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

Date of Notification (1)
09 / 6 / 13

Name of Building Owner/Operator (2)
St. Luke's - Warren Campus

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

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

Street Address
185 Roseberry Street
City, State, Zip Code
Phillipsburg, NJ 08865

Name of Contact
Ted Ruhn

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
St. Luke's Hospital - Warren Campus

Street Address
185 Roseberry Street
City (8)
Phillipsburg, NJ
County (9)
Warren

County Code (7)/STATE USE ONLY

Square Feet
150000
# of Floors
5
Bldg. Age
60

Current Use (Prior if being demolished)

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

ASCM No.
00021

Name of Abatement Contractor (9)
Alliance Environmental Systems

Street Address
28 N. Pennell Road
City, State, Zip Code
Media, PA 19063

Project Manager for Monitoring Firm
Eric Housekenacht

Telephone No.
(800) 999-6238

License No.
00508

Name of OSHA Monitor
AET

Start Date (10)
09 / 20 / 13

Scheduled Completion Date (11)
09 / 20 / 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: 7AM-____PM/3:30PM-____AM

Scope of Work (Check all that apply)

- ≥3 sf or ≥3 ft
- ≥160 sf or ≥269 ft

- Renovation
- Demolition

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

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

Yes
No
N/A

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

Amount (Specify SF or LF)

Abatement Type

Endorse
Repair
Remove

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

NJDEP Waste Hauler ID No.
18947

Cubic Yards of Waste
.25

Name of Registered Landfill
BFI Imperial

City, State
Hazelton, PA

Disposal Date
TBD

City, State
Imperial, PA

Completed By (Print or Type)
John Heemer

Title
Estimator

Signature

Date
09/01/13

* 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)

Date of Notification (1) 9 / 6 / 13 Name of Building Owner/Operator (2) Urban Promise Ministries

Agencies Notified  • EPA  • DOLWD  • DHSS  • DCA (NJAC 5:23-6)
Type Notification  • Initial  • Amended  • Amendment #0  • Emergency (including justification)  • Cancellation

Street Address P.O. Box 1479
City, State, Zip Code Camden, NJ 08105
Name of Contact Jodina Hicks Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Urban Promise Ministries
Street Address 25-27 N. 36th Street
City (5) Camden, NJ 08105
County (6) Camden
County Code (7)/STATE USE ONLY
Square Feet 8000 # of Floors 1 Blg. Age 60+

Name of Monitoring Firm Hired by Building Owner (8) ASCM No. NA Name of Abatement Contractor (9) Alliance Environmental Systems
Street Address 700 Turner Way
City, State, Zip Code Aston, PA 19014

Project Manager for Monitoring Firm Dave Brown Telephone No. 610-558-8902

Start Date (10) 9 / 23 / 13 Scheduled Completion Date (11) 10 / 11 / 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: ZAM____ PM3:30PM-____ AM

Scope of Work (Check all that apply)
• ≥3 sf or ≥3 ft
• ≥160 sf or ≥250 ft
• Renovation  • Demolition  • Full Containment with Negative Pressure
• Glovebag Procedure  • Non-Exempted (*) and Non-Friable Procedure

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

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

<table>
<thead>
<tr>
<th>VAT / Mastic</th>
<th>Textured Ceiling</th>
<th>Pipe Insulation</th>
<th>Caulk</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Yes</td>
<td>☑ Yes</td>
<td>☑ Yes</td>
<td>☑ Yes</td>
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Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
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<tr>
<td>2935 SF</td>
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Abatement Type

<table>
<thead>
<tr>
<th>Format</th>
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</thead>
<tbody>
<tr>
<td>☑ Yes</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name of Registered Landfill Allied BFI Imperial</th>
</tr>
</thead>
</table>
| Disposal Date TBD
| City, State Imperial, PA |

Completed By (Print or Type) Mark Griffin Title Estimator

Signature Date 9/6/13

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>09/06/2013</th>
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</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Dhaval Patel</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>Type Notification</td>
</tr>
<tr>
<td>EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended</td>
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<td>DOL</td>
<td>Amendment #</td>
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<tr>
<td>DOH</td>
<td>Emergency (including justification)</td>
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<tr>
<td>DCA</td>
<td>Cancellation</td>
</tr>
<tr>
<td>Street Address</td>
<td>22 Studtmaner Drive</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Clifton, NJ 07013</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Dhaval Patel</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 | 48 Sicard Street |
| City (5) | New Brunswick |
| County (6) | Middlesex |
| County Code (7) (STATE USE ONLY) | |
| Current Use (Prior to being demolished) | Vacant Residence |
| Type of Facility (4) | |
| School (K-12) | |
| Subchapter B (Other than K-12) | |
| Other (i.e., private & commercial buildings, homes, etc.) | |
| Square Feet | 1,500 SF |
| # of Floors | 2 |
| Bldg. Age | 60+ |
| Name of Monitoring Firm Hired by Building Owner (8) | N/A |
| ASCM No. | |
| Name of Abatement Contractor (9) | DIA General Construction, Inc. |
| Street Address | 1360 Clifton Avenue, PMB Suite 218 |
| City, State, Zip Code | Clifton, NJ 07012 |
| Project Manager for Monitoring Firm | |
| Telephone No. | |
| Start Date (10) | 09/17/2013 |
| Scheduled Completion Date (11) | 09/18/2013 |
| Occupancy Status During Abatement (Check only one) | |
| Facility Closed/Vacated During Entire Period of Abatement | |
| Abatement Performed Outside of Normal Facility Hours | |
| Other - Describe: | |
| 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) | |
| Yes | No | N/A |
| Exterior | Window Caulking | |
| Window Caulking | |
| Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | |
| Amount (Specify SF or LF) | 100 LF |
| Abatement Type | |
| Full Containment with Negative Pressure | |
| Encapsulation | |
| Non-Exempted (*) and Non-Friable Procedure | |
| Minerva Landfill | |
| Name of Registered Waste Hauler | |
| Service Transport Group | |
| City, State | |
| New Castle, DE | |
| Completed By | Krutarth Jagad |
| Title | Project Manager |
| Signature | Date | 09/06/2013 |

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:56 and 5:16)

Date of Notification (1)  09 / 6 / 13

Name of Building Owner/Operator (2)  Somerset Educational Services Commission

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

Type Notification  
Initial  
Amended  
Emergency (including justification)  
Cancellation

Street Address  7 Finderne Ave

City, State, Zip Code  Bridgewater NJ

Name of Contact  John Davis

Telephone Number

FACILITY INFORMATION

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

Street Address  7 Finderne Ave

City (5)  Bridgewater

County (6)  Somerset

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

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)  Briggs Associates

ASCM No.  
Name of Abatement Contractor (9)  ALL PRO MANAGEMENT LLC

Street Address  3 Crosswick St

City, State, Zip Code  Bordentown NJ

Project Manager for Monitoring Firm  Michael Hoobak

Telephone No.  609 288 5520

Telephone No.  973 928 4888

License No.  1188

Start Date (10)  09 / 16 / 13

Scheduled Completion Date (11)  10 / 16 / 13

Name of OSHA Monitor  ALL PRO MANAGEMENT LLC

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

Time of Abatement: AM - PM / PM - AM

Scope of Work (Check all that apply)

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

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

(13)

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

Yes  No  N/A

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

Amount (Specify SF or LF)

Abatement Type

- Removal
- Repair
- Encapsulate

Name of Registered Waste Hauler

ALL PRO MANAGEMENT LLC

Cubic Yards of Waste
As Needed

Name of Registered Landfill  IESI Landfill

City, State  Garfield NJ

Completed By (Print or Type)  Zvonko Veskov

Title  President

Signature

Disposal Date  TBD

City, State  Bethlehem, PA

Date  9/6/13

* 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)
09/06/2013

Name of Building Owner/Operator (2)
Borough of Leonia

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

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

Name of Facility Where Abatement is Taking Place (3)
Leonia Recreation Center

Street Address
370 Broad Street

City (5)
Leonia

County (6)
Bergen

County Code (7) (STATE USE ONLY) ________

Current Use (Prior if being demolished)
recreation center

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)
Kielczewski Corporation

Street Address
235 Watchung Ave

City, State, Zip Code
West Orange NJ 07092

Project Manager for Monitoring Firm

Telephone No.
Telephone No. 973-243-9872

License No. 01171

Start Date (10)
09/09/2013

Scheduled Completion Date (11)
09/10/2013

Name of OSHA Monitor

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)
- ≥ 25 sq ft or ≥ 3 if
- ≥160 sq ft or ≥ 250 sq ft

x Renovation
- Demolition

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

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

1st Floor - future bathroom

x pipe insulation- glove bag

8lf

1st Floor - future bathroom

x pipe insulation- wrap & cut

30lf

Name of Registered Waste Hauler
Kielczewski Corporation

NJDEP Waste Hauler ID No.

Cubic Yards of Waste

Name of Registered Landfill
Conestoga Landfill

City, State
West Orange, NJ

Disposal Date

City, State
Morgantown, PA

Completed by
Slawomir Kielczewski

Title
President

Signature

Date 09/06/2013

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

Date of Notification (1)

10/9/10

Name of Building Owner/Operator (2)
Dennis Hoover

Street Address
34 Prospect Street

City, State, Zip Code
Bernardsville, NJ 07924

Name of Contact
Dennis Hoover

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

Name of facility where abatement is taking place (3)
Dennis Hoover

County Code (7)
Somerset

ACSM No.

Name of Abatement Contractor (8)
B & G Restoration, Inc.

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

Phone Number
973-696-6869

License Number
0378

Currently Used (Prior if to be demolished)
Residential

Square Feet

# of Floors

Bldg. Age

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

Project Manager for Monitoring Firm

Scheduled Start Date (10)
09/16/2013

Scheduled Completion Date (11)
09/17/2013

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

Scope of Work (check all that apply)
- Demolition
- Renovation
- Full Containment w/negative pressure
- Wrap & cut
- Glovebag procedure
- Mini-enclosure
- Non-friable procedure

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Type</th>
<th>Description of asbestos-containing material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Recovery</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>Pipe insulation</td>
<td>81 sf</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basement</td>
<td>Boiler insulation</td>
<td>38 sf</td>
<td></td>
<td></td>
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</tbody>
</table>

Registered Waste Hauler
B & G Restoration, Inc.

Cubic Yards of Waste
1 1/2 yds

Name of Registered Landfill
Tullytown Resource & Recovery Center

City, State
Lincoln Park, NJ 07035

Disposal Date
09/10/2013

Completed by (Print or Type)
Gordana Luna

Title
Secretary/Treasurer

Date
09/06/2013
State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60-7 and 12:120-7)

**Check #6095**

**B & G proj. #:** 2013-160

**Date of Notification** 1/09/2013

**Name of Building Owner/Operator:** Cassandra Cacavella

**Street Address:** 22 Buena Vista Avenue

**City, State, Zip Code:** Hillsdale, NJ 07642

**Name of Contact:** Cassandra Cacavella

**FACILITY INFORMATION**

- **Name of facility where abatement is taking place:** Cassandra Cacavella
- **Street Address:** 22 Buena Vista Avenue
- **City:** Hillsdale, NJ  
  **County:** Bergen
  **County Code:** (State use only)
- **Name of Abatement Contractor:** 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

**Scheduled Start Date (10):** 09/18/2013  
**Sched. Completion Date (11):** 09/19/2013

- **Type of Facility:** Other (Private/Commercial Bldgs./Homes, etc.)
- **Current Use:** Residential

**Occupancy Status During Abatement:**
- Facility closed/vacated during entire period of abatement.
- Abatement performed outside of normal facility hours-
- **Other:**

**Scope of Work (check all that apply):**
- Demolition  
- Renovation  
- Dessert  
- >2 sf or >2 sf  
- >160 sf or >260 sf

**Location of asbestos-containing material to be abated in facility:**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
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<tbody>
<tr>
<td>basement</td>
<td>pipe insulation</td>
<td>8 sf</td>
</tr>
<tr>
<td>basement</td>
<td>fittings</td>
<td>26 fittings</td>
</tr>
<tr>
<td>basement</td>
<td>pipe insulation</td>
<td>12 sf</td>
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**Registered Waste Hauler:** B & G Restoration, Inc.
**Disposal Date:** 09/20/2013

**Name of Registered Landfill:** Tullytown Resource & Recovery Center
**City, State:** Tullytown, PA  
**Date:** 09/06/2013

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

**N/A**

06/06/2013
Date of Notification (1)
09/11/2014

Name of Building Owner/Operator (2)
College Avenue Redevelopment Associates LLC

Street Address
120 Albany Street

City, State, Zip Code
New Brunswick, NJ 08901

Name of Contact
David Christiansen

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
Vacant Building

Street Address
3 Seminary Avenue

City (5)
New Brunswick, NJ 08901

County (6)
Middlesex

County Code (7) (State use only)
ASCM No.

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

Vacant Residential Housing

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

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

Name of OSHA Monitor
B & G Restoration, Inc.

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

Spread Start Date (10)
08/26/2013

Sched. Completion Date (11)
10/05/2013

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:

Scope of Work (check all that apply)
- Demolition
- Renovation
- >160 sq ft or >260 sf
- Full Containment w/negative pressure
- Glovebag procedure
- Mini-enclosure
- Non-friable procedure

Location of asbestos-containing material to be abated in facility
(13) behind walls 1st & 2nd floors
1st, 2nd, 3rd fl bathrooms
Exterior Facade

Is location normally used solely by maintenance/custodial staff
(12) Yes No N/A

Description of asbestos-containing material (ACM)
pipe insul. assoc w/muddied joints
20 ft

Amount (Specify SF or LF)

Removal
Repair Encapsulation

<table>
<thead>
<tr>
<th>Material</th>
<th>Amount</th>
<th>LF</th>
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<tbody>
<tr>
<td>pipe insul. assoc w/muddied joints</td>
<td>20</td>
<td>ft</td>
</tr>
<tr>
<td>glue behind panels</td>
<td>300</td>
<td>sq ft</td>
</tr>
<tr>
<td>Caulking btw exterior window frames</td>
<td>1,450</td>
<td>ft</td>
</tr>
</tbody>
</table>

Location of Registered Waste Hauler
B & G Restoration, Inc.

NJDEP Hauler ID #: 19563

Cubic Yards of Waste
12 yards

Name of Registered Landfill
Tullytown Resource & Recovery Center

City, State
Tullytown, PA

Disposal Date
08/26/13 - 10/07/13

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

Date
09/06/2013
**State of NJ**

**Notification of Asbestos Abatement**
(Pursuant to NJAC 8:60-7 and 12:120-7)

**B & G proj. #: 2013-52C**

---

**Date of Notification (1)**
10/18/12 13/11/13

**Name of Building Owner/Operator (2)**
College Avenue Redevelopment Associates LLC

**Street Address**
120 Albany Street

**City, State, Zip Code**
New Brunswick, NJ 08901

**Name of Contact**
David Christiansen

**Telephone Number**

---

**FACILITY INFORMATION**

**Name of facility where abatement is taking place (3)**
Vacant Building

**Street Address**
3 Seminary Avenue

**City (5)**
New Brunswick, NJ 08901

**County (6)**
Middlesex

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

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

**Square Feet**

**# of Floors**

**Bldg. Age**

---

**Name of Monitoring Firm Hired by Bldg. Owner (8)**
The Louis Berger Group, Inc.

**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) 696-8869

**License Number**
00378

**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:

**Scheduled Start Date (10)**
08/26/2013

**Sched. Completion Date (11)**
09/07/2013

**Scope of Work (check all that apply)**
- Demolition
- Renovation
- >3 sf or >=280 sf
- >=160 sf or >=280 sf
- Full Containment w/negative pressure
- Glovebag procedure
- Mini-enclosure
- Non- friable procedure

---

**Location of asbestos-containing material to be abated in facility (13)**
behind walls 1st & 2nd floors: X

---

**Description of asbestos-containing material (ACM)**
pipe insul. assoc w/mudded joints

**Amount (Specify SF or LF)**
200 sf

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

**NJDEP Hauler ID#**
19563

**Cubic Yards of Waste**
5 yards

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

**City, State**
Tulltown, PA

**Disposal Date**
08/28/13 - 09/07/13

---

**Completed by (Print or Type)**
Gordana Luna

**Title**
Secretary/Treasurer

**Signature**

**Date**
08/23/2013
**State of NJ**
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)

**Date of Notification (1)**
01/12/2013

**Name of Building Owner/Operator (2)**
KMS Development Partners, LP

**Street Address**
109 Church Street

**City, State, Zip Code**
New Brunswick, NJ 08901

**Name of Contact**
Harry Leake, Property Manager

---

**FACILITY INFORMATION**

**Name of facility where abatement is taking place (3)**
Due Mari Restaurant

**Street Address**
78 Albany Street

**City (5)**
New Brunswick, NJ

**County (6)**
Middlesex

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

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

**Square Feet**

**# of Floors**

**Bldg. Age**

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

---

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

**Street Address**
105 Ryerson Road

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

**Telephone Number**
973-695-869

**License Number**
0378

**Name of OSHA Monitor**
B & G Restoration, Inc.

**Street Address**
105 Ryerson Road

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

---

**Name of Monitoring Firm Hired by Bldg. Owner (8)**
Louis Berger & Assoc, PC

**ASCM No.**

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

- Facility closed/vacated during entire period of abatement.
- Abatement performed outside of normal facility hours.

**Other: Describe:**
shift 4:00am - 12:30am

**Scheduled Start Date (10)**
09/16/2013

**Sched. Completion Date (11)**
09/21/2013

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

- Demolition
- Renovation
- Full Containment w/ negative pressure
- Mini-enclosure
- Wrap & cut
- Gloves procedure
- Non-friable procedure

---

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

<table>
<thead>
<tr>
<th>Location of asbestos-containing material to be abated in facility (13)</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Description of asbestos-containing material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>basement lrg storage room</td>
<td></td>
<td></td>
<td></td>
<td>VAT &amp; mastic</td>
<td>665 sf</td>
</tr>
<tr>
<td>basement rear storage room</td>
<td></td>
<td></td>
<td></td>
<td>VAT &amp; mastic</td>
<td>276 sf</td>
</tr>
</tbody>
</table>

---

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

**NJDEP Hauler ID#**
19563

**Cubic Yards of Waste**
10 yards

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

**City, State**
Tullytown, PA

**Disposal Date**
09/16/13 - 9/23/13

---

**Completed by (Print or Type)**
Jordana Luna

**Title**
Secretary/Treasurer

**Signature**

**Date**
09/06/2013
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 5:16)

Date of Notification (1) 9 / 9 / 13

Name of Building Owner/Operator (2) County College of Morris

Agencies Notified

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

Type Notification

- Initial
- Amended
- Amendment #2
- Emergency (including justification)
- Cancellation

Street Address 214 Center Grove Road

City, State, Zip Code Randolph, NJ 07869

Type of Facility (4)

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

Name of Contact Joe Ponturo

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Sheffield Hall - County College of Morris

Square Feet 10,000

# of Floors 2

Bldg. Age 50+

Current Use (Prior if being demolished) Classrooms

County Code (7)(STATE USE ONLY) Morris

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

ASCM No. 00110

Name of Abatement Contractor (9) Controlled Environmental Systems

Street Address 7 Pleasant Hill Rd

City, State, Zip Code Cranbury, NJ 08512

License No. 00847

Start Date (10) 9 / 11 / 13

Scheduled Completion Date (11) 9 / 20 / 13

Name of OSHA Monitor CES

Street Address 1121 N. Bethlehem Pike - Suite 60
City, State, Zip Code Spring House, PA 19477

Program (Select all that apply)

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

Scope of Work (Check all that apply)

- >3 sf or >3 if
- >50 sf or >260 sf
- Renovation
- Demolition

Description of Asbestos-Containing Material (ACM)

- Fitting-Elbow/Joints-tent/glove bag 9 LF
- Non Friable Fume Hood Insulation 36 SF
- Transite wall board panels 50 SF

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

<table>
<thead>
<tr>
<th>IN Facility (13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>------------------</td>
</tr>
<tr>
<td>Classrooms</td>
</tr>
<tr>
<td>Classrooms</td>
</tr>
<tr>
<td>Classrooms</td>
</tr>
<tr>
<td>Classrooms</td>
</tr>
</tbody>
</table>

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

- Fitting-Elbow/Joints-Wrap & Cut 20 LF
- Fitting-Elbow/Joints-Wrap & Cut 9 LF
- Non Friable Fume Hood Insulation 36 SF
- Transite wall board panels 50 SF

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

- Name of Registered Waste Hauler N.J.D.P.H. Waste Hauler ID No.
- Cubic Yards of Waste
- Name of Registered Landfill
- City, State
- Compost Site
- Name of Registered Landfill

Compliant By (Print or Type) Patricia Visco

Title Office Manager

Signature

Date 11/9/13

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

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

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

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

**Street Address**
- 6 Litho Road

**City, State, Zip Code**
- Trenton, NJ 08648

**Name of Building Owner/Operator**
- Rich Shenkowski

---

### Facility Information

**Name of Facility Where Abatement is Taking Place**
- B'way

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

**Square Feet**
- 100,000

**Bldg. Age**
- 60+

**County**
- Mercer

**Current Use (Prior if being demolished)**
- [ ]

**Name of Monitoring Firm Hired by Building Owner**
- TRC

**ASCM No.**
- [ ]

**Name of Abatement Contractor**
- ecoservices, LLC

**Street Address**
- 11231 Cornell Park Drive
- Cincinnati, OH 45242

**City, State, Zip Code**
- Exton, PA 19341

**Project Manager for Monitoring Firm**
- Gerry Beaudoin

**Telephone No.**
- 513-519-7279

**Telephone No.**
- 484-872-8884

**License No.**
- 01161

**Name of OSHA Monitor**
- EMSSL

**Street Address**
- 407 West Lincoln Highway, Suite 500

**City, State, Zip Code**
- Exton, PA 19341

---

### Scope of Work

- [X] Renovation
- [ ] Demolition

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

**In Facility**
- [ ] Bottom of oven
  - [X] heat panels/transite

**Cubic Yards of Waste**
- 2

**Amount (Specify SF or LF)**
- -600 SF

**Name of Registered Waste Hauler**
- GROWS

**Disposal Date**
- TBD

**Date**
- 9/9/13

---

**Name of Registered Landfill**
- Morristown, PA

---

**Completed by**
- Jack Bally

**Title**
- Sr. Project Manager

---

Do not use this form for asbestos licensure exempted activities.
Date of Notification: 6-4-10
Name of Building Owner/Operator: Stepan Co.

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

Notification Type:
- Initial
- Amended
- Emergency (Including Justification)
- Cancellation

Street Address:
201 4th st
City, State, Zip: Fieldsboro, NJ 08850

Name of Contact:
John Mott
Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place: Stepan Co.

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

Square Feet: 
# of Floors: 
Bldg. Age: 

County Code (STATE USE ONLY): 

Name of Monitoring Firm Hired by Bldg. Owner:
Harvard Environmental Inc.

Name of Contractor:
County Environmental

Street Address:
760 Pulaski Highway
New Castle, DE 19720

Street Address:
461 New Churchmans Rd.
New Castle, DE 19720

City State Zip Code:

City State Zip Code:

Project Manager for Monitoring Firm:
Wesley Morrison
Telephone No.:
(302) 325-2333

Telephone No.:
(302) 322-8946
License Number: 00578

Scheduled Start Date (10):
09-18-13
Scheduled Completion Date:
(09/18/13)

Name of OSHA Monitor:
County Environmental

Occupy 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):

- X ≥ 3 sf or ≥ 3 if
- 190 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:

Yes No N/A
Transite panels

65 sf

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

Is Location Normally Used Solely by Maintenance/Custodial Staff?

Yes No N/A

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

Amount (Specify SF or LF):

Abatement Type:
Removal
Repair
Enclosure

Name of Reg. Waste Hauler:
Service Transport Crp
NUDEP Waste Hauler ID No.:
203550
Cubic Yards of Waste:
Minerva

Name of Reg. Landfill:

City, State:
New Castle DE

Disposal Date:
TBA
City, State:
Waynesburg OH

Completed by:
Charles Flowers
Title:
PM
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 8:80 and 12:129)

Date of Notification (1)    Name of Building Owner/Operator (2)

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

Street Address
38 E. 3rd Street
City, State, Zip Code
Bayonne, NJ 07002
Name of Contact
James Riccio
Telephone Number

Name of Facility Where Abatement Is Taking Place (3)
James Riccio
Street Address
38 E. 2nd Street
City
Bayonne, NJ 07002
County

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

Square Feet
# of Floors
Bldg. Age

Name of Monitoring Firm Hired by Building Owner (8)
GNDATP, LLC Environmental
ASCM No.
Name of Abatement Contractor (9)
Site Enterprises, Inc.
Street Address
34 Southview Terrace South
City, State, Zip Code
Middletown, NJ 07748

Project Manager for Monitoring Firm
Matthew Blanchi
Telephone No.
973-569-2652
License No.
VO9-567-1258 01/14/2

Scheduled Completion Date (11)
9/27/13
Name of OSHA Monitor

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

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement of location</td>
<td>Yes</td>
<td>Pipe-thermal insulation</td>
<td>20 LF</td>
<td></td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler:
Site Enterprises, Inc.
NJDEP Waste Hauler ID No.
0035220
Cubic Yards of Waste
Disposal Date
City, State
Hammonton, NJ 08037

Completed by
Kati DiNatale, Office Manager
Title
Signature
Print Date
9/9/13

* Do not use this form for asbestos licensure exempted activities.
Date of Notification (1): 9-5-13

Name of Building Owner/Operator (2): William Sitar

Address: 1110 Narcissus Rd, Wall, New Jersey

Telephone Number: 848-584-8300

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Sitar Realty Company
Street Address: 1110 Narcissus Rd, Wall, New Jersey
City (5): Wall
County (6): Monmouth

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

Square Feet: 1600
# of Floors: 1
Bldg. Age: 63

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

Name of Abatement Contractor (9): Ace Insulation Co., Inc.
Street Address: 95 Montrose Road, Colts Neck, N.J. 07722
Telephone No.: 732-294-1757
License No.: 00029

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

Scope of Work (Check All That Apply):
- [ ] 23 sf or ≥3 if
- [ ] 3150 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):
- [ ] Interior
- [ ] Exterior

Location Normally Used Solely by Maintenance/Custodial Staff (12):
- [x] Floors (1.6)
- [x] Walls (1.5)

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>
</tr>
</thead>
<tbody>
<tr>
<td>Floor (1.6)</td>
<td>1200 sf + 6 ft</td>
</tr>
<tr>
<td>Walls (1.5)</td>
<td>150 sf + 7 ft</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler:
Ace Insulation Co., Inc.

Cubic Yards of Waste: 3

Endorsements:
- [ ] Removal
- [ ] Repair
- [ ] Reuse
- [ ] Disposal

Completed by:
George Wuest, President

Signature:
George Wuest

Disposal Date: 9-20-13

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

Date of Notification (1) 9-5-13

Name of Building Owner/Operator (2) Patricia Charowsky

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

Street Address
102 Duncan Ave

City, State, Zip Code
Jersey City, New Jersey

Name of Contact Kerry

Telephone Number

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

Street Address
1931 East Railway Ave

City (5)
Toms River (or city/county)

County (6)
Ocean

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

Square Feet 1500

# of Floors 1

Bldg. Age 72

Current Use (Prior to being demolished) Residence

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

Name of Abatement Contractor (9)
Ace Insulation Co., Inc.

Street Address
95 Montrose Road

City, State, Zip Code
Colts Neck, N.J. 07722

Project Manager for Monitoring Firm

Telephone No.
732-294-1757

License No.
00029

Name of OSHA Monitor

Start Date (10) 9-12-13

Scheduled Completion Date (11) 9-16-13

Occupy 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)

Renovation
Demolition

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

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

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

Amount (Specify SF or LF)

Abatement Type

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

Name of Registered Waste Hauler
Ace Insulation Co., Inc.

NJDEP Waste Hauler ID No. 12086

Cubic Yards of Waste 3

Name of Registered Landfill
Grows

City, State
Colts Neck, New Jersey

Disposal Date 9-16-13

City, State
Tullytown, Pa

Completed by George Wuest
Title President

Signature

Date 9-5-13

Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:95 and 12:120)

Date of Notification (1) 9/4/2013
Check #2499

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

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

Name of Building Owner/Operator (2)
Mr. Sokol Lumaj

Street Address
55 Route 17 South

City, State, Zip Code
Ridgewood, NJ 07450

Name of Contact
Mr. Sokol Lumaj

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Residence
19 Elmwood Terrace

City (5)
Cresskill, NJ 07626

County (6)
BERGEN

County Code (7)

Name of Monitoring Firm Hired by Building Owner (8)

N/A

ASCM No.

Name of Abatement Contractor (9)
EA Services Corporation

Street Address
426 69th Street

City, State, Zip Code
Guttenberg, NJ 07093

Project Manager for Monitoring Firm

Telephone No.
201-295-1700

License No.
01074

Start Date (10)
9/4/2013

Scheduled Completion Date (11)
9/8/2013

Occupancy Status During Abatement (Check Only One)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other – Describe: Starting at 7:00 AM

Scope of Work (Check All That Apply)
☐ ≥3,000 sf or ≥3,000 ft
☐ ≥1,500 sf or ≥1,500 ft
☐ Renovation
☐ Demolition

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

Exterior siding

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

Description of Asbestos-Containing Material (ACM) (i.e. asbestos cement, surfaced VCT, or other miscellaneous)
Transite shingles

Amount (Specify SF or LF)
1,900 SF X

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

Cubic Yards of Waste
TBD

Name of Registered Landfill
Waste Management

City, State
Tullytown Landfill

PO Box 5010

Complied by
Gina Salvador

Title
Office Manager

Signature

Date
9/4/2013

Full Containment with Negative Pressure ☐
Min-Enclosure ☐
Glovetag Procedure ☐
Non-Exempted (*) and Non-Friable Procedure ☐

Removal ☒
Repair ☐
Encapsulation ☒
Endorsement ☐

ASB-41 (R-05-08) * Do not use this form for asbestos insurance exempted activities.
**STATE OF NEW JERSEY**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(PURSUANT TO NJAC 8:60-7 AND 12:120-7)  
**ANNUAL NOTIFICATION**

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>Name of Building Owner / Operator</th>
<th>Agency Notified</th>
<th>Type of Notification</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
<th>Name of Contact</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>09/04/13</td>
<td>VNO Wayne Town Center LLC</td>
<td>✓ EPA</td>
<td>Initial</td>
<td>250 Wayne Town Center, NJ State Route 23 and Willowbrook Pk.</td>
<td>Wayne, NJ 07470</td>
<td>Mark Messier</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement Is Taking Place</th>
<th>Type of Facility</th>
<th>Square Feet</th>
<th># Of Floors</th>
<th>Building Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wayne Town Center Fortunoff</td>
<td>School (K-12)</td>
<td>220,000</td>
<td>2</td>
<td>45 Years</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Bldg. Owner</th>
<th>ASCM NO</th>
<th>Name of Abatement Contractor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Omega Environmental Services</td>
<td></td>
<td>Slavco Construction Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Telephone Number</th>
<th>License Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>250 Wayne Town Center</td>
<td>201-489-8700</td>
<td>973-478-4848</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement</th>
<th>Room Type</th>
<th>Scope of Work</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
<td></td>
<td>Renovation, Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility</td>
<td></td>
<td>Mini-Enclosure, Glovebag Procedure</td>
</tr>
<tr>
<td>Hours - Describe:</td>
<td></td>
<td>Non-Exempted (*) and Non-Friable Procedure</td>
</tr>
<tr>
<td>Other - Describe:</td>
<td>Mon - Fri 7:00 am to 3:30pm</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos Containing Material (ACM)</th>
<th>Description of Asbestos - Containing Material (ACM)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>TO BE ABATED in Facility (10)</td>
<td>(i.e., thermal systems, surfacing, VAT, or other miscellaneous)</td>
<td>REMOVAL</td>
</tr>
<tr>
<td>YES NO N/A</td>
<td>Amount (Specify SF or LF)</td>
<td>REPAIR</td>
</tr>
<tr>
<td>First &amp; Second Floors</td>
<td>188,000 SF</td>
<td>ENCAPSUL</td>
</tr>
<tr>
<td>First Floor</td>
<td>1,000 SF</td>
<td>ENCLOS</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Slavco Construction, Inc.</td>
<td>S18508</td>
<td>G.R.O.W.S. North Landfill</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clifton, NJ</td>
<td>TBD</td>
<td>G.R.O.W.S. North Landfill</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by (Print or Type)</th>
<th>Title</th>
<th>Signature</th>
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<td>Vivian Jurcovic</td>
<td>OFFICE MGR.</td>
<td>[Signature]</td>
<td>September 4, 2013</td>
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