<thead>
<tr>
<th>Agency</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended</td>
</tr>
<tr>
<td>DOL</td>
<td>Amendment # 1</td>
</tr>
<tr>
<td>DOH</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>DCA</td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

Street Address:
One Cragwood Road, Suite 205

City, State, Zip Code:
South Plainfield, New Jersey 07080

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):
Accredited Environmental Tech, Inc.

AsCM No.:
0021

Name of Facility Where Abatement Is Taking Place (3):
Ingrident Incorporated

Street Address:
10 Finderne Avenue

City (5):
Bridgewater, New Jersey 08807

Square Feet:
25,000

County Code (7) (STATE USE ONLY):

Name of Abatement Contractor (9):
Lilich Corporation

County:
Somerset

Street Address:
220 Church Street

City, State, Zip Code:
Bridgewater, New Jersey 08807

Current Use (Prior if being demolished):
Manufacturing Company

Telephone No.:
908-296-1132

Telephone No.:
973-225-8400

License No.:
01104

License No.:

Name of OSHA Monitor:
J&S Environmental Labs

Street Address:
606 McBride Avenue

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

Occupancy Status During Abatement (Check Only One):
Facility Closed/Vacated During Entire Period of Abatement
Abatement Performed Outside of Normal Facility Hours
Other - Describe: Fri 4pm Start, weekend 7AM-12AM

Start Date (10):
09/06/13

Scheduled Completion Date (11):
09/16/13

Scope of Work (Check All That Apply):
- 33 sf or 23 ll
- 15 sf or 2280 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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (I.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Labs2159, 2161, 2163, 2165</td>
<td>X</td>
<td>VAT &amp; Mastic</td>
<td>1,120 SF</td>
<td>X</td>
</tr>
<tr>
<td>Labs2159, 2161, 2163, 2165</td>
<td>X</td>
<td>Transite Wall Panels</td>
<td>2,880 SF</td>
<td>X</td>
</tr>
<tr>
<td>Labs2159, 2161, 2163, 2165</td>
<td>X</td>
<td>Transite Table Tops</td>
<td>348 SF</td>
<td>X</td>
</tr>
<tr>
<td>Labs2159, 2161, 2163, 2165</td>
<td>X</td>
<td>Fume Hoods</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler:
Lilich Corporation

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

Cubic Yards of Waste:
5

Disposal Date:
09/16/13

City, State:
Woodland Park, New Jersey 07424

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

Name of Registered Waste Hauler:
Lilich Corporation

Name of Registered Waste Hauler:
NUDEP Waste Hauler ID No. 18724

Committed by:
Tatiana Kalenikova
Title:
Vice President

Signed:
[Signature]

Date:
09/03/2013

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<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>Labs 2159, 2161, 2163, 2165</td>
<td>X</td>
<td>TSI</td>
<td>24 LF</td>
<td>x</td>
</tr>
</tbody>
</table>

**Notes:**
- **Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13):** Labs 2159, 2161, 2163, 2165
- **Is Location Normally Used Solely by Maintenance/Custodial Staff? (12):** Yes
- **Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous):** TSI
- **Amount (Specify SF or LF):** 24 LF
- **Abatement Type:** x
**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>08/27/13 Cki # 2788 $200</th>
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</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Gannet Fleming Project Development Corp</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>Type</td>
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<tr>
<td>EPA</td>
<td>☑ Initial</td>
</tr>
<tr>
<td>DEP</td>
<td>☑ Amended</td>
</tr>
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<td>☑ Amendment #</td>
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<td>☑ Emergency (including justification)</td>
</tr>
<tr>
<td>DCA</td>
<td>☑ Cancellation</td>
</tr>
<tr>
<td>Street Address</td>
<td>One Cragwood Road, Suite 205</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>South Plainfield, New Jersey 07080</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Greg Marone</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place (3) | Ingredion Incorporated |
| Street Address | 10 Finderne Avenue |
| City (6) | Bridgewater, New Jersey 08807 |
| County (6) | Somerset |
| County Code (7) | (STATE USE ONLY) |
| Type of Facility (4) | |
|   | School (K-12) |
|   | Subchapter 8 (Other than K-12) |
|   | Other (i.e. private & commercial buildings, homes, etc.) |
| Square Feet | 25,000 |
| # of Floors | 2 |
| Bldg. Age | 55+ |
| Current Use (Prior if being demolished) | Manufacturing Company |
| Name of Monitoring Firm Hired by Building Owner (6) | Accredited Environmental Tech, Inc. |
| ASCM No. | 0021 |
| Name of Abatement Contractor (9) | Lilich Corporation |
| Street Address | 220 Church Street |
| City, State, Zip Code | Bridgewater, New Jersey 08807 |
| Project Manager for Monitoring Firm | Eric Houseknect |
| Telephone No. | 908-236-1132 |
| Telephone No. | 973-225-3400 |
| License No. | 01104 |
| Name of OSHA Monitor | J&S Environmental Labs |
| Street Address | 606 McBride Avenue |
| City, State, Zip Code | Woodland Park, NJ 07424 |
| Start Date (10) | 09/06/13 |
| Scheduled Completion Date (11) | 09/16/13 |
| Occupancy Status During Abatement (Check Only) | |
|   | Facility Closed/ Vacated During Entire Period of Abatement |
|   | Abatement Performed Outside of Normal Facility Hours |
|   | Other – Describe: Fri 4pm Start, weekend 7AM-12AM |
| Scope of Work (Check All That Apply) | |
|   | ☑ 33 sq ft or ≥3 if |
|   | ≥160 sq ft or ≥2560 if |
|   | ☑ Renovation |
|   | ☑ Demolition |
|   | ☑ Full Containment with Negative Pressure |
|   | ☑ Mini-Enclosure |
|   | ☑ Glovebox Procedure |
|   | ☑ Non-Exempted (*) and Non-Frangible Procedure |

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Labs 2151, 2153, 2155, 2157</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Labs 2151, 2153, 2155, 2157</td>
<td>X</td>
<td></td>
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<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td>VAT &amp; Mastic</td>
<td>1,120 SF</td>
<td>x</td>
</tr>
<tr>
<td>VAT &amp; Mastic</td>
<td>1,120 SF</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Transite Wall Panels</td>
<td>2,680 SF</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Transite Table Tops</td>
<td>348 SF</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Fume Hoods</td>
<td>2</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Name of Registered Waste hauler</td>
<td>NJ DEP Waste Hauler ID No. 18724</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>G.R.O.W.S Landfill</td>
<td></td>
<td></td>
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<tr>
<td>City, State</td>
<td>Woodland Park, New Jersey 07424</td>
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<td></td>
</tr>
<tr>
<td>Disposal Date</td>
<td>09/16/13</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Greg Marone</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Title</td>
<td>Vice President</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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<tr>
<td>Labs 2151,2153,2155,2157</td>
<td>X</td>
<td>TSI</td>
<td>24 LF</td>
<td>X</td>
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State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

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<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/3/13</td>
<td>PSE+G</td>
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</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
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</thead>
<tbody>
<tr>
<td>□ EPA</td>
<td>Initial</td>
<td>PSE+G</td>
</tr>
<tr>
<td>□ DEP</td>
<td>Amendment #</td>
<td></td>
</tr>
<tr>
<td>□ DOL</td>
<td>Amendment #</td>
<td></td>
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<tr>
<td>□ DOH</td>
<td>Emergency (Including Justification)</td>
<td></td>
</tr>
<tr>
<td>□ OCA</td>
<td>Cancellation</td>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
<th>Name of Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>4000 HADLEY ROAD</td>
<td>SOUTH PLAINFIELD, NJ 07080</td>
<td>FOX MCCULLIEN</td>
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</table>

<table>
<thead>
<tr>
<th>FACILITY INFORMATION</th>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>□ School (K-12)</td>
</tr>
<tr>
<td></td>
<td>□ Subchapter B (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>Square Feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Current Use (Prior if being demolished)</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Switch Station</td>
<td>UNIQUE SYSTEMS OF AMERICA INC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>396 WHITEHEAD AVE.</td>
<td>SOUTH RIVER, NJ 08882</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone No.</th>
<th>License No.</th>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>732-432-8350</td>
<td>011111</td>
<td>UNIQUE SYSTEMS OF AMERICA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
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<tr>
<td>396 WHITEHEAD AVE.</td>
<td>SOUTH RIVER, NJ 08882</td>
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<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/3/13</td>
<td>9/3/13</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ 33 sq ft or 23 ft</td>
</tr>
<tr>
<td>□ 150 sq ft or 2250 sq ft</td>
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<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</th>
</tr>
</thead>
<tbody>
<tr>
<td>In Facility (13)</td>
</tr>
<tr>
<td>OUTDOORS WITHIN SUBSTATION FENCE</td>
</tr>
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<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
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<tbody>
<tr>
<td>Yes</td>
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<tr>
<td>----</td>
</tr>
<tr>
<td>X</td>
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<table>
<thead>
<tr>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
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<tbody>
<tr>
<td>Semastria Pipe Coating</td>
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<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
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<tbody>
<tr>
<td>100 LF</td>
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<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>WASTE MANAGEMENT</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>GROWS NORTH</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>City, State, Zip Code</th>
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<tbody>
<tr>
<td>9/3/13</td>
<td>MORRISVILLE, PA 19143</td>
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<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>NJDEP Waste Hauler ID No. 1125</td>
</tr>
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<table>
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<tr>
<th>Name of WASTE MANAGEMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>TITLE OFFICE MGR.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAROL RAINO</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>L. RAINO</td>
<td>9/3/13</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 8:60 and 12:120)

**Date of Notification (1)**

8/28/13

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

PSE & G

**Agency(ies) Notified**

- EPA
- DEP
- DOH
- DOL
- DCA

**Type Notification**

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

**Street Address**

4000 HADLEY ROAD

**City, State, Zip Code**

SOUTH PLAINFIELD, NJ 07080

**Name of Contact**

FOX MCGUIRIS

**Telephone Number**

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

PSE & G

**Street Address**

996 KLEMM AVE.

**City (5)**

GLOUCESTER

**County (6)**

GLOUCESTER

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

ENVIRONMENTAL TACTICS

**ASCM No.**

0045

**Name of Abatement Contractor (9)**

UNIQUE SYSTEMS OF AMERICA INC

**Type of Facility (4)**

- School (K-12)
- Subchapter B (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

**Street Address**

64 BROAD STREET

**City, State, Zip Code**

MATAWAN, NJ 07747

**Project Manager for Monitoring Firm**

TOM GEIGER

**Telephone No.**

732-290-2217

**Street Address**

396 WHITEHEAD AVE.

**City, State, Zip Code**

SOUTH RIVER, NJ 08882

**Telephone No.**

732-432-8350

**License No.**

01111

**Name of OSHA Monitor**

UNIQUE SYSTEMS OF AMERICA

**Start Date (10)**

9/9/13

**Scheduled Completion Date (11)**

9/11/13

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

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

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

- 23 sf or 23 ft
- ±160 sf or ±260 ft
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

OUTDOORS

SUBSTATION FENCE

**Name of Registered Waste Hauler**

NJDEP Waste Hauler ID No.

1125

**Cubic Yards of Waste**

0

**Name of Registered Landfill**

GROWS NORTH

**City, State**

ELIZABETH, NJ

**Disposal Date**

8/28/13

**Completed by**

CAROL RAIMO

**Title**

OFFICE MGR.

**Signature**

CAROL RAIMO

**Date**

8/28/13

*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)

Date of Notification (1)
9-4-2013

Name of Building Owner/Operator (2)
Morris Habitat for Humanity

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

Street Address
274 S. Salem Street
City, State, Zip Code
Randolph, NJ 07869
Name of Contact
David Sang
Telephone Number

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

Square Feet
3000
# of Floors
3
Bldg. Age
50+
Current Use (Prior if being demolished)
House

Name of Facility Where Abatement Is Taking Place (3)
3 Story House
Street Address
29 Hazel Street
City (5)
Morristown
County (6)
Morris
County Code (7)
(State USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)
n/a
ASCM No.
n/a
Name of Abatement Contractor (9)
Loznica Management Corporation
Street Address
22 Troy Lane
City, State, Zip Code
Lincoln Park, NJ 07035
License No.
01193

Project Manager for Monitoring Firm
n/a
Telephone No.
973-706-7950

Start Date (10)
9-9-2013
Scheduled Completion Date (11)
9-13-2013

Name of OSHA Monitor
Loznica Management Corporation
Street Address
22 Troy Lane
City, State, Zip Code
Lincoln Park, NJ 07035

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
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
Exterior

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

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

Amount (Specify SF or LF)
2,000 SF

Abatement Type
X
Removal
Repair
Encapsulation
Endorse

Name of Registered Waste Hauler
Loznica Management Corporation
NJ/DEP Waste Hauler ID No.
0033137
Cubic Yards of Waste
TBD
Name of Registered Landfill
GROWS Landfill
Disposal Date
TBD
City, State
Morrisville PA 19067

Completed by
E. Cirovic
Title
Secretary
Signature
Date
9-4-2013

* 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): 8/30/2013

Name of Building Owner/Operator (2): Barry Jeckell

Street Address: 526 Forest Ave.
City, State, Zip Code: Westfield, NJ 07090

Name of Contact: Barry Jeckell

**FACILITY INFORMATION**

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

Street Address: 526 Forest Ave.
City: Westfield
County: Union

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

Project Manager for Monitoring Firm: n/a

Start Date (10): 9-9-2013

Scheduled Completion Date (11): 9-12-2013

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): 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):

- Asbestos Pipe Insulation

Amount (Specify SF or LF): 50LF

Abatement Type:
- Full Container with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

Name of Registered Waste Hauler: Loznica Management Corporation

NJDEP Waste Hauler ID No.: 001137

Cubic Yards of Waste: TBD

Name of Registered Landfill: GROWS LANDFILL

City, State: Morrisville, PA 19067

Disposal Date: TBD

Completed by: E. Cirovic

Title: Secretary

Signature:

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

**Project #**

**Date of Notification (1)** 08/30/2013

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

**Union Township BOE**

**Agencies Notified**
- [ ] EPA
- [ ] DEP
- [ ] DOH
- [ ] DOA

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

**Street Address**
165 Perryville Rd

**City, State, Zip Code**
Hampton, NJ 08827

**Name of Contact**
Amy Barkman

**Telephone**

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

**Middle School**

**Street Address**
165 Perryville Rd

**City (5)**
Hampton, NJ

**County (6)**
Hunberdon County

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

**AHERRA**

**Street Address**
P.O BOX 385

**City, State, Zip Code**
Oceanevier, NJ 08231

**Project Manager for Monitoring Firm**
John Smoyer

**Telephone No.**
(609)652-1833

**Start Date (10)** 09/13/2013

**Scheduled Completion Date (11)** 09/15/2013

**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 Abatement Contractor (9)**
Nick Restoration LLC

**Street Address**
72 Brookside Rd

**City, State, Zip Code**
Randolph NJ 07869

**Telephone No.**
973-933-2550

**License No.** 01133

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

**Street Address**
2333 RT 22

**City, State, Zip Code**
Union, NJ 07083

**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
- [ ] Growing Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

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

**Boiler Room**

**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)**
8 LF

**Abatement Type**

**Name of Registered Waste Hauler**
NJ DEP Waste Hauler ID No.
33782

**Cubic Yards of Waste**
TBD

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

**Disposal Date**
TBD

**City, State**
Tullytown, PA

**Completed by**
Elvira Mrda

**Title**
President

**Signature**

**Date** 08/30/2013
<table>
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<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
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<tbody>
<tr>
<td>9-4-13</td>
<td>Gabby Barriga</td>
</tr>
<tr>
<td>Name and Address</td>
<td></td>
</tr>
<tr>
<td>EPC Technologies</td>
<td>P.O. Box 337</td>
</tr>
<tr>
<td>New Egypt, NJ 08533</td>
<td></td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td></td>
</tr>
<tr>
<td>Lavallette, NJ 08735</td>
<td></td>
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<tr>
<td>County (3)</td>
<td>Ocean</td>
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<tr>
<td>County Code (7)</td>
<td></td>
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<tr>
<td>Name of Facility Where Abatement Is To Be Performed (4)</td>
<td>Single Family Dwelling (Vacant)</td>
</tr>
<tr>
<td>Street Address</td>
<td>113 Newark Ave</td>
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<tr>
<td>City (5)</td>
<td>Lavallette, NJ 08735</td>
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<tr>
<td>County</td>
<td>Ocean</td>
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<tr>
<td>Name of Registered Waste Hauler (6)</td>
<td>EPC Technologies</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>New Egypt, NJ 08533</td>
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<tr>
<td>Name of Asbestos Contractor (8)</td>
<td>EPC Technologies Inc</td>
</tr>
<tr>
<td>Street Address</td>
<td>New Egypt, NJ 08533</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td></td>
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<tr>
<td>Project Manager for Monitoring or Supervision</td>
<td>Steve Schenker</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>609-758-3365</td>
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<td>Name of OSHA Monitor</td>
<td>EPC Technologies Inc</td>
</tr>
<tr>
<td>Street Address</td>
<td>New Egypt, NJ 08533</td>
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<td>Start Date (10)</td>
<td>9-5-13</td>
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<td>Scheduled Completion Date (11)</td>
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<td>Occupancy Status During Abatement (Check Only One)</td>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
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<tr>
<td>Scope of Work (Check All That Apply)</td>
<td>Demolition</td>
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<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED</td>
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<tr>
<td>Room</td>
<td>Siding, Shingles</td>
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<tr>
<td>Bedroom</td>
<td>Floor Tiles</td>
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<tr>
<td>Bedoom</td>
<td>Floor Tiles</td>
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<td>Location Used Solely by Maintenance/Custodial Staff (12)</td>
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<td>Yes</td>
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<tr>
<td>Name of Registered Waste Hauler</td>
<td>EPC Technologies</td>
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<tr>
<td>City, State</td>
<td></td>
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<tr>
<td>Name of Registered Landfill</td>
<td>Waste Management of PA</td>
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<tr>
<td>City, State</td>
<td></td>
</tr>
<tr>
<td>Signature of Authorized Official</td>
<td>Steve Schenker</td>
</tr>
<tr>
<td>Date</td>
<td>9-4-13</td>
</tr>
</tbody>
</table>

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

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

**State of New Jersey**

**Address: 274 Indian Trail Road, Cape May County, NJ**

**Building Owner/Operator:** Jerry's Excavating

**Type of Facility:** House

**Address:** 323 2nd Ave, Cape May, NJ 08204

**Manager for Monitoring Firm:** N/A

**Project Manager for Monitoring Firm:** N/A

**Scheduling Completion Date:** 9/20/13

**Date of Notification:** 9/3/13

**Abatement Service Contractor:** Klemco Inc.

**Abatement Details:**

- **Location of Asbestos-Containing Material (ACM) to Be Abated in Facility:**
  - Siding
  - Insulation

- **Location Normally Used Solely by Maintenance/Custodial Staff:** Yes

- **Transit:** 1,680 ft

**Waste Hauler:** Klemco Inc.

**Waste Hauler's Name:** C. M. C., M.U., N.J.

**Cubic Yards of Waste:** 1,202

**Disposal Date:**

**Date of Certification:** 9/3/13

**Signature:** Joseph Klem

---

*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)  
RECEIVED  

Date of Notification (1)  
4/13/13  

Name of Building Owner/Operator (2)  
JERRY'S EXCAVATING  

Agencies Notified  
☑ EPA  
☑ DEP  
☐ DOL  
☐ DOT  
☐ DCA  
☐ Initial  
☐ Amended  
☐ Amendments  
☐ Emergency (including justification)  
☐ Cancellation  

Street Address  
274 INDIAN TRAIL ROAD  

City, State, Zip Code  
Cape May Court House, NJ 08210  

Name of Contact  
SAME  

FACILITY INFORMATION  

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

Street Address  
206 W. 9TH ALF  

City (5)  
NORTH WILDWOOD  

County (6)  
CAPE MAY  

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

Name of Abatement Contractor (9)  
KLEMCO INC.  

County Code (7)  
(STATE USE ONLY)  

Current Use (Prior to being demolished)  
VACANT  

Square Feet  
1000  

No. of Floors  
2  

Bldg Age  
40+  

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

Project Manager for Monitoring Firm  
N/A  

Telephone No.  
None  

License No.  
856-779-0422  

Name of OSHA Monitor  
JOSEPH KLEM  

SCHEDULED COMPLETION DATE (11)  
9/23/13  

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

Scope of Work (Check all that apply)  
☐ 23 ft or 23 ft  
☐ 1600 sf or 2260 sf  
☒ Demolition  
☐ Renovation  
☐ Full Containment with Negative Pressure  
☐ Ministry Enclosure  
☐ Gloveset Procedure  
☐ Non-Exempted (1) and Non-Friable Procedure  

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

Location of Asbestos-Containing Material (ACM)  

Siding  

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

Amount (Specify SF or LF)  
2000 SF  

Name of Registered Waste Hauler  
KLEMCO INC.  

Name of Registered Landfill  
C.M.C., M.U.A.  

Completed By  
JOSEPH KLEM  

Signature  
Signature  

Date  
9/3/13  

Note: 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)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
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<tbody>
<tr>
<td>9/4/13</td>
<td>PSE+G</td>
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<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
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<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
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<td>DEP</td>
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<td>DOT</td>
<td>Amendment #</td>
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<td>DOH</td>
<td>Emergency (including justification)</td>
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<td>DCA</td>
<td>Cancellation</td>
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<table>
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<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
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<tbody>
<tr>
<td>7 Polhemus Lane, Bridgewater, Somerset</td>
<td>South Plainfield, NJ 07080</td>
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<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Type of Facility (4)</th>
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<tbody>
<tr>
<td>PSE+G</td>
<td></td>
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<table>
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<tr>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bidg. Age</th>
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<tr>
<td>PIA</td>
<td>N/A</td>
<td>N/A</td>
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<table>
<thead>
<tr>
<th>Name of Monitoring Firm HIred by Building Owner (8)</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASCM No. 0045</td>
<td>UNIQUE SYSTEMS OF AMERICA INC.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>64 Broad Street, Matawan, NJ 07747</td>
<td>South River, NJ 08882</td>
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<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOM GEIGER</td>
<td>732-290-2217</td>
<td>01111</td>
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<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
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<tbody>
<tr>
<td>9/4/13</td>
<td>9/4/13</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>23 sf or ≥3 if</td>
</tr>
<tr>
<td>≥160 sf or ≥260 if</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<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>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>TRANSITE PIPE 30 LF</td>
<td>X</td>
</tr>
</tbody>
</table>

<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>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>WASTE MANAGEMENT</td>
<td>GROWS</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NJ DEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Disposal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1125</td>
<td>10</td>
<td>9/4/13</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elizabeth, NJ</td>
<td>9/4/13</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by</th>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>CARLE RIVER</td>
<td>Office Mgr</td>
<td>Carol Laine</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/4/13</td>
</tr>
</tbody>
</table>
## Notification of Asbestos Abatement

**Date of Notification (1):** 8/08/13  
**Name of Building Owner/Operator (2):** PS & G  
**Street Address:** 4000 Hadley Road  
**City, State, Zip Code:** South Plainfield, NJ 07080

### Facility Information

**Name of Facility Where Abatement is Taking Place (3):** PS & G  
**Street Address:** 7 Polhemus Lane  
**City (5):** Bridgewater  
**County (6):** Somerset

**Name of Monitoring Firm Hired by Building Owner (8):** ENVIRONMENTAL TACTICS  
**ASCM No.:** 0045  
**Name of Abatement Contractor (9):** UNIQUE SYSTEMS OF AMERICA INC.

**Street Address:** 64 BROAD STREET  
**City, State, Zip Code:** Matawan, NJ 07747

**Project Manager for Monitoring Firm:** TOM GEIGER  
**Telephone No.:** 732-290-2217

**Start Date (10):** 9/6/13  
**Scheduled Completion Date (11):** 9/8/13

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

**Scope of Work (Check All That Apply):**  
- 23 sf or 23 if  
- 2180 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)

**Location:** Outside of South Station  
**Transite Pipe:** 30 LF  
**Yes**

**Name of Registered Waste Hauler:** WASTE MANAGEMENT  
**NJDEP Waste Hauler ID No.:** 1125  
**Cubic Yards of Waste:** 10  
**Name of Registered Landfill:** GROWS  
**City, State:** Elizabeth, NJ

**Disposal Date:** 9/9/13  
**City, State:** Morristown, NJ

**Completed by:** Carol Raimo  
**Title:** Office Mgr.  
**Signature:** Carol Raimo  
**Date:** 9/9/13
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:69 and 12:120)

Date of Notification (1)  9/4/13
Name of Building Owner/Operator (2)  MYR ALDE & JOANNE PERRY

Agency Notified Type Notification
\[\text{LEPA} \quad \Box \text{Initial} \quad \Box \text{Amended} \quad \Box \text{Emergency (Excluding Justification)} \quad \Box \text{Correction} \]

Street Address
23 CROMWELL COURT

City, State, Zip Code
JACKSON NEW JERSEY 08527

Name of Contact
MY R. PERRY

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
235 HIERING AVE

City (5)
SEASIDE HGS N.J.

County (6)
OCEAN

County Code (7) (STATE USE ONLY)
RESIDENT

Square Feet
1,800

Floors
1

Stair Age
60

Current Use (Prior to Being demolished)
RESIDENT

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

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

Name of Abatement Contractor (9)
NOVA TECH INC

Street Address
P.O. Box 814

City, State, Zip Code
OLD BRIDGE N.J. 08857

Telephone No.
(732) 238-7500

License No.
00-806

Name of CSHA Monitor
NOVA TECH INC

Street Address
P.O. Box 814

City, State, Zip Code
OLD BRIDGE N.J. 08857

Scope of Work (Check all that apply)

- Asbestos-Containing Material (ACM)
  - Exterior
  - Front Porch

- Location of Asbestos-Containing Material (ACM)
  - TO BE ABATED IN FACILITY
    - 2x3 ft or 3.2 ft
    - 2 to 160 sq ft or 200 sq ft

- Location Normally Used Solely By Maintenance/Custodial Staff (10)
  - Yes
  - No

- Location
  - Exposed
  - Fresh

- Asbestos-Suspected
  - 2,900 sq ft

- Description of Asbestos-Containing Material (ACM)
  - For execution with negative pressure
  - Me. Enclosure
  - Glazing Procedure
  - Other

- Amount (Square FT or Lb)

- Abatement Type
  - Removal
  - Repair
  - Reinstate

- Name of Registered Waste Handler

- MDEP Waste Handler

- Cubic Yards of Waste

- Name of Registered Landfill

- Disposal Date

- City, State

- Completed by

- Signed

- Date

* Do not use this form for asbestos licensing exempted activities.
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:90-7 and 12:129-7)

Date of Notification (1)
01/28/2013

Name of Building Owner/Operator (2)
Daniel Conaway & Agnes Rossi

Street Address
126 Lorraine Avenue

City, State, Zip Code
Upper Montclair, NJ 07043

Name of Contact
Agnes Rossi

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
Daniel Conaway & Agnes Rossi

Street Address
126 Lorraine Avenue

City
Upper Montclair

County
Essex

ASCM No.
N/A

Name of Abatement Contractor (4)
B & G Restoration, Inc.

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

License Number
0378

Name of OSHA Monitor
B & G Restoration, Inc.

Scope of Work (check all that apply)
Demolition
Renovation

Location of asbestos-containing material to be
removed in facility (15)

Location
asbestos-containing
material
used solely
by립아

Description of asbestos-containing
material (ACM)

Amount (Specify SF or LF)

Removal
Repair
Encaps.

1 yard

Name of Registered Landfill
Tullytown Resource & Recovery Center

City, State
Tullytown, PA

Closed Date
08/03/2013

Signature
Gordana Luna

Date
08/29/2013
**State of NJ**

**Notification of Asbestos Abatement**
(Pursuant to NJAC 8:59-7 and 12:120-7)

**Name of Building Owner/Operator (2)**
Daniel Conaway & Agnes Rossi

**Street Address**
126 Lorraine Avenue

**City, State, Zip Code**
Upper Montclair, NJ 07043

**Name of Contractor**
Agnes Rossi

**FACILITY INFORMATION**

**Name of Facility where Abatement is Taking Place (3)**
Daniel Conaway & Agnes Rossi

**Street Address**
126 Lorraine Avenue

**City (6)**
Upper Montclair

**County (8)**
Essex

**Name of Abatement Contractor (9)**
B & G Restoration, Inc.

**Street Address**
105 Ryerson Road

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

**Schedule Start Date (10)**
08/30/2013

**Schedule Completion Date (11)**
08/31/2013

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

- [X] Facility closed/evacuated during entire period of abatement.
- [ ] Abatement performed outside of normal facility hours.
- [ ] Other-Describe:

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

- [X] Demolition
- [ ] Renovation
- [ ] >2,000 sq ft or >260 LF

**Location of Asbestos-containing Material to be Abated in Facility (13)**

<table>
<thead>
<tr>
<th>Location</th>
<th>Yea</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement main room</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sun-dry room</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepa vacuuming floors, walls, etc</td>
<td>800 soft floor</td>
</tr>
<tr>
<td>Re-cleaning pipes</td>
<td>120 LF</td>
</tr>
<tr>
<td>Hepa vacuuming floors, walls, etc</td>
<td>120 LF</td>
</tr>
<tr>
<td>Re-cleaning pipes</td>
<td>21 LF</td>
</tr>
</tbody>
</table>

**Registered Waste Hauler**
B & G Restoration, Inc.

**Cubic Yards of Waste**
1 yard

**Name of Registered Landfill**
Tullytown Resource & Recovery Center

**Disposal Date**
09/03/2013

**Title**
Secretary/Treasurer

**Signature**
Gordana Lena

**Date**
08/29/2013
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1)
[018]/[128]/[113]

Name of Building Owner/Operator (2)
Daniel Conaway & Agnes Rossi

City, State, Zip Code
Upper Montclair, NJ 07043

Name of Contact
Agnes Rossi

Name of Facility where abatement is taking place (3)
Daniel Conaway & Agnes Rossi

Street Address
126 Lorraine Avenue

County (6)
Essex

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

ASCM No.

Name of Abatement Contractor (9)
B & G Restoration, Inc.

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

Telephone Number
973-696-6869

License Number
0378

Name of OSHA Monitor
B & G Restoration, Inc.

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

Incubation Status During Abatement (Check only one)
X Facility closed/vacated during entire period of abatement.

Other-Describe:

Scope of Work (check all that apply)

Demolition
Renovation

> 3 s/f or > 24 if

≥ 180 s/f or ≥ 260 if

Location of asbestos-containing material 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)

Amount
(Specify SF or LF)

Removal
Repair
Encapsulation
Non-friable

Basement main room

hepa vacuuming floors, walls, etc

800 sq ft floor

200 LF

Cleaning pipes

Ducts

Basement laundry room

hepa vacuuming floors, walls, etc

182 sq ft floor

20 LF

Cleaning pipes

Ducts

Registered Waste Hauler
B & G Restoration, Inc.

NJDEP Hauler ID#
19563

Cubic Yards of Waste
1 yard

Name of Registered Landfill
Tullytown Resource & Recovery Center

City, State
Lincoln Park, NJ 07035

Disposal Date
09/03/2013

City, State
Tullytown, PA

Completed by (Print or Type)
Gordana Luna

Title
Secretary/Treasurer

Signature

Date
08/29/2013
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)
***** EMERGENCY *****

Date of Notification (1)
10/9/2013

Name of Building Owner/Operator (2)
Richard Wilson

Street Address
214 Sterling Place

City, State, Zip Code
Roselle, NJ 07203

Name of Contact
Richard Wilson

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
Richard Wilson

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

Current Use (Prior if being demolished)
residential

Square Feet

# of Floors

Bldg. Age

Type of Abatement (5)

Name of Abatement Contractor (9)
B & G Restoration, Inc.

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

Telephone Number
973-696-6869

License Number
0378

Name of OSHA Monitor
B & G Restoration, Inc.

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

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):
- Demolition
- Renovation
- Full Containment win/negative pressure
- Mini-enclosure
- Non-fraile procedure
- wrap & cut
- Glovebag procedure
- Non-fragile procedure

Location of asbestos-containing
material to be abated in facility (13)

<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>Removal</th>
<th>Repair</th>
<th>Encapsulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>basement</td>
<td>X</td>
<td>pipe insulation</td>
<td>30 ft</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>basement</td>
<td>X</td>
<td>boiler insulation</td>
<td>38 sf</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Registered Waste Hauler
B & G Restoration, Inc.

City, State
Lincoln Park, NJ 07035

Disposal Date
09/05/2013

Name of Registered Landfill
Tullytown Resource & Recovery Center

Completed by (Print or Type)
Gordana Luna

Title
Secretary/Treasurer

Signature

Date
09/03/2013
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:80-7 and 12:120-7)

***EMERGENCY***

Date of Notification (1)
1/13/2013

Name of Building Owner/Operator (2)
Richard Wilson

EPA

Street Address
214 Sterling Place

DOE

City, State, Zip Code
Roselle, NJ 07203

DOL

Name of Contact
Richard Wilson

DOH

DGA

Agency Notification

Type Notification

Name of Monitoring Firm Hired by Bldg. Owner (6)
N/A

ASCM No.

Name of Abatement Contractor (9)
B & G Restoration, Inc.

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

License Number
0378

Name of OSHA Monitor
B & G Restoration, Inc.

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

Scheduled Start Date (10)
09/04/2013

Completed Completion Date (11)
09/05/2013

Occupancy Status During Abatement (Check only one)
☒ Facility closed/evacuated during entire period of abatement.
☒ Abatement performed outside of normal facility hours.

No. Description

Scope of Work (check all that apply)
☐ Demolition
☒ Remediation

☐ Full Containment w/negative pressure
☐ Glue/Paste procedure
☐ Mini-enclosure
☐ Neu-removal procedure

Location of asbestos-containing material to be abated in facility (13)

<table>
<thead>
<tr>
<th>Year</th>
<th>No</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td>pipe insulation</td>
<td>30 LF</td>
</tr>
<tr>
<td>X</td>
<td>boiler insulation</td>
<td>36 sf</td>
</tr>
</tbody>
</table>

Registered Waste Hauler
B & G Restoration, Inc.

NJDEP Hauler ID: 15565

Cubic Yards of Waste: 1 1/2 yds

Name of Registered Landfill
Tullytown Resources & Recovery Center

City, State
Lincoln Park, NJ 07035

Disposal Date
09/05/2013

Completed by (Print or Type)
Gordana Luna
Title
Secretary/Treasurer
Signature
Gordana Luna

Date
09/05/2013
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Particulars NJAC 8:60 and 12:13)  

9/3/03  

Name of Building Owner/Operator (2)  
P.O. BOX 322  

Type of Notification  
Amended  

CITY  

Address  
P.O. BOX 322  

City, State, Zip Code  
ATLANTIC CITY, NJ 08401  

Name of Contact  
NAME  

Telephone Number  
PHONE  

FACILITY INFORMATION  

Facility Where Abatement is Taking Place (5)  
RESIDENCE  

242 4TH ST. SOUTH  

NYMANTIME  

County Code (7)  
ATLANTIC  

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

Address  
ATLANTIC  

City, State, Zip Code  
ATLANTIC CITY, NJ 08401  

Name of Abatement Contractor (9)  
KLEEMO INC.  

Telephone No.  
856-724-0921  

License No.  
652014-1  

KLEEMO INC.  

Name of OSHA Monitor  
JOSPEH KLEEMO  

Scheduled Completion Date (11)  
9/13/13  

Address  
301 S. 9TH AVE  

City, State, Zip Code  
MAYWOOD, NJ 07607  

August 2013  

Description of Asbestos Containing Material (ACM) to be Abated  

LOCATION  

No.  
1  

DESCRIPTION  

TRANSITE  

1500  

NJDEP Waste Number  
17404  

CUCC Tags of Waste  

NAME  

MAYWOOD, NJ 07607  

Disposal Date  
INTERMEDIATE  

City, State  
PENNSYLVANIA  PA  

Do not use this form for asbestos license exempted activities
# Notiication of Asbestos Abatement

**Date of Notification:** 9/13/13

**Name of Building Owner/Operator:** HARKAUGH DEVELOPERS

**Street Address:** 318 Glassboro Road

**City, State, Zip Code:** WOODBURY HEIGHTS, N.J. 08093

**Name of Contact:** JOSPEH KLEMM

## Facility Information

**Name of Facility Where Abatement is Taking Place:** RESIDENCE

**Street Address:** 123 7TH ST.

**City:** AVALON

**County Code:** CAPE MAY

**Type of Facility:** Vacant

**Square Feet:** 1000

**8 of Floors:** 2

**Bldg Age:** 40 yrs

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

## Monitoring Firm

**Name of Firm Hired by Building Owner:** KLEMMO INC.

**Street Address:** 369 S. SPAULDS AVE.

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

## Occupancy Status During Abatement

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

## Scope of Work

**Scope of Work:**
- Renovation
- Demolition

## Location of Asbestos-Containing Material (ACM)

<table>
<thead>
<tr>
<th>Location of ACM Normally Used Solely by Maintenance/ Custodial Staff</th>
<th>Description of ACM</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Term No</td>
<td>NIA</td>
<td></td>
</tr>
<tr>
<td>TRANSIT</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Waste Hauler

**Name of Registered Waste Hauler:** KLEMMO INC.

**City State:** MAPLE SHADE, N.J. 08052

**Name of Registered Landfill:** C, M.C., M.N.A.

**Disposal Date:** 9/13/13

**Signature:** JOSPEH KLEMM

## Notes

*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: 9/13/13
Name of Building Owner/Operator: HAMMAGH DEVELOPERS

Agencies Notified: DEP, DOH, DCA
Type Notification: Initial

Street Address: 317 Cressault Rd.
City, State, Zip Code: WOODBURY HEIGHTS, N.J. 08097
Name of Contact: SOME
Telephone Number: 59

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place: RESIDENCE
Address: 5289 Ocean Drive
City, State, Zip Code: AVARON

County Code (STATE USE ONLY): 1000
Square Feet: 1000

Type of Facility: Residential
Number of Stories: 2
Building Age: 40

Facility Use Prior to Abatement: Vacant

Asbestos Abatement Contractor: KLEMACO INC.

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

<table>
<thead>
<tr>
<th>ACM + Maintenance</th>
<th>Custodial Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

Description of Asbestos-Containing Material (ACM):

- Systems insulation
- Siding, VAT, etc.

Amount of ACM: 2000 SF

Name of Registered Waste Handler: KLEMACO INC.

Disposal Site: C.M.C.M.A.

Deemed Responsible Party: JOSEPH KLEMM

Disposal 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 12:120

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>Name of Building Owner/Operator</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/3/13</td>
<td>HANRAUGH DEVELOPERS</td>
</tr>
</tbody>
</table>

### FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place</th>
<th>Type of Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>RESIDENCE</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City (5)</th>
<th>County (6)</th>
</tr>
</thead>
<tbody>
<tr>
<td>217 110TH STREET</td>
<td>STONE HARBOR</td>
<td>CAPE MAY</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>County Code (1)</th>
<th>Name of Abatement Contractor</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>KLEMCO INC.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>369 S. SPURCE AVE.</td>
<td>MAPLE SHADE, N.J. 08052</td>
</tr>
</tbody>
</table>

### Project Manager for Monitoring Firm

<table>
<thead>
<tr>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>856-770-0422</td>
<td>00444</td>
</tr>
</tbody>
</table>

### Occupancy Status During Abatement

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

### Scope of Work

- [X] 23 ft or 23 ft
- [ ] 2600 ft or 2500 ft

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

<table>
<thead>
<tr>
<th>TO BE ABRATED</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
</tr>
</thead>
<tbody>
<tr>
<td>SIDING</td>
<td>X</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRANSITE</td>
<td>1480'</td>
</tr>
</tbody>
</table>

### Name of Registered Waste Handler

<table>
<thead>
<tr>
<th>Name of Registered Waste Handler</th>
</tr>
</thead>
<tbody>
<tr>
<td>KLEMCO INC.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NJDEP Waste Handler D No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>12209</td>
<td>5</td>
<td>C.M.C.M.U. B.</td>
</tr>
</tbody>
</table>

### Disposal

<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>WOODRINE, N.J.</td>
<td>9/3/13</td>
</tr>
</tbody>
</table>

### Owner

<table>
<thead>
<tr>
<th>Owner</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>JOSEPH KLEM M</td>
<td>Joseph Klem</td>
<td>9/3/13</td>
</tr>
</tbody>
</table>

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

<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>PINELANDS CONSTRUCTION</td>
</tr>
<tr>
<td>Street 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>PAUL EDOUDI</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place (3) | RESIDENCE |
| Street Address | 3241 WEST AVE |
| City | OCEAN CITY |
| County | CATE NAT |
| County Code |  |
| STATE USE ONLY |  |
| Current Use (Prior to being demolished) | VACANT |
| Square Feet |  |
| # of Floors |  |
| Bldg. Age |  |

| Name of Abatement Contractor (9) | KLEEMCO INC. |
| Street Address | 369 S, SPROUT AV. |
| City, State, Zip Code | MAPLE SHADE, N.J. 08052 |
| Telephone No. | 856-379-0477 |
| License No. | 00444 |
| Name of OSHA Monitor | JOSPEH KLEEM |
| Street Address | 369 S, SPROUT AV. |
| City, State, Zip Code | MAPLE SHADE, N.J. 08052 |

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>23 sf or 23 sq ft</td>
<td></td>
</tr>
<tr>
<td>≥180 sq ft or ≥260 sq ft</td>
<td></td>
</tr>
</tbody>
</table>

| Location of Asbestos-Contained Material (ACM) TO BE ABATED IN Facility (13) | SIDING |
| Location Normally Used Solely by Maintenance/ Custodial Staff? (12) | Yes |

| Description of Asbestos Containing Material (ACM) (i.e., thermal system insulation, surfacing, VAT, or other miscellaneous) | TRANSITE |
| Amount (Specify SF or LF) | 2000sq |

| Name of Registered Waste Hauler | KLEEMCO INC. |
| NJDEP Waste Handler ID No. | 17294 |
| City, State | MAPLE SHADE, N.J. |

| Name of Registered Landfill | C.M.C., M.V.A. |
| Disposal Date |  |
| City, State | WOODBINE, N.J. |

| Completed By | JOSPEH KLEEM |
| Title | V.P |
| Signature |  |
| Date | 8/13/13 |

*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)

Date of Notification (1)
9/3/13

Name of Building Owner/Operator (3)
PINE LANDS CONSTRUCTION

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

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

Street Address
30 D 77 TH ST, ASB
City, State, Zip Code
Sea Isle City, N.J. 08243

Name of Contact
FRANK EDUARDI
Telephone Number

FACILITY INFORMATION

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

Street Address
943 CENTRAL AVE.
City (5)
Ocean City
County Code (7) (STATE USE ONLY)

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

ASCN No.

Name of Abatement Contractor (9)
KLEEMCO INC.

Street Address
369 S, Spruce Ave.
City, State, Zip Code
Maple Shade, N.J. 08052

License No.
00494

Name of OSHA Monitor
JOSEPH KLEEM

Project Manager for Monitoring Firm

Telephone No.

Range Date (10)
9/6/13
Scheduled Completion Date (11)
9/23/13

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

Scope of Work (Check all that apply)
- 330 sf or 331 sf
- 2160 sf or 2260 sf
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Berth Enclosure
- Glovebag Procedure
- Non-Exempted (1) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM)

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/ Custodial Staff?</th>
</tr>
</thead>
<tbody>
<tr>
<td>SANDING</td>
<td>X TRANSITE</td>
</tr>
</tbody>
</table>

Amount
1500 sf

Name of Registered Waste Hauler
KLEEMCO INC.

NDEP Waste Hauler ID No.
17904

Cubic Yards of Waste

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

City, State
Maple Shade, N.J.

Completed By
JOSEPH KLEEM
Title
V/P
Signature
Date
9/18/13

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

Date of Notification: SEP 5 2013

Name of Building Owner/Operator: Merck Sharp & Dohme Corp.

Street Address: 556 MORRIS AVENUE
City, State, Zip Code: Summit, NJ 07901

Name of Contact: Kevin Ruta
Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place: MERCK - Building S 3
Street Address: 556 MORRIS AVENUE
City, State, Zip Code: SUMMIT, NJ 07901
Name of Monitoring Firm Hired by Building Owner: AERO ENVIRONMENTAL
Name of Abatement Contractor: ACM CONSULTING CORP.

SF of Bldg.: 10000
# Floor: 3
Age of Bldg.: 50+
Current Use (prior to being demolished):

Type of Facility:
( ) School (K-12)
( ) Sub-Chapter 8 (Other than K-12)
( ) Other (i.e. private & Commercial buildings, homes, etc.)

Name of OSHA Monitor: EMISANalytical
Street Address: 307 WEST 38TH STREET
City, State, Zip Code: NEW YORK, NY 10118
License Number: 00575

TO BE DETERMINED

Scheduled Start Date: 9 4 2013
Scheduled Completion Date: 9 6 2013

Month Day Year Month Day Year

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

Describe: 4:00PM TO 4:00AM
Other - Describe:

Type of Abatement:
Full Containment with Negative Pressure
Mini-Enclosure
Gloves
Non-Friable Procedure

Scope of Work (Check Only One):
Demolition

X >3sf or >3lf
≥ 160sf or ≥ 260lf
Renovation

Location of ACM Facility

Is Location Normally Used by Custodial Staff: Yes NO

Description of ACM to be Removed:
Pipe Insulation 395L

Amount to be Removed (Specify SF/LF):

Abatement Type:

Name of Registered Waste Hauler: NJDEP Waste ID No.
NJDEP Waste ID No.:
NJDEP 16666
Cubic Yds waste: 5

City, State of Registered Landfill:
Norwell, MA

Completed By (Print or Type):
TIMOTHY RYAN
Title: GENERAL MANAGER
Signature: Dated: 9/3/2013

Name of Registered Landfill:
Clean Harbors Lone Mountain, LLC

Disposal Date: TBD
City, State of Registered Landfill:
Waynoka, Oklahoma
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>9/3/2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Edward Gorski</td>
</tr>
<tr>
<td>Street Address</td>
<td>P O Box 383</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Forest Grove, PA 18922</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Fernando</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Residence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>212 12th Avenue</td>
</tr>
<tr>
<td>County (6)</td>
<td>Seaside Park</td>
</tr>
<tr>
<td>Ocean</td>
<td></td>
</tr>
<tr>
<td>County Code (7) (STATE USE ONLY)</td>
<td>N/A</td>
</tr>
<tr>
<td>Type of Facility (4)</td>
<td>School (k-12)</td>
</tr>
<tr>
<td></td>
<td>Subchapter 8 (other than k12)</td>
</tr>
<tr>
<td></td>
<td>Other (i.e., private &amp; commercial buildings, homes, etc.)</td>
</tr>
<tr>
<td>Square feet</td>
<td>1500 sf</td>
</tr>
<tr>
<td># of Floors</td>
<td>1</td>
</tr>
<tr>
<td>Bldg. Age</td>
<td>60</td>
</tr>
<tr>
<td>Current Use (Prior to being demolished)</td>
<td>Residence</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>N/A</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Toms River, New Jersey 08755-1271</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Guardian Contracting, Inc.</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>732-349-9932</td>
</tr>
<tr>
<td>License Number</td>
<td>00624</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>F.M.S.L. Analytical</td>
</tr>
<tr>
<td>Street Address</td>
<td>1056 Stelton Road</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Piscataway, New Jersey 08854</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>[x] 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>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] &gt;3 sf or ≥1 sf</td>
<td></td>
</tr>
<tr>
<td>[x] ≥160 sf or ≥260 sf</td>
<td></td>
</tr>
<tr>
<td>[ ] Renovation</td>
<td></td>
</tr>
<tr>
<td>[x] Demolition</td>
<td></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>Exterior</td>
<td>X</td>
<td>Asbestos siding</td>
<td>1400 sf</td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Guardian Contracting, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
<td>20223</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>3</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>T.R.R.F.</td>
</tr>
<tr>
<td>City, State</td>
<td>Toms River, New Jersey</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>09/06/2013</td>
</tr>
<tr>
<td>City, State</td>
<td>Tullytown, Pennsylvania</td>
</tr>
<tr>
<td>Completed by (Print or Type)</td>
<td>Nicholas Fennica</td>
</tr>
<tr>
<td>Title</td>
<td>Project Manager</td>
</tr>
<tr>
<td>Signature</td>
<td>[Signature]</td>
</tr>
<tr>
<td>Date</td>
<td>9/3/2013</td>
</tr>
</tbody>
</table>

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

State of New Jersey

Date of Notification (1) 9/3/2013

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

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

Name of Building Owner/Operator (2)
Sakoutis Brothers Disposal

Street Address
P O Box 84

Name of Contact
John Sakoutis

City, State, Zip Code
Colts Neck, NJ 07722

Telephone Number

FACILITY INFORMATION

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

Street Address
736 Princeton Avenue

City
Brick

County
Ocean

County Code (7)

 /(STATE USE ONLY) /

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

ASCM No.

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

Street Address
1889 Route 9, Unit 61

City, State, Zip Code
Toms River, New Jersey 08755-1271

Telephone Number
732-349-9932

License Number
00624

Name of OSHA Monitor
E.M.S.L. Analytical

Street Address
1056 Stulton Road

City, State, Zip Code
Piscataway, New Jersey 08854

Square Feet 1000 sf

# of Floors 1

Bldg. Age 60

Square Feet

Current Use (Prior if being demolished)
Residence

Schedule Start Date (10)
9/3/13

Scheduled Completion Date (11)
9/4/13

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] >3 sf or ≥31 ft
- [X] ≥160 sf or ≥260 If
- [ ] Renovation
- [X] 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

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
Enclosure

Exterior
X

Asbestos siding
900 sf

X

Name of Registered Waste Hauler
Guardian Contracting, Inc.

NJDEP Waste Hauler ID No.
20223

Cubic Yards of Waste
3

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

City, State
Toms River, New Jersey

Disposal Date
9/5/13

City, State
Tullytown, Pennsylvania

Completed by (First or Type)
Nicholas Pernicola

Title
Project Manager

Signature

Date
9/3/2013

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

**Date of Notification (1)** September 3, 2013

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

**Street Address** 140 11th Ave.

**City** Seaside Park

**County** Ocean

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

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

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

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

**Residence**

**Street Address** 140 11th Ave.

**City** Seaside Park

**State** NJ

**Zip Code** 08752

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

**Street Address**

**City** Toms River

**State** NJ

**Zip Code** 08755

**Abatement Contractor (9)**

**Name of Abatement Contractor (9)**

**Street Address** 1889 Route 9, Unit 61

**City** Toms River

**State** NJ

**Zip Code** 08755

**Telephone Number** 732-249-9932

**License Number** 00624

**Name of OSHA Monitor** E.M.S.L. Analytical

**Street Address** 1056 Stetson Road

**City** Toms River

**State** NJ

**Zip Code** 08755

**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

**Square Feet**

- [X] 1000 sf

**# of Floors** 1

**Bldg. Age** 60

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

**Residence**

**Project Manager for Monitoring Firm**

**Telephone Number**

**Scheduled Start Date (10)**

**Scheduled Completion Date (11)**

**8/31/13**

**9/5/13**

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

- [ ] >3 sf or ≥160 If
- [X] ≥1600 sf or ≥2600 If
- [ ] Renovation
- [X] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [X] 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)** 800 sf

**Abatement Type**

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

| Exterior | X | Asbestos siding |

**Name of Registered Waste Hauler**

**Guardian Contracting, Inc.**

**NJDEP Waste Hauler ID No.** 20223

**Cubic Yards of Waste** 3

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

**City**

**State**

**Toms River, New Jersey**

**Disposal Date**

**9/6/13**

**Completed by (Print or Type)**

**Nicholas Fernicola**

**Title** Project Manager

**Signature**

**Date**

**9/3/2013**

*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>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 / 23 / 13</td>
<td>Princeton University-Office of Design and Construction</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ EPA</td>
<td>Initial</td>
<td>BRISTOL ENVIRONMENTAL, INC.</td>
</tr>
<tr>
<td>☑ DOLWD</td>
<td>Amended Amendment #2-8/30/13</td>
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<tr>
<td>☑ DHSS</td>
<td>Emergency (Including justification)</td>
<td></td>
</tr>
<tr>
<td>☑ DCA (NJAC 5.23)</td>
<td>Cancellation</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Washington Rd</td>
<td>Princeton, NJ 08544</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>ATC Associates Inc.</td>
<td>609-386-5800</td>
<td>215-788-5040</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>BRISTOL ENVIRONMENTAL, INC.</td>
<td></td>
<td></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>6 / 6 / 13</td>
<td>9 / 30 / 13</td>
<td>BRISTOL ENVIRONMENTAL, INC.</td>
</tr>
</tbody>
</table>

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

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

<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>
</tr>
</thead>
<tbody>
<tr>
<td>Throughout Levels C thru 2</td>
<td>☑</td>
<td>Floortile and mastic</td>
<td>15,675 SF</td>
</tr>
<tr>
<td>Throughout Levels 1 and 2</td>
<td>☑</td>
<td>Plaster</td>
<td>2,235 SF</td>
</tr>
<tr>
<td>Throughout Levels 1 and 2</td>
<td>☑</td>
<td>Pipe Insulation</td>
<td>1,655 LF</td>
</tr>
<tr>
<td>Level 2 - workarea #2A</td>
<td>☑</td>
<td>Parquet flooring and mastic</td>
<td>860 SF</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Disposal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>SERVICE TRANSPORT GROUP INC</td>
<td>City, State</td>
</tr>
<tr>
<td>NJDEP Waste Hauler ID No. 20990</td>
<td>NEWARK, DE 19720</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEWARK, DE 19720</td>
<td>8/30/13</td>
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</table>

ASB-41
MAY 11 2013

* Do not use this form for asbestos licensure exempted activities.
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 5:16)

Date of Notification (1) 5 / 23 / 13
Name of Building Owner/Operator (2) Princeton University-Office of Design and Construction

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

Type Notification
- Initial
- Amended Amendment #1-6/4/13
- Emergency (including justification)
- Cancellation

Street Address 200 Elm Dr.
City, State, Zip Code Princeton, NJ 08544
Name of Contact Robert Ortega

FACILITY INFORMATION

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

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

County Code (7) MERCER

Current Use (Prior if being demolished) Library

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

License No. 00509

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

Street Address 1123 BEAVER STREET

City, State, Zip Code BRISTOL, PA 19007

License No. 215-758-6548

Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.

Telephone No. 609-386-8800

License No. 215-758-6548

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

Type of Abatement: 7:00AM-3:30PM PM-

AM

Name of Registered Waste Haulier SERVICE TRANSPORT GROUP INC

NJDEP Waste Hauler ID No. 20990

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

City, State NEWARK, DE 19720

Disposal Date

City, State MORRISVILLE, PA 19067

Completed By (Print or Type) Brian Scafiro

Title Estimator

Signature Brian Scafiro

Date 6/13/13

Scope of Work (Check all that apply)

- 3 sf or < 23 ft
- 160 sf or < 260 ft
- Renovation
- Demolition

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>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Throughout Levels C thru 2</td>
<td>☒</td>
<td>☐</td>
<td>☐</td>
<td>Floortile and mastic</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Throughout Levels 1 and 2</td>
<td>☒</td>
<td>☐</td>
<td>☐</td>
<td>Plaster</td>
<td>☐</td>
<td>☐</td>
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<td>Throughout Levels 1 and 2</td>
<td>☒</td>
<td>☐</td>
<td>☐</td>
<td>Pipe Insulation</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Level 2 - workarea #2A</td>
<td>☒</td>
<td>☐</td>
<td>☐</td>
<td>Parquet flooring and mastic</td>
<td>☐</td>
<td>☐</td>
</tr>
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</table>

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount (Specify SF or LF)</th>
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</thead>
<tbody>
<tr>
<td>Floortile and mastic</td>
<td>16,875 SF</td>
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<tr>
<td>Plaster</td>
<td>2,235 SF</td>
</tr>
<tr>
<td>Pipe Insulation</td>
<td>1,655 LF</td>
</tr>
<tr>
<td>Parquet flooring and mastic</td>
<td>860 SF</td>
</tr>
</tbody>
</table>

Name of Registered Waste Haulier SERVICE TRANSPORT GROUP INC

NJDEP Waste Hauler ID No. 20990

Disposal Date

City, State MORRISVILLE, PA 19067

Completed By (Print or Type) Brian Scafiro

Title Estimator

Signature Brian Scafiro

Date 6/13/13

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

**State of New Jersey**

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>5 / 23 / 13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agencies Notified</td>
<td></td>
</tr>
<tr>
<td>✔ EPA 6.536</td>
<td></td>
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<tr>
<td>✔ DOLWD 6.550</td>
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</tr>
<tr>
<td>✔ DHSS 6.549</td>
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<tr>
<td>✔ DCA 6.529 (NJAC 5:23-8)</td>
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<table>
<thead>
<tr>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Princeton University-Office of Design and Construction</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>200 Elm Dr.</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State, Zip Code</td>
<td>Princeton, NJ 08544</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Robert Ortega</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Princeton University-Firestone Library</td>
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</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Washington Rd</th>
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<tbody>
<tr>
<td>City (5)</td>
<td>Princeton</td>
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<td>County (6)</td>
<td>MERCER</td>
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<table>
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<tr>
<th>County Code (7)</th>
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<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
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<tbody>
<tr>
<td>ATC Associates Inc.</td>
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</table>

<table>
<thead>
<tr>
<th>ASCM No.</th>
<th>00098</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>BRISTOL ENVIRONMENTAL, INC.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>1123 BEAVER STREET</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State, Zip Code</td>
<td>Burlington, NJ 08016</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>609-386-8800</td>
</tr>
<tr>
<td>License No.</td>
<td>215-788-6040</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>00509</td>
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</table>

| Start Date (10) | 6 / 6 / 13 |
| Scheduled Completion Date (11) | 8 / 31 / 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>
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<tr>
<td>Abatement Performed Outside of Normal Facility Hours - Describe</td>
</tr>
<tr>
<td>Time of Abatement: 7:00AM-3:30PM/6:00PM-11:00AM</td>
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<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
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<tbody>
<tr>
<td>Renovation</td>
</tr>
<tr>
<td>≥3 sf or ≥3 if</td>
</tr>
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</table>

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

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<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
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</table>

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<tr>
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<td>Throughout Levels 1 and 2</td>
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<td>860 SF</td>
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<tr>
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<tbody>
<tr>
<td>BRISTOL ENVIRONMENTAL, INC.</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>NJDEP Waste Hauler ID No.</th>
<th>18706</th>
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<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
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</thead>
<tbody>
<tr>
<td>720</td>
<td>G.R.O.W.S. NORTH LANDFILL</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>BRISTOL, PA 19007</th>
</tr>
</thead>
</table>

**Completed By (Print or Type)**

<table>
<thead>
<tr>
<th>Brian Scafiro</th>
</tr>
</thead>
</table>

**Title**

<table>
<thead>
<tr>
<th>Estimator</th>
</tr>
</thead>
</table>

**Signature**

| Brian Scafiro |

**Date**

| 3/2/13 |

---

*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)

Check #: 1713

Date of Notification: 09/01/13

Name of Building Owner/Operator: Jane Ferrara

Street Address: 473 Davison Street
City, State, Zip Code: Maywood, NJ 07607

Name of Contact: Jane Ferrara

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place: Private house

Street Address: 473 Davison Street
City, State, Zip Code: Maywood, NJ 07607

County Code: Bergen

Type of Facility: School (K-12) Subchapter 5 (Other than K-12)

Current Use: Private house

Square Feet: 

# of Floors: 

Bldg. Age: 

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

Name of Abatement Contractor: Gr Tech LLC

Street Address: 576 Valley Rd #283
City, State, Zip Code: Wayne, NJ 07470

License No.: 01127

Name of OSHA Monitor: Envirovision Consultants, Inc

Street Address: 20-21 Wagarow Rd, Bldg. #34A
City, State, Zip Code: Fair Lawn, NJ 07410

Occupancy Status During Abatement: Facility Closed/Vacated

Time of Abatement: AM, PM, AM

Scope of Work: Clean Up and decontamination

Abatement Type: Repair

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

Basement: Pipe insulation

Bathroom-second floor: VAT floor tiles

Crawl space: Pipe insulation

Amount (Specify SIF or LF): 95 LF

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

Name of Registered Waste Hauler: Gr Tech LLC

City, State: Wayne, NJ 07470

T.R.R.F., Inc

Disposal Date: TBD

Name of Registered Landfill: TBD

Tullytown, PA

Completed By: (Print or Type) Signature: [Signature]

N. Jevtic

Date: 09/01/2013

*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</th>
<th>Type of Notification</th>
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<tbody>
<tr>
<td>2 Sept 2013</td>
<td>Initial</td>
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<table>
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<tr>
<th>Agencies Notified</th>
<th>Name of Building Owner/Operator</th>
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</thead>
<tbody>
<tr>
<td>DOL</td>
<td>Darcy Koledzie</td>
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<tr>
<th>Street Address</th>
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<tbody>
<tr>
<td>109 &amp; 4th St</td>
<td>Sh. Bottom, N.J. 08008</td>
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</table>

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

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place</th>
<th>ASRM No.</th>
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</thead>
<tbody>
<tr>
<td>RES</td>
<td>Giberson Environmental LLC</td>
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</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Telephone No.</th>
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<tbody>
<tr>
<td>909 Wilbur Ave</td>
<td>908-938-3473</td>
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<table>
<thead>
<tr>
<th>Name of Abatement Contractor</th>
<th>License No.</th>
<th>Contract No.</th>
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<tr>
<td>Giberson Environmental LLC</td>
<td>01207</td>
<td>Fm</td>
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<table>
<thead>
<tr>
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<th>Scheduled Completion Date</th>
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<tr>
<td>12 Sept 2013</td>
<td>14 Sept 2013</td>
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<tr>
<th>Full Containment with Negative Pressure</th>
<th>Mini-Enclosure</th>
<th>Glovebag Procedure</th>
<th>Non-Friable</th>
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<td></td>
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<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
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<tbody>
<tr>
<td>TO BE ABATED IN Facility</td>
<td>(I.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
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<tr>
<td>Exterior</td>
<td>Exterior (siding)</td>
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<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Name of Registered Landfill</th>
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<tr>
<td></td>
<td>Groves Landfill</td>
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<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
<th>Disposal Date</th>
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<tbody>
<tr>
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<table>
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<tr>
<th>Name of Registered Waste Hauler</th>
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<tbody>
<tr>
<td></td>
<td>239 Y32</td>
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<table>
<thead>
<tr>
<th>City, State</th>
<th>Completed By</th>
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</thead>
<tbody>
<tr>
<td>Sh. Bottom, N.J.</td>
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<table>
<thead>
<tr>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Owner</td>
<td>F.Giberson</td>
<td>2 Sept 2013</td>
</tr>
</tbody>
</table>

* Do not use this form for asbestos licensure exempted activities.
**STATE OF NEW JERSEY DEPARTMENT OF LABOR NOTIFICATION OF ASBESTOS ABATEMENT**  
**ISES CHECK # 10577**

**Date of Notification (1)**  
08/29/2013

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

**Street Address**  
1122 Garden St.

**City, State, Zip Code**  
Hoboken, NJ

**Name of Contact**  
Robert Raymond Jenny

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

**Street Address**  
1122 Garden St.

**City (5)**  
Hoboken

**County (8)**  
Hudson

**Name of Monitoring Firm Hired by Bldg. Owner (8)**  
ASCN No. N/A

**Project Manager for Monitoring Firm**  
N/A

**Scheduled Start Date (10)**  
09/10/2013

**Occupancy Status During Abatement (Check only one)**  
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours -
- Other - Describe: Work area in basement unoccupied during abatement

**Source of Work (Check all that apply)**  
- Demolition
- Minor Project (< 25 SF or < 10 LF ACM)
- Small Project (25 < 160 SF or > 10 < 260 LF ACM)
- Large Project (> 160 SF or > 260 LF ACM)

**Location of Asbestos-Containing Material (ACM) To be Abated in Facility (13)**  
- Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)
  - YES
  - NO
  - N/A

**Basement Area**  
X TSI Pipe Insulation

**Location of Asbestos-Containing Material (ACM)**  
TSI Pipe Insulation

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

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

**Location of Reg. Waste Hauler**  
NEWARK CARTING

**Waste Hauler ID #**  
04509

**Cubic Yards of Waste**  
10

**Name of Reg. Landfill**  
IESI BETHELHEM LANDFILL

**City, State**  
BETHELHEM, PA 18015

**Disp. Date**  
09/15/2013

**Completed by (Print or Type)**  
David Camacho  
Project Supervisor

**Date**  
08/31/2013
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

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<td>Type Notification</td>
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<td>✔ DOLWD</td>
<td>Amended</td>
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<tr>
<td>✔ DHSS</td>
<td>Amendment #3-8/30/13</td>
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<td>✔ DCA (NJAC 5:23-8)</td>
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<td>✔ Cancellation</td>
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<td>City, State, Zip Code</td>
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<tr>
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<tr>
<td>FACILITY INFORMATION</td>
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<td>Street Address</td>
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<td>Princeton</td>
</tr>
<tr>
<td>County (6)</td>
<td>MERCER</td>
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<tr>
<td>County Code (7)(STATE USE ONLY)</td>
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</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>ATC Associates Inc.</td>
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</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Burlington, NJ 08016</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Michael Keehn</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>609-386-8800</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>BRISTOL ENVIRONMENTAL, INC.</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>215-788-5040</td>
</tr>
<tr>
<td>License No.</td>
<td>00509</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>6 / 5 / 13</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>9 / 30 / 13</td>
</tr>
<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 - Describe Time of Abatement: 7:00AM-3:30PM/ 6PM-8AM</td>
<td></td>
</tr>
<tr>
<td>Scope of Work (Check all that apply)</td>
<td></td>
</tr>
<tr>
<td>✔ 3 sf or 30 if</td>
<td></td>
</tr>
<tr>
<td>☐ 160 sf or 260 sf</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>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED</td>
<td></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 No N/A</td>
</tr>
<tr>
<td>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td>4 SF</td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td></td>
</tr>
<tr>
<td>Abatement Type</td>
<td></td>
</tr>
<tr>
<td>Level 1 work area #NF1A</td>
<td>Plaster</td>
</tr>
<tr>
<td>First Floor Hallway</td>
<td>Floor Tile</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>SERVICE TRANSPORT GROUP INC</td>
</tr>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
<td>20990</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>G.R.O.W.S. NORTH LANDFILL</td>
</tr>
<tr>
<td>City, State</td>
<td>NEWARK, DE 19720</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>20990</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>G.R.O.W.S. NORTH LANDFILL</td>
</tr>
<tr>
<td>City, State</td>
<td>NEWARK, DE 19720</td>
</tr>
<tr>
<td>Completed By (Print or Type)</td>
<td>Brian Scafro</td>
</tr>
<tr>
<td>Title</td>
<td>Estimator</td>
</tr>
<tr>
<td>Signature</td>
<td>Brian Scafro</td>
</tr>
<tr>
<td>Date</td>
<td>9/30/13</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 8:60 and 5:16)

Date of Notification (1)
5 / 23 / 13

Name of Building Owner/Operator (2)
Princeton University-Office of Design and Construction
Street Address
200 Elm Dr.
City, State, Zip Code
Princeton, NJ 08544
Name of Contact
Robert Ortega

FACILITY INFORMATION
Name of Facility Where Abatement is Taking Place (3)
Princeton University-Firestone Library
Street Address
Washington Rd
City (5)
Princeton
County (6)
MERCER
County Code (7) (STATE USE ONLY)
Current Use (Prior if being demolished)
Library

Name of Monitoring Firm Hired by Building Owner (8)
ATC Associates Inc.
ASCM No.
00098
Name of Abatement Contractor (9)
BRISTOL ENVIRONMENTAL, INC.
Street Address
1123 BEAVER STREET
City, State, Zip Code
Burlington, NJ 08016
Telephone No.
809-368-8800
License No.
00509

Start Date (10)
6 / 5 / 13
Scheduled Completion Date (11)
9 / 30 / 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: 6:00AM-8:30PM/6:00AM
□ Yes
□ No
□ N/A
Scope of Work (Check all that apply)
□ ≥3 ft or ≥5 if
□ ≥160 sq ft or ≥240 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
□ Yes
□ No
□ N/A

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

Abatement Type
□ Removal
□ Repair
□ Encapsulate
□ Enclose

Various locations on level 1
□ pipe insulation
59 LF
□ window caulk
5,000 LF
□ cleanup of loose debris (2600SF)
100 SF
□ Clean/demolition of duct work (uninsulated)
8,220 SF

Name of Registered Waste Hauler
SERVICE TRANSPORT GOURP INS
NJDEP Waste Hauler ID No.
209590
Cubic Yards of Waste
Disposal Date
City, State
G.R.O.W.S. NORTH LANDFILL
MORRISVILLE, PA 19067

Completed By (Print or Type)
Brian Scafino
Title
Estimator
Signature
Date
8/30/13
* 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 (1):** 5 / 23 / 13

**Name of Building Owner/Operator (2):**
Princeton University-Office of Design and Construction

**Street Address:**
200 Elm Dr.
SEP 6 2013

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

**Name of Contact:**
Robert Ortega

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3):**
Princeton University-Firestone Library

**Street Address:**
Washington Rd

**City (5):**
Princeton

**County (6):**
MERCER

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

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

**ASCM No.:** 00098

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

**Street Address:**
1123 BEAVER STREET

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

**Project Manager for Monitoring Firm:**
Michael Keehn

**Telephone No.:** 609-386-8500

**License No.:** 215-788-6040

**Start Date (10):** 6 / 5 / 13

**Scheduled Completion Date (11):** 8 / 31 / 13

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

**Square Feet # of Floors Bldg. Age:**

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

**Occupancy Status During Abatement (Check only one):**
- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM / 5 PM - 2 AM

**Scope of Work (Check all that apply):**
- [X] 23 sf or ≥ 23 if
- [X] ≥ 160 sf or ≥ 260 sf

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

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

**Abatement Type:**
- [X] Removal
- [ ] Repair
- [ ] Encapsulate
- [ ] Endorse

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

<table>
<thead>
<tr>
<th>Level 1 work area #NF1A</th>
<th>Plaster</th>
<th>4 SF</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Floor Hallway</td>
<td>Floor Tile</td>
<td>260 SF</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:**
SERVICE TRANSPORT GROUP INC

**Cubic Yards of Waste:**

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

**City, State:**
MORRISVILLE, PA 19067

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

**Title:** Estimator

**Signature:** Brian Scalfio

**Date:** 8/6/13

*Do not use this form for asbestos license examination evaluation.*

---

**Observation:**
- The form indicates that the abatement involves a library in Princeton, NJ, and the work was performed by Bristol Environmental, Inc. The scope of work includes removal of asbestos-containing materials. The abatement took place between June 5 and August 31, 2013.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:80 and 5:18)

Date of Notification (1)  
5 / 23 / 13

Name of Building Owner/Operator (2)  
Princeton University-Office of Design and Construction

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

Type Notification  
☑ Initial  
☑ Amended  
Amendment #2-6/6/13  
☐ Emergency (including justification)  
☐ Cancellation

Street Address  
200 Elm Dr.
City, State, Zip Code  
Princeton, NJ 08544

Name of Contact  
Robert Ortega

FACILITY INFORMATION

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

Street Address  
Washington Rd
City (5)  
Princeton

County (6)  
MERCE

County Code (7) (STATE USE ONLY)  

Current Use (Prior to being demolished)  
Library

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

ASCN No.  
00058

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

Street Address  
1123 BEAVER STREET
City, State, Zip Code  
BRISTOL, PA 19007

Project Manager for Monitoring Firm  
Michael Keehn

Telephone No.  
609-386-8800

License No.  
00509

Start Date (10)  
6 / 5 / 13

Scheduled Completion Date (11)  
8 / 31 / 13

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

Time of Abatement: 7:00AM-3:30PM/5PM-2AM

Scope of Work (Check all that apply)  
☐ ≥3 sf or ≥3 ft
☐ ≥100 sf or ≥360 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)

Yes No N/A

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

Endorsement

Name of Registered Waste Hauler  
SERVICE TRANSPORT GOURP INS

NJDDE Waste Hauler ID No.  
20590

Cubic Yards of Waste  

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

City, State  
NEWARK, DE 19720

Completed By (Print or Type)  
Brian Scafaro
Title  
Estimator

Signature  
Brian Scafaro
Date  
8/6/13

ASB-43

* 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>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 / 23 / 13</td>
<td>Princeton University-Office of Design and Construction</td>
</tr>
</tbody>
</table>

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

### Type Notification
- [ ] Initial
- [ ] Amended Amendment #1-6/4/13
- [ ] Emergency (including justification)
- [ ] Cancellation

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

### Street Address
Washington Rd

### City (5)
Princeton

### County (6)
MERCER

### County Code (?)(STATE USE ONLY)

### Current Use (Prior to being demolished)
Library

### Name of Monitoring Firm Hired by Building Owner (6)
ATC Associates Inc.

### ASCM No.
00058

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

### Street Address
1123 BEAVER STREET

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

### Project Manager for Monitoring Firm
Michael Keehn

### Telephone No.
609-386-8800

### Start Date (10)
6 / 5 / 13

### Scheduled Completion Date (11)
8 / 31 / 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: 7:00AM-8:00PM/ PM-8:00AM

### Scope of Work (Check all that apply)
- [ ] 30 sf or >= 30 ft
- [ ] >= 150 sf or >=260 ft
- [ ] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pipe insulation</td>
<td>50 LF</td>
</tr>
<tr>
<td>Window caulking</td>
<td>5,000 LF</td>
</tr>
<tr>
<td>Cleanup of loose debris (2700 SF)</td>
<td>100 SF</td>
</tr>
<tr>
<td>Clean/demolition of duct work</td>
<td>8,220 SF</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)
- [ ] Yes
- [ ] No
- [ ] N/A

### Name of Registered Waste Hauler SRVICE TRANSPORT GOURP INS

### NJDEP Waste Hauler ID No.
20090

### Cubic Yards of Waste

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

### City, State
NEWARK, DE 07120

### Disposal Date

### Completed By (Print or Type)
Brian Scafiro

### Title
Estimator

### Signature

### Date
6/4/13
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 5 / 23 / 13
Name of Building Owner/Operator (2) Princeton University-Office of Design and Construction

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

Type Notification
- Initial
- Amended Amendment #1-6/14/13
- Emergency (including justification)
- Cancellation

Street Address
200 Elm Dr.

City, State, Zip Code
Princeton, NJ 08544

Name of Contact
Robert Ortega

FACILITY INFORMATION

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

Street Address
Washington Rd

City (5)
Princeton

County (6)
MERCER

County Code (7) (STATE USE ONLY)

Current Use (Prior to being demolished)
Library

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

ASCM No.
00098

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

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

Start Date (10)
6 / 5 / 13

Scheduled Completion Date (11)
8 / 31 / 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: 7:00AM-3:30PM/ PM-

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
- Encapsulate
- Enclose

Level 1 work area #NF1A
- Yes
- No
- N/A

Name of Registered Waste Hauler
SERVICE TRANSPORT GROUP INC

NJ/DEP Waste Hauler ID No.
20990

Cubic Yards of Waste

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

City, State
NEWARK, DE 07172

Disposal Date

City, State
MORRISVILLE, PA 19067

Completed By (Print or Type)
Brian Scalfio

Title
Estimator

Signature

Date
6/4/13
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 8:16)

Date of Notification (1):

Agencies Notified
- EPA 6.5.34
- DOLWD 6.5.50
- DHSS 6.5.48
- DCA 6.5.29 (NJAC 5:23-8)
Type Notification
- Initial
- Amended Amendment #
- Emergency (including justification)
- Cancellation

Name of Building Owner/Operator (2):
Princeton University-Office of Design and Construction

Street Address:
200 Elm Dr.
Princeton, NJ 08544

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

City (5):
Princeton

County (6):
MERCE

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

Project Manager for Monitoring Firm:
Michael Keoh

Start Date (10):
6 / 5 / 13
Scheduled Completion Date (11):
8 / 31 / 13

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

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

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

- Various locations on level 1
- Exterior
- Above ceiling level 1 main lobby
- Level A
- Name of Registered Waste Hauler:
  BRISTOL ENVIRONMENTAL, INC.
  NJDEP Waste Hauler ID No. 18706
  Cubic Yards of Waste:
  Name of Registered Landfill:
  G.R.O.W.S. NORTH LANDFILL

Cubic Yards of Waste:

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

Street Address:
1123 BEAVER STREET
Burlington, NJ 08016

Telephone No.:
609-366-8800

License No.:
215-788-6040

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

Amount (Specify SF or LF):
- 59 LF
- 5,000 LF
- 100 SF
- 8,220 SF

Abatement Type:
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Gloves Bag Procedure
- Non-Exempted (*) and Non-Friable Procedure

Signature:
Brian Scafaro

Completed By (Print or Type):
Brian Scafaro

Title:
Estimator

Date: 5/8/13
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)

| 5 | 23 | 13 |

Agencies Notified
☐ EPA  ☑ DOLWD  ☑ DHSS  ☑ DCA (NJAC 5:23-6)
Type Notification
☐ Initial  ☑ Amended  ☑ Amendment #
☐ Emergency (including justification)  ☑ Cancellation

Name of Building Owner/Operator (2)
Princeton University-Office of Design and Construction
Street Address
200 Elm Dr.
City, State, Zip Code
Princeton, NJ 08544

Name of Contact
Robert Ortega

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Princeton University-Firestone Library
Street Address
Washington Rd
City (5)
Princeton
County (6)
MERCIER

County Code (7)

Current Use (Prior if being demolished)
Library

ASCM No.
00098
Name of Abatement Contractor (9)
BRISTOL ENVIRONMENTAL, INC.

Project Manager for Monitoring Firm
Michael Keehn

Telephone No.
609-386-8800

License No.
215-788-6040
00509

Start Date (10)
6 / 5 / 13

Scheduled Completion Date (11)
8 / 31 / 13

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL, INC.

Street Address
1123 BEAVER STREET
City, State, Zip Code
BRISTOL, PA 19007

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

Scope of Work (Check all that apply)
☐ > 3 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 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)
4 SF

Abatement Type
 ☐ Partial  ☐ Demolition  ☐ Encapsulation  ☐ Endurance

Name of Registered Waste Hauler
BRISTOL ENVIRONMENTAL, INC.

NJDEP Waste Hauler ID No.
18705
Cubic Yards of Waste

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

City, State
BRISTOL, PA 19007
Disposal Date

City, State
MORRISVILLE, PA 19067

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

Date
5/23/13
**State of NJ**  
**Notification of Asbestos Abatement**  
(Pursuant to NJAC 8:60 and 12:120)

**Date of Notification (1)**  
10/19/13  

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

**Street Address**  
502 LINDEN PLACE  

**City, State, Zip Code**  
CRANFORD, NJ 07016  

**Name of Contact**  
CHRIS BATH  

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

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

**Name of facility where abatement is taking place (3)**  
CHRIS BATH  

**Street Address**  
502 LINDEN PLACE  

**County (6)**  
UNION  

**County Code (7)**  
(State use only)  

**Name of Monitoring Firm Hired by Bldg. Owner (5)**  

**ASCM No.**  

**Name of Abatement Contractor (9)**  
D & S RESTORATION, INC.  

**Street Address**  
20 California Ave.  

**City, State, Zip Code**  
Paterson, NJ 07503  

**Telephone Number**  
973-345-8020  

**License Number**  
01169  

**Occupancy Status During Abatement (Check only one)**  
- Facility closed/vacated during entire period of abatement  
- Abatement performed outside of normal facility hours  
- Other-Describe: NORMAL HOURS

**Start Date (10)**  
09/17/13  

**Sched. Completion Date (11)**  
09/30/13  

**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)**  
- PIPE INSULATION

**Description of asbestos-containing material (ACM)**  
- 305 L FT

**Registered Waste Hauler**  
D & S RESTORATION, INC.  

**NJDEP Hauler ID#**  
13506  

**Cubic Yards of Waste**  
4 YDS

**Name of Registered Landfill**  
TULLYTOWN, RESOURCE RECOVERY  

**City, State**  
TULLYTOWN, PA  

**Disposal Date**  
09/17/13  

**Name of Registered Landfill**  
TULLYTOWN, RESOURCE RECOVERY  

**City, State**  
TULLYTOWN, PA  

**Completed by (Print or Type)**  
Bogdan Joldzic  

**Title**  
PRESIDENT  

**Signature**  
09/03/2013

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

Date of Notification (1) 1/01/13

Name of Building Owner/Operator (2) BELLEVILLE INDUSTRIAL PROPERTIES

Agencies Notified

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>□ DEP</td>
<td>Amended Amendment #</td>
</tr>
<tr>
<td>□ DOL</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>□ DOH</td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

Name of Building Owner/Operator (2) BELLEVILLE INDUSTRIAL PROPERTIES

Street Address 141 LANZA AVENUE

City, State, Zip Code GARFIELD, NJ 07026

Name of Contact BILL EVANS

Telephone Number 973-345-8020

FACILITY INFORMATION

Name of facility where abatement is taking place (3) COMMERCIAL BUILDING

Street Address 65-67 MAIN STREET

City (5) BELLEVILLE

County (6) ESSEX

County Code (7) ESSEX

Name of Monitoring Firm Hired by Bldg. Owner (6) ASCM No.

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

Street Address 20 California Ave.

City, State, Zip Code Paterson, NJ 07503

Telephone Number 973-345-8020 License Number 01169

Name of OSHA Monitor D & S Restoration, Inc.

Street Address 20 California Avenue

City, State, Zip Code Paterson, NJ 07503

Start Date (10) 09/17/13 Sched. Completion Date (11) 09/30/13

Occupancy Status During Abatement (Check only one)

□ Facility closed/evacuated during entire period of abatement.
□ Abatement performed outside of normal facility hours-
Describe: NORMAL HOURS

□ Other-Describe: NORMAL HOURS

Scope of Work (check all that apply)

□ > 2 sf or > 2 lf □ Renovation
□ > 60 sf or > 260 lf □ Demolition

Location of asbestos-containing material (ACM) to be abated in facility (15)

Yes No N/A Description of asbestos-containing material (ACM)

Amount (Specify SF or LF) 1620 SQ FT

Removal Repair Encap Encrl

FULL CONTAINMENT W/NEGATIVE PRESSURE

□ Full Containment w/negative pressure
□ Mini-enclosure
□ Glovebag procedure
□ Non-Exempted (*) and Non-friable procedure

BUILDING EXTERIOR

ROOF/ROOF FLUSHING 1620 SQ FT

Registered Waste Hauler D & S RESTORATION, INC.

NJDEP Hauler ID# 13506 Cubic Yards of Waste 16 YDS

Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY

City, State PATTERSON, NJ 07503 Disposal Date 09/18/13

Completed by (Print or Type) BOGDAN JOLDZIC Title PRESIDENT

Date 09/03/13

Signature

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

D&S Proj. #: 2013

Date of Notification (1)
10 11 12 13 14

Name of Building Owner/Operator (2)
AL MILLS

Name of Contact
AL MILLS

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

Type Notification
☑ Emergency
☐ Initial
☐ Amended

Street Address
2 KENMUIR AVENUE
MORRISTOWN, NJ

City, State, Zip Code
MORRISTOWN, NJ

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
AL MILLS

Street Address
2 KENMUIR AVENUE

City (5) COUNTY (6) COUNTY CODE (7)
MORRISTOWN

Name of Monitoring Firm Hired by Bldg. Owner (8)

ASCM No.

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

Street Address
20 California Ave.
PATERSON, NJ 07503

City, State, Zip Code
PATERSON, NJ 07503

License Number
973-346-8020 01160

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

Square Feet # of Floors Bldg. Age

Current Use (Prior if being demolished)

Start Date (10) Sched. Completion Date (11)
09/03/13 09/10/13

Occupancy Status During Abatement (Check only one)
☐ Facility closed/vacated during entire period of abatement.
☐ Abatement performed outside of normal facility hours-
Describe:
☒ Other-Describe: NORMAL HOURS

Scope of Work (check all that apply)
☒ >3 sf or >3 lfl
☐ >160 sf or >260 lfl
☐ Demolition

Location of asbestos-containing material (ACM) to be abated in facility (13)

Description of asbestos-containing material (ACM)

Amount

Full Containment w/negative pressure
Mini-enclosure
Glovebag procedure
Non-Exempted (*) and Non-friable procedure

Removal
Repair
Enclosure

Registered Waste Hauler
D & S RESTORATION, INC.

NJDEP Hauler ID# 13506

Cubic Yards of Waste 1 YD

Name of Registered Landfill
TULLYTOWN, RESOURCE RECOVERY

Disposal Date 09/04/13

City, State
PATERSON, NJ 07503

Completed by (Print or Type)
BOGDAN JOLDZIC

Title PRESIDENT

Signature

Date 09/03/2013

ASB-41

* Do not use this form for asbestos licensure exempted activities.
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1):
10/19/2013

Name of Building Owner/Operator (2):
AL MILLS

2 KENMUIR AVENUE
MORRISTOWN, NJ

Name of Contact:
AL MILLS

FACILITY INFORMATION

Name of facility where abatement is taking place (3):

2 KENMUIR AVENUE
MORRISTOWN

Type of Facility (4):
Other (Private/Commercial Bldgs./Homes, etc.)

Name of Abatement Contractor (6):
D & S RESTORATION, INC.

Square Feet:

City, State, Zip Code:
20 California Ave.
PATERSON, NJ 07503

# of Floors:

Name of ASCM No.:

Bldg. Age:

Current Use (Prior if being demolished):

ASCM No.:

Telephone Number:

License Number:

Name of OSHA Monitor:
D & S Restoration, Inc.

Street Address:
20 California Avenue

City, State, Zip Code:
PATERSON, NJ 07503

Type of Abatement:

Occupancy Status During Abatement (Check only one):

Scopes of Work (Check all that apply):

Location of asbestos-containing material (ACM) to be abated in facility (13):

BASEMENT:

Location Description (ACM) to be removed:

Amount (Specify SF or LF):

Removal Method:

Rehabilitation:

Encapsulation:

Disposal:

Registered Waste Hauler:

Name of Registered Landfill:

City, State:

Disposal Date:

Completion Date:

Signature:

Date:

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

SEPATH. 09. 2013 (TUE) 09:07 COMMUNICATION No. 7 PAGE 1
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
10/19/13

Name of Building Owner/Operator (2)
DR. WAYNE YANKUS

Agencies Notified
☐ EPA ☒ Initial
☐ DEP ☐ Amended
☒ DOL ☒ Emergency (including justification)
☐ DOH ☐ Cancellation

Street Address
358 EVERGREEN PLACE

City, State, Zip Code
RIDGEWOOD, NJ 07450

Name of Contact
DR. WAYNE YANKUS

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
DR. WAYNE YANKUS

Street Address
358 EVERGREEN PLACE

City (5) County (6) County Code (7)
RIDGEWOOD BERGEN—

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

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

Street Address
20 California Ave.

City, State, Zip Code
Paterson, NJ 07503

Telephone Number
973-345-8020

License Number
01169

Name of OSHA Monitor
D & S Restoration, Inc.

Street Address
20 California Avenue

City, State, Zip Code
Paterson, NJ 07503

Occupancy Status During Abatement (Check only one)
☐ Facility closed/vacated during entire period of abatement.
☒ Abatement performed outside of normal facility hours—
Describe: NORMAL HOURS

Start Date (10)
09/16/13

Sched. Completion Date (11)
09/30/13

Scope of Work (check all that apply)
☒ >3 sf or >3 lf
☒ Renovation
☐ ≥160 sf or >260 lf
☐ 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 ☐

Description of asbestos-containing material (ACM)
PIPE INSULATION

Amount (Specify SF or LF)
170 L FT

Removal Repair Encapsulation
☒ ☐ ☐

Registered Waste Hauler
D & S RESTORATION, INC.

NJDEP Hauler ID# 13506

Cubic Yards of Waste
2 YDS

Name of Registered Landfill
TULLYTOWN, RESOURCE RECOVERY

City, State
Paterson, NJ 07503

Disposal Date
09/17/13

Completed by (Print or Type)
BOGDAN IOLDZIC
Title PRESIDENT

Signature

Date 09/03/13 2013

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

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

### Street Address  
41 STOCKER ROAD

### City, State, Zip Code  
VERONA, NJ 07503

### Name of Contact  
JAMES STOCKER

### Telephone Number

#### FACILITY INFORMATION

##### Name of facility where abatement is taking place (3)

**JAMES STOCKER**

### Street Address  
41 STOCKER ROAD

### City, State, Zip Code  
VERONA, NJ 07503

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

### Name of Abatement Contractor (9)  
**D & S RESTORATION, INC.**

### Street Address  
20 California Ave.

### City, State, Zip Code  
Paterson, NJ 07503

### Telephone Number  
973-345-8020

### License Number  
01169

### Name of OSHA Monitor  
**D & S Restoration, Inc.**

### Street Address  
20 California Avenue

### City, State, Zip Code  
Paterson, NJ 07503

### Start Date (10)  
09/13/13

### Sched. Completion Date (11)  
09/30/13

### Occupancy Status During Abatement (Check only one)  
- [ ] Facility closed/vacated during entire period of abatement.
- [ ] Abatement performed outside of normal facility hours.
- [x] Other—Describe: NORMAL HOURS

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

### Location of asbestos-containing material (acm) to be abated in facility (13)  

<table>
<thead>
<tr>
<th>BASMENT (BOILER &amp; STORAGE)</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
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<tbody>
<tr>
<td>PIPE INSULATION</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Description of asbestos-containing material (ACM)  

- [x] PIPE INSULATION

### Amount (Specify SF or LF)  
60 LF

### Registered Waste Hauler  
**D & S RESTORATION, INC.**

<table>
<thead>
<tr>
<th>NJDEP Hauler ID#</th>
<th>13506</th>
</tr>
</thead>
</table>

### Cubic Yards of Waste  
1 YD

### Name of Registered Landfill  
**TULLYTOWN, RESOURCE RECOVERY**

### City, State  
PATerson, NJ 07503

### Disposal Date  
09/13/13

### Completed by (Print or Type)  
**BOGDAN JOLDZIC**

### Title  
PRESIDENT

### Signature  

### Date  
09/03/2013

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