State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-12
Client Project #

Date of Notification (1)
August 28, 2012

Name of Building Owner/Operator (2)
RUTGERS, THE STATE UNIVERSITY OF NJ

Street Address
ENVIRONMENTAL HEALTH & SAFETY DEPT.
27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS

City, State, Zip Code
PISCATAWAY, NJ 08854

Name of Contact
MICHAEL SMITH, ENV. HEALTH & SAFETY

Name of Building Owner/Operator (2)
RUTGERS, THE STATE UNIVERSITY OF NJ

Street Address
ENVIRONMENTAL HEALTH & SAFETY DEPT.
27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS

City, State, Zip Code
PISCATAWAY, NJ 08854

Name of Contact
MICHAEL SMITH, ENV. HEALTH & SAFETY

Name of Facility Where Abatement Is Taking Place (3)
PHARMACY, BLDG# 3750

Street Address
BUSCH CAMPUS

City (5)
PISCATAWAY
County (6)
MIDDLESEX

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

ASCM No.
0098

Name of Contractor (9)
GREENWOOD ABATEMENT CONSULTANTS, INC.

Street Address
268 MAIN STREET

City State, Zip Code
BURLINGTON, NJ 08016

Project Manager for Monitoring Firm
BRIAN KEARNY

Telephone Number
609-386-8800

Scheduled Start Date (10)
09/12/12

Scheduled Completion Date (11)
09/18/12

Occupancy Status During Abatement (Check only one)
Facility Closed/Vacated During Entire Period of Abatement
Abatement Performed Outside of Normal Facility Hours
Describe: Shift Hours: 5:00 PM – 5:00 AM – Sub 8 Occupied
Other – Describe:

Scope of Work (Check all that apply)

- ≥ 3 sf or ≥ 3 if
- ≥ 160 sf or ≥ 280

- Renovation
- Demolition

Location of Asbestos-Containing Material (ACM) in Facility (13)
Is Location Normally Used Solely by Maint/Custodial Staff (12)
YES
NO
NA

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

BASEMENT MER 020 A

TSI

Cubic Yards of Waste
30 CY

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

Disposal Date
09/18/12

City State
100 New Ford Mill Rd. Morrisville, PA 19067

Hauler #1 Greenwood Abatement Consultants, Inc. – Butler, NJ 07405
NJDEP # 12661
Hauler #2) Newark Carting, Inc., Newark, NJ 07105
NJ DEP # 4509

Completed by
RAYMOND C. PEDALINO
Title
SENIOR PROJECT MANAGER

Signature
Raymond C. Pedalino
Date
August 28, 2012

Copies To: Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney
## State of New Jersey - Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

### GAC Project # 060-12

#### Client Project #

**Date of Notification (1)**

August 31, 2012

- **Agencies Notified**
  - EPA
  - DCA
  - DOH
  - DEP - No Longer REQUIRED

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

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

RUTGERS, THE STATE UNIVERSITY OF N.J.

**Street Address**

ENVIRONMENTAL HEALTH & SAFETY DEPT.

27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS

City, State, Zip Code

PISCATAWAY, NJ 08854

**Name of Contact**

MIKE SMITH, ENV. HEALTH & SAFETY

**Telephone Number**

### FACILITY INFORMATION

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

PUBLICATIONS BLDG# 6021

**Street Address**

COOK CAMPUS

City (5)

NEW BRUNSWICK

County (6)

MIDDLESEX

County Code (7)

(State Use Only)

- ASCM No.
  - 0088

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

**Street Address**

3 TERRI LANE

City, State, Zip Code

BURLINGTON, NJ 08016

**Project Manager for Monitoring Firm**

BRIAN KEARNY

**TelephoneNumber**

609-336-8800

**Scheduled Start Date (10)**

09/10/12

**Scheduled Completion Date (11)**

09/12/12

- **Facility Closed/Vacated During Entire Period of Abatement**
- **Abatement Performed Outside of Normal Facility Hours**
- **Shift Hours:** 8:00 AM - 5:00 AM DAILY

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

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

### Location of Asbestos-Containing Material (ACM) in Facility (13)

- Is Location Normally Used Solely by Maint./Custodial Staff? (12)
  - YES
  - NO
  - NA

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

- Abatement Type
  - Remove, Repair, Encap, Envelope

### 2nd & 3rd Floor

- VAT

- 100 SF

### Name of Reg. Waste Hauler

See Hauler Below #1 & 2

**NJDEP Waste Hauler ID #**

See Below

**Cubic Yards of Waste:**

5 CY

**Name of Registered Landfill**

G.R.O.W.S. North Landfill

**Disposal Date**

09/12/12

**City, State**

100 New Ford Hill Rd. Morrisville, Pa 19067

215-736-1700

### Name of Reg. Waste Hauler

See Hauler Below #1 & 2

**NJDEP Waste Hauler ID #**

See Below

**Completed by (Print or Type)**

RAYMOND C. PEDALINO

**Title**

SENIOR PROJECT MANAGER

**Signature**

Raymond C. Pedalino

**Date**

August 31, 2012

Copies To: Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney
# State of New Jersey
## NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

**Date of Notification (1)**
8/31/2012

**Name of Building Owner/Operator (2)**
Telcordia Technologies, Inc.

**Name of Abatement Contractor(s) (9)**
East Coast Haz Mat Removal, Inc.

## FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place (3)**
Telcordia Technologies, Inc.

**Street Address**
One Telcordia Drive (Bldg. 3)

**City (5)**
Piscataway

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

**Name of Monitoring Firm Hired by Building Owner (8)**
Environmental Tactics, Inc.

**Environmental Tactics, Inc.**

**Name of OSHA Monitor**
The same as above

**Start Date (10)**
September 14, 2012

**Scheduled Completion Date (11)**
September 30, 2012

**Occupancy Status During Abatement (Check Only One)**
- Facility Closed/Vacated During Entire Period of Abatement
- Other - Describe: Unoccupied Area (Mech. Rm)

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

**Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)**
- Bldg. 3 Penthouse Mechanical Rm.

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

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

**Abatement Type**
- Removal
- Repair
- Encapsulate
- Enclose

**Name of Registered Waste Hauler**
Newark Carting, Inc.

**Disposal Date**
9/30/2012

**City, State**
Bethlehem, PA

**Date**
8/31/2012

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

Date of Notification (1)  
2012 SEP -5 AM 11:21

Name of Building Owner/Operator (2)  
Dorothy Broome

Street Address  
15 Lincoln Street

City, State, Zip Code  
Morristown, NJ 07960

Name of Contact  
Dorothy Broome

FACILITY INFORMATION

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

Street Address  
15 Lincoln Street

City (5)  
Morristown

County (6)  
Morris

County Code (7)  
(Use only)

ASCM No.

n/a

Type of Facility (4)  

School (K-12)

Subchapter 8 (Other than K-12)

Other (Private/Commercial Blgs./Homes, etc.)

Square Feet

# of Floors

Bldg. Age

Current Use (Prior if being demolished)

residential

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

Street Address  
105 Ryerson Road

City, State, Zip Code  
Lincoln Park, NJ 07035

Telephone Number  
973-696-6869

License Number  
0378

Name of OSHA Monitor  
B & G Restoration, Inc.

Street Address  
105 Ryerson Road

City, State, Zip Code  
Lincoln Park, NJ 07035

Scope of Work (check all that apply)

□ Demolition  
□ Renovation

□ >3 sf or >3 if  
□ ≥160 sf or >260 if

□ Full Containment w/negative pressure  
□ Glovebag procedure

□ Mini-enclosure  
□ Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)  
Yes  
No  
N/A

basement

Description of asbestos-containing material (ACM)  
pipe insulation

Amount (Specify SF or LF)  
55 LF

Registered Waste Hauler

B & G Restoration, Inc.

NJDEP Hauler ID#  
19563

Cubic Yards of Waste  
1 yard

Name of Registered Landfill  
Tullytown Resource & Recovery Center

City, State  
Lincoln Park, NJ 07035

Disposal Date  
9/13/2012

City, State  
Tullytown, PA

Completed by (Print or Type)  
Gordana Luna

Title  
Treasurer

Signature  
Gordana Luna

Date  
8/31/2012
State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1)

| 10 | 18 | 1/3 | 1/11 | 1/12 |  |  |  |  |  |

Agencies Notified
☑ EPA  ☑ DEA  ☑ DOH  ☑ DCA

Type Notification
☑ Initial  ☑ Amendment  ☑ Cancellation

Name of Building Owner/Operator (2)

Daron E. Haddan

Street Address
325 Franklin Road
Denville, NJ 07834

City, State, Zip Code
Denville, NJ 07834

Name of Contact
Daron E. Haddan

Telephone Number

FACILITY INFORMATION

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

Street Address
325 Franklin Road
Denville, NJ 07834

City (5)  County (6)  County Code (7) (State use only)
Morris

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

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

Square Feet  # of Floors  Bldg. Age

Current Use (Prior if being demolished)
residential

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

Street Address
105 Ryerson Road
Lincoln Park, NJ 07035

City, State, Zip Code
Lincoln Park, NJ 07035

Telephone Number  License Number
973-666-6869  0378

Name of OSHA Monitor
B & G Restoration, Inc.

Street Address
105 Ryerson Road
Lincoln Park, NJ 07035

City, State, Zip Code
Lincoln Park, NJ 07035

Scheduled Start Date (10)  Sched. Completion Date (11)
9/13/2012  9/14/2012

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

Other-Describe:

Scope of Work (check all that apply)
☐ Demolition  ☑ Renovation  ☑  ☑  ☑  ☑

Full Containment w/negative pressure  ☑ Glovebag procedure  ☑ Mini-enclosure  ☑ Non-friable procedure

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

<table>
<thead>
<tr>
<th>Location of asbestos-containing material to be abated in facility (13)</th>
<th>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>
<th>Remove</th>
<th>Repair</th>
<th>Encap</th>
<th>ENCL</th>
</tr>
</thead>
<tbody>
<tr>
<td>basement</td>
<td>pipe insulation</td>
<td>36 LF</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td>basement</td>
<td>transite board</td>
<td>12 sf</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
</tr>
</tbody>
</table>

Registered Waste Hauler
B & G Restoration, Inc.

NJDEP Hauler ID#  Cubic Yards of Waste
19563  1 yard

Name of Registered Landfill
Tullitytown Resource & Recovery Center

City, State
Lincoln Park, NJ 07035

Disposal Date
9/14/2012

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

Date
8/31/2012
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1)

Name of Building Owner/Operator (2)
Evelyn Washkau

Street Address
44 Reynolds Avenue
Parsippany, NJ 07054

Name of Contact
Evelyn Washkau

FACILITY INFORMATION

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

Street Address
44 Reynolds Avenue
Parsippany, NJ 07054

County
Morris

Current Use (Prior if being demolished)
residential

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

Square Feet
# of Floors
Bldg. Age

Name of Abatement Contractor (5)
B & G Restoration, Inc.

Street Address
105 Ryerson Road
Lincoln Park, NJ 07035

Telephone Number
973-696-6869
License Number
0378

Name of OSHA Monitor
B & G Restoration, Inc.

Street Address
105 Ryerson Road
Lincoln Park, NJ 07035

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

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

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

boiler room/main room
gas meter room
basement bottom of stais

Description of asbestos-containing material (ACM)

pipe insulation
pipe insulation
pipe insulation

Amount (Specify SF or LF)
57 LF
25 LF
24 LF

Registered Waste Hauler
B & G Restoration, Inc.

Name of Registered Landfill
Tullytown Resource & Recovery Center

City, State
Lincoln Park, NJ 07035

Committed by (Print or Type)
Gordana Luna

Title
Treasurer

Signature
Gordana Luna

Date
8/31/2012
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:80 and 12:120)

Name of Building Owner/Operator:
NORTH JERSEY DEVELOPMENTAL CENTER
Street Address:
169 MINNISINK ROAD
City, State, Zip Code:
TOJOWA, NJ 07512
Name of Contact:
STEVE SLAUGHTER

FACILITY INFORMATION

Name of facility where abatement is taking place:
NORTH JERSEY DEVELOPMENTAL CENTER
Street Address:
169 MINNISINK ROAD
City (9):
TOJOWA
County (9):
PASSAI
County Code (7) (State use only):

Name of Monitoring Firm Hired by Bldg. Owner:
ABCM No.:

Name of Abatement Contractor:
D & S RESTORATION, INC.
Street Address:
20 California Ave.
City, State, Zip Code:
PATerson, NJ 07503
Telephone Number:
973-345-8020
License Number:
00159

Other:

Scope of Work (check all that apply):
• >3 af or ≥200 ft²
• ≥1600 sf or ≥2000 ft²
• Renovation

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

TRENCH IN-ROUTE TO STORE RM

HEATING PIPES (WRAP & CUT)

Amount (Specify SF or LF):

Non-Exampted (*) and Non-Friable procedure:

Fill Containment w/Positive pressure
Mini-enclosure
Gutting procedure

Resolution:

Registered Waste Hauler:
D & S RESTORATION, INC.
City, State:
PATerson, NJ 07503

Amount (Specify SF or LF):

Name of Registered Landfill:
TULLY TOWN, RESOURCE RECOVERY
City, State:
PATerson, NJ 07503

Disposal Date:
08/30/12
Signature:
BOGDAN JOLDZIC

Date:
08/30/12

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

Date of Notification (1)

Name of Building Owner/Operator (2)
NORTH JERSEY DEVELOPMENTAL CENTER
Street Address
169 MINNISINK ROAD
City, State, Zip Code
TOTOWA, NJ 07511
Name of Contact
STEVE SLAUGHTER

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
NORTH JERSEY DEVELOPMENTAL CENTER
Street Address
169 MINNISINK ROAD
City (5) COUNTY (6) COUNTY CODE (7) (State use only)
TOTOWA PASSAI

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

Square Feet # of Floors Bldg. Age

Current Use (Prior if being demolished)

Name of Abatement Contractor (9)
D & S RESTORATION, INC.
Street Address
20 California Ave.
City, State, Zip Code
Paterson, NJ 07503
Telephone Number
973-345-8020
License Number
00159

Name of OSHA Monitor
D & S Restoration, Inc.

Street Address
20 California Avenue
City, State, Zip Code
Paterson, NJ 07503

Scope of Work (check all that apply)
☐ >3 sq ft or >3 lf
☐ Renovation
☐ >160 sq ft or >260 lf
☐ Demolition

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

TRENCH IN-ROUTE TO STORE RM

Registered Waste Hauler
D & S RESTORATION, INC.
NJ/DEP Hauler ID# 13506

Disposal Date 08/30/12

Name of Registered Landfill
TULLYTOWN, RESOURCE RECOVERY
City, State
Paterson, NJ 07503

Completed by (Print or Type)
BOGDAN JOLDZIC
Title PRESIDENT
Signature
Date 08/30/12

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

Date of Notification (1)

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

Name of Building Owner/Operator (2)
PHIL NATILLI

Street Address
28 COURT STREET

City, State, Zip Code
BOROUGH OF FREEHOLD, NJ

Name of Contact
JIM DALLAS

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
PHIL NATILLI

Street Address

28 COURT STREET

City (5)

County (6)
MONMOUTH

County Code (7) (State use only)

Type of Facility (4)

| □ School (K - 12) |
| □ Subchapter 8 (Other than K-12) |
| □ Other (Private/Commercial Blgs/Homes, etc.) |

Square Feet

# of Floors

Bldg. Age

Current Use (Prior if being demolished)

Start Date (10)
09/10/12

Sched. Completion Date (11)
09/21/12

Occupy Status During Abatement (Check only one)

| □ Facility closed/vacated during entire period of abatement |
| □ Abatement performed outside of normal facility hours Describe: NORMAL HOURS |

Other-Describe:

Scope of Work (check all that apply)

| □ >3 tons or >3 ft |
| □ >160 sf or >260 ft |

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Is location normally used solely by maintenance/custodial staff (12)

| pipe insulation |
| bare heating pipes |

Description of asbestos-containing material (ACM)

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>118 ft</td>
</tr>
<tr>
<td>75 ft</td>
</tr>
</tbody>
</table>

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

Street Address
20 California Ave.

City, State, Zip Code
Paterson, NJ 07503

Telephone Number
973-345-8020

License Number
00159

Name of OSHA Monitor
D & S Restoration, Inc.

Street Address
20 California Avenue

City, State, Zip Code
Paterson, NJ 07503

Full Containment win/negative pressure

Mini-enclosure

Glovebag procedure

Non-Exempted (*) and Non-friable procedure

Registered Waste Hauler
D & S RESTORATION, INC.

NJDEP Hauler ID #
13506

Cubic Yards of Waste
2 yds

Name of Registered Landfill
TULLYTOWN, RESOURCE RECOVERY

City, State
PATerson, NJ 07503

Disposal Date
09/11/12

Completed by (Print or Type)
BOGDAN JOLDZIC

Title
PRESIDENT

Signature

Date
08/31/12

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

D&S Proj. #: MS 12-308

Date of Notification (1)

Name of Building Owner/Operator (2)

ELIZABETH BISLICK

Street Address

21 WEST HANOVER AVENUE

City, State, Zip Code

MORRIS PLAINS, NJ 07950

Name of Contact

ELIZABETH BISLICK

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

ELIZABETH BISLICK

Street Address

21 WEST HANOVER AVENUE

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

MORRIS PLAINS MORRIS

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

Type of Facility (4)

D & S RESTORATION, INC.

Street Address

20 California Ave.

City, State, Zip Code

Paterson, NJ 07503

License Number

Telephone Number

Springs 3-45-8020

Name of Abatement Contractor (9)

D & S Restoration, Inc.

Street Address

20 California Avenue

City, State, Zip Code

Paterson, NJ 07503

Current Use (Prior to being demolished)

Occupancy Status During Abatement (Check only one)

- Facility closed/vacated during entire period of abatement: 
- Abatement performed outside of normal facility hours:
- Other-Describe: NORMAL HOURS

Start Date (10) Sched. Completion Date (11)

09/11/12 09/21/11

Scope of Work (check all that apply)

- >3 sf or >1 if
- >160 sf or >260 if
- Renovation
- Demolition

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

Yes No N/A Pipeline INSULATION

Description of asbestos-containing material (ACM)

Amount (Specify SF or LF)

Removal

Repair

Encapsulation

Registered Waste Hauler

D & S RESTORATION, INC.

NJDEP Hauler ID# Cubic Yards of Waste

13506 2 YDS

Name of Registered Landfill

TULLYTOWN, RESOURCE RECOVERY

City, State

PATerson, NJ 07503

Disposal Date

09/12/12

Completed by (Print or Type)

BOGDAN JOLDZIC

Title

PRESIDENT

Signature

Date

08/31/12

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

Date of Notification: 10/18/12

Name of Building Owner/Operator: MICHAEL GIORDANO

Agency Notified: ASA, REC, DOL, DPA
Type of Notification: Initial

Street Address: 33 GIBBONS AVENUE
City, State, Zip Code: MADISON, NJ

Name of Contact: MICHAEL GIORDANO
Telephone Number: 

FACILITY INFORMATION

Name of facility where abatement is taking place: 33 GIBBONS PLACE

City (5): MADISON
County (6): MORRIS
County Code (7): (State use only)

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

Start Date (10): 09/11/12
Sched. Completion Date (11): 09/24/12

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

Scope of Work (check all that apply):
- >3 sf or >3 lf
- Renovation
- ≥100 sf or ≥260 lf
- Demolition

Location of asbestos-containing material (acm) to be abated in facility:
- BASEMENT
- BASEMENT CRAWL SPACE
- FIRST FLOOR
- BASEMENT

Is location normally used solely by maintenance/custodial staff:
- Yes
- No
- N/A

Description of asbestos-containing material (ACM):
- PIPE INSULATION
- BARE HEATING PIPES
- PIPE INSULATION
- BARE HEATING PIPES

Amount (Specify SF or LF):
- 23 LF
- 42 LF
- 10 LF
- 120 LF

Name of Abatement Contractor:
D & S RESTORATION, INC.
Street Address: 20 California Ave.
City, State, Zip Code: Paterson, NJ 07503
Telephone Number: 973-345-8020
License Number: 00159

Name of OSHA Monitor:
D & S Restoration, Inc.
Street Address: 20 California Avenue
City, State, Zip Code: Paterson, NJ 07503

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

Registered Waste Hauler:
D & S RESTORATION, INC.
NJDEP Hauler ID#: 13506
Cubic Yards of Waste: 2 YDS

Name of Registered Landfill:
TULLYTOWN, RESOURCE RECOVERY
City, State: TULLYTOWN, PA

Completed by (Print or Type):
BOGDAN JOLDZIC
Title: PRESIDENT

Date: 08/31/12

* Do not use this form for asbestos licensure exempted activities.
STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:60-7 AND 12:120-7)

Date of Notification (1)
09 / 04 / 12

Agency Notified
EPA
DEP
DOH
DOL

Type of Notification
Initial
Amended
Amendment #
Emergency w/justification for Cancellation

Name of Building Owner / Operator (2)
INTERNATIONAL SPECIALTY PRODUCTS

Street Address
1361 ALPS ROAD

City, State, Zip Code
WAYNE, NJ 07470

Name of Contact
DAN BRANDRETH

Telephone Number
638-3333

FACILITY INFORMATION

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

Street Address
1361 ALPS ROAD

City (5)
WAYNE

County (6)
PASSAIC

County Code (7)

Square Feet
30,000

# Of Floors
2

Building Age
50+

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

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

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

AET

Street Address
335 HIGH STREET

City, State, Zip Code
METUCHEN, NJ 08840

Project Mgr. For Monitoring Firm
ERIC HOUSEKNECH

Telephone Number
732-321-0666

City, State, Zip Code
Clifton, NJ 07011

Scheduled Start Date (10)
09 / 21 / 12

Scheduled Completion Date (11)
09 / 24 / 12

Telephone Number
973-772-3660

License Number
00117

Name of OSHA Monitor
LVI Environmental Services Inc.

Occupancy Status During Abatement (Check Only 1)
Facility Closed/Vacated During Entire Period of Abatement
Abatement Performed Outside of Normal Facility Hours - Describe:
Other - Describe: FRID - SAT - 4:00PM - 2:30AM

Street Address
462 GETTY AVENUE

City, State, Zip Code
CLIFTON, NJ 07011

Scope of Work (Check All That Apply)
Demolition

Renovation

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
1ST FLOOR
2ND FLOOR

Is Location Normally Used

Yes

No

Location of Asbestos - Containing Material (ACM)

PIPE & FITTING

Description of

Material (ACM)

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

Amount

20 LF

20 LF

Abatement Type

REMOVAL

REPAIR

ENCAPSULATION

ENCLOSURE

Name of Registered Waste Hauler
NEWARK CARTING

Waste Hauler ID No.
4509

Cubic Yards of Waste

Name of Registered Landfill
I.E.S.I.

City, State
NEWARK, NJ

Disposal Date

BETHLEHEM, PA

Completed by (Print or Type)
STEVEN STILES

Title
PROJECT MANAGER

Signature

Date
09/04/12
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1) 8/20/12

Name of Building Owner/Operator (2) Patricia Meritts

Agencies Notified

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

Type of Notification

[X] Initial
[ ] Emergency
[ ] Amended
[ ] Cancellation

Street Address
248 Knickerbocker Rd.

City, State, Zip Code
Closter, NJ 07624

Name of Contact
Brian Starkey

Telephone Number

FACILITY INFORMATION

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

City (5)
Closter

County (6)
Bergen

County Code (7) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner
J & S Environmental Labor., LLC

ASCM No.

Street Address
2333 Route 22W

City, State, Zip Code
Union, NJ 07083

Project Manager for Monitoring Firm

Telephone Number

Scheduled Start Date (10)
9/8/12

Sched. Completion Date (11)
9/14/12

Occupancy Status During Abatement (Check only one)

[X] Facility Closed/Vacated During Entire Period of Abatement
[ ] Abatement Performed Outside of Normal Facility Hours - Describe:
[ ] Other - Describe: partially vacated

Scope of Work (Check all that apply)

[ ] Demolition
[ ] ≥3 sf or ≥3 lf
[X] ≥160 sf or ≥280 lf

[ ] Renovation

[ ] Full Containment with Negative Pressure
[ ] Mini – Enclosure
[ ] Glovesbag Procedure
[X] Non – Friable Procedure

Location of Asbestos – Containing Material (ACM)

TO BE ABATED

In Facility

Location of Asbestos – Containing Material Normally Used Solely by Maintenance/Custodial Staff

Yes
No
N/A

Description of Asbestos – Containing Material (ACM)

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

Amount (Specify SF or LF)

Abatement Type

Amount

NJDEP Waste Hauler ID No.

Cubic Yards Of Waste

Name of Registered Landfill

Minerva Landfill

City, State
Waynesburg, OH

Disposal Date
9/14/12

Name Of Registered Waste Hauler
Jupiter Environmental Services

City, State
Lincoln Park, NJ

Completed By (Print or Type)
Pane Repic

Title
General Manager

Signature

ASB-41
<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>8-31-2012</th>
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<tbody>
<tr>
<td>Agencies Notified (2)</td>
<td></td>
</tr>
<tr>
<td>- SPA</td>
<td></td>
</tr>
<tr>
<td>- DOL</td>
<td></td>
</tr>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>VALERO</td>
</tr>
<tr>
<td>Street Address</td>
<td>100 BILLINGSPORT ROAD</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>PAULSBOURG, NEW JERSEY</td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>OIL REFINERY - VALERO</td>
</tr>
<tr>
<td>Type of Facility (4)</td>
<td></td>
</tr>
<tr>
<td>- School (K-12)</td>
<td></td>
</tr>
<tr>
<td>- Subchapter 8 (Other than K-12)</td>
<td></td>
</tr>
<tr>
<td>- Other (i.e., private &amp; commercial buildings, homes, etc.)</td>
<td></td>
</tr>
<tr>
<td>Square Feet (5)</td>
<td>80,000</td>
</tr>
<tr>
<td># of Floors (5)</td>
<td>N/A</td>
</tr>
<tr>
<td>Bidg Age (5)</td>
<td>35+</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (6)</td>
<td>AET, INC</td>
</tr>
<tr>
<td>Company Code (7)</td>
<td>0021</td>
</tr>
<tr>
<td>Name of Abatement Contractor (8)</td>
<td>ADVANCED SPECIALTY CONT.</td>
</tr>
<tr>
<td>Street Address (9)</td>
<td>28 N PENNELL ROAD</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>LIMA PA, 19028</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm (10)</td>
<td>DAVE TUKER</td>
</tr>
<tr>
<td>Telephone No. (11)</td>
<td>610-891-6114</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>9-17-2012</td>
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<td>Scheduled Completion Date (11)</td>
<td>10-31-2012</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>
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<tr>
<td>- Abatement Performed Outside of Normal Facility Hours</td>
<td></td>
</tr>
<tr>
<td>- Other - Describe:</td>
<td>DURING WORK HOURS</td>
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<tr>
<td>Scope of Work (Check all that apply)</td>
<td></td>
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<tr>
<td>- 3+ sf or 23+</td>
<td></td>
</tr>
<tr>
<td>- 160 sf or 5260+</td>
<td></td>
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<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED (13)</td>
<td></td>
</tr>
<tr>
<td>Is Location Normally Used Safely by Maintenance/Custodial Staff? (12)</td>
<td>Yes</td>
</tr>
<tr>
<td>Disease of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, V/A, or other miscellaneous)</td>
<td>ASBESTOS PIPE CONE</td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td>450 LF</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>VALERO TO DISPOSE</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>VALERO TO DISPOSE</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>NINO GAROZZO</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

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

Date of Notification (1):
08/30/2012

Name of Building Owner/Operator (2):
Livingston Board of Education

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

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

Street Address
11 Foxcroft Drive

City, State, Zip Code
Livingston NJ 07039

Name of Contact
Paul Ko

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):
Burnet Hill Elementary School

Street Address
25 Byron Place

City (5)
Livingston

County (6)
Essex

County Code (7) (STATE USE ONLY)

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

ASCM No.
00073

Name of Abatement Contractor (9):
Savic Construction Corp

Street Address
PO Box 316

City, State, Zip Code
Thorofare NJ 08086

Project Manager for Monitoring Firm
Steve Flanigan

Telephone No.
856-848-0800

Start Date (10)
08/31/2012

Scheduled Completion Date (11)
09/01/2012

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

Square Feet

# of Floors

Bldg. Age

Current Use (Prior if being demolished)
Public School

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)
- ≥30 sf or ≥3 if
- ≥160 sf or ≥260 if
- Renovation
- Demolition

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

Classroom

Chalk Board

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

Yes

No

N/A

Amount (Specify SF or LF)
84 SF

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

Location of Registered Waste Hauler
Savic Construction Corp

Cubic Yards of Waste
10 yr

Cubic Yards
32253

Name of Registered Landfill
GROWS

City, State
Totowa NJ

Disposal Date

City, State
Morriseville, PA

Name of Registered Waste Hauler
Savic Construction Corp

Savic

Completed by
Sava Savic

Title
President

Signature

Date
08/30/2012

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>8/30/19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Big Top E/O Michael</td>
</tr>
<tr>
<td>Agency Notified</td>
<td>Y EPA</td>
</tr>
<tr>
<td>Type Notification</td>
<td>Initial</td>
</tr>
<tr>
<td>Street Address</td>
<td>31 Elliot St</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>AVRIL NO. 07001</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>H. H. Sanglard</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

FACILITY INFORMATION

| Name of Facility Where Abatement is Taking Place (3) | 425 STATE ST |
| Street Address | |
| City (5) | PEIRTH AMBOY NO |
| County (6) | MIDDLESEX |
| County Code (7) (STATE USE ONLY) | |
| Type of Facility (4) | |
| Square Feet | 5,000 |
| # of Floors | 3 |
| Bldg. Age | 100 |
| Current Use (Prior if being demolished) | RESIDENT |

| Name of Monitoring Firm Hired by Building Owner (8) | ASCM No. |
| Street Address | |
| City, State, Zip Code | |
| Project Manager for Monitoring Firm | |
| Telephone No. | |
| Start Date (16) | 8/31/19 |
| Scheduled Completion Date (11) | 10/31/19 |
| 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)

- Q 3 sf or ≥ 3 sf
- Q 160 sf or ≥ 250 sf
- □ Renovation
- □ Demolition
- □ Full Containment with Negative Pressure
- □ Miniclosure
- □ Glovebag Procedure
- □ Non-Exempted P and Non-Fristable Procedure

Location of Asbestos-Containing Material (ACM)

<table>
<thead>
<tr>
<th>Material (13)</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>TO BE ABATED</td>
<td>(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
</tr>
<tr>
<td>IN Facility</td>
<td>Amount (Specify SF or LP)</td>
</tr>
<tr>
<td>(13)</td>
<td>Abatement Type</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>□ - MINGLED HAILD</td>
<td></td>
</tr>
<tr>
<td>□ - FLOOR TILE</td>
<td></td>
</tr>
<tr>
<td>□ - MAJOR FIRE DAMAGE</td>
<td></td>
</tr>
<tr>
<td>□ - ROOF HAILD</td>
<td></td>
</tr>
<tr>
<td>□ - 5,000 SF</td>
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<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJDEP Waste Hauler ID No.</th>
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<tbody>
<tr>
<td></td>
<td>159139</td>
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</table>

<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>500 cu y</td>
<td>C.R.C. Co.</td>
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</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/11/12</td>
<td>Heuston PA</td>
</tr>
</tbody>
</table>

Completed by

Charles Almeida, President

* 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)
08/30/12

Name of Building Owner/Operator (2)
Lee Phillips

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

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

Street Address
329 Park Street

City, State, Zip Code
Montclair, NJ 07043

Name of Contact
Lee Phillips

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)
Private Residence

Square Feet
2,300

# of Floors
2

Eldg. Age
50+

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 if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Type of Abatement Method (9)
Pyramid Contracting Corp.
163 Sargeant Avenue
Clifton, NJ 07013

Name of OSHA Monitor
J&S Environmental Laboratories, LLC

Street Address
2333 Route 22 West
Union, NJ 07081

Project Manager for Monitoring Firm

Telephone No.
973-693-6281

License No.
01099

Start Date (10)
09/24/12

Scheduled Completion Date (11)
09/25/12

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)
☒ ≥30 sf or ≥3 ll
☒ ≥1600 sf or ≥2600 ll
☒ Renovation
☒ Demolition
☒ Full Containment with Negative Pressure
☒ Mini-Enclosure
☒ Glovebag Procedure
☒ Non-Exempted (*) and Non-Friable Procedure

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

In Facility (13)

Yes ☒ No ☑ N/A

Is Location Normally Used Solely by Maintenance/Custodial Staff?

Description of Asbestos-Containing Material (ACM)

Amount
(Specify
SF or LF)

Abatement
Type

70 SF

X

Name of Registered Waste Hauler
Pyramid Contracting Corp.

NJDEP Waste Hauler ID No.
32613

Cubic Yards of Waste
3

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

City, State
Clifton, New Jersey

Disposal Date
09/25/12

City, State
Montville, Pennsylvania

Completed by
Dimo Golcev
Title
General Manager
Signature
Date
08/30/12

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>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>8/31/2012</td>
<td>Fulton Bank</td>
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<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
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</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>18 Elmer Street</td>
<td>Madison NJ 07940</td>
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<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
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</thead>
<tbody>
<tr>
<td>Private Property</td>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>County Code (6)</th>
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<tbody>
<tr>
<td>18 Elmer Street</td>
<td>Morris</td>
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<tr>
<th>County Code (7)</th>
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<tr>
<td>(STATE USE ONLY)</td>
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<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor (9)</th>
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</thead>
<tbody>
<tr>
<td>N/A</td>
<td>N/A</td>
<td>First Phase Group Inc</td>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>License No.</th>
<th>Telephone No.</th>
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<td>N/A</td>
<td>001144</td>
<td>201-758-7158</td>
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<th>Scheduled Completion Date (11)</th>
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<td>9/10/2012</td>
<td>9/18/2012</td>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>567-52nd street suite#16</td>
<td>West New York NJ 07093</td>
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<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
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</thead>
<tbody>
<tr>
<td>J&amp;S Environmental Corp</td>
<td>2333 Route 22 West</td>
<td>Union NJ 07083</td>
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<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
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<table>
<thead>
<tr>
<th>Area</th>
<th>Description</th>
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<tbody>
<tr>
<td>233 sf or 235 ft</td>
<td>Renovation</td>
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<tr>
<td>1650 sf or 2260 ft</td>
<td>Demolition</td>
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<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location Normally Used Solely by Maintenance/ Custodial Staff (12)</td>
</tr>
<tr>
<td>In Facility (13)</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>
<th>Amount (Specify SF or LF)</th>
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<tbody>
<tr>
<td>Basement</td>
<td>floor tile and mastic</td>
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<table>
<thead>
<tr>
<th>Location</th>
<th>Amount</th>
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<tbody>
<tr>
<td>Basement</td>
<td>2050SF</td>
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<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asbestos Transportation Company</td>
<td>Minerva Enterprises</td>
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</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>City, State</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Waynesburg OH 44688</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Completed by</th>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Edwin Precilla</td>
<td>Project manager</td>
<td>[Signature]</td>
</tr>
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<table>
<thead>
<tr>
<th>Date</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>8/31/2012</td>
<td>ABATEMENT</td>
</tr>
</tbody>
</table>

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

**State of New Jersey**

### NOTIFICATION OF ASBESTOS ABATEMENT
(Permits to NJAC 8:60 and 12:120)

**Date of Notification (1)**
8/24/12

**Name of Building Owner/Operator (2)**
Marilyn & David Ferreiro

**Street Address**
383 North Ave

**City, State, Zip Code**
Fanwood, NJ 07023

**Name of Contact**
Marilyn & David Ferreiro

**Telephone Number**

<table>
<thead>
<tr>
<th>FACILITY INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Type of Facility (4)</strong></td>
</tr>
<tr>
<td>School (K-12)</td>
</tr>
<tr>
<td>Subchapter 8 (Other than K-12)</td>
</tr>
<tr>
<td>Other (i.e. private &amp; commercial buildings, homes, etc.)</td>
</tr>
<tr>
<td><strong>Square Feet</strong></td>
</tr>
<tr>
<td><strong># of Floors</strong></td>
</tr>
<tr>
<td><strong>Bldg. Age</strong></td>
</tr>
</tbody>
</table>

| **Name of Facility Where Abatement is Taking Place (3)** |
| House |
| **Description** |
| **Location of Asbestos-Containing Material (ACM)** |
| **Location Normally Used Solely for Maintenance/Custodial Staff?** |

| **Location** |
| basement |
| **Pipe Insulation** |
| **Amount** |
| **Floor Tile & Mastic** |

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

**Cubic Yards of Waste**

**Disposal Date**

**Name of Registered Landfill**

**Waste Management of PA**

**Revised By**

**Title**
Project Manager

**Signature**

**Date**
8/24/12

---

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

**State of New Jersey**

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

---

**Date of Notification (1)**
8/24/12

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

**Asbestos Control & Licensing**

**2012 SEP - 5 AM 9:53**

---

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

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

**Street Address**
4 Woodside Road

**City, State, Zip Code**
Morristown, NJ 07960

**Name of Contact**
Barbara Perina

**Telephone Number**

---

**FACILITY INFORMATION**

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

**Street Address**
4 Woodside Road

**City (5)**
Morristown

**County (6)**
Morris

**County Code (7)**

**Type of Facility (4)**

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

**Square Feet**
N/A

**# of Floors**
N/A

**Bldg. Age**
N/A

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

**License No.**
973-345-8685
#00675

---

**Start Date (10)**
9/14/12

**Scheduled Completion Date (11)**
9/15/12

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

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

- **Yes**
- **No**
- **N/A**

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

---

**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**
8/24/12

---

* 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)
8/24/12

Name of Building Owner/Operator (2)
North Broad Associates

Agencies Notified
- [ ] EPA
- [ ] DEP
- [ ] DOL
- [ ] DH
- [ ] DCA

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

Street Address
PO Box 0045

Name of Contact
Howard Halpern

City, State, Zip Code
Cranford, NJ 07016

Telephone Number

FACILITY INFORMATION

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

Street Address
912 North Broad Street

City (5)
Elizabeth

County (6)
Union

County Code (7) (STATE USE ONLY) ________

Current Use (Prior to 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.
973-345-8885

License No.
#00075

Start Date (10)
9/11/12

Scheduled Completion Date (11)
9/13/12

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 ≥2560 if

[ ] Renovation

[ ] Demolition

[ ] Full Containment with Negative Pressure

[ ] Mini-Enclosure

[ ] Glovebag Procedure

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

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

In Facility

(13)

Is Location Normally Used Solely by Maintenance / Custodial Staff?

Yes

No

N/A

(12)

Description of Asbestos Containing Material (ACM)

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

Amount (Specify SF or LF)

Abatement Type

Location

Repair

Endorse

Name of Registered Waste Hauler

D&S Abatement, Inc.

NJ/DEP Waste Hauler ID No.
#20936

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 Brkusakin

Title
Project Manager

Signature

Date
8/24/12

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

Date of Notification (1): 8/24/12

Name of Building Owner/Operator (2): North Broad Associates

Name of Facility Where Abatement is Taking Place (3):
- **House**
- **914 North Broad Street**

City (5):
- **Elizabeth**

County (6):
- **Union**

County Code (7): N/A

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

Street Address:
- **11 Rosengren Avenue**

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

Type of Facility (4):
- School (K-12)
- Subchapter 9 (Other than K-12)

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 ft
- ≥160 sf or ≥260 ft
- Renovation
- Demolition

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN FACILITY:
- **basement**
- **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**: 120 LF
- **Boiler Insulation**: 90 SF

Amount (Specify SF or LF):
- **120 LF**
- **90 SF**

Abatement Type:
- **Removal**
- **Repair**
- **Encapsulate**
- **Endorse**

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

City, State:
- **Totowa, NJ**

Name of Registered Landfill:
- Waste Management of PA

Disposal Date:
- **TBD**

City, State:
- **Tullytown, PA**

Completed By:
- Deanna Brikusani

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

Date of Notification (1)
8/30/2012

Name of Building Owner/Operator (2)
ROBERT EBNER

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

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

Street Address
834 FRANKLIN LAKE ROAD

City, State, Zip Code
FRANKLIN LAKES, NJ 07417

Name of Contact
ROBERT EBNER

Telephone Number

FACILITY INFORMATION

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

Street Address
17 HARRISON AVENUE

City (6)
NORTH HALEDON

County (5)
PASSAIC

County Code (7)

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

ASCM No.

Name of Abatement Contractor (9)
TWO BROTHERS CONTRACTING

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

Square Feet

# of Floors

Bldg. Age

Current Use (Prior if being demolished)

Name of OSHA Monitor
SAME AS (9) ABOVE

Project Manager for Monitoring Firm

Telephone No.

License No.

Start Date (10)
9/10/2012

Scheduled Completion Date (11)
9/14/2012

Occupy Status During Abatement (Check Only)
☐ 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 sq ft or ≥30 if
☐ ≥160 sq ft or ≥260 lf

☐ Renovation
☐ Demolition

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

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

Amount
(Specify
SF or LF)

Abatement
Type

Location

Is Location
Normally Used Solely by
Maintenance/Custodial Staff?

Yes

No

N/A

BASEMENT

X

PIPE

80 LF

☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebox Procedure
☐ Non-Exempted (*) and Non-Firable Procedure

☐ Removal
☐ Repair
☐ Encapsulation
☐ Endorse

Name of Registered Waste Hauler
TWO BROTHERS CONTRACTING

Waste Hauler ID No.
18743

Cubic Yards of Waste
2

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

Disposal Date
9/14/2012

City, State
CLIFTON, NJ

MORRISVILLE, PA

Complied by
VIVECA RAMOS

Title
SECRETARY

Signature

Date
8/30/2012

ASB-41 (R-06-08)

* Do not use this form for asbestos license exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:68 and 12:120)

Date of Notification (1)
8/30/2012

Agency(ies) Notified
- [X] EPA
- [X] DEP
- [X] DOL
- [X] DOH
- [X] DCA

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

Name of Building Owner/Operator (2)
ELEANORE MISKEWITZ C/O APRIL SHERINGTON

Street Address
67 OLD SMALLEYTOWN ROAD

City, State, Zip Code
WARREN, NJ 07059

Name of Contact
APRIL SHERINGTON

Telephone Number

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

Street Address
67 OLD SMALLEYTOWN ROAD

City (5)
WARREN

County (6)
SOMERSET

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

ASCM No.

Name of Abatement Contractor (9)
TWO BROTHERS CONTRACTING

Street Address
250 RUTHERFORD BLVD.

City, State, Zip Code
CLIFTON, NJ 07014

Project Manager for Monitoring Firm

Telephone No.
973-956-8700

License No.
00494

Start Date (10)
9/11/2012

Scheduled Completion Date (11)
9/18/2012

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

Scope of Work (Check All That Apply)
- [X] Renovation
- [X] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>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 $F or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>VAT &amp; MASTIC</td>
<td>600 SF</td>
<td>X</td>
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</table>

Name of Registered Waste Hauler
TWO BROTHERS CONTRACTING

NJ/DEP Waste Hauler ID No.
18743

Cubic Yards of Waste
3

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

City, State
CLIFTON, NJ

Completed by
VIVECA RAMOS
Title
SECRETARY
Signature

Print Form

* Do not use this form for asbestos license exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:20 and 12:129)

Date of Notification (1) 2012 SEP 5 AM 9:24
Name of Building Owner/Operator (2) Check+Co. Inc.

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

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

Street Address
Yale East Lincoln Avenue

City, State, Zip Code
Kahway, New Jersey 07405

Name of Contact
Jerry Pettit

FACILITY INFORMATION

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

Square Feet
+2,000

# of Floors
3

Bed Age
40

Building Use (Prior to being demolished)
Office Bldg

Name of Abatement Contractor (9)
Check+Co. Inc

ASCM No. 00104

Name of Architect/Engineer (10)
Medlin + San.Otis Inc

Street Address
100 South River Street

City, State, Zip Code
Hackensack, NJ 07601

Project Manager for Monitoring Firm
William Karal

Telephone No. 973.781.5249

Telephone No.
201.781.0813

License No.
01148

Name of OSHA Monitor
N/A

Start Date (10) 9-11-12

Scheduled Completion Date (11) 10-19-12

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

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

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Used Solely by Maintenance/Custodial Staff (12)</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
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<tbody>
<tr>
<td>Storage Rooms</td>
<td>Yes</td>
<td>VAT + Mastic</td>
<td>435</td>
<td></td>
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<tr>
<td>SW Corridor</td>
<td>Yes</td>
<td>VAT + Mastic</td>
<td>170</td>
<td></td>
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<tr>
<td>Journals Closet</td>
<td>Yes</td>
<td>VAT + Mastic</td>
<td>85</td>
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Name of Registered Waste Hauler
Freehold Cartage Inc

MDEP Waste Hauler ID No.

Cubic Yards of Waste
20

Name of Registered Landfill
Cycling Hi - Reuse

City, State
Freehold, New Jersey 07728

Completed by
Carmen Pacetti

Title
Office Admin

Signature
Date 8/3/12
<table>
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<th>Date of Notification</th>
<th>Name of Building Owner/Operator</th>
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<td>8/31/12</td>
<td>H. J. Garrido</td>
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<tr>
<th>Agent(s) Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
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<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>19 South Pierson Rd</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Maplewood, NJ 07040</td>
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<tr>
<th>City (6)</th>
<th>County Code (7)</th>
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<tr>
<td>Maplewood</td>
<td>Essex</td>
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<table>
<thead>
<tr>
<th>Facility Information</th>
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<tbody>
<tr>
<td>Type of Facility</td>
</tr>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Sheet Address</th>
<th>City, State, Zip Code</th>
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<tbody>
<tr>
<td>450 South River St</td>
<td>Hackensack, NJ 07601</td>
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<table>
<thead>
<tr>
<th>Project Manager for Monitoring Plan</th>
<th>Telephone No.</th>
<th>License No.</th>
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<tbody>
<tr>
<td>Omega Environmental Services</td>
<td>201-329-7444</td>
<td>00398</td>
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<table>
<thead>
<tr>
<th>Start Date (Day)</th>
<th>End Date (Day)</th>
<th>Location of asbestos-containing material (ACM)</th>
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<tbody>
<tr>
<td>9/14/12</td>
<td>9/15/12</td>
<td>Basement</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Location Normally Used Solely by Multiple-Occupancy Condominium (127)</th>
<th>Description of asbestos-containing material (ACM)</th>
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</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Thermal Insulation (1.04 ft²)</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Handler</th>
<th>NDEP Weeks Handler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Best Removal Inc.</td>
<td>17109</td>
<td>1</td>
<td>Minerva Enterprises Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
<th>Name of Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hackensack, NJ</td>
<td>9/15/12</td>
<td>Waynesburg, OH</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Estimator</th>
<th>Title</th>
<th>Supervisor</th>
</tr>
</thead>
<tbody>
<tr>
<td>R. Veldran</td>
<td>Estimator</td>
<td>R. Veldran</td>
</tr>
</tbody>
</table>

*Do not use as form for asbestos monitoring sampling activity.
## Notification of Asbestos Abatement

### General Information
- **Date of Notification:** 08 / 30 / 12
- **Name of Building Owner/Operator:** Damon Osborn
- **Address:** 310 4th Street, Dunellen, NJ 08812

### Facility Information
- **Type of Facility:** Other (i.e., private and commercial buildings, homes, etc.)
- **Square Feet:**
- **# of Floors:**
- **Bldg. Age:**

### Monitoring Firm
- **Monitor Firm:** ASCM No.
- **Name of Abatement Contractor:** Gr Tech LLC

### Abatement Details
- **Start Date:** 09 / 08 / 12
- **Scheduled Completion Date:** 09 / 09 / 12
- **Occupancy Status:** Facility Closed/Vacated During Entire Period of Abatement
- **Abatement Performed Outside of Normal Facility Hours:** Yes
- **Time of Abatement:** AM-12 PM-PM-AM
- **Scope of Work:**
  - Renovation
  - Demolition

### Location of ACM
- **Asbestos-Containing Material (ACM) TO BE ABATED:**
- **Is Location Normally Used Solely by Maintenance/Custodial Staff?** Yes
- **Description of ACM (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous):** Pipe insulation
- **Location:** Crawlspace
- **Amount (Specify Sf or LF):** 15 LF

### Waste Disposal
- **Name of Registered Waste Hauler:** T.R.R.F. Inc.
- **Disposal Date:** TBD
- **Name of Registered Landfill:** Tullytown, PA

### License Information
- **License No.:** 01127
- **Project Manager:** Envirovision Consultants, Inc.
- **Telephone No.:** 973-638-1777
- **Street Address:** 20-21 Wagaram Road, Bldg. #34A
- **City, State, Zip Code:** Wayne, NJ 07470

### Additional Notes
- **Cubics Yards of Waste:** TBD

### Acknowledgment
- **Signature:**

---

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

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>Name of Building Owner/Operator</th>
</tr>
</thead>
<tbody>
<tr>
<td>8/31/12</td>
<td>KLEEMCO INC.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>155 MT, 50 A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>GREENFIELD, N J 07025</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>BRUCE KLEEM</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FACILITY INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Facility Where Abatement is Taking Place</td>
</tr>
<tr>
<td>Street Address</td>
</tr>
<tr>
<td>City</td>
</tr>
<tr>
<td>County</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor</th>
</tr>
</thead>
<tbody>
<tr>
<td>KLEEMCO INC.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date</th>
<th>Scheduled Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/17/12</td>
<td>9/24/12</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM) (specify type of ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Siding: Transite</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>KLEEMCO INC.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
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<td>GREENFIELD, N J 07025</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Receipt</th>
</tr>
</thead>
<tbody>
<tr>
<td>8/31/12</td>
</tr>
</tbody>
</table>

* Do not use this form for asbestos licensing exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:135)

Date of Notification (1) 8/31/12

Name of Building Owner/Operator (2)
PARKER CONSTRUCTION

 Agencies Notified
☐ EPA
☐ DEP
☐ ODL
☐ DOH
☐ OCA

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

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

Street Address
407-09-29TH ST.

City (5) OCEAN CITY

County (6) OCEAN

Name of Abatement Contractor (9)
KLEMCO INC.

Name of OSHA Monitor

Project Manager for Monitoring Firm

Telephone No.
856-779-0472

License No.
00444

Name of Registered Waste Hauler
KLEMCO INC.

Name of Registered Landfill
C, M, C, M, U, S

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

Current Use (Prior to being demolished)
VACANT

Square Feet
1000

# of Floors
2

Occupancy Status During Abatement
☐ FACILITY CLOSED
☐ FACILITY VACATED
☐ DURING ENTIRE PERIOD OF ABATEMENT
☐ ABATEMENT PERFORMED OUTSIDE OF NORMAL FACILITY HOURS
☐ OTHER - describe:

Scope of Work (Check all that apply)
☐ 200 ft or 200 ft
☐ 1000 ft or 2000 ft

Renovation
☐ Demolition

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

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

Name of Registered Waste Hauler
KLEMCO INC.

Waste Hauler D No.
17994

Disposal Date

City, State
MAPLE SHADE, N.J. 08052

Owner's Signature
JOSEPH KLEMME

Date 8/31/12

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

**Date of Notification (1)**
08/31/12

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

**Street Address**
104 Taft Street

**City, State, Zip Code**
Boonton, NJ 07005

**Name of Contact**
Annette Digiolamo

**FACILITY INFORMATION**

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

**Street Address**
104 Taft Street

**City (5)**
Boonton

**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**
2,000

**# of Floors**
1

**Bldg. Age**
50+

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

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

**ASCM No.**

**Name of Abatement Contractor (9)**
Stanmark Contractors, LLC

**Street Address**
27 Edsall Drive

**City, State, Zip Code**
Sussex, NJ 07481

**Telephone No.**
973-864-2022

**Name of OSHA Monitor**
AmeriSci

**Telephone No.**

**License No.**
01137

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

**Start Date (10)**
09/08/12

**Scheduled Completion Date (11)**
09/11/12

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

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

<table>
<thead>
<tr>
<th>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>

**Name of Registered Waste Hauler**

Pro-Tech, LLC

**NJDEP Waste Hauler ID No.**
190713

**Cubic Yards of Waste**
2

**Name of Registered Landfill**
Minerva Landfill

**Disposal Date on completion**
City, State
Waynesburgh, OH

**Completion of Form (Complete all sections or check 'N/A')**

- ASB-41 (R-06-08)
- Do not use this form for asbestos licensure exempted activities.

- Completed by
Marko Stankovic

- Title
President

- Signature

- Date
08/31/12