**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:90 and 12:120)

**Date of Notification (1):** September 8, 2014

**Name of Building Owner/Operator (2):**
Department of Military & Veterans Affairs

**Check # (4):** 1467

**Type Notification:*** Amended

**Street Address:** PO Box 340

**City, State, Zip Code:** Trenton, NJ 08625-0340

**Name of Contact:** Neil Oberdick

**Telephone Number:**

---

**FACILITY INFORMATION**

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

**Street Address:** 524 N. West Blvd.

**City (5):** Vineland

**County (6):** Cumberland

**County Code (7):** 12000

**Square Feet:** 12,000

**# of Floors:** 2

**Bldg. Age:** 115

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

**Type of Facility (4):** Other (i.e., private & commercial buildings, homes, etc.)

**Name of Monitoring Firm Hired by Building Owner (6):** Whittman Co.

**ASCN No.:**

**Name of Abatement Contractor (9):** Shade Environmental, LLC

**Street Address:** 623 Cutler Avenue

**City, State, Zip Code:** Maple Shade, NJ 08052

**Project Manager for Monitoring Firm:** Kevin Lovely

**Telephone No.:** 732-390-5858

**Telephone No.:** 856-755-0099

**License No.:** 00842

**Start Date (10):** September 29, 2014

**Scheduled Completion Date (11):** October 24, 2014

**Name of OSHA Monitor:** EMSL Laboratories

**Street Address:** 200 Route 130 North

**City, State, Zip Code:** Cinnaminson, NJ 08077

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

**Scope of Work (Check All That Apply):**
- Renovation
- Demolition

**Location of Asbestos-Containing Material (ACM) 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). (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 of Old Kitchen Bldg.</td>
<td>XXX</td>
<td>Cement Panels</td>
<td>4,000 SF</td>
<td>X</td>
</tr>
<tr>
<td>Exterior of Old Kitchen Bldg.</td>
<td>XXX</td>
<td>Roof Flashing</td>
<td>1,300 LF</td>
<td>X</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:** NJDEP Waste Hauler ID No. 22253

**Freehold Cartage:** Western Banks Community Landfill

**City, State:** Freehold, NJ

**Disposal Date:** 10/24/2014

**Completed by:** Christina Lynch

**Title:** Operations Manager

**Date:** 9/8/2014

---

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

2014 State # 2014-18-9

Name of Building Owner/Operator (2):

EARTH TECH CONTRACTING

Street Address:

155 RT. 50
GREENFIELD, N.J. 07025

Name of Contact:

BRUCE BRENNIG

Telephone Number:

FACILITY INFORMATION

Type of Facility (4):

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

Square Footage

1000

# of Floors

2

Building Age

40+

Current Use (Prior to being demolished):

VACANT

Name of Facility Where Abatement is Taking Place (5):

RESIDENCE

Street Address:

321 VLY AVE.

City (5):

OCEAN CITY

County Code (9) (STATE USE ONLY):

CWE No.

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

KLEMCO INC.

Street Address:

369 S. SPRUCE AVE.

City, State, Zip Code:

MAPLE SHADE, N.J. 08052

Name of Abatement Contractor (9):

KLEMCO INC.

Street Address:

369 S. SPRUCE AVE.

City, State, Zip Code:

MAPLE SHADE, N.J. 08052

Project Manager for Monitoring Firm:

JOSEPH KLEMM

Name of OSHA Monitor:

SCHEDULED COMPLETION DATE (11):

9/29/14

Start Date:

9/24/14

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
□ 2400 sf or 2400 sf

□ Renovation

□ Demolition

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

DESCRIPTION OF ASBESTOS CONTAINING MATERIAL (ACM):

Location of Asbestos-Containing Material (ACM)

TO BE ABATED

Name of Registered Landfill:

C.M.C., M.U.A.

Location

Maple Shade, N.J. 08052

Name of Registered Landfill

COMPETED BY:

SIGNAL KLEMM

The OWNER

Signature

Date: 9/29/14

(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 (11)  9/2/14

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

Agencies Notified (3)  
- EPA  - DEP  - DOT  - DOH  - DCA
  - Initial  - Amended
  - Amendment #: n/a  - Emergency (including justification): No
  - Cancellation: No

Street Address (3)  274 INDIAN TRAIL ROAD

City, State, Zip Code (4)  CARPENAR, NJ 08064

Type of Facility (4)  ASBESTOS CONTROL

Name of Facility Where Abatement is Taking Place (5)  RESIDENCE

City (5)  AVALON

County (6)  CAPE MAY

Name of Abatement Contractor (9)  KIEMCO INC

Name of Abatement Contractor (9)  KIEMCO INC

Name of Abatement Contractor (9)  JOSPEH KLEMM

Square Feet (7)  1000

Amount (Specify SF or LF)  3,000 SF

Occupancy Status During Abatement (Check only one)  Residential - Vacant

Facility Closed/Vacated During Entire Period of Abatement (Check only one)  Yes

Abatement Performed Outside of Normal Facility Hours (Check only one)  No

License No (9)  00444

Telephone No (7)  856-779-0422

ASCM No (8)  N/A

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

Project Manager for Monitoring Firm (7)  N/A

Day Date (10)  9/2/14

Suggested Completion Date (11)  10/2/14

Name of Registered Waste Handler (10)  KIEMCO INC

Name of Registered Waste Handler (10)  KIEMCO INC

Name of Registered Landfill (10)  C.M.G., M.U.

Disposal Date (10)  11/9/14

Cubic Yards of Waste (10)  5

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

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

Full Containment with Negative Pressure

Renovation

Removal

Demolition

Glovebag Procedure

Non-Exempted (1) and Non-Flexible Procedure

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

Amount (Specify SF or LF)  3,000 SF

Abatement Type:  

COC

Casing

Demolition

Fiber Glass

Removal

Paint

Spraying

Sub/Rem

Cement

Wallpaper

Code

Rebuild

Intermediate

Linen

Decontamination

Other

Removal

Cement

Wood

Decontamination

Rebuild

Intermediate

Linen

Decontamination

Other

Signature

Joseph Klemm

Date 8/29/14

* Do not use this form for asbestos licensure exempted activities
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Furnished to NJAC 8:60 and 12:1:20)

**Date of Notification:** 9/9/14

**Name of Building Owner/Operator:** KLIMCO INC.
**Address:** 36 S. Spruce Ave.
**City, State, Zip Code:** MAPLE SHADE, N.J., 08052

**Type of Facility:** Contracted 
**Current Use:** VACANT

**Name of Facility Where Abatement is Taking Place:** RESIDENCE
**Street Address:** 29 W. 15TH ST.
**City:** OCEAN Cnty.
**County:** COCOS CO.

**Name of Abatement Contractor:** KLIMCO INC.
**License No.:** 004-44

**Occupancy Status During Abatement:** Vacant
**Facility Closed / Vacated During Entire Period:** No
**Abatement Performed Outside of Normal Facility Hours:** No

**Scope of Work:** Demolition

**Designated Asbestos-Containing Material (ACM):** TRANSITE, 1000 sq. ft

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

**Amount (Specify SF or LF):** 1000 sq. ft

**Name of Registered Waste Hauler:** KLIMCO INC.
**Waste Disposal Date:** 9/27/14
**Disposal Date:** 9/27/14

**Complained By:** JASON KLEMM
**Signature:** JASON KLEMM
**Date:** 9/9/14

*Do not use this form for asbestos licensure exempted activities*
**STATE OF NEW JERSEY**

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

**Name of Building Owner/Operator:** CINELANDS CONSTRUCTION

**Street Address:** 800 77TH ST.

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

**Name of Contractor:** KLEEMCO INC.

**FACILITY INFORMATION**

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

**Street Address:** 315 74TH ST.

**City:** Avalon

**County:** Cape May

**Name of Monitoring Firm Hired by Building Owner:** N/A

**Name of Abatement Contractor:** KLEEMCO INC.

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

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

**Telephone No.:** 856-420-0422

**License No.:** 0044

**Scheduled Completion Date:** 9/29/14

**Signed Date:** 9/22/14

**Manager for Monitoring Firm:** JOSEPH KLEEM

**Nature of Abatement Project:**
- Renovation
- Demolition
- Removal
- Repair
- Full Containment with Negative Pressure
- NRP-Enclosure
- Glovebag Procedure
- Non-Exempted () and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Material</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Siding</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transite</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Amount (Specify SF or LF):** 28,000

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

**City, State:** Maple Shade, N.J.

**Disposal Date:** 1/1/14

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

**City, State:** Woodbine, N.J.

**Date:** 8/18/14

**Signature:** JOSEPH KLEEM

---

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

(Pursuant to NJAC 8:60 and 12:13D)

**Name of Building Owner/Operator:** EARTH TECH CONTRACTING

**Location:**
- **Address:** 155 RT. 50
- **City:** OCEAN
- **State:** NJ
- **Zip Code:** 08730

**Name of Contact:** BRUCE BRENNIG

**FACILITY INFORMATION**

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

**Address:** 708 9TH ST.

**City:** OCEAN

**County:** MAYS

**Building Age:** 70+ years

**Facility Use:** VACANT

**Name of Monitoring Firm Hired by Building Owner:** KIELECO INC.

**Address:** 369 S SPRUCE AVE.

**City:** MOORE SHADE

**State:** NJ

**Telephone:** 856-779-0422

**License No.:** 0044

**San Date:** 9/2/14

**Scheduled Completion Date:** 9/28/14

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

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

**Description of Asbestos-Containing Material (ACM) to be Abated:**
- Normal Subfloor Insulation
- Non-Encapsulated Shingles

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

**Address:** 369 S SPRUCE AVE.

**City:** MOORE SHADE

**State:** NJ

**Telephone:** 856-779-0422

**License No.:** 0044

**Name of Registered Landfill:** C.M.C., M.U.

**Address:** MOORE SHADE, NJ

**Date of Abatement:** 9/2/14

**Date of Completion:** 9/28/14

**Do not use this form for asbestos licensure exempted activities.**
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 12:130)

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>9/24/16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator</td>
<td>EARTH-TECH CONTRACTING</td>
</tr>
<tr>
<td>155 RT. 50</td>
<td></td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>GREENFIELD, N.J. 08230</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>BRUCE BRENNIG</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place | RESIDENCE |
| Street Address | 424 1/2 ASBURY AVE. |
| City | OCEAN GROVE |
| County | MONMOUTH |
| Name of Monitoring Firm Hired by Building Owner | N/A |
| Telephone No | |
| Current Use (Prior to Demolishment) | VACANT |

**Type of Facility**

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

| Square Feet | 1000 |
| # of Floors | 2 |
| Block Age | 40T |

**Name of Abatement Contractor**

| KLEMCO INC. |
| 369 S. SPRUCE AVE. |
| MAPLE SHADE, N.J. 08052 |
| Telephone No | 856-279-0422 |
| License No | 00444 |
| OSHA Contact | JOSEPH KLEMM |
| 369 S. SPRUCE AVE. |
| MAPLE SHADE, N.J. 08052 |

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

- [ ] Renovation Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Non-Enclosure
- [ ] Glove Box Procedure
- [ ] Non-Exempted (1) and Non-Final Procedure

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

<table>
<thead>
<tr>
<th>Location</th>
<th>5</th>
<th>TRANSITE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
<td>9/24/16</td>
<td></td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**

| KLEMCO INC. |
| 729 W. MILE ST. |
| MAPLE SHADE, N.J. 08052 |

**Disposal Date**

| 9/24/16 |
| CITY STATE | WOODBINE, N.J. |

**Signature**

| JOSEPH KLEMM |
| OWNER |
| 9/24/16 |

*Do not use this form for asbestos license exempted activities*
**Friable Initial Notification**

**Check #: 6057**

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>09/10/14</td>
<td>Orange Public Schools</td>
</tr>
</tbody>
</table>

**Agencies Notified**

- [X] EPA
- [ ] DEP
- [ ] DOL
- [X] DOD
- [ ] DCA

**Street Address**

Orange Public Schools

451 Lincoln Avenue

City, State, Zip Code

Orange, NJ 07050

**Name of Contact**

Adekuole O. James, Business Admin.

**FACILITY INFORMATION**

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

- Heywood Avenue Elementary School
  - Street Address: 421 Heywood Avenue

**City (5)**

- Orange, NJ 07050

**County (6)**

- Essex

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

- 001

**Type of Facility (4)**

- [X] School (K-12)

**Square Feet**

- 50,000

**Number of Floors**

- 2

**Bldg. Age**

- 70

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

- School

**Name of Abatement Contractor (9)**

- Four Strong Builders, Inc.

**Street Address**

- 180 Sargeant Avenue

**City, State, Zip Code**

- Clifton, NJ 07013-1935

**Telephone Number**

- 973-614-0377

**License Number**

- 00807

**Name of Hauler**

- Four Strong Builders, Inc.

**Street Address**

- 180 Sargeant Avenue

**City, State, Zip Code**

- Clifton, NJ 07013

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

- [X] Demolition
- [X] 33 ft or 33 ft
- [ ] 160 ft or 160 ft

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

- Boiler Room
- Boiler Room
- Boiler Room

**Cubic Yards of Waste**

- Name of Registered Landfill
  - G.R.O.W.S., Inc.

**Disposal Date**

- Tullytown, PA

**Completed By (Print or Type)**

- Bilyana Kulakowska
  - Office Administrator

**Signature**

- /Signature/

**Date**

- 9/9/14
Date of Notification: 09/09/2014

Name of Building Owner/Operator: 1500 TEANECK ROAD, LLC

Name of Facility Where Abatement is Taking Place:

Street Address: 173 BRIDGE PLAZA NORTH
City, State, Zip Code: FORT LEE, NJ 07024

Type of Facility: Other (i.e. private & commercial buildings, homes, etc.)

Square Feet: 100,000
# of Floors: 3
Bldg. Age: 50+

Current Use: Vacant (Prior Use Commercial)

Name of Monitoring Firm Hired by Building Owner: CONSULTING & TESTING SERVICES, INC (CTSI)
ASCM No: 00195

Name of Abatement Contractor: PAL ENVIRONMENTAL SERVICES

Street Address: 237 WEST 35TH STREET SUITE 805
City, State, Zip Code: NEW YORK, NY 10001

Telephone No: 212-529-3451

Telephone No: 718-349-0900
License No: 00853

Name of OSHA Monitor: MARTIN MCMAHON

Start Date: 12/16/2014
Scheduled Completion Date: 12/16/2014

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

Location Normally Used Solely by Maintenance/Custodial Staff?: Yes

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

Amount (Specify SF or LF):

Abatement Type:

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

Location of Asbestos-Containing Material (ACM)

Name of Registered Waste Hauler: NJDEP Waste Hauler ID No. 24310/19551

Name of Registered Landfill: MINEWIND ENTERPRISES

Disposal Date: 9/20/2014

City, State: WAYNEBURN, OH 44688

Completed by: ANN ALI
Title: ADMINISTRATIVE
Signature: [Signature]
Date: 09/09/2014
**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:90 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>09/02/2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>1500 TRANSECK ROAD, LLC</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>
</tr>
<tr>
<td>DOL</td>
<td>Amendment # 2</td>
</tr>
<tr>
<td>DOH</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>DCA</td>
<td>Cancellation</td>
</tr>
<tr>
<td>Street Address</td>
<td>173 BRIDGE PLAZA NORTH</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>FORT LEE, NJ 07024</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>JOSHUA SLEPHAN</td>
</tr>
<tr>
<td>FACILITY INFORMATION</td>
<td></td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
<td>1500 TRANSECK ROAD</td>
</tr>
<tr>
<td>City (4)</td>
<td>BERGEN</td>
</tr>
<tr>
<td>County Code (7)</td>
<td>NJ</td>
</tr>
<tr>
<td>Current Use (Prior if being demolished)</td>
<td>VACANT (PRIOR USE COMMERCIAL)</td>
</tr>
<tr>
<td>Type of Facility (4)</td>
<td></td>
</tr>
<tr>
<td>School (K-12)</td>
<td></td>
</tr>
<tr>
<td>Subchapter 8 (Other than K-12)</td>
<td></td>
</tr>
<tr>
<td>Other (i.e., private &amp; commercial buildings, homes, etc.)</td>
<td></td>
</tr>
<tr>
<td>Square Feet</td>
<td>100,000</td>
</tr>
<tr>
<td># of Floors</td>
<td>3</td>
</tr>
<tr>
<td>Bldg. Age</td>
<td>50+</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>CONSULTING &amp; TESTING SERVICES, INC (CTSI)</td>
</tr>
<tr>
<td>ASCM No.</td>
<td>00103</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>PAL ENVIRONMENTAL SERVICES</td>
</tr>
<tr>
<td>Street Address</td>
<td>237 WEST 35TH STREET SUITE 805</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>NEW YORK, NY 10001</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>212-929-3451</td>
</tr>
<tr>
<td>License No.</td>
<td>008535</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>MARTIN MCREA</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>09/16/2014</td>
</tr>
<tr>
<td>Scheduling Completion Date (11)</td>
<td>12/16/2014</td>
</tr>
<tr>
<td>Scope of Work (Check All That Apply)</td>
<td></td>
</tr>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
<td></td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
<td></td>
</tr>
<tr>
<td>Other – Describe:</td>
<td></td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED (12)</td>
<td></td>
</tr>
<tr>
<td>In Facility</td>
<td>13</td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff?</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></td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td></td>
</tr>
<tr>
<td>Abatement Type</td>
<td></td>
</tr>
<tr>
<td>Removal</td>
<td></td>
</tr>
<tr>
<td>Repair</td>
<td></td>
</tr>
<tr>
<td>Encapsulate</td>
<td></td>
</tr>
<tr>
<td>Endorse</td>
<td></td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>NJDEP Waste Hauler ID No.</td>
</tr>
<tr>
<td>ATC/TST</td>
<td>24310/19551</td>
</tr>
<tr>
<td>City, State</td>
<td>SHIRLEY, NY 11967/BRONX, NY 10464</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>MINERVA ENTERPRISES</td>
</tr>
<tr>
<td>City, State</td>
<td>WAYNESBURG, OH 44688</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>9/20/2014</td>
</tr>
<tr>
<td>Completed by</td>
<td>ANN ALL</td>
</tr>
<tr>
<td>Title</td>
<td>ADMINISTRATIVE</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) 9/10/14
Name of Building Owner/Operator (2) Anne Clark Private Home

<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</td>
</tr>
<tr>
<td>DOL</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>DOH</td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

Street Address
10 E. South 34St
City, State, Zip Code
Beach Haven Gardens NJ 08008
Name of Contact
Anne
Telephone Number

FACILITY INFORMATION
Name of Facility Where Abatement is Taking Place (3)
Anne Clark Private Home
Street Address
10 E. South 34St
City (5)
Beach Haven Gardens NJ 08008
County (6)
Ocean
Current Use (Prior if being demolished)
Home

<table>
<thead>
<tr>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>School (K-12)</td>
</tr>
<tr>
<td>Subchapter 8 (Other than K-12)</td>
</tr>
<tr>
<td>Other (i.e. private &amp; commercial buildings, homes, etc.)</td>
</tr>
</tbody>
</table>

Square Feet
1000+
# of Floors
2
Bldg. Age
35+

Name of Monitoring Firm Hired by Building Owner (8)
N/A
ASCM No.
Name of Abatement Contractor (9)
Pernaco Inc.
Street Address
PO Box 329
City, State, Zip Code
West Berlin NJ 08091
Project Manager for Monitoring Firm
Name of OSHA Monitor
Same

Start Date (10) 9/11/14
Scheduled Completion Date (11) 9/15/14

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

Scope of Work (Check All That Apply)
≥23 sf or ≥23 if
≥160 sf or ≥260 if
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)
Exterior Siding

Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)
Exterior Siding
Amount (Specify SF or LF)
1800 SF

Abatement Type
Endource

Name of Registered Waste Hauler
United Containers
NJDEP Waste Hauler Lic No.
22459
Cubic Yards of Waste
3
Name of Registered Landfill
G.R.O.W.S.
City, State
Morrisville PA 19067
Disposal Date
9/15/14

Completed by
Anthony T Perna
Title
President
Signature
9/10/14

ASB-41 (R-06-06)

* 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 9, 2014  Name of Building Owner/Operator (2)  Patricia Glynn

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type of Notification</th>
<th>Name of Contact</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>[X] EPA</td>
<td>Initial Notification</td>
<td>Patricia Glynn</td>
<td></td>
</tr>
<tr>
<td>[ ] DEP</td>
<td>Amended Notification</td>
<td>Patricia Glynn</td>
<td></td>
</tr>
<tr>
<td>[X] DOL</td>
<td>Emergency (including justification)</td>
<td>Patricia Glynn</td>
<td></td>
</tr>
<tr>
<td>[ ] DOH</td>
<td>Cancellation</td>
<td>Patricia Glynn</td>
<td></td>
</tr>
<tr>
<td>[ ] DCA</td>
<td></td>
<td>Patricia Glynn</td>
<td></td>
</tr>
</tbody>
</table>

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Residence
Street Address: 528 Craig Road
City: Manalapan
County: Monmouth

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

Square feet: 2000 sf
# of Floors: 2
Bldg. Age: 80

Name of Monitoring Firm Hired by Building Owner (8)
Guardian Contracting, Inc.

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

Street Address
1889 Rte. 9, Unit 61
Toms River, NJ 08755

Telephone Number 732-349-9932
License Number 00624

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

Scope of Work (Check all that apply)
[ ] >3 sf or >3 lf
[ ] ≥160 sf or >260 lf
[ ] Renovation
[ ] Demolition

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

Location: Basement
Description of Asbestos-Containing Material (ACM)
Asbestos pipe insulation

Amount (Specify SF or LF): 150 lf

Abatement Type
REM OVAL
REPAIR
ENCAPSUL E
ENCLOSURE

Name of Registered Waste Hauler
Guardian Contracting, Inc.

Name of Registered Landfill
T.R.R.P.

City, State
Toms River, New Jersey

Disposal Date 9/11/14
City, State
Tullytown, Pennsylvania

Completed by (Print or Type)
Nicholas Fernicola
Title
Project Manager

Signature
Date 9/9/2014

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

**Name of Building Owner/Operator:**

VB Construction Services

**Street Address:**

1727 Raritan Road

**City, State, Zip Code:**

Clark, NJ 07066

**Name of Contact:**

John Vizzoni

**Telephone Number:**


## FACILITY INFORMATION

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

Building

**Street Address:**

434 Springfield Avenue

**City:**

**Summit**

**County:**

Union

**County Code:**

ASCN No.

**Type of Facility:**

Subchapter 8 (other than k-12)

**Square feet:**

2000 sf

**# of Floors:**

2

**Bldg. Age:**

60

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

Residence

**Name of Abatement Contractor:**

Guardian Contracting, Inc.

**Street Address:**

1889 Route 9, Unit 61

**City, State, Zip Code:**

Toms River, New Jersey 08755-1271

**Name of OSHA Monitor:**

E.M.S.L. Analytical

**Street Address:**

1056 Stelton Road

**City, State, Zip Code:**

Piscataway, New Jersey 08854

## Project Manager for Monitoring Firm

**Name:** Nicholas Fernicola

**Telephone Number:** 732-349-9932

**Scheduled Start Date:**

9/9/14

**Scheduled Completion Date:**

9/11/14

**Occupancy Status During Abatement:**

Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours

**Other - Describe:**


## Scope of Work (Check all that apply)

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

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

**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, VAP, or other miscellaneous)

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

60 lf

**Abatement Type:**

REMOVAL

REPAIR

ENCAPSULE

ENCLOSURE

**Name of Registered Waste Hauler:**

Guardian Contracting, Inc.

**NDEP 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:**

9/12/14

**City, State:**

Tullytown, Pennsylvania

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

Nicholas Fernicola

**Title:**

Project Manager

**Signature:**

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

(Pursuant to NJAC 8:60 and 8:61)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>09 / 08 / 14</td>
<td>Mr. Smith</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Irregular</td>
</tr>
<tr>
<td>DOLWD</td>
<td>Removed</td>
</tr>
<tr>
<td>DABS</td>
<td>Amended</td>
</tr>
<tr>
<td>NJAC 5.23.43</td>
<td>Emergency (including Notice)</td>
</tr>
<tr>
<td></td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>33 Budhallow Lane</td>
<td>Willingboro, NJ 08046</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Valerie Smith</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private house</td>
<td>School (K-12)</td>
</tr>
<tr>
<td></td>
<td>Subchapter 8 (Other than K-12)</td>
</tr>
<tr>
<td></td>
<td>Other (i.e., private and commercial buildings, homes, etc.)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg Age</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>County Code (7)</th>
<th>Current Use (Prior if being demolished)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<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>Gr Tech LLC</td>
<td>Envirovision Consulting, Inc</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Telephone No</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>576 Valley Rd #283</td>
<td>973-638-1777</td>
<td>01127</td>
</tr>
<tr>
<td>Wayne, NJ 07670</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>09 / 09 / 14</td>
<td>09 / 10 / 14</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
<th>Scope of Work (Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
<td>Clean up and decontamination with negative pressure</td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
<td>Full containment with negative pressure</td>
</tr>
<tr>
<td></td>
<td>Demolition</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>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff?</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(12)</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>200 SF</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>First floor-kitchen and living room</th>
<th>Drywall ceiling</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>200 SF</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>City, State</th>
<th>Code Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gr Tech LLC</td>
<td>Wayne, NJ 07470</td>
<td>TBD</td>
<td>T.R.R.F. Inc</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>City, State</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>TBD</td>
<td>Tullytown, PA</td>
<td>09/08/2014</td>
</tr>
</tbody>
</table>

*Do not use this form for asbestos license exempt activities.*
**NOTIFICATION OF ASBESTOS ABATEMENT**

**State of New Jersey**

**Pursuant to NJAC 8:60 and 5:16**

**Date of Notification (1)**

| 09 | 09 | 14 |

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

Marek Kowalczyk

**Street Address**

230 Crescent Avenue

**City, State, Zip Code**

Wyckoff, NJ 07481

**Name of Contact**

Marek Kowalczyk

**Telephone Number**


**FACILITY INFORMATION**

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

Private house

**Street Address**

230 Crescent Avenue

**City (5)**

Wyckoff, NJ 07481

**County (6)**

Bergen

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


**Type of Facility (4)**

- School (K-12) (Check one only)
- Subchapter 8 (Other than K-12)
- Other (i.e., private and commercial buildings, homes, etc.)

**Square Feet**


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


**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

**Name of Monitoring Firm Hired by Building Owner (5)**

Gr Tech LLC

**ASCM No.**


**Name of Abatement Contractor (9)**

Envirovision Consultants, Inc

**Street Address**

20-21 Wagaw Road, Bldg. #34A

**Name of OSHA Monitor**


**Project Manager for Monitoring Firm**

C. D. Lampe

**Telephone No.**

973-638-1777

**License No.**

01127

**Start Date (10)**

09 / 18 / 14

**Scheduled Completion Date (11)**

09 / 19 / 14

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

- Basement

**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)**

- Pipe insulation

**Amount (Specify SIF or LF)**

- 65 LF

**Abatement Type**

- Clean up and decontamination with negative pressure

- Full Containment with Negative Pressure

- Mini-Enclosure

- Glovesbag Procedure

- Tent with Negative Pressure

- Non-exempted (*) and Non-Failable Procedure

**Name of Registered Waste Hauler**

Gr Tech LLC

**NJDEP Waste Hauler ID No.**

0033785

**Cubic Yards of Waste**

TBD

**Name of Registered Landfill**

T.R.R.F. Inc

**City, State**

Wayne, NJ 07470

**Completed By (Print or Type)**

N. Jevtic

**Title**

Owner

**Signature**


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

Date of Notification (1) 7/16/14
Name of Building Owner / Operator (2) REieved

Agencies Notified Type Notification Street Address
☒ EPA Initial 1700 Riverton Road
☒ DEP Amended R#2-9/8/14
☒ DOL Emergency
☒ DOH Cancellation
☒ DCA

City Name (5) County (6) County Code (7)
CINNAMINSON Burlington

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
17000 2

Current Use (Prior if being demolished)
COMMUNICATIONS

Name of Facility Where Abatement is Taking Place (3)
RIVERTON CENTRAL OFFICE

Address
1700 RIVERTON ROAD

City, State & Zip Code
CINNAMINSON NJ 08077

Name of Contact ALEX BAYLOR

Name of Monitoring Firm Hired by Building Owner (8)
USA ENVIRONMENTAL MANAGEMENT

ASCM No.

Name of Abatement Contractor (9)
BRISTOL ENVIRONMENTAL INC

Street Address
8436 ENTERPRISE AVE

City, State & Zip Code
PHILADELPHIA PA 19153

Telephone Number
215-365-5810

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL INC

Project Manager for Monitoring Firm MARK JENKINS

Street Address
1123 BEAVER STREET

City, State & Zip Code
BRISTOL, PA 19007

Telephone Number
215-788-5040

Name of Registered Waste Hauler
SERVICE TRANSPORT GROUP, INC.

Telephone Number
215-365-5810

Name of Registered Landfill
MINERVA LANDFILL

City, State
NEW CASTLE, DE 19720

Disposal Date
WAYNESBURG, OH 44688

Completed By (Print or Type) PATRICK T. DeCaro

Title
PROJ. MGR.

Signature

Date
7/16/14

PD 14032
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1) 7/16/14

Name of Building Owner / Operator (2)
VERIZON COMMUNICATIONS

Phone Number

Name of Contact ALEX BAYLOR

Agencies Notified Type Notification
- EPA Initial
- DEP Amended R#1-8/1/14
- DOL Emergency
- DOH Cancellation

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
RIVERTON CENTRAL OFFICE

Street Address
1700 RIVERTON ROAD

City (5) CINNAMINSON
County (6) Burlington
County Code (7)

Name of Monitoring Firm Hired by Building Owner (8)
USA ENVIRONMENTAL MANAGEMENT

ASCM No.

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 Bidg. Age
17000 2

Current Use (Prior if being demolished)

COMMUNICATIONS

Name of Abatement Contractor (9)
BRISTOL ENVIRONMENTAL INC

Street Address
8436 ENTERPRISE AVE
City, State & Zip Code
PHILADELPHIA PA 19153

Telephone Number 215-365-5810

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL INC

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

Telephone Number 215-788-6040

License Number 00509

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

Describe: 5:00 PM -1:00 AM

Facility Occupied During Abatement

Scope of Work (Check all that apply)
- ±3 sf or ±3 if
- ±150 sf ±260 if
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glove Bag Procedures
- Non-Exempted and Non-Friable Procedure

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

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

Yes No N/A

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

Amount (Specify SF or LF)
1900 SF

Abatement Type

Endoscope

Date
7/16/14

Name of Registered Waste Hauler
SERVICE TRANSPORT GROUP, INC.

City, State
NEW CASTLE, DE 19720

Committed By (Print or Type)
PATRICK T. DeCaro

Title PROJ. MGR.

Signature

Disposal Date

Name of Registered Landfill
MINERVA LANDFILL

Cubic Yards of Waste 20

City, State
WAYNESBURG, OH 44688

PD 14032
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1)
7/16/14

Name of Building Owner / Operator (2)
VERIZON COMMUNICATIONS

Type Notification

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

Name of Facility Where Abatement is Taking Place (3)
RIVERTON CENTRAL OFFICE
City (5)
CINNAMINSON

County (6)
Burlington
County Code (7)

Street Address
1700 RIVERTON ROAD

Name of Monitoring Firm Hired by Building Owner (8)
USA ENVIRONMENTAL MANAGEMENT

ASCM No.

Current Use (Prior if being demolished)

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

Square Feet
17000

# of Floors
2
Bldg. Age

Name of Abatement Contractor (9)
BRISTOL ENVIRONMENTAL INC

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

Telephone Number
215-786-6040
License Number
00509

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL INC

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

Project Manager for Monitoring Firm
MARK JENKINS

Telephone Number
215-365-5810

Name of Contact
ALEX BAYLOR

Telephone Number

Completing Abatement

Scheduled Start Date (10)
8/4/14

Scheduled Completion Date (11)
8/15/14

Occupancy Status During Abatement (Check only one)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Hours – 7am to 3pm
- Abatement Performed at Night 10pm to 7am
- Facility Occupied During Abatement

Abate Abatement

Renovation

Demolition

Location of Asbestos-Containing Material (ACM)

TO BE ABATED
in Facility

(13)

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

Basement Area

VAT/MASTIC

1900 SF

Full Containment with Negative Pressure

Abatement Procedure

Mini-Enclosure

Glove Bag Procedures

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)

Abatement Type

Encapsulation

Berclair

Removal

Repair

Encapsulation

Basement Area

VAT/MASTIC

1900 SF


Name of Registered Waste Hauler

SERVICE TRANSPORT GROUP, INC.

Njdep Waste Hauler ID No.

20990

20

Name of Registered Landfill

MINERVAM LANDFILL

Disposal Date

City, State

WAYNESBURG, OH 44688

Completed By (Print or Type)
PATRICK T. DeCaro

Title
PROJ. MGR.

Signature

Date
7/16/14
Date of Notification (1): 9-8-14

Name of Building Owner/Operator (2): Venti Realty

Street Address: 660 North Kings Highway

City, State, Zip Code: Cherry Hill, NJ

Name of Contact: Giuseppe Ventimiglia

FACILITY INFORMATION

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

City: Cherry Hill

County: Camden

Bank Building

Square Feet: 10,000

# of Floors: 2

Biological Age: 65 yrs.

Name of Monitoring Firm Hired by Building Owner (8): PT Consultants, Inc.

Name of Abatement Contractor (9): Plymouth Environmental Co., Inc.

Street Address: 629 Creek Road

City, State, Zip Code: Bellmawr, NJ 08031

Telephone No.: 610-239-9920

License No.: 00398

Name of OSHA Monitor: Plymouth Environmental Co., Inc.

Street Address: 923 Haws Avenue

City, State, Zip Code: Norristown, PA 19401

Scope of Work (Check All That Apply)

- ≥3 sf or ≥2 l.f.
- ≥160 sf or ≥280 l.f.
- Renovation
- Demolition

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

<table>
<thead>
<tr>
<th>Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>2nd floor (13) Wall plaster</td>
<td>x</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>80 SF x</td>
<td></td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler: Robinson Waste Disposal

Disposal Date: 9-22-14

City, State: Voorhees, NJ, Tullytown, PA

Completed by: James Kelly

Title: President

Signature: James Kelly

Date: 9-8-14

Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GAC Project # 060-14</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Date of Notification (1)</strong></td>
<td>September 9, 2014</td>
</tr>
<tr>
<td><strong>Agencies Notified</strong></td>
<td>- EPA</td>
</tr>
<tr>
<td></td>
<td>- DCA</td>
</tr>
<tr>
<td></td>
<td>- DOL</td>
</tr>
<tr>
<td></td>
<td>- DEP. No Longer REQUIRED</td>
</tr>
<tr>
<td></td>
<td>- DOH</td>
</tr>
<tr>
<td><strong>Notification Type</strong></td>
<td>- Initial Notification</td>
</tr>
<tr>
<td></td>
<td>- Amended Notification #</td>
</tr>
<tr>
<td></td>
<td>- Emergency (including justification)</td>
</tr>
<tr>
<td></td>
<td>- Cancelled</td>
</tr>
<tr>
<td><strong>Name of Building Owner/Operator (2)</strong></td>
<td>RUTGERS, THE STATE UNIVERSITY OF NJ</td>
</tr>
<tr>
<td><strong>Street Address</strong></td>
<td>ENVIRONMENTAL HEALTH &amp; SAFETY DEPT.</td>
</tr>
<tr>
<td></td>
<td>27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS</td>
</tr>
<tr>
<td><strong>City, State, Zip Code</strong></td>
<td>PISCATAWAY, NJ 08854</td>
</tr>
<tr>
<td><strong>Name of Contact</strong></td>
<td>MICHAEL SMITH, ENV. HEALTH &amp; SAFETY</td>
</tr>
<tr>
<td><strong>Telephone Number</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Name of Facility Where Abatement is Taking Place (3)</strong></td>
<td>LUCY STONE BLDG# 4153</td>
</tr>
<tr>
<td><strong>Street Address</strong></td>
<td>LIVINGSTON CAMPUS</td>
</tr>
<tr>
<td><strong>City (5)</strong></td>
<td>PISCATAWAY</td>
</tr>
<tr>
<td></td>
<td>MIDDLESEX</td>
</tr>
<tr>
<td><strong>County Code (7)</strong></td>
<td>0098</td>
</tr>
<tr>
<td><strong>Name of Monitoring Firm Hired by Bldg. Owner (8)</strong></td>
<td>ATC ASSOCIATES</td>
</tr>
<tr>
<td><strong>Street Address</strong></td>
<td>3 TERRI LANE</td>
</tr>
<tr>
<td><strong>City, State, Zip Code</strong></td>
<td>BURLINGTON, NJ 08016</td>
</tr>
<tr>
<td><strong>Project Manager for Monitoring Firm</strong></td>
<td>BRIAN KEARNEY</td>
</tr>
<tr>
<td><strong>Telephone Number</strong></td>
<td>609-386-8800</td>
</tr>
<tr>
<td><strong>Scheduled Start Date (10)</strong></td>
<td>09/19/14</td>
</tr>
<tr>
<td><strong>Scheduled Completion Date (11)</strong></td>
<td>9/20/14</td>
</tr>
<tr>
<td><strong>Occupancy Status During Abatement</strong></td>
<td>- Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td></td>
<td>- Abatement Performed Outside of Normal Facility Hours -</td>
</tr>
<tr>
<td></td>
<td>- Other - Describe: Shift Hours: 5:00PM - 5:00AM</td>
</tr>
<tr>
<td><strong>Location of Asbestos-Containing Material (ACM) in Facility (15)</strong></td>
<td>YES</td>
</tr>
<tr>
<td><strong>Location Normally Used Solely by Maint./Custodial Staff (12)</strong></td>
<td>NO</td>
</tr>
<tr>
<td><strong>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Amount (Specify SF or LF)</strong></td>
<td>&lt;9LF</td>
</tr>
<tr>
<td><strong>Abatement Type</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Full Containment with Negative Pressure</td>
</tr>
<tr>
<td></td>
<td>- Mini-Enclosure - WRAP &amp; CUT</td>
</tr>
<tr>
<td></td>
<td>- Glovebag Procedure</td>
</tr>
<tr>
<td></td>
<td>- Non-Exempted (*) and Non-Friable Procedure</td>
</tr>
<tr>
<td><strong>Name of Registered Landfill</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Name of Registered Landfill</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Name of Reg. Waste Hauler</strong></td>
<td></td>
</tr>
<tr>
<td><strong>See Hauler Below #1 &amp; 2</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Cubic Yards of Waste</strong></td>
<td>5 CY</td>
</tr>
<tr>
<td><strong>Name of Registered Landfill</strong></td>
<td>G.R.C.W.S. North Landfill</td>
</tr>
<tr>
<td><strong>Hauler #1</strong></td>
<td>Greenwood Abatement Consultants, Inc. - BUTLER, NJ 07405</td>
</tr>
<tr>
<td><strong>NJDEP #</strong></td>
<td>28969</td>
</tr>
<tr>
<td><strong>Hauler #2</strong></td>
<td>5 TGY - 58 Pyles Lane, New Castle, De 19720</td>
</tr>
<tr>
<td><strong>NJDEP #</strong></td>
<td>20980</td>
</tr>
<tr>
<td><strong>Disposal Date</strong></td>
<td>9/20/14</td>
</tr>
<tr>
<td><strong>City, State</strong></td>
<td>100 New Ford Mill Rd. Morrisville, PA 19067</td>
</tr>
<tr>
<td><strong>215-736-1700</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Completed by (Print or Type)</strong></td>
<td>RAYMOND C. PEDALINO</td>
</tr>
<tr>
<td><strong>Title</strong></td>
<td>SENIOR PROJECT MANAGER</td>
</tr>
<tr>
<td><strong>Signature</strong></td>
<td>Raymond C. Pedalino</td>
</tr>
<tr>
<td><strong>Date</strong></td>
<td>September 9, 2014</td>
</tr>
</tbody>
</table>

Copies To: Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney
**NOTIFICATION OF ASBESTOS ABATEMENT**

**State of New Jersey**

(Pursuant to NJAC 8:68 and 12:126)

**Date of Notification (1):**
09/08/2014

**Name of Building Owner/Operator (2):**
Jose Fernandez

**City, State, Zip Code:**
Newark, NJ 07112

**Telephone Number:**

---

### FACILITY INFORMATION

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

**Street Address:**
167 Goodwin Ave.

**City (5):**
Newark

**County (6):**
Essex

**Square Feet:**
1,900 +

**# of Floors:**
2

**Bldg. Age:**
50+

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

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

**Name of Abatement Contractor (9):**
Unicorn Contracting Corp.

**Street Address:**
1087 Pleasant Valley Way

**City, State, Zip Code:**
West Orange, NJ 07052

**Telephone No.:**
973-333-9176

**License No.:**
01232

---

**Name of OSHA Monitor:**
Envirovision Consultants Inc.

**Street Address:**
20-21 Wagarraw Rd. - Bldg.35E

**City, State, Zip Code:**
Fair Lawn, NJ 07410

---

**Start Date (10):**
9/22/2014

**Scheduled Completion Date (11):**
9/23/2014

---

**Facility Closed/Vacated During Entire Period of Abatement:**
X

**Abatement Performed Outside of Normal Facility Hours:**

---

**Scope of Work (Check All That Apply):**
- ≥3 sf or ≥6 lf
- ≥160 sf or ≥260 lf
- Renovation
- Demolition

---

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

- Basement: X

**Is Location Normally Used Solely by Maintenance/Custodial Staff? (12):**
- Yes

**Description of Asbestos Contains Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous):**
Pipe Insulation 50 LF

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

---

**Name of Registered Waste Hauler:**
NJ DEP Waste Hauler ID No. 15939

**Disposal Date:**
TBD

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

**City, State:**
Morrisville, Pennsylvania

---

**Completed by:**
Blagica Nikolova

**Title:**
President

**Signature:**

---

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

**Date of Notification (1)**
09 / 05 / 14

**Name of Building Owner/Operator (2)**
Clorox Services Company

**Agency Notified**
- [X] EPA
- [X] DOLWD
- [X] DHSS
- [□] DCA (NJAC 5:23-8)

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

**Street Address**
301 Mantua Avenue

**City, State, Zip Code**
Paulsboro, NJ 08066

**Name of Contact**
Ed Burns

**Telephone Number**

---

**FACILITY INFORMATION**

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

**Square Feet**
115000

**# of Floors**
1

**Bldg. Age**
+/- 50

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

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

**Name of Abatement Contractor (9)**
USA Environmental Management, Inc.

**ASCM No.**

---

**Street Address**
3370 Progress Drive, Suite J

**City, State, Zip Code**
Bensalem, PA 19020

**Telephone No.**
215-244-1300

**License No.**
1156

---

**Start Date (10)**
9 / 19 / 14

**Scheduled Completion Date (11)**
10 / 19 / 14

**Name of OSHA Monitor**
USA Environmental Management, Inc

---

**Occupancy Status During Abatement (Check only one)**
- [X] Facility Closed/Vacated During Entire Period of Abatement
- [□] Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00 AM-3:30 PM/10:00 PM-6:00 AM

---

**Scope of Work (Check all that apply)**
- [□] Renovation
- [□] Demolition
- [□] Full Containment with Negative Pressure
- [□] Mini-Enclosure
- [□] Glovebag Procedure
- [□] Non-Exempted (*) and Non-Friable Procedure

---

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

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

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

**Amount (Specify SF or LF)**

**Abatement Type**
- [□] Removal
- [□] Repair
- [□] Encapsulation
- [□] Enclosure

---

**Name of Registered Waste Hauler**
USA Environmental Management, Inc

**Cubic Yards of Waste**
10

**Name of Registered Landfill**
Minerva Landfill

**Disposal Date**
10/19/2014

**City, State**
Waynesburg, OH

**City, State**
Philadelphia, PA

**Completed By (Print or Type)**
Dilip Kumar

**Title**
Program Manager

**Signature**

---

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

**NOTIFICATION OF ASBESTOS ABATEMENT**

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

---

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>9/9/14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>City of Camden</td>
</tr>
<tr>
<td>Street Address</td>
<td>501 Market St</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Camden NJ 08101</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Ruedben Perez</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

---

### FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>City of Camden Department of Public Works Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>101 Newton Street</td>
</tr>
<tr>
<td>City (5)</td>
<td>Camden NJ 08101</td>
</tr>
<tr>
<td>County (6)</td>
<td>Camden</td>
</tr>
<tr>
<td>County Code (7)</td>
<td></td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>TTI Environmental</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>856-840-8800</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>Pennaco Inc.</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>856-753-9800</td>
</tr>
<tr>
<td>License No.</td>
<td>00727</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>9/1/14</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>9/15/14</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>Same</td>
</tr>
<tr>
<td>Street Address</td>
<td></td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td></td>
</tr>
</tbody>
</table>

---

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

| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Basement Hallway |
| Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) | No |
| Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Pipe insulation |
| Amount (Specify SF or LF) | 75 lf |

---

### Name of Registered Waste Hauler

| Name of Registered Waste Hauler | Pennaco Inc. |
| NJDEP Waste Hauler ID No. | 21787 |
| Cubic Yards of Waste | 3 |
| Name of Registered Landfill | G.R.O.W.S. |
| City, State | West Berlin NJ |
| Disposal Date | 9/15/14 |
| City, State | Morristown PA 19067 |

---

### Completed by

| Completed by | Anthony T Perna |
| Title | President |
| Signature | |
| Date | 9/9/14 |

---

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</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>9/9/14</td>
<td>Bill Pilling Private Home</td>
<td>219 east Essex Ave</td>
<td>Beach Haven NJ 08008</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement Is Taking Place (3)</th>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bill Pilling Private Home</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>1000+</td>
<td>2</td>
<td>35+</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Home</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
<td>Pernaco Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Telephone No.</th>
<th>License No.</th>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>PO Box 929</td>
<td>856-753-9800</td>
<td>00727</td>
<td>Same</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/10/14</td>
<td>9/12/14</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Facility Closed/Vacated During Entire Period of Abatement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>≥3 sf or ≥3 If</th>
<th>≥150 sf or ≥250 If</th>
<th>Renovation</th>
<th>Demolition</th>
<th>Full Containment with Negative Pressure</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Mini-Enclosure</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Glovebag Procedure</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Non-Exempted (*) and Non-Friable Procedure</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exterior Siding</td>
<td>X</td>
<td></td>
<td>1800 SF</td>
<td>x</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**

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

**United Containers**

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

**City, State**

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/12/14</td>
<td>G.R.O.W.S.</td>
</tr>
<tr>
<td></td>
<td>Morrisville PA 19067</td>
</tr>
</tbody>
</table>

**Completed by**

<table>
<thead>
<tr>
<th>Completed by</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anthony T Perna</td>
<td>President</td>
<td></td>
<td>9/9/14</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)

**Date of Notification:** 9/11/14

**Name of Building Owner/Operator:**  
Federal Aviation Administration

**Street Address:**  
One Aviation Plaza

**City, State, Zip Code:**  
Jamaica, NY 11434

**Name of Contact:**  
Michael Mulligan

### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place:**  
Teterboro Air Traffic Control Tower

**Street Address:**  
225 Fred Wehran Drive

**City:**  
Teterboro

**County:**  
Bergen

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

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

**Type of Facility:**  
Other (i.e. private & commercial buildings, homes, etc.)

**Square Feet:**  
5,000

**# of Floors:**  
6

**Bldg. Age:**  
40 years

**License No.:**  
01161

**Name of OSHA Monitor:**  
EMSL

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

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

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

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

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

**Location:**  

- Elevator Machine Room
  - Floor tile and mastic: 138 SF

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

- 138 SF

**Name of Registered Waste Hauler:**  
ecoservices, LLC

**City, State:**  
Exton, PA

**Disposal Date:**  
TBD

**Name of Registered Landfill:**  
GROWS Landfill

**City, State:**  
Morrisville, PA

**Title:**  
Sr. Project Manager

**Signature:**  
Jack Bally

**Date:**  
9/11/14

*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)  

RECEIVED  

Date of Notification (1)  
09/11/14  

Name of Building Owner/Operator (2)  
NICK JANULIS  

2014 SEP 12 AM 4:16  

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

Type Notification  
☒ Initial  
☐ Amended  
☐ Emergency (Including justification)  
☐ Cancellation  

Amendment #:  

Street Address  
2 RIDGE TERRACE  

ASBESTOS CONTROL & LICENSING  

City, State, Zip Code  
WEST CALDWELL, NJ 07006  

Name of Contact  
NICK JANULIS  

Telephone Number  

FACILITY INFORMATION  

Name of facility where abatement is taking place (3)  
NICK JANULIS  

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

Square Feet  

# of Floors  

Bldg. Age  

Current Use (Prior if being demolished)  

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

Street Address  
20 California Ave.  

License Number  
973-345-8020  

City, State, Zip Code  
Paterson, NJ 07503  

Telephone Number  

Name of OSHA Monitor  
D & S Restoration, Inc.  

Street Address  
20 California Avenue  

City, State, Zip Code  
Paterson, NJ 07503  

Project Manager for Monitoring Firm  

Phone Number  

Start Date (10)  
08/26/14  

Sched. Completion Date (11)  
09/11/14  

Occupyancy 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 ft.  
☒ >160 sf or >240 ft.  
☐ Renovation  
☐ Demolition  
☐ Full Containment w/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  

Description of asbestos-containing material (ACM)  

Amount (Specify SF or LF)  

Removal ☒ Repair ☒ Encap ☒ Encl ☒  

BASEMENT ☒  

BOILER INSULATION 50 SQ FT ☒  

Registered Waste Hauler  
D & S RESTORATION, INC.  

NJDEP Hauler ID#  
13506  

Cubic Yards of Waste  
1 YD  

Name of Registered Landfill  
TULLYTOWN, RESOURCE RECOVERY  

City, State  
TULLYTOWN, PA  

Disposal Date  
08/27/14  

Completed by (Print or Type)  
BOGDAN JOLDZIC  

Title  
PRESIDENT  

Signature  

Date  
08/14/2014  

* 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)

**RECEIVED**

**Date of Notification (1)**  
10/18/2014

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

**Street Address:**  
198 RODNEY STREET

**City, State, Zip Code:**  
GLEN ROCK, NJ 07452

**Name of Contact:**  
NORTON NICHOLS

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

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

**FACILITY INFORMATION**

**Name of facility where abatement is taking place (3)**  
NORTON NICHOLS

**Street Address:**  
198 RODNEY STREET

**City**  
GLEN ROCK

**County**  
BERGEN

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

**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):**  
___

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

**Street Address:**  
20 California Ave.

**City, State, Zip Code:**  
PATERN, 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:**  
PATERN, NJ 07503

**Scope of Work (check all that apply):**  
- Full Containment w/negative pressure  
- Mini-enclosure  
- Glovebag procedure  
- Non-Exempted (*) and Non-Friable procedure

**Location of asbestos-containing material (ACM) to be abated in facility (19):**  
- Pipe Insulation

**Description of asbestos-containing material (ACM):**  
- 94 LFT

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

**NUDEP Hauler ID:**  
13506

**Disposal Date:**  
08/28/14

**Cubic Yards of Waste:**  
1 YD

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

**City, State:**  
TULLYTOWN, PA

**Completed by (Print or Type):**  
BOGDAN JOLLZIC

**Title:**  
PRESIDENT

**Signature:**  
08/15/2014

*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)
10/18/15

Name of Building Owner/Operator (2)
PAM STRICKLEND

Street Address
195 SANDFORD AVENUE

City, State, Zip Code
NO. PLAINFIELD, NJ 07060

Name of Contact
PAM STRICKLEND

Type of Facility (4)

Square Feet # of Floors Bidg. Age

Occuancy Status During Abatement (Check only one)

Scope of Work (check all that apply)

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

Registered Waste Hauler
D & S RESTORATION, INC.

Disposal Date
08/29/14

Name of Registered Landfill
TULLYTOWN, RESOURCE RECOVERY

D&S Proj. #: 2014-336

2014 SEP 12 AM 4:15

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
PAM STRICKLEND

County Code (7) (State use only)

ASCM No.

Street Address
195 SANDFORD AVENUE

City (5) COUNTY (6)
UNION

Name of Monitoring Firm Hired by Bidg. Owner (5)

Type 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

Project Manager for Monitoring Firm

Phone Number

Start Date (10) Sched. Completion Date (11)
08/28/14 09/12/14

Full Containment win/negative pressure

Renovation

≥3 sf or ≥3 if

Boiler insulation

Non-Exempted (*) and Non-frangible procedure

≥160 sf or ≥260 if

Demolition

≥15 L FT

Mini-enclosure

Location normally used solely by maintenance/custodial staff (12)

BOILER INSULATION

Yes No N/A

Description of asbestos-containing material (ACM)

Amount [Specify SF or LF]

15 L FT

40 SQ FT

R E M O V E

R E P A I R

EnCal

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

Registered Waste Hauler
D & S RESTORATION, INC.

Disposal Date
08/29/14

TULLYTOWN, RESOURCE RECOVERY

City, State
PATerson, NJ 07503

Name of Registered Landfill
TULLYTOWN, RESOURCE RECOVERY

Disposal Date
08/29/14

Date
08/14/2014

* 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)  09 / 11 / 14

Name of Building Owner/Operator (2)  Bank of America

2014 SEP 12 AM 4:10

Agencies Notified

EPA
DOLWD
DHSS
DCA

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

Name of Contact  John Luxford

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Bank of America

Street Address
128 Hudson Street

City (5)
Hoboken, NJ

County (6)
Hudson

County Code (7/STATE USE ONLY)

Square Feet
10,000

Type of Facility (4)

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

# of Floors
1

Bldg. Age
30

Name of Abatement Contractor (9)
JVN Restoration Inc

Name of Monitoring Firm Hired by Building Owner (8)
New York Environmetal

ASCM No.

Name of OSHA Monitor
Testor Tech

Street Address
88 Harbor Road

City, State, Zip Code
Port Washington, NY 11050

License No.
00774

Project Manager for Monitoring Firm
Mike Baudo

Telephone No.
516-944-9500

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: Saturday and Sunday AM-1:00pm to 9:00 AM

Scopes of Work (Check all that apply)

Renovation
Demolition

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

Basement Mens and Ladies Room

1st Floor Teller Line

Basement Mens and Ladies Room

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

Amount (Specify SF or LF)

Abatement Type

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

Name of Registered Waste Hauler
Newark Carting

NJDEP Waste Hauler ID No. NJ-586

Cubic Yards of Waste
15

Name of Registered Landfill
IESI

City, State
Newark, NJ

Disposal Date
09/28/14

Completed By (Print or Type)
Ralph Barnhardt

Title
Project Manager

Signature

Date
09-11-14

* 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)
9/8/2014

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

Type Notification
☑ Initial
☐ Amended
☐ Amendment # 3
☐ Emergency (including justification)
☐ Cancellation

Name of Building Owner/Operator (2)
The DeNovo Group

Street Address
1302 West Randolph Street

City, State, Zip Code
Chicago, IL 60607

Name of Contact
Todd King

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
DeNovo New Brunswick, LLC

Street Address
760 Jersey Ave

City (5)
New Brunswick

County (6)
Middlesex

County Code (7) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)
Amerco Engineering

ASCM No.

Name of Abatement Contractor (9)
Shoreline Contractors Inc.

Street Address
85 Kero Road

City, State, Zip Code
Carlstadt, NJ 07072

Project Manager for Monitoring Firm
John Blosky

Telephone No.
(219) 531-0531

License No.
01230

Name of OSHA Monitor
Wojciech Michalik

Street Address
85 Kero Road

City, State, Zip Code
Carlstadt, New Jersey 07072

Start Date (10)
06/30/2014

Scheduled Completion Date (11)
09/30/2014

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)
☐ 43 sf or x3 sf
☐ ≥160 sf or ≥260 sf
☐ Renovation
☐ Demolition
☒ Full Containment with Negative Pressure
☒ Mini-Enclosure
☒ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

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

In Facility

(13)

Yes
No
N/A

Office/mezzanine area
☒

Office/mezzanine area
☒

Office/mezzanine area
☒

Office Area
☒

Is Location Normally Used Solely by Maintenance/Custodial Staff?

(12)

Yes
No
N/A

VAT Floor Tile

12,000 SF

Transite Panel

800 SF

Pipe Insulation

300 LF

Mastic

8500

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

Amount (Specify SF or LF)

Abatement Type

Removal
Repair
Encapsulation
Endorse

Endorse

Name of Registered Waste Hauler
Asbestos Transportation Company, INC.

NJDEP Waste Hauler ID No.

Cubic Yards of Waste

485.19

Name of Registered Landfill
Cycle Chem, Inc.

City, State
Shirley, NY

Disposal Date
05/30/2014

City, State
Elizabeth, NJ

Completed by
Michael Colman
Title
President
Signature

Date
9/8/2014

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>9/8/2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>The DeNovo Group</td>
</tr>
<tr>
<td>Street Address</td>
<td>1302 West Randolph Street</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Chicago, IL 60607</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Todd King</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

### FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>DeNovo New Brunswick, LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>760 Jersey Ave</td>
</tr>
<tr>
<td>City (6)</td>
<td>New Brunswick</td>
</tr>
<tr>
<td>County (8)</td>
<td>Middlesex</td>
</tr>
<tr>
<td>Middletown</td>
<td></td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>Ameroco Engineering</td>
</tr>
<tr>
<td>Street Address</td>
<td>204 E. Jefferson Street</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Valparaiso, Indiana 46383</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>John Blosky</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>06/30/2014</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>09/30/2014</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check Only One)</td>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>Scope of Work (Check All That Apply)</td>
<td>x 33 sf or &gt;=33 sf</td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)</td>
<td>Yes</td>
</tr>
<tr>
<td>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td>Yes</td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td>46000 SF</td>
</tr>
<tr>
<td>License No.</td>
<td>01230</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>Shoreline Contracts Inc.</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>Wojciech Michalik</td>
</tr>
<tr>
<td>Street Address</td>
<td>85 Kero Road</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Carlstadt, NJ 07072</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>05/30/2014</td>
</tr>
</tbody>
</table>

### ASBESTOS CONTROL & LICENSING

- ASBESTOS CONTROL & LICENSING
- 2014 SEP 12 AM 4:11

---

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