State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1) 12/5/08

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

Name of Facility Where Abatement is Taking Place (3)
Middlesex County College

Street Address 2600 Woodbridge Ave.

City (5) Edison County (6) Middlesex County Code (7) -

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

Name of Abatement Contractor (9) AbateTech, Inc.

Project Manager for Monitoring Firm Rick Beach

Telephone Number 609-392-4200

Scheduled Start Date (10) 9/19/13

Scheduled Completion Date (11) 9/19/13

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

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

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) 77 SF

Abatement Type
- Removal
- Repair
- Encapsulate
- Endorse

Name of Registered Waste Hauler AbateTech, Inc.

NJDEP Waste Hauler ID No. 18750 Cubic Yards of Waste 4

Name of Registered Landfill TRRF Landfill

City, State Lumberton, NJ

Disposal Date 9/19/13

City, State Tullytown, PA

Completed By (Print or Type) Gwendolyn Trumbetti

Title Ops. Coord. Signature: [Signature]

Date 9/10/13
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1)
01/19/2013

Name of Building Owner/Operator (2)
Christine & Kevin Shaw

Street Address
32 Freeman Street

City, State, Zip Code
Roseland, NJ 07068

Name of Contact
Christine & Kevin Shaw

Agencies Notified

<table>
<thead>
<tr>
<th>Agency</th>
<th>Type Notification</th>
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</thead>
<tbody>
<tr>
<td>EPA</td>
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<tr>
<td>DEP</td>
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<tr>
<td>DOL</td>
<td>Amendment</td>
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<tr>
<td>DOH</td>
<td>Cancellation</td>
</tr>
<tr>
<td>DCA</td>
<td></td>
</tr>
</tbody>
</table>

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
Christine Shaw

Street Address
32 Freeman Street

City (5)
Roseland

County (6)
Essex

County Code (7)

Type of Facility (4)

<table>
<thead>
<tr>
<th>Type</th>
<th>Description</th>
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<tbody>
<tr>
<td>School (K-12)</td>
<td></td>
</tr>
<tr>
<td>Subchapter 8</td>
<td>Other (Private/Commercial Bldgs./Homes)</td>
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</table>

Square Feet

# of Floors

Bldg. Age

Current Use (Prior if being demolished)
residential

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

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

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

Type of Abatement

<table>
<thead>
<tr>
<th>Description</th>
<th>Full Containment w/ negative pressure</th>
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Location of asbestos-containing material to be abated in facility (13)

<table>
<thead>
<tr>
<th>Location</th>
<th>Is location normally used solely by maintenance/custodial staff (12)</th>
<th>Description of asbestos-containing material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
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<tbody>
<tr>
<td>basement</td>
<td>No</td>
<td>boiler insulation</td>
<td>45 sf</td>
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<tr>
<td>main room</td>
<td>Yes</td>
<td>pipe insulation</td>
<td>157 if</td>
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<tr>
<td>back room</td>
<td>Yes</td>
<td>pipe insulation</td>
<td>28 if</td>
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Registered Waste Hauler
B & G Restoration, Inc.

Cubic Yards of Waste
3 yards

Name of Registered Landfill
Tullytown Resource & Recovery Center

Completed by (Print or Type)
Gordana Luna

Title
Secretary/Treasurer

Signature
Gordana Luna

Disposal Date
09/23/2013

City, State
Lincoln Park, NJ 07035

City, State
Tullytown, PA

Date
09/10/2013
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

**State of New Jersey**

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

**Address:**

**4000 HADLEY ROAD**

**City, State, Zip Code:** SOUTH PLAINFIELD, NJ 07080

---

**Facility Information**

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

**PSE & G**

**Street Address:**

**7272 N. CRESCENT BLVD.**

**City (5):** PENNSAUKEN

**County (6):** CAMDEN

**County Code (7):** CAMDEN

**Type of Facility (4):**

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

**Square Feet:** D/A

**# of Floors:** D/A

**Bidg. Age:** D/A

---

**Environmental Tacktics**

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

**ASCM No.:** 0045

**Name of Abatement Contractor (9):**

**UNIQUE SYSTEMS OF AMERICA INC**

**Street Address:**

**396 WHITEHEAD AVE.**

**City, State, Zip Code:** SOUTH RIVER, NJ 08882

**Telephone No.:** 732-432-8350

**License No.:** 01111

**Start Date (10):** 9/20/13

**Scheduled Completion Date (11):** 9/20/13

**Name of OSHA Monitor:**

**UNIQUE SYSTEMS OF AMERICA**

**Street Address:**

**396 WHITEHEAD AVE.**

**City, State, Zip Code:** SOUTH RIVER, NJ 08882

**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):**

**Location:**

**Outside Substation**

**Reason:** Somastic Pipe Cutting

**Amount:** 20 LF

**Abatement Type:**

- Removal
- Repair
- Encapsulate
- Enclosure

---

**Waste Management**

**Name of Registered Waste Hauler:**

**NJDEP Waste Hauler ID No.:**

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

**City, State:** MORRISVILLE, PA

**Name of Registered Landfill:**

**GROWS NORTH**

**City, State:**

**Title:** Office Mgr.

**Signature:**

**Date:** 9/10/13

---

*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):** 8/28/13

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

**Agency(s) Notified:**
- [ ] EPA
- [ ] DEP
- [X] DOL
- [ ] DOH
- [ ] DCA

**Street Address:** 4000 HADLEY ROAD, SOUTH PLAINFIELD, NJ 07080

**City, State, Zip Code:** SOUTH PLAINFIELD, NJ 07080

**Name of Contact:** Fox McQuilten

**Facility Information**

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

**Street Address:** 7272 N. CRESCENT BLVD.

**City (5):** PENNSAUKEN

**County (6):** CAMDEN

**County Code (7):** N/A

**Square Feet: N/A**

**# of Floors: N/A**

**Bldg. Age: N/A**

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

**Current Use (Prior if being demolished):** SW/A TH/STATION

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

**Environmental Tactics: 0045**

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

**Street Address:** 64 BROAD STREET

**City, State, Zip Code:** MATAWAN, NJ 07747

**Project Manager for Monitoring Firm:** TOM GEIGER

**Telephone No.:** 732-290-2217

**Start Date (10):** 9/12/13

**Scheduled Completion Date (11):** 9/12/13

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

**Scope of Work (Check All That Apply):**
- [X] 33 sf or 23 ft
- [ ] ≥160 sf or ≥260 ft
- [X] Renovation
- [X] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [X] Non-Exempted (*) and Non-Friable Procedure

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

**Description of Asbestos-Containing Material (ACM):**
- [ ] thermal systems insulation, surfacing, VAT, or other miscellaneous

**Amount (Specify SF or LF):** 20 LF

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

**Name of Registered Waste Hauler:** WASTE MANAGEMENT

**Waste Management:** NJDEP Waste Hauler ID No.

**Cubic Yards of Waste:** 1125

**Name of Registered Landfill:** GROWS NORTH

**City, State:** ELIZABETH, NJ

**Completion Date:** 9/13/13

**Completed by:** CAROL RAINFO

**Title:** OFFICE MGR.

**Signature:**

**Date:** 9/28/13

---

*Do not use this form for asbestos license exempted activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12C:120-7)

Date of Notification (1)
08/16/13

Month/Day/Year

Agency Notified
EPA
DEP
DCA
DOH

Type Notification
Initial
Amended
Notification
Cancellation

Name of Building Owner/Operator (2)
on hold

Name of Contact
Robert Orrego

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Princeton University - Old Graduate College - Steam lines in Manhole

Street Address
Near 70 Alexander Road - Manhole

City (5) County (6) County Code (7)
Princeton

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

ASCM No.

Name of Abatement Contractor (9)
Associated Specialty Contracting

Street Address
98 LaCrue Avenue

City, State, Zip Code
Glen Mills, PA 19342

Licence Number
610-364-9622
1103

Name of OSHA Monitor
Criterion Labs

Street Address
3370 Progressive Drive

City, State, Zip Code
Bensalem PA 19020

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

x Abatement Performed Outside of Normal Facility

Hours - Describe:
7:00 AM to 3:30 PM

Other - Describe:

Scope of work (Check all that apply)
Demolition
Renovation

Full Containment with Negative Pressure

x Mini - Enclosure

x Glovebox Procedure

Non-Friable Procedure

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

In Facility

Location
Normally Used
Solubly 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

Name of Registered Waste Hauler

Horizon Disposal

Cubic Yards of Waste
1

Name of Registered Landfill
GROWS

City, State
Morrisville PA

Disposal Date
As needed

Completed By (Print or Type)
Mark Gashow

Title
Project Manager

Signature

Date
7-1-2013

ABS-41
JUN 95

G4667
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:-120-7)

**State of New Jersey**

**Date of Notification (1)**
08/16/13

**Agency Notified**
- EPA
- DEP
- DCA
- DOH

**Type Notification**
- Initial
- Notification
- Amended
- Notification
- Cancellation

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

**Street Address**
P.O. box 2158

**City, State, Zip Code**
Princeton NJ 08543

**Name of Contact**
Robert Otego

**Telephone Number**
SEP 1 3 2013

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**
Princeton University - Old Graduate College - Steam lines in Manhole

**Street Address**
88 college road west - manhole - beginning of steam line

**City (5)**
Princeton

**County (6)**
County Code (7)

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

**ASCM No.**

**Name of Abatement Contractor (9)**
Associated Specialty Contracting

**Street Address**
98 LaCrue Avenue

**City, State, Zip Code**
Glen Mills, PA 19342

**Project Manager of Monitoring Firm**
Alan Lloyd

**Telephone Number**
856-547-0505

**Name of OSHA Monitor**
Criterion Labs

**Street Address**
3370 Progressive Drive

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

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

**Sched. Completion Date (11)**
12/31/13

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

**Hours - Describe:** 7:00 AM to 3:30 PM

**Other - Describe:**

**Scope of work (Check all that apply)**
- Demolition
- x Renovation
- x >3 sf or >3 if
- >160 sf or >260 If

**Is Abatement Material (ACM) Normally Used Solely by Maintenance/Custodial Staff (12)**

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

**Location**

<table>
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<th>Yes</th>
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<th>Description of Asbestos-Containing Material (ACM)</th>
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<td>(ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
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<td>SF or</td>
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<tbody>
<tr>
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<table>
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**G4667**
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1)  
08/16/13

Month/Day/Year

Name of Building Owner/Operator (2)  
Princeton University

Name of Contact  
Robert Otero

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
Princeton University - Old Graduate College - Steam lines in Manhole

Street Address  
Near Pyne Hall - manhole

City (5)  
Princeton

County (6)  

County Code (7)  

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

ASCM No.  

Name of Abatement Contractor (9)  
Associated Specialty Contracting

Street Address  
98 LaCruce Avenue

City, State, Zip Code  
Glen Mills, PA 19342

Telephone Number  
856-540-5505

Telephone Number  
610-364-9622

License No.  
1103

Name of OSHA Monitor  
Criterion Labs

Occupancy Status During Abatement (Check only one)  

x Abatement Performed Outside of Normal Facility

Hours - Describe: 7:00 AM to 3:30 PM

Full Containment with Negative Pressure  

x Mini - Enclosure

x Glovebag Procedure

Non-Friable Procedure

Scope of work (Check all that apply)  

Demolition  

x Renovation

x >3 sf or >3 if

>160 sf or >260 if

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

(13)

Yes  

Manhole - near Pyne Hall  

x pipe insulation  

9 LF  

x

Location  


Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)

Amount  


Abatement Type  

Abatement Type  


Name of Registered Waste Hauler  
NJDEP Waste Hauler ID No.  
1

Cubic Yards of Waste  

Name of Registered Landfill  
GROWS

City, State, Zip Code  
Morrisville PA

Disposal Date  
As needed

Completed By (Print or Type)  
Mark Goshow  

Title  
Project Manager

Signature  

Date  
9-14-13

ABS-41  

JUN 95
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1) 08/16/13

Name of Building Owner/Operator (2) Princeton University

Agency Notified
EPA
DEP
DCA x - # 2 Amended
DOH

Type Notification
Initial
Notification
Amended
Notification
Cancellation

Street Address
P.O. box 2158
City, State, Zip Code Princeton, NJ 08543

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Princeton University - Old Graduate College - Steam lines in Manhole

Street Address
Across from parking lot 11

City (5) Princeton

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

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

ASCM No.

Name of Abatement Contractor (9)
Associated Specialty Contracting

Street Address
515 Grove Street Suite 1B
City, State, Zip Code Haddon Heights NJ

Project Manager of Monitoring Firm Alan Lloyd

Telephone Number 856-547-8505

Scheduled Start Date (10) 10/29/13

Sched. Completion Date (11) 12/31/13

Name of OSHA Monitor Criterion Labs

Criterion Labs

Street Address
3370 Progressive Drive
City, State, Zip Code Bensalem PA 19020

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

Hours - Describer: 7:00 AM to 3:30PM

Other - Describe: 

Scope of work (Check all that apply)
Demolition
Renovation
x Full Containment with Negative Pressure
x Mini - Enclosure
x Glovebag Procedure
Non-Asbestos Procedure

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

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

Yes No N/A

Description of Asbestos - Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)

Amount (Specify SF or LF)

Abatement Type

Manhole - across from parking lot 11

x pipe insulation 9 LF

Name of Registered Waste Hauler NJDEP Waste Hauler ID No. Cubic Yards of Waste Name of Registered Landfill

Horizon Disposal

Cubic Yards
1
GROWS

City, State Trenton NJ

Disposal Date As needed

City, State Morrisville PA

Completed By (Print or Type) Title Signature Date
Mark Goshaw Project Manager

ABS-41 JUN 95

G4667
### State of New Jersey
#### NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:1-120-7)

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<th>Date of Notification (1)</th>
<th>08/16/13</th>
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<td>Name of Building Owner/Operator (2)</td>
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<td>FACILITY INFORMATION</td>
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<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>Princeton University - Old Graduate College -Steam lines in Manhole</td>
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<td>Street Address</td>
<td>Across street from Princeton Seminary</td>
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<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>ASCM No.</td>
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<td>Pennoni Associates Inc</td>
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<td>Street Address</td>
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<tr>
<td>515 Grove Street Suite 1B</td>
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<td>Project Manager of Monitoring Firm</td>
<td>Telephone Number</td>
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<tr>
<td>Alan Lloyd</td>
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<td>Scheduled Start Date (10)</td>
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<tr>
<td>Occupancy Status During Abatement (Check only one)</td>
<td></td>
</tr>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
<td></td>
</tr>
<tr>
<td>x</td>
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<tr>
<td>Abatement Performed Outside of Normal Facility</td>
<td></td>
</tr>
<tr>
<td>Hours - Describe: 7:00 AM to 3:30PM</td>
<td></td>
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<tr>
<td>Other - Describe:</td>
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<tr>
<td>Scope of work (Check all that apply)</td>
<td></td>
</tr>
<tr>
<td>Demolition</td>
<td></td>
</tr>
<tr>
<td>x</td>
<td>Renovation</td>
</tr>
<tr>
<td>x</td>
<td>Mini - Enclosure</td>
</tr>
<tr>
<td>&gt;3 sf or &gt;3 if</td>
<td>x</td>
</tr>
<tr>
<td>&gt;160 sf or &gt;260 if</td>
<td>x</td>
</tr>
<tr>
<td>Non-Friable Procedure</td>
<td></td>
</tr>
<tr>
<td>Location of Asbestos - Containing Material (ACM) TO BE ABATED</td>
<td></td>
</tr>
<tr>
<td>Normally Used</td>
<td></td>
</tr>
<tr>
<td>Is</td>
<td>Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
</tr>
<tr>
<td>Located Solely</td>
<td></td>
</tr>
<tr>
<td>by Maintenance/Custodial Staff (12)</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>pipe insulation</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td></td>
</tr>
<tr>
<td>Horizon Disposal</td>
<td></td>
</tr>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
<td>Cubic Yards of Waste</td>
</tr>
<tr>
<td>1</td>
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<tr>
<td>City, State</td>
<td>Disposal Date</td>
</tr>
<tr>
<td>Trenton NJ</td>
<td>As needed</td>
</tr>
<tr>
<td>Completed By (Print or Type)</td>
<td>Title</td>
</tr>
<tr>
<td>Mark Goshow</td>
<td>Project Manager</td>
</tr>
<tr>
<td>ABS-41</td>
<td></td>
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<tr>
<td>JUN 95</td>
<td></td>
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Date of Notification (1) 08/16/13  
Name of Building Owner/Operator (2) Princeton University

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<th>Type Notification</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
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<td>EPA</td>
<td>Initial</td>
<td>P.O. box 2158</td>
<td>Princeton NJ 08543</td>
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<td>DEP</td>
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<td></td>
</tr>
<tr>
<td>DOH</td>
<td>Notification</td>
<td></td>
<td></td>
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</table>

Name of Facility Where Abatement is Taking Place (3)  
Princeton University - Old Graduate College - Steam lines in Manhole

Street Address  
Across street from Princeton Seminary

City (5)  
Princeton

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

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

ASCM No.  
Name of Abatement Contractor (9)  
Associated Specialty Contracting

Street Address  
98 LaCrue Avenue

City, State, Zip Code  
Glen Mills, PA 19342

Haddon Heights NJ

Project Manager of Monitoring Firm  
Alan Lloyd  
Telephone Number  
856-547-0505

Scheduled Start Date (10)  
10/29/13

Sched. Completion Date (11)  
12/31/13

Month/Day/Year  
Month/Day/Year

Occupyancy Status During Abatement (Check only one)  
Facility Closed/Vacated During Entire Period of Abatement x

Abatement Performed Outside of Normal Facility  
Hours - Describe: 7:00 AM to 3:30PM

Other - Describe:

Scope of work (Check all that apply)  
Demolition  
>3 sf or >3 if  
>160 sf or >260 sf

x Renovation  
Full Containment with Negative Pressure

x Gloves Bag Procedure  
x Mini - Enclosure

Non-Priable Procedure

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

<table>
<thead>
<tr>
<th>Is Location</th>
<th>Description of Asbestos-Containing Material (ACM) (ie. Thermal systems, insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>pipe insulation s</td>
<td>6 LF</td>
</tr>
<tr>
<td>No</td>
<td></td>
<td></td>
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</table>

Manhole - Across st from Seminary x

Name of Registered Waste Hauler  
NJDEP Waste Hauler ID No. 1

Cubic Yards of Waste 1

Name of Registered Landfill  
GROWS

City, State  
Trenton NJ

Disposal Date  
As needed

Completed By (Print or Type)  
Mark Goshaw  
Title  
Project Manager

Signature  
[Signature]

Date  
9-21-13

ABS-41  
JUN 95

G4667
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1) 08/16/13
Name of Building Owner/Operator (2) Princeton University

Agency Notified: EPA, DEP, DCA, DOH
Type Notification: Initial, Notification, Amended, Cancellation
Street Address: P.O. box 2158
City, State, Zip Code: Princeton NJ 08543
Name of Contact: Robert Otego
Telephone Number: 

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Princeton University - Old Graduate College - Steam lines in Manhole

Street Address: Near College Road West - manhole
City (5) Princeton
County (6) County Code (7) STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates Inc
ASCM No. 
Name of Abatement Contractor (9) Associated Specialty Contracting

Street Address: 515 Grove Street Suite 1B
City, State, Zip Code: Haddon Heights NJ
Project Manager of Monitoring Firm: Alan Lloyd
Telephone Number: 856-547-0505

Scheduled Start Date (10) 10/29/13
Sched. Completion Date (11) 12/31/13
Month/Days/Year: Month/Days/Year:

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

Hours - Describe: 7:00 AM to 3:30 PM
Other - Describe:

Scope of work (Check all that apply)

x Demolition
x -3 sf or >3 if
x >160 sf or >260 if

x Renovation
x Full Containment with Negative Pressure
x Mini - Enclosure
x Glovebag Procedure
Non-Friable Procedure

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

Location

Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)

Amount

Abatement Type
R E N N
E R C C
M E A L
O P P O
V A S S
A I U U
L R L R

Manhole - near college road west

x pipe insulation
5 LF
x

Name of Registered Waste Hauler
NJDEP Waste Hauler ID No.
Cubic Yards of Waste
Name of Registered Landfill

Horizon Disposal
1
GROWS

City, State
Trenton NJ
Disposal Date
As needed
City, State
Morrisville PA

Completed By (Print or Type)
Mark Goshow
Title Project Manager
Signature

ABS-41
JUN 95

G4667
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60-7 and 12-120-7)

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<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
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<td>Sep 1, 2013 Princeton University</td>
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<tr>
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<tr>
<td>DOH</td>
<td>Notification</td>
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<td>Cancellation</td>
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<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
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<tbody>
<tr>
<td>Princeton University -- 87 Prospect - Basement mechanical room</td>
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<table>
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<tr>
<th>Street Address</th>
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<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
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<tr>
<td>Pennoni Associates Inc</td>
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| ASCM No.                                               |
|                                                      |

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<tr>
<th>Name of Abatement Contractor (9)</th>
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<tr>
<td>Associated Specialty Contracting</td>
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<tr>
<th>Name of OSHA Monitor</th>
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<td>Criterion Labs</td>
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<th>Street Address</th>
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<tr>
<td>3370 Progressive Drive</td>
<td>Glen Mills, PA 19342</td>
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<tr>
<th>Scope of work (Check all that apply)</th>
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<tbody>
<tr>
<td>Demolition x 3 sf or 3 if</td>
<td>R</td>
</tr>
<tr>
<td>x 160 sf or &gt;260 ft</td>
<td>E</td>
</tr>
<tr>
<td>Renovation x Mini - Enclosure</td>
<td>E</td>
</tr>
<tr>
<td>x Glovebag Procedure</td>
<td>E</td>
</tr>
<tr>
<td>x Non-Friable Procedure</td>
<td>E</td>
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<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
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<tbody>
<tr>
<td>In Facility (13)</td>
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<table>
<thead>
<tr>
<th>Location</th>
<th>Material (ACM)</th>
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<tr>
<td>Normally</td>
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<tr>
<td>Solely</td>
<td>by Maintenance</td>
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<table>
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<tr>
<th>Cubic Yards of Waste</th>
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<td>NJDEP Waste Hauler ID No.</td>
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<th>Name of Registered Landfill</th>
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<td>GROWS</td>
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<td>City, State</td>
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<td>Morrisville PA</td>
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<tr>
<td>Mark Goshaw</td>
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<table>
<thead>
<tr>
<th>Title</th>
<th>Signature</th>
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<tbody>
<tr>
<td>Project Manager</td>
<td>Mark Goshaw</td>
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<table>
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<tr>
<th>JUN 95</th>
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G4667
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60-7 and 12:-120-7)

Date of Notification (1)  
09/12/13

Month/Day/Year

Name of Building Owner/Operator (2)  
Princeton University

Street Address  
P.O. box 2158
City, State, Zip Code  
Princeton NJ 08543

Name of Contact  
Robert Otego

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
Princeton University - Roper Lane Steam Tunnell

Street Address  
Roper Lane

City (5)  
Princeton

County (6)  

County Code (7)  

(STATE USE ONLY)

Name of Monitoring Firm HIRED by Building Owner (8)  
Pennoni Associates Inc

Type of Abatement Contractor (9)  
Associated Specialty Contracting

Street Address  
98 LaCrae Avenue

City, State, Zip Code  
Glen Mills, PA 19342

Project Manager of Monitoring Firm  
Alan Lloyd

Telephone Number  
856-547-0595

Telephone Number  
610-364-9622

Licence Number  
1103

Name of OSHA Monitor  
Criterion Labs

Street Address  
3370 Progressive Drive

City, State, Zip Code  
Beasdale PA 19020

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

Scheduled Start Date (10)  
09/26/13

Month/Day/Year

Sched. Completion Date (11)  
12/31/13

Month/Day/Year

Scope of work (Check all that apply)  
Demolition  

x Renovation  

x >3 sf or >3 if 

>160 sf or >260 if

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 Description of Amount  

Asbestos-Containing Material (ACM)  

(in. Thermal systems insulation, surfacing, VAT, or other miscellaneous)

Specified SF or LF

Abatement Type  

E R E N

P M A L

O V A S

R L R E

Name of Registered Waste Hauler  
NJDEP Waste Hauler ID No.  

Cubic Yards of Waste  

Name of Registered Landfill  

Horizon Disposal  

GROWS

City, State  
Trenton NJ

Disposal Date  
As needed

City, State  
Morrisville PA

3 1/4 8 9 5

ABS-41  
JUN 95

G4667

Signature  
Mark Goshow

Date  
7/1/73
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12-120)

Date of Notification (1) September 09, 2013

Agency Notified Type Notification
☐ EPA
☐ DOL
☐ DOH
☐ DCA
☐ Initial
☐ Amended
☐ Amendment #1
☐ Emergency (including justification)
☐ Cancellation

Name of Building Owner/Operator (2)
Newark Board of Education

Street Address
2 Cedar Street

City, State, Zip Code
Newark, NJ 07112

Name of Contact
Benjamin Olagadey

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Mount Vernon School

Street Address
142 Mt. Vernon Place

City (5)
Newark, NJ 07106

County (6)
Essex

County Code (7) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner
Whitman Environmental & Engineering

ASCM No.
00110

Name of Abatement Contractor (9)
B&N&K Restoration Co., Inc.

Street Address
223 Randolph Avenue

City, State, Zip Code
Clifton, NJ 07011

Project Manager for Monitoring Firm
Kevin Lovely

Telephone No.
732-390-5858

Scheduled Completion Date (11)
October 31, 2013

Start Date (10)
September 20, 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 ft
☐ ≥ 160 sf or ≥ 260 ft
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

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

1st floor corridor outside media Center

Thermal Systems Insulation 18 LF

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

Amount (Specify SF or LF)

Abatement Type

Name of Registered Waste Hauler
B&N&K Restoration Co., Inc., Two Brothers Contracting, Inc.

NJDEP Waste Hauler ID No.
12695 / 18743

Cubic Yards of Waste
3

Name of Registered Landfill
Minerva Enterprises, Inc.

City, State
Clifton, NJ 07011 / Clifton, NJ

Disposal Date
09/23/13

City, State
Waynesburg, OH

Completed by
Aleksandar Kurička
Title
Vice-President

Signature

Date
9/9/2013

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

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

---

**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

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

---

### Date of Notification (1)

**September 10, 2013**

---

### Agencies Notified

- [x] EPA
- [ ] DEP
- [x] DOL
- [ ] DOH
- [ ] DCA

---

### Type of Notification

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

---

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

**H & D Rosetto**

---

### Street Address

**211 North Ocean Avenue SEP 1 3 2013**

---

### City, State, Zip Code

**Seaside Park, NJ 08752**

---

### Name of Contact

**Denise Rosetto**

---

### Telephone Number

**4**

---

### FACILITY INFORMATION

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

**Residence**

---

### Street Address

**123 West Tarpon Way.**

---

### City

**Toms River (Ocean Beach 3)**

---

### County

**Ocean**

---

### County Code (7)

**STATE USE ONLY**

---

### Type of Facility (4)

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

---

### Square feet

**700 sf**

---

### # of Floors

**1**

---

### Bldg. Age

**60**

---

### Current Use (Prior if being demolished)

**Residence**

---

### Name of Abatement Contractor (9)

**Guardian Contracting, Inc.**

---

### Street Address

**1889 Route 9, Unit 61**

---

### City, State, Zip Code

**Toms River, New Jersey 08755-1271**

---

### License Number

**732-349-9932**

---

### Name of OSHA Monitor

**E.M.S.L. Analytical**

---

### Street Address

**1056 Stelton Road**

---

### City, State, Zip Code

**Piscataway, New Jersey 08854**

---

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

- 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**

---

### Is 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)

**Asbestos siding**

---

### Amount (Specify SF or LF)

**1150 sf**

---

### Name of Registered Waste Handler

**Guardian Contracting, Inc.**

---

### NJDEP Waste Hauler ID No.

**20223**

---

### Cubic Yards of Waste

**2**

---

### Name of Registered Landfill

**T.R.R.F.**

---

### City, State

**Toms River, New Jersey**

---

### Disposal Date

**09/12/2013**

---

### City, State

**Tullytown, Pennsylvania**

---

### Name of Registered Project Manager

**Nicholas Fernicola**

---

### Title

**Project Manager**

---

### Signature

**Nicholas Fernicola**

---

### Date

**9/10/2013**

---

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

**Date of Notification (1)**
9/9/13

**Name of Building Owner/Operator (2)**
Tony Siragusa Private Home

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

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

**Street Address**
900 Millcreek

**City, State, Zip Code**
Manahawkin NJ 08050

**Name of Contact**
Tony

**Telephone Number**

<table>
<thead>
<tr>
<th>FACILITY INFORMATION</th>
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<tr>
<td><strong>Name of Facility Where Abatement is Taking Place (3)</strong></td>
<td>Tony Siragusa Private Home</td>
</tr>
<tr>
<td><strong>Street Address</strong></td>
<td>900 Millcreek</td>
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<tr>
<td><strong>City (5)</strong></td>
<td>Manahawkin NJ 08050</td>
</tr>
<tr>
<td><strong>County (5)</strong></td>
<td>Ocean</td>
</tr>
<tr>
<td><strong>County Code (7)</strong></td>
<td>(STATE USE ONLY)</td>
</tr>
<tr>
<td><strong>Current Use (Prior if being demolished)</strong></td>
<td>Home</td>
</tr>
<tr>
<td><strong>Square Feet</strong></td>
<td>1000</td>
</tr>
<tr>
<td><strong># of Floors</strong></td>
<td>1</td>
</tr>
<tr>
<td><strong>Bldg. Age</strong></td>
<td>35+</td>
</tr>
</tbody>
</table>

**Name of Monitoring Firm Hired by Building Owner (6)**
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**

**Telephone No.**
856-753-9800

**License No.**
00727

**Start Date (10)**
9/10/13

**Scheduled Completion Date (11)**
9/16/13

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

<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>[x] ≥23 sf or ≥23 if</td>
<td></td>
</tr>
<tr>
<td>[X] ≥160 sf or ≥260 if</td>
<td></td>
</tr>
<tr>
<td></td>
<td>[X] Renovation</td>
</tr>
<tr>
<td></td>
<td>Demolition</td>
</tr>
</tbody>
</table>

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

**Amount (Specify SF or LF)**
800 Sf

**Location of Asbestos-Containing Material (ACM) TO BE ABATED (13)**
Exterior Siding

<table>
<thead>
<tr>
<th>Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td>Exterior Siding</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td>800 Sf</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abatement Type</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Repair</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Encapsulate</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enclosure</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
United Containers

**NUDEP Waste Hauler ID No.**
22459

**Cubic Yards of Waste**
2

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

**City, State**
Morrisville PA 19067

**Disposal Date**
9/16/13

**Completed by**
Anthony T Perna

**Title**
President

**Signature**

**Date**
9/9/13

*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) September 10, 2013

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

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

Street Address
1 Washington Street

City, State & Zip Code
Rocky Hill, NJ 08553

Name of Contact
Jim Kalafsky

Telephone Number

FACILITY INFORMATION

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

Street Address
1 Washington Street

City (5)
Rocky Hill, NJ

County (6)
Somerset

County Code (7) USE ONLY

Name of Monitoring Firm Hired by Building Owner (8)
Environmental Testing Consultants, LLC

ASCM No.

Name of Abatement Contractor (9)
Synatech, Inc.

Street Address
829 Radio Road

City, State & Zip Code
Little Egg Harbor, NJ 08087

Project Manager for Monitoring Firm
Howard Zenobi
856-482-1311

TelephoneNumber
609-296-6916

License Number
00817

Scheduled Start Date (10) September 21, 2013
Scheduled Completion Date (11) October 21, 2013

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

Other – Describe:

Scope of Work (Check all that apply)

☐ ≥ 3 sq ft or ≥ 50 sq ft
☒ ≥ 160 sq ft or ≥ 260 sq ft

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Asbestos-Containing Material (ACM)</th>
<th>Is Location Normally Used Solely by Maintenance or 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</td>
<td>X Floor Tile</td>
<td></td>
<td></td>
<td>3,000 SF</td>
<td>X Removal</td>
</tr>
<tr>
<td>Basement</td>
<td>X Pipe Insulation</td>
<td></td>
<td></td>
<td>75 LF</td>
<td>X End capsule</td>
</tr>
</tbody>
</table>

Location of Registered Waste Hauler
NJDEP Waste Hauler ID No. 27429

Cubic Yards of Waste
35

Name of Registered Landfill
Grows Landfill

City, State
Little Egg Harbor, NJ 08087

Completed By
Diane Aloia

Title
Executive Administrator

Signature

Date
September 10, 2013

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

Date of Notification (1) 9-10-13

Name of Building Owner/Operator (2) JUDITH WARD

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

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

Street Address
2 CATALINA DRIVE

City, State, Zip Code
BRICK, NJ, 08722

Telephone Number

Name of Contact
ERIC PLACKIS

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

PRIVATE HOME

Square Feet
1300

# of Floors

Bldg. Age
50

Current Use (Prior to being demolished)
VACANT

Name of Facility Where Abatement is Taking Place (3)
2 CATALINA DRIVE

City (5)
BRICK

County (6)
OCEAN

County Code (7) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner

ASCM No.

Name of Abatement Contractor (9)
BRICK INDUSTRIES INC

Street Address
145 NATICK TRAIL

City, State, Zip Code
BRICK, NJ, 08724

Telephone No.
732-849-7449

License No.
01196

Name of OSHA Monitor

Start Date (10)
9-20-13

Scheduled Completion Date (11)
9-29-13

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

Scope of Work (Check all that apply)
☐ ≥ 3 ft or ≥ 3 ft
☐ ≥ 160 ft or ≥ 260 ft

Renovation
Demolition

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility
1800 TRANSITE

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)
SANDING SHINGLE 1500

Amount (Specify SF or LF)

Abatement Type

Non-Exempted (*) and Non-Friable Procedure

Name of Registered Waste Hauler
BRICK INDUSTRIES INC

NJ DEP Waste Hauler ID No.
21602

Cubic Yards of Waste
5

Name of Registered Landfill

G.R.I.O.W.S

Disposal Date

City, State
PA

Completed By
ERIC PLACKIS

Title
PRES

Signature

Date 9-10-13

* 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>September 10, 2013</th>
<th>Name of Building Owner/Operator (2)</th>
<th>Karl Lauer</th>
<th>Check # 6027</th>
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<tbody>
<tr>
<td>Agencies Notified</td>
<td></td>
<td>Type Notification</td>
<td>Initial</td>
<td></td>
</tr>
<tr>
<td>EPA</td>
<td></td>
<td>Amended</td>
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<tr>
<td>DEP</td>
<td></td>
<td>Amendment #</td>
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<td></td>
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<tr>
<td>DOL</td>
<td></td>
<td>Emergency (including justification)</td>
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<tr>
<td>DOH</td>
<td></td>
<td>Cancellation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DCA</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
<td></td>
<td></td>
<td>202 Riverbank Street</td>
<td></td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td></td>
<td>City, State, Zip Code</td>
<td>Burlington, NJ 08016</td>
<td></td>
</tr>
<tr>
<td>Name of Contact</td>
<td></td>
<td>Telephone Number</td>
<td>Karl Lauer</td>
<td></td>
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</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Lauer Residence</th>
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<tbody>
<tr>
<td>Street Address</td>
<td>202 Riverbank Avenue</td>
</tr>
<tr>
<td>City (5)</td>
<td>Burlington, NJ 08016</td>
</tr>
<tr>
<td>County Code (7) (STATE USE ONLY)</td>
<td>2,000</td>
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<tr>
<td>Current Use (Prior if being demolished)</td>
<td>Residence</td>
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</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Management &amp; Environ. Consulting Services</td>
<td>Shade Environmental, LLC</td>
</tr>
<tr>
<td>Street Address</td>
<td>P.O. Box 341</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Chesterfield, NJ 08515</td>
</tr>
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<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>William Weisgarber</td>
<td>609-298-4070</td>
</tr>
<tr>
<td>Street Address</td>
<td>623 Cutler Ave.</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Maple Shade, NJ 08052</td>
</tr>
</tbody>
</table>

| Start Date (9)                        | September 21, 2013 |
| Scheduled Completion Date (10)        | September 23, 2013 |
| Name of OSHA Monitor                  | EMSL |
| Street Address                        | 107 Haddon Ave |
| City, State, Zip Code                 | Westmont, New Jersey 08108 |

<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
</tr>
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<tbody>
<tr>
<td>Ø ≥23 sf or ≥2f</td>
</tr>
<tr>
<td>Ø ≥2190 sf or ≥260 sf</td>
</tr>
<tr>
<td>Ø Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>Ø Mini-Enclosure</td>
</tr>
<tr>
<td>Ø Glovebag Procedure</td>
</tr>
<tr>
<td>Ø Non-Exempted (*) and Non-Friable Procedure</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>
<tr>
<td>Basement</td>
</tr>
<tr>
<td>2nd Floor Stairwell Closet</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td>N/A</td>
</tr>
<tr>
<td>Asbestos Paper</td>
</tr>
<tr>
<td>10 SF</td>
</tr>
<tr>
<td>Asbestos Paper</td>
</tr>
<tr>
<td>20 SF</td>
</tr>
<tr>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cubic Yards of Waste</td>
</tr>
<tr>
<td>NuDEP Waste Hauler ID No.</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
</tr>
<tr>
<td>City, State</td>
</tr>
<tr>
<td>Disposal Date</td>
</tr>
<tr>
<td>MT/TLX Landfill</td>
</tr>
<tr>
<td>City, State</td>
</tr>
<tr>
<td>Tullytown, PA.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Christina Lynch</td>
<td>Operations Manager</td>
</tr>
</tbody>
</table>

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

State of New Jersey

(Pursuant to NJAC 8:50 and 5:16)

**Date of Notification (1)**

| 9/10/13 |

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

ATLANTIC ELECTRIC SUBSTATION

**Street Address**

736 LAMB ROAD

**City, State, Zip Code**

Richwood, NJ 08071

**Name of Contact**

George DeMarco

---

**FACILITY INFORMATION**

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

ATLANTIC ELECTRIC SUBSTATION

**Street Address**

736 LAMB ROAD

**City (5)**

Richwood, NJ

**County Code (6)**

C6O

**Square Feet (# of Floors)**

W/1

**Bldg. Age**

30+

**Type of Facility (4)**

Other (i.e., private and commercial buildings, homes, etc.)

**Type of Abatement (5)**

Electrical Substation

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

Electrical Substation

---

**Type of Facility (4)**

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

**Type of Abatement (5)**

- Asbestos Abatement - Different from Normal Demolition

---

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

AET, INC.

**ASCM No.**

00021

**Name of Abatement Contractor (9)**

Advanced Specialty Cont.

**Street Address**

28 N. Pennek Road

**City, State, Zip Code**

Lima, PA 19028

**Telephone No.**

610-497-0440

**License No.**

00750

---

**Start Date (10)**

9/12/13

**Scheduled Completion Date (11)**

9/12/13

**Name of OSHA Monitor**

AET, INC.

**Street Address**

28 N. Pennek Road

**City, State, Zip Code**

Lima, PA 19028

---

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

- Facility Closed/Vacated During Entire Period of Abatement

- Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement (12): 7-AM, 30-PM, 30-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 (13)**

- IN Facility

**LOCATION OF ASBESTOS-CONTAINING MATERIAL (ACM)**

- Substation Wall (warranty notification)
- Transite Panel 2 SF

---

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

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

---

**Abatement Type**

- Removal
- Repair
- Encapsulate
- Dispose of

---

**Name of Registered Waste Hauler**

Waste will be hauled by owner

**City, State**

Lima, PA

**Waste Will Be Hauled by Owner**

- by owner

**Completed By (Print or Type)**

Robert Capaldo

**Title**

St. Aet. MC

**Signature**

[Signature]

**Date**

9/10/13

---

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

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJATC 8:80 and 12:123)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>September 9, 2013</th>
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<tbody>
<tr>
<td>Agencies Notified</td>
<td>EPA, DCP, DOL, DCM, DCA</td>
</tr>
<tr>
<td>Name of Building Owner/Operator</td>
<td>Strage Brothers Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td>PO Box 216, Glassboro, NJ 08028</td>
</tr>
<tr>
<td>City (5)</td>
<td>Glassboro</td>
</tr>
<tr>
<td>County (6)</td>
<td>Cumberland</td>
</tr>
<tr>
<td>Name of Building Owner/Operator</td>
<td>Strage Brothers Inc.</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>Strage Brothers Inc.</td>
</tr>
<tr>
<td>Project Manager for Notifying Firm</td>
<td>Michael Stocker</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>856-840-8800</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>September 12, 2013</td>
</tr>
<tr>
<td>End Date (11)</td>
<td>September 14, 2013</td>
</tr>
<tr>
<td>Scope of Work (Check All That Apply)</td>
<td></td>
</tr>
<tr>
<td>Work being performed in vacant areas of the building</td>
<td></td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM)</td>
<td></td>
</tr>
<tr>
<td>Normal Location of ACM</td>
<td></td>
</tr>
<tr>
<td>Description of ACM</td>
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<tr>
<td>Amount (Specify SF or LF)</td>
<td></td>
</tr>
<tr>
<td>Abatement Type</td>
<td></td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td></td>
</tr>
<tr>
<td>Date (12)</td>
<td></td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td></td>
</tr>
<tr>
<td>Disposal Date</td>
<td></td>
</tr>
<tr>
<td>Name of Office Manager</td>
<td></td>
</tr>
</tbody>
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*Do not use this form for asbestos litigation examples activities.*
**Notification of Asbestos Abatement**

**State of New Jersey**

**Notification of Asbestos Abatement (Pursuant to NJAC 8:56 and 5:16)**

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>09/10/2013</th>
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</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Atlantic Electric Sub Station</td>
</tr>
<tr>
<td>Street Address</td>
<td>176 Harmony Road</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Gibbstown, NJ 08027</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>George DeMarco</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>❌</td>
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</table>

### FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Atlantic Electric Sub Station</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>176 Harmony Road</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Gibbstown, NJ 08027</td>
</tr>
<tr>
<td>County (9)</td>
<td>Gloucester</td>
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<tr>
<td>County Code (9)</td>
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<table>
<thead>
<tr>
<th>Type of Facility (4)</th>
<th>❌</th>
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<tbody>
<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 and commercial buildings, homes, etc.)</td>
<td>❌</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Square Feet</th>
<th>N/A</th>
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</thead>
<tbody>
<tr>
<td># of Floors</td>
<td>1</td>
</tr>
<tr>
<td>Bldg. Age</td>
<td>35+</td>
</tr>
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</table>

### CURRENT USE (Prior if being demolished)

| Current Use | Sub Station |

| Name of Monitoring Firm Hired by Building Owner (8) | AET, Inc. |
| ASCM No. | 00021 |
| Name of Abatement Contractor (9) | Advanced Specialty Cont. |
| Street Address | 28 N. Penelec Rd |
| City, State, Zip Code | Lima, PA 19028 |
| Project Manager for Monitoring Firm | Dave Turley |
| Telephone No. | 610-891-0044 |
| Telephone No. | 610-497-0440 |
| License No. | 00750 |

| Start Date (10) | 09/11/13 |
| Scheduled Completion Date (11) | 09/11/13 |
| Name of OSHA Monitor | AET, Inc. |
| Street Address | 28 N. Penelec Rd |
| City, State, Zip Code | Lima, PA 19028 |

### 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
- 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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED (13)</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substation Wall (Courtesy Notification)</td>
<td>✓</td>
<td>❌</td>
<td>❌</td>
</tr>
<tr>
<td>Transite Panel</td>
<td>❌</td>
<td>❌</td>
<td>❌</td>
</tr>
</tbody>
</table>

### Name of Registered Waste Hauler

| Waste will be Hauled by Owner | ❌ |
| City, State | ❌ |

### Completed By (Print or Type)

| Name of Building Owner/Operator (2) | Atlantic Electric Sub Station |
| Name of Contact | George DeMarco |
| Telephone Number | ❌ |

| Signature | ❌ |

| Date | 09-10-13 |

---

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

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAS 2:633 and 12:1929)

**CHECK #: 9249**

**Date of Notification (1):** 09/04/13

**Name of Building Owner/Occupant:** LOUIS SUBURBAN CHAPEL

**Address:** 13-01 BROADWAY, FAIRLAWN, N.J. 07410

**City, State, Zip Code:** SEP 13 2013

**Name of Contact:** RICH, LOUIS

**Telephone Number:**

---

**Name of Facility Where Abatement is Taking Place (3):** LOUIS SUBURBAN CHAPEL

**Street Address:** 13-01 BROADWAY

**City (6):** FAIRLAWN

**County Code (7):** BURLINGTON

**Square Feet:** 1,750

**Number of Floors:** 2

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

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

---

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

<table>
<thead>
<tr>
<th>Location</th>
<th>normalization Method</th>
<th>Description of ACM (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Pipe Insulation</td>
<td>50 LF</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Building Surfaces</td>
<td>70 LF</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:** NJDEP Waste Hauler ID No. 20765

**Cubic Yards of Waste:**

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

**Riverview:**

**City, State, Zip Code:** FAIRLAWN, N.J. 07410

**Disposal Date:** 09/08/13

**Name of Registered Landfill:**

**City, State, Zip Code:** RIVERTON, N.J. 07457

**Completed by:** JOSEPH VACCARO

**Title:** Operations

**Signature:** A. VACCARO

**Date:** 09/04/13

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

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>Name of Building Owner/Operator</th>
<th>Date of Approval</th>
<th>Approval Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/05/13</td>
<td>Howe</td>
<td>9/05/13</td>
<td>8:25 PM</td>
</tr>
</tbody>
</table>

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

Street Address:
- 130 Hellen St

City:
- Hackensack

County:
- Bergen

Name of Monitoring Firm Hired by Building Owner:
- [Missing Information]

Type of Contract (8):
- A. MAC Contracting Inc

<table>
<thead>
<tr>
<th>Description of Asbestos Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PIPE INSULATION</td>
<td>85.5 CF</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler:
- [Missing Information]

Name of Registered Landfill:
- [Missing Information]

Completed by:
- Joseph Vociello

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

**State of New Jersey**

**Notification of Asbestos Abatement**

(Pursuant to NJAC 8:26 and 12:429)

- **Date of Notification (1):** 9/6/13
- **Name of Building Owner/Operator (2):** Jersey Central Management
- **Street Address:** 911 E. County Road
- **City, State, Zip Code:** Lakewood, NJ 08701
- **Name of Contact:** Sender Rochwell
- **Telephone Number:** 732-924-2000

**Facility Information**

- **Name of Facility Where Abatement is Taking Place (3):** Jersey Central Management
- **Type of Facility (4):**
  - School (K-12)
  - Subchapter 8 (Other than K-12)
  - Other (i.e., private & commercial buildings, homes, etc.)
- **Square Feet:** 160,000
- **# of Floors:** 1
- **Bldg. Age:** 50
- **Current Use (Prior if being demolished):** Commercial

**Name of Monitoring Firm Hired by Building Owner (5):**
- **ASCM No.:**
- **Name of Abatement Contractor (6):**
- **A. MAC Contracting Inc.
  - Telephone No.:**
  - **License No.:** 00165

**Project Manager for Monitoring Firm:**

- **Start Date (10):** 9/4/13
- **Scheduled Completion Date (11):** 10/9/13

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

**Scope of Work (Check All That Apply):**
- 25 ft or more
- 150 ft or more
- **Removal**
- **Demolition**
- **Full Containment with Negative Pressure**
- **Mist-Enclosure**
- **Glovebag Procedure**
- **Non-Exempted ($) and Non-Friable Procedure**

### Location of Asbestos-Containing Material (ACM) to Be Abated

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/ Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Warehouse</td>
<td>Yes</td>
<td>Pipe Insulation</td>
<td>80 LF</td>
<td>Completed</td>
</tr>
<tr>
<td>Bathroom</td>
<td>No</td>
<td>Pipe Insulation</td>
<td>60 LF</td>
<td></td>
</tr>
<tr>
<td>Bathroom</td>
<td>No</td>
<td>Pipe Insulation</td>
<td>40 LF</td>
<td></td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:**
- **NDEP Waste Handler ID No.:**
- **Cubic Yards of Waste:** 10
- **Name of Registered Landfill:**

**Disposal Date:** 9/6/13

**City, State, Zip Code:**
- **Name of Transport:**
- **City, State, Zip Code:**

**Completed by:**
- **Title:** Operations
- **Signature:**
- **Date:** 9/6/13

*Do not use this form for asbestos licensure exempted activities.*
Date of Notification (1) 9-6-13

Agencies Notified [ ] EPA [ ] DEP [X] DOL [X] DOR [ ] DCA [ ] Cancellation
Type Notification [X] Initial Notification [ ] Amended Notification [ ] Emergency

Name of Building Owner/Operator (2) Jim Loree
Street Address 114 Ely Street
City, State, Zip Code Elizabeth, NJ, 07202
Name of Contact Jim Loree

FACILITY INFORMATION
Same as above

City (5) County (6) County Code (7)
Name of Monitoring Firm hired by Building ASCM No.
Owner (8) N/A
Street Address
City, State, Zip Code
Project Manager for Monitoring Firm Telephone Number N/A
Scheduled Start Date (10) Sched. Completion Date (11)
9-25-13 9-26-13
Month Day Year Month Day Year
Occupancy Status During Abatement (Check only one)
[X] Facility closed/Vacated During Entire Period of Abatement
[ ] Abatement Performed Outside of Normal Facility
Hours - Describe: Off Hours Describe [ ] other - Describe: Other Occupancy Describe

Scope of Work (Check all that apply)
[X] >3 sf or >3 l f
[ ] 160 sf or >250 l f

State of New Jersey
Pursuant to NJAC 8:60-7 and 12:120-7

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

Current Use (Prior if being demolished)
Square Feet # of Floors Bldg. Age
1600 2 95

Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.
Street Address 86 Christopher St.
City, State, Zip Code Montclair, NJ 07042
Telephone Number License Number
(973) 744-8800 00371

Name of OSHA Monitor N/A
Street Address
City, State, Zip Code

AZTECH MANAGEMENT, INC.
Name of Registered Waste Hauler
City, State Montclair, NJ 07042
Completed By (Print or Type) Constantine Vivian
Signature

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>N/A</td>
<td>Pipe Insulation 120 LF</td>
<td>X</td>
</tr>
</tbody>
</table>

Name of Registered Landfill G.R.O.W.S.
City, State Morrisville, PA 19067
Disposal Date 9-27-13
Completed By (Print or Type) Constantine Vivian
Title President
Signature
Date 9-6-13
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120) 

Date of Notification (1)  
9/19/13  

Name of Building Owner/Operator (2)  
Daniel Mize  

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

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

Street Address  
2467 Route 10, Building 33-1-A  

City, State, Zip Code  
Morris Plains, NJ 07950  

Name of Contact  
Socorro Sampson, Realtor  

FACILITY INFORMATION  

Name of Facility Where Abatement is Taking Place (3)  
House  
Street Address  
90 East Central  
City (5)  
Wharton  
County (6)  
Morris  
County Code (7)  
STATE USE ONLY  

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

Square Feet  
2000  
# of Floors  
2  
Bldg. Age  
60  

Current Use (Prior if being demolished)  

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

Name of Abatement Contractor (9)  
ABS Environmental Services, LLC  
Street Address  
4 E Gate Dr, PO Box 483  
City, State, Zip Code  
Glenwood NJ 07418  
Project Manager for Monitoring Firm  
Telephone No.  
973-583-8500  
License No.  
703  
Start Date (10)  
9/19/13  
Scheduled Completion Date (11)  
9/30/13  
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)  
☐ <300 ft or <3 sq ft  
☐ 301-600 sq ft or <600 sq ft  
☒ >600 ft or >600 sq ft  
☐ Renovation  
☐ Demolition  
☐ Full Containment with Negative Pressure  
☐ Mini-Enclosure  
☐ Glovebag Procedure  
☐ Non-Exempted (*) and Non-Friable Procedure  

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

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Abatement Type  

<table>
<thead>
<tr>
<th>Removal</th>
<th>Repair</th>
<th>Encapsulate</th>
<th>Enclosure</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler  
NJDDEP Waste Hauler ID No.  
Cubic Yards of Waste  
Name of Registered Landfill  

City, State  

Completed by  
Andrew Scott Higgins  
Title  
President  
Signature  

Date  
9/10/13  

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

Name of Building Owner/Operator (2):
Brad Adams

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

Street Address:
547 Wyndham Road

City, State, Zip Code:
Teaneck, NJ 07666

Name of Contact:
Brad Adams

Telephone Number:

FACILITY INFORMATION

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

Street Address:
547 Wyndham Road

City (5):
Teaneck

County (6):
Bergen

County Code (7):

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

Square Feet:
2200

# of Floors:
2

Bldg. Age:
60

Current Use (Prior if being demolished):

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

ASCM No.:

Name of Abatement Contractor (9):
ABS Environmental Services, LLC

Street Address:
4 E Gate Drive, PO Box 483

City, State, Zip Code:
Glenwood, NJ 07418

Project Manager for Monitoring Firm:

Telephone No.:
973-583-8500

License No.:

Start Date (10):
9/18/13

Scheduled Completion Date (11):
9/30/13

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):
- 120 sf or 230 ft²
- 160 sf or 260 ft²
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (C) and Non-Friable Procedure

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

In Facility:
- Basement

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

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

Amount (Specify SF or LF)
- 18 LF

Abatement Type
- Non-Friable
- friable

Name of Registered Waste Hauler:
Tri State Transfer

NJDPS Waste
Hauler ID No.
02325

Cubic Yards
10

Name of Registered Landfill:
Minerva Enterprises

Disposal Date:
TBD

City, State:
Waynesburg, OH

Completed by:
Andrew Scott Higgins

Title:
President

Signature:

Date:
9/13/13

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

Date of Notification (1)  
9/9/13

Name of Building Owner/Operator (2)  
Leslie Uckman

Agencies Notified                  Type Notification  
☐ EPA  ☑ DEP  ☑ DOH  ☐ DCA  
☑ Initial  ☑ Amended  ☑ Emergency (including justification)  
☐ Cancellation

Street Address  
109 Hickson Drive

City, State, Zip Code  
New Providence, NJ 07974-2529  
SEP 13 2013

Name of Contact  
Leslie Uckman

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)  
house

Square Feet  
2000

# of Floors  
3

Bldg. Age  
60

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

County Code (7) (STATE USE ONLY)  

Current Use (Prior to being demolished)  

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

ABS Environmental Services, LLC

Name of Abatement Contractor (9)  
Street Address  
4 E Gate Drive, PO Box 483  
City, State, Zip Code  
Glenwood, NJ 07418

Project Manager for Monitoring Firm  

Telephone No.  
973-583-8500  
License No.  
703

Start Date (10)  
9/20/13  
Scheduled Completion Date (11)  
9/30/13

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)  
☒ ≥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)

Yes  No  N/A

basement  

duct insulation  
70 SF

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

don’t apply

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

Amount (Specify SF or LF)  

NHPE Waste Hauler No.  

Cubic Yards of Waste  

Name of Registered Landfill

Name of Registered Waste Hauler

Cubic Yards of Waste

Disposal Date  

City, State

City, State

Completed by  
Andrew Scott Higgins

Title  
President

Signature

Date  
9/9/13

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

Date of Notification (1)  9/10/13
Name of Building Owner/Operator (2) M. GANNY'S
Agency Notified Type Notification
☐ EPA  ☐ Initial
☐ DEP  ☐ Amended
☐ DOL  ☐ Amendment &
☐ DOH  ☐ Emergency (including
☐ DCA  ☐ Cancellation
justification)
Street Address 512 PINE ST
City, State, Zip Code SEPT 1 3 2013
Name of Contact MS. GANNY'S
Telephone Number 1-513

FACILITY INFORMATION
Name of Facility Where Abatement is Taking Place (3) M.S. K. GANNY'S
Street Address 512 PINE ST
City (5) ROSEME ME
County (6) UNION
County Code (7) (STATE USE ONLY) NJSCE 052
Current Use (Prior to being demolished) RESIDENCE

Name of Monitoring Firm Hired by Building Owner (9) ASCM No.
Name of Abatement Contractor (9) Best Removal Inc
Street Address 450 S. River St
City, State, Zip Code HACKENSACK, N.J. 07601
Telephone No. 201-329-7444
License No. 003388

Start Date (10) 9/19/13
Scheduled Completion Date (11) 9/20/13

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

Scope of Work (Check all that apply)
☐ ≥ 5 S.F. or ≥ 23 F.
☐ ≤ 160 S.F. or ≤ 280 F.
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Sump Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Description of ACM (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>THERMAL SYSTEM INSULATION</td>
<td>40</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler (12) Best Removal Inc
Cubic Yards of Waste 1120
Name of Registered Landfill Minerva Enterprises
City, State, disposal Date (13) WAYNESBURG, OH 9/10/13

Completed by J. Maiorano Title Estimator
Signature Maio
Date 9/10/13

ASB-41
* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 12:120)

Name of Building Owner/Operator (2)
Nu Dimension

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

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

Street Address
6 Lawrence Court
Old Tappan, New Jersey 07675

Name of Contact
Mona Aklil

Date of Notification (1)
09/09/13 CK#2804 $200

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Building
861 Franklin Avenue
Franklin Lakes, New Jersey 07417

County Code (7)
Bergen

County (6)

County Code (7)
(STATE USE ONLY)

Square Feet
10,000

# of Floors
2

Bldg. Age
55+

Current Use (Prior if being demolished)
Building

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

ASCM No.

Name of Abatement Contractor (9)
Lillich Corporation

Street Address
2333 Route 22 West
Union, New Jersey 07083

City, State, Zip Code
Woodland Park, New Jersey 07424

Telephone No.
908-206-0073

License No.
01104

Name of OSHA Monitor
J&S Environmental Laboratories

Start Date (10)
09/19/13

Scheduled Completion Date (11)
09/21/13

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)

No
N/A

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

Yes

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

Amount
(Specify SF or LF)

Abatement Type
Removal
Repair
Encapsulate
Endorse

Location
Front right Showcase
First Floor
Basement

VAT
Carpet Glue
VAT

32 SF
800 SF
1400 SF

Name of Registered Waste Hauler
Lillich Corporation

NJDEP Waste Hauler ID No. 18724

Cubic Yards of Waste
5

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

City, State
Woodland Park, New Jersey 07424

Disposal Date
09/23/13

City, State
Morrisville, Pennsylvania

Completed by
Tatiana Kalenikova

Title
Vice President

Signature

Date
09/09/13

* Do not use this form for asbestos licensure exempted activities.
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1)
9-6-13

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

Type Notification
[X] Initial Notification [ ] Amended Notification [ ] Emergency [ ] Cancellation

Name of Building Owner/Operator (2)
Jim Loree

Street Address
291 Carnegie Place

City, State, Zip Code
Vauxhall, NJ, 07088

Name of Contact
Jim Loree

FACILITY INFORMATION

Facility Where Abatement is Taking Place (3)
Same as above

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

Square Feet
980

# of Floors
1

Bldg. Age
75

Current Use (Prior if being demolished)

Name of Monitoring Firm hired by Building Owner (5)
N/A

UNION

Name of Abatement Contractor (9)
AZTECH MANAGEMENT, Inc.

Street Address
86 Christopher St.

Montclair, NJ 07042

License Number
00371

Name of OSHA Monitor
N/A

Telephone Number
(973) 744-8800

Occupy Status During Abatement (Check only one)
[X] Abatement Performed Outside of Normal Facility Hours - Describe: Off Hours Describe [ ] Other - Describe: Other Occupancy Descriptions

Scope of Work (Check all that apply)
[X] Renovation [X] Demolition

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

<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM) (i.e., insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pipe Insulation</td>
<td>55 LF</td>
<td>X</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
AZTECH MANAGEMENT, INC.

Waste Hauler ID No.
17040

Cubic Yards of Waste
G.R.O.W.S.

City, State
Montclair, NJ 07042

Disposal Date
9-30-13

Committed By (Print or Type)
Constantine Vivian

Title
President

Date
9-6-13

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

State of New Jersey

Date of Notification (1)
9/10/2013

Name of Building Owner/Operator (2)
THOMAS EDISON STATE COLLEGE

Agencies Notified

- EPA
- DEP
- DOL
- DOH
- DCA

Type Notification

- Initial
- Amended
- Emergency
- Cancellation

Street Address
101 WEST STATE STREET

City, State, Zip Code
TRENTON, NJ 08608

Name of Contact
JOHN K. MURRY

Name of Facility Where Abatement is Taking Place (3)
GLEN CAIRN ARMS APARTMENT BUILDINGS (2 BUILDINGS)

Street Address
301 WEST STATE STREET

City (5)
TRENTON

County (6)
MERGER

County Code (7)

Type of Facility (4)

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

Square Feet

# of Floors

Bldg. Age

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)
ENVIRONMENTAL CONNECTION, INC.

ASCM No.

Name of Abatement Contractor (9)
TWO BROTHERS CONTRACTING, INC.

Street Address
120 NORTH WARREN STREET

City, State, Zip Code
TRENTON, NJ 08608

Project Manager for Monitoring Firm
STEVEN MANIA

Telephone No.
609-392-4200

Start Date (10)
9/23/2013

Scheduled Completion Date (11)
12/2/2013

Occupancy Status During Abatement (Check Only One)

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

Scope of Work (Check All That Apply)

- ≥30 sf or ≥30 ft
- ≥160 sf or ≥260 ft
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM)

TO BE ABATED 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
- Enclosure

UNSAFE STRUCTURES TO

TO BE DEMOED AS

ASBESTOS

Name of Registered Waste Hauler
TWO BROTHERS CONTRACTING

NJDEP Waste Hauler ID No.
18743

Cubic Yards of Waste
6,000 +/-

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

City, State
CLIFTON, NJ

Disposal Date
12/2/2013

Completed by
VIVECA RAMOS

Title
PROJECT COORDINATOR

Signature

Date
9/10/2013

* Do not use this form for asbestos licensure exempted activities.
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1) 9-6-13

Name of Building Owner/Operator (2)
Karen Sacks

Agencies Notified
[X] EPA
[X] NDFP
[X] DOL
[X] DOH
[X] DCA

Initial Notification
Amended Notification
Emergency Notification
Cancellation

Type of Notification (3)

Name of Facility Where Abatement is Taking Place (3)
Same as above

Street Address
101 Cooper Ave.

City, State, Zip Code
Montclair, NJ, 07042

Name of Contact
Karen Sacks

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

Square Feet 5109

# of Floors 3

Bldg. Age 89

Current Use (Prior if being demolished)

Name of Monitoring Firm hired by Building Owner (5)
AZTECH MANAGEMENT, INC.

ASCM No.

Name of Abatement Contractor (6)
AZTECH MANAGEMENT, INC.

Street Address
86 Christopher St.

City, State, Zip Code
Montclair, NJ 07042

Telephone Number
(973) 744-8800

License Number
00371

Name of OSHA Monitor
N/A

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm

Telephone Number
N/A

Scheduled Start Date (10) 9-18-13

Sched. Completion Date (11) 9-19-13

Month Day Year

Month Day Year

Occupancy Status During Abatement (Check only one)

[X] Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours - Describe: Off-Hours Described

Other - Describe: Other Occupancy Descript

Scope of Work (Check all that apply)

[X] 3 x 3 sf or 3 x 1 sf

[X] 160 sf or 260 sf

[X] Renovation

[X] Demolition

[X] Full Containment with Negative Pressure

[X] Mini-Enclosure

[X] Glovebag Procedure

[X] Non-Nailable Procedure

Location of Asbestos-Containing Material (ACM)

Material (ACM) To Be Abated

In Facility

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 LF or SF)

Abatement Type

REMOVAL

REPAIR

ENCLOSURE

VESSEL

Basement

Pipe Insulation

50 LF

Name of Registered Waste Hauler
AZTECH MANAGEMENT, INC.

Cubic Yards of Waste
Name of Registered Landfill

NJDEP Waste Hauler ID No.
G.R.O.W.S.

17040

Diposal Date
9-20-13

City, State
Montclair, NJ 07042

Morrisville, PA 19067

Completed By (Print or Type)
Constantine Vivian

Title
President

Signature

Date 9-6-13
## State of New Jersey
### NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:98 and 12:120)

- **Date of Notification (1):** 9-10-2013
- **Name of Building Owner/Operator (2):** BSCI Group
- **Agencies Notified:**
  - EPA
  - DEP
  - DOL
  - DOH
  - DCA
- **Type Notification:**
  - Initial
  - Amended
  - Amendment #
  - Emergency (including justification)
  - Cancellation
- **Street Address:**
  - 20 Clark Street
- **City, State, Zip Code:**
  - Creskill, NJ
  - SEP 18, 2013
- **Name of Contact:**
  - Bobby
- **Telephone Number:**

### FACILITY INFORMATION
- **Name of Facility Where Abatement is Taking Place (3):**
  - House
- **Street Address:**
  - 9 Edstan Ave.
- **City (5):**
  - Moonachie
- **County (6):**
  - Bargon
  - (STATE USE ONLY)
- **Square Feet:**
- **# of Floors:**
- **Bldg. Age:**
- 50+
- **Current Use (Prior if being demolished):**
  - House

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

### ASCM No.
- n/a

### Name of Abatement Contractor (9):
- Loznica Management Corporation
- Street Address:
  - 22 Troy Lane
- City, State, Zip Code:
  - Lincoln Park, NJ 07035
- Telephone No.:
  - 973-706-7950
- License No.:
  - 01193
- Name of OSHA Monitor:
  - Loznica Management Corporation
- Street Address:
  - 22 Troy Lane
- City, State, Zip Code:
  - Lincoln Park, NJ 07035

### Scope of Work (Check All That Apply)
- &gt; 3,000
- &gt; 1,600
- &gt; 250
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebox Procedure
- Non-Exempted (*) and Non-Friable Procedure

### Abatement Type
- Cancellation
- Shingles
- 1200 SF

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

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

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

### Amount (Specify SF or LF)
- 1200 SF

### Name of Registered Waste Hauler
- Loznica Management Corporation
  - NJDEP Waste Hauler ID No.: 0033137
  - Cubic Yards of Waste: TBD
  - Name of Registered Landfill: GROWS Landfill

### City, State
- Lincoln Park, NJ 07035

### Disposal Date
- TBD

### City, State
- Morrisville, PA 19067

### Completed by
- E. Cirovic
  - Title: Secretary
  - Signature: [Signature]
  - Date: 9-10-2013
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 5:18)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>09 / 09 / 13</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agencies Notified</td>
<td>Type Notification</td>
<td></td>
</tr>
<tr>
<td>EPA</td>
<td>Initial</td>
<td></td>
</tr>
<tr>
<td>DEP</td>
<td>Amended</td>
<td></td>
</tr>
<tr>
<td>DCA (NJAC 5:16)</td>
<td>Amendment #</td>
<td></td>
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<tr>
<td>DHSS</td>
<td>Emergency (including justification)</td>
<td></td>
</tr>
<tr>
<td>DCA (NJAC 5:23-6)</td>
<td>Cancellation</td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
<td>1035 Parkway Ave-CN600</td>
<td></td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Trenton, NJ 08625</td>
<td></td>
</tr>
<tr>
<td>Name of Contact</td>
<td>James Britton</td>
<td></td>
</tr>
</tbody>
</table>

FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Bridge No. 1-I-295 &amp; Ramp E over Essex Ave.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>Bridge No. 1-I-295 &amp; Ramp E over Essex Ave.</td>
</tr>
<tr>
<td>City (5)</td>
<td>Bellmawr</td>
</tr>
<tr>
<td>County (6)</td>
<td>Bellmawr</td>
</tr>
<tr>
<td>County Code (7)</td>
<td>STATE USE ONLY</td>
</tr>
<tr>
<td>Current Use (Prior to being demolished)</td>
<td>Bridge Structure</td>
</tr>
<tr>
<td>Type of Facility (4)</td>
<td>Other (i.e., private &amp; commercial buildings, homes, etc.)</td>
</tr>
<tr>
<td>Square Feet</td>
<td></td>
</tr>
<tr>
<td># of Floors</td>
<td></td>
</tr>
<tr>
<td>Bldg. Age</td>
<td>50+</td>
</tr>
</tbody>
</table>

NAME OF MONITORING FIRM HIRING BUILDING OWNER (8) | ASCM No. |

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
<th>Diamond Huntbach Construction Corporation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>500 East Luzerne Street</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Philadelphia, PA 19124</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone No.</td>
<td>215-739-8166</td>
</tr>
<tr>
<td>License No.</td>
<td>00646</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
<th>SAME AS ABOVE</th>
</tr>
</thead>
<tbody>
<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)
- 23 sf or 25 sf
- 160 sf or 160 sf

<table>
<thead>
<tr>
<th>Occupation Status During Abatement (Check only one)</th>
<th>Facility Closed/Vacated During Entire Period of Abatement</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>09 / 20 / 13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>10 / 02 / 13</td>
</tr>
</tbody>
</table>

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

| Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | Yes | No | N/A |
|--------------------------|----------------|
| Description of Asbestos-Containing Material (ACM) | (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) |
| Amount (Specify SF or LF) | |

Name of Registered Waste Hauler |

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
<th>Minerva</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State</td>
<td>Philadelphia, PA 19124</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>10/1/13</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>10</td>
</tr>
<tr>
<td>City, State</td>
<td>Waynesburg, OH 44688</td>
</tr>
</tbody>
</table>

Completed By (Print or Type) | Charles F. Imbimbo |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>Project Manager</td>
</tr>
<tr>
<td>Signature</td>
<td></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)
9/04/13

Name of Building Owner/Operator (2)
Michelle Maglione

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

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

Street Address
190 Belleville Avenue

City, State, Zip Code
Bloomfield, NJ 07003

Name of Contact
Michelle Maglione

Telephone Number

FACILITY INFORMATION

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

Street Address
190 Belleville Avenue

City
Bloomfield

County
Essex

County Code (7) (STATE USE ONLY) N/A

Square Feet N/A

# of Floors N/A

Bldg. Age N/A

Current Use (Prior if being demolished)
House

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

ASCM No.

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

Street Address
11 Rosengren Avenue

City, State, Zip Code
Totowa, NJ 07512

Project Manager for Monitoring Firm

Telephone No.

Telephone No.
973-345-6685

License No.
#00675

Start Date (10)
9/23/13

Scheduled Completion Date (11)
9/24/13

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

Scope of Work (Check All That Apply)

☐ 23 sf or ≥23 if
☐ ≥160 sf or ≥260 if
☐ Renovation
☐ Demolition
☐ Full Enclosure with Negative Pressure
☐ Glovebox 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
Enclose


Name of Registered Waste Hauler
D&S Abatement, Inc.

NJDEP Waste Hauler ID No.
#20996

Cubic Yards of Waste
TBD

Name of Registered Landfill
Waste Management of PA

City, State
Totowa, NJ

Disposal Date
TBD

City, State
Tullytown, PA

Completed by
Deanna Brkusacin
Title
Project Manager

Signature

Date
9/04/13

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

**Date of Notification (1)**
9/04/13

**Name of Building Owner/Operator (2)**
Dan & Christine Delisi

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

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

**Street Address**
428 East Avenue

**City, State, Zip Code**
Sewaren, NJ 07077

**Name of Contact**
Dan & Christine Delisi

**Telephone Number**

---

**FACILITY INFORMATION**

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

**Street Address**
428 East Avenue

**City (5)**
Sewaren

**County (6)**
Middlesex

**County Code (7)**
N/A

**Square Feet**
N/A

**# of Floors**
N/A

**Bldg. Age**
N/A

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

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

**ASCM No.**

**Name of Abatement Contractor (8)**
D&S Abatement, Inc.

**Street Address**
11 Rosengren Avenue

**City, State, Zip Code**
Totowa, NJ 07512

**Project Manager for Monitoring Firm**

**Telephone No.**

**Telephone No.**
973-345-8685

**License No.**
#00675

**Start Date (10)**
9/24/13

**Scheduled Completion Date (11)**
9/25/13

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

**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**

<table>
<thead>
<tr>
<th>Location</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Description of Asbestos Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>In Facility (13)</td>
<td></td>
<td></td>
<td></td>
<td>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
</tr>
<tr>
<td>basement</td>
<td>X</td>
<td></td>
<td></td>
<td>pipe insulation</td>
</tr>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
D&S Abatement, Inc.

**NJ DEP Waste Hauler ID No.**
#20996

**Cubic Yards of Waste**
TBD

**Name of Registered Landfill**
Waste Management of PA

**City, State**
Totowa, NJ

**Disposal Date**
TBD

**City, State**
Tullytown, PA

**Completed by**
Deanna Brkusin

**Title**
Project Manager

**Signature**

**Date**
9/04/13

*Do not use this form for asbestos licensure exempted activities.*
Date of Notification (1)
9/04/13

Name of Building Owner/Operator (2)
Marilyn Wong

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

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

Street Address
32 Fairway

City, State, Zip Code
Bloomfield, NJ 07003

Name of Contact
Marilyn Wong

Telephone Number

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

Street Address
32 Fairway

City (5)
Bloomfield

County (6)
Essex

County Code (7)

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

ASCM No.

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

Street Address
11 Rosengren Avenue

City, State, Zip Code
Totowa, NJ 07512

Project Manager for Monitoring Firm

Telephone No.

Start Date (10)
9/25/13

Scheduled Completion Date (11)
9/26/13

Name of OSHA Monitor
D&S ABatement, Inc.

Street Address
11 Rosengren Avenue

City, State, Zip Code
Totowa, NJ 07512

Occupancy Status During Abatement (Check Only One)

Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours

Other – Describe: Occupied

Scope of Work (Check All That Apply)

Renovation
Demolition

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

In Facility

Is Location Normally Used Solely by Maintenance/Custodial Staff?

Yes
No
N/A

Name of Registered Waste Hauler
D&S Abatement, Inc.

NJDEP Waste Hauler ID No.
#20996

Cubic Yards of Waste
TBD

Disposal Date
TBD

Name of Registered Landfill
Waste Management of PA

City, State
Totowa, NJ

Tullytown, PA

Completed by
Deanna Brikusanin

Title
Project Manager

Signature

Date
9/04/13

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