

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

*Check # 6417*

|  |   |   |   |
|--|---|---|---|
| Date of Notification (1)<br><b>April 25, 2012</b>  |   | Name of Building Owner / Operator (2)<br><b>JP Morgan Chase &amp; Co.</b> |   |
| Agencies Notified  | Type Notification   | Street Address  | <div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b><br/> <b>APR 30 2012</b><br/> ASBESTOS CONTROL &amp; LICENSING </div> |
| <input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Cancellation | <b>387 Passaic Avenue</b>   |   |
|  |   | City, State & Zip Code<br><b>Fairfield, NJ 07004</b>                      |   |
|  |   | Name of Contact<br><b>Damiano Albanese</b>                                |   |
| Telephone Number   |   |   |   |

**FACILITY INFORMATION**

|   |  |   |                                |
|---|--|---|--------------------------------|
| Name of Facility Where Abatement is Taking Place (3)<br><b>JP Morgan Chase Bank</b>   |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.) |                                |
| Street Address<br><b>387 Passaic Avenue</b>   |  | Square Feet<br><b>3500</b>  | # of Floors<br><b>1</b>        |
| City (5)<br><b>Fairfield</b>  |  | Bldg. Age<br><b>60</b>  |                                |
| County (6)<br><b>Essex</b>  |  | Current Use (Prior if being demolished)<br><b>Bank</b>  |                                |
| County Code (7)<br><i>USE ONLY</i>  |  |   |                                |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>Arcadis US Inc.</b>   |  | ASCM No.  |                                |
| Street Address<br><b>35 Columbia Road</b>   |  | Name of Abatement Contractor (9)<br><b>Synatech, Inc.</b>   |                                |
| City, State & Zip Code<br><b>Branchburg, NJ 08876</b>   |  | Street Address<br><b>829 Radio Road</b>   |                                |
| Project Manager for Monitoring Firm<br><b>William Mener</b>   |  | Telephone Number<br><b>908-526-1000</b>   | License Number<br><b>00817</b> |
| Scheduled Start Date (10)<br><b>May 7, 2012</b>   | Scheduled Completion Date (11)<br><b>May 8, 2012</b> | Name of OSHA Monitor<br><b>Synatech, Inc.</b>   |                                |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Hours<br><input type="checkbox"/> Other - Describe:<br><input type="checkbox"/> Facility Occupied During Abatement |  | Street Address<br><b>829 Radio Road</b>   |                                |
|   |  | City, State & Zip Code<br><b>Little Egg Harbor, NJ 08087</b>  |                                |

Scope of Work (Check all that apply)

- |   |  |   |
|---|--|---|
| <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 50$ lf | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure              |
| <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf         | <input type="checkbox"/> Demolition            | <input type="checkbox"/> Mini-Enclosure                                       |
|   |  | <input type="checkbox"/> Glovebag Procedure                                   |
|   |  | <input checked="" type="checkbox"/> Non-Exempted(*) and Non-Friable Procedure |

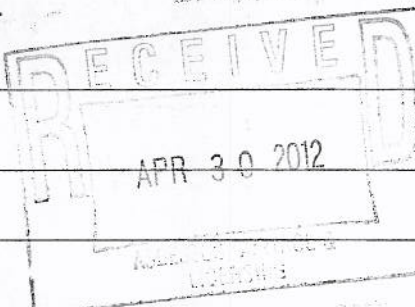
| Location of Asbestos-Containing Material (ACM)<br><b>TO BE ABATED</b><br>IN Facility (13) | Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) |    |          | Description of Asbestos-Containing Material (ACM)<br>(i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |        |             |           |
|---|--|----|----------|--|---------------------------|----------------|--------|-------------|-----------|
|   | Yes  | No | N/A      |  |                           | Removal        | Repair | Encapsulate | Enclosure |
| <b>Exterior of Building - 4 Locations</b>   |  |    | <b>x</b> | <b>Window Caulking Compound</b>  | <b>150 SF</b>             | <b>X</b>       |        |             |           |

|  |   |                                     |  |
|--|---|-------------------------------------|--|
| Name of Registered Waste Hauler<br><b>Synatech, Inc.</b> | NJDEP Waste Hauler ID No.<br><b>27429</b> | Cubic Yards of Waste<br><b>1</b>    | Name of Registered Landfill<br><b>Grows Landfill</b> |
| City, State<br><b>Little Egg Harbor, NJ 08087</b>        |   | Disposal Date<br><b>May 9, 2012</b> | City, State<br><b>Morrisville, PA</b>                |
| Completed By<br><b>Diane Aloia</b>                       | Title<br><b>Executive Administrator</b>   | Signature<br><i>Diane Aloia</i>     | Date<br><b>April 25, 2012</b>                        |

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



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



|  |  |  |                  |
|--|--|--|------------------|
| Date of Notification (1)<br><b>04 / 25 / 12</b>  |  | Name of Building Owner/Operator (2)<br><b>Cedar Grove Board of Education</b> |                  |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DHSS<br><input type="checkbox"/> DCA<br>(NJAC 5:23-8) | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><b>520 Pompton Avenue</b>                                  |                  |
|  |  | City, State, Zip Code<br><b>Cedar Grove, New Jersey 07009</b>                |                  |
|  |  | Name of Contact<br><b>Renee Taveniere</b>                                    | Telephone Number |

**FACILITY INFORMATION**

|   |   |  |   |
|---|---|--|---|
| Name of Facility Where Abatement is Taking Place (3)<br><b>South end School</b>   |   | Type of Facility (4)<br><input checked="" type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) |   |
| Street Address<br><b>112 Stevens Ave</b>  |   |  |   |
| City (5)<br><b>Cedar Grove</b>  | Square Feet<br><b>100,000+</b>                        | # of Floors<br><b>1</b>  | Bldg. Age<br><b>50+</b>   |
| County (6)<br><b>Essex</b>  | County Code (7) (STATE USE ONLY)                      | Current Use (Prior if being demolished)  |   |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>AHERA Consultants, INC</b>  |   | ASCM No.<br><b>0057</b>  | Name of Abatement Contractor (9)<br><b>New American Restoration INC</b> |
| Street Address<br><b>P.O. Box 385</b>   |   | Street Address<br><b>421-423 Straight Street</b>   |   |
| City, State, Zip Code<br><b>Oceanville, New Jersey 08231-0385</b>   |   | City, State, Zip Code<br><b>Paterson, NJ 07501</b>   |   |
| Project Manager for Monitoring Firm<br><b>John Smoyer</b>   | Telephone No.<br><b>609-652-1833</b>                  | Telephone No.<br><b>973-925-1303</b>   | License No.<br><b>00805</b>   |
| Start Date (10)<br><b>5 / 10 / 12</b>   | Scheduled Completion Date (11)<br><b>11 / 30 / 12</b> | Name of OSHA Monitor<br><b>New American Restoration INC</b>  |   |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: <b>_____AM-_____PM/4PM-1AM</b> |   | Street Address<br><b>421-423 Straight Stree</b>  |   |
|   |   | City, State, Zip Code<br><b>Paterson, NJ 07501</b>   |   |

Scope of Work (Check all that apply)

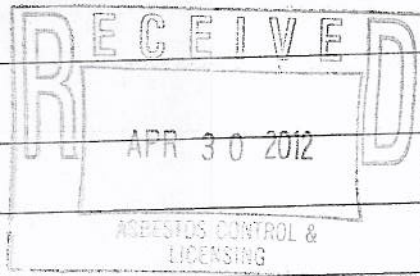
|   |   |  |
|---|---|--|
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition | <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |
|---|---|--|

| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |                          |                                     | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type                      |                          |                          |                          |
|---|---|--------------------------|-------------------------------------|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
|   | Yes   | No                       | N/A                                 |  |                           | Removal                             | Repair                   | Encapsulate              | Enclosure                |
| Exterior  | <input type="checkbox"/>  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Window & Door Frame Caulking   | 1800 LF                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            |  |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            |  |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            |  |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|  |                    |   |                                     |   |  |
|--|--------------------|---|-------------------------------------|---|--|
| Name of Registered Waste Hauler<br><b>Atlantic Carting</b> |                    | NJDEP Waste Hauler ID No.<br><b>26085</b> | Cubic Yards of Waste<br><b>40Cy</b> | Name of Registered Landfill<br><b>G.R.O.W.S., 1513 Bordentown Rd.</b> |  |
| City, State<br><b>1141 Route 23, Wayne NJ 07470</b>        |                    | Disposal Date                             |                                     | City, State<br><b>Morrisville, PA 19067</b>                           |  |
| Completed By (Print or Type)<br><b>Goran Lazarevic</b>     | Title<br><b>VP</b> | Signature<br>                             |                                     | Date<br><b>4/25/12</b>  |  |



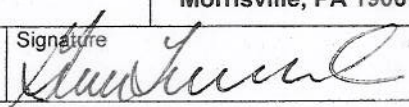
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)



| Date of Notification (1)<br><b>04 / 25 / 12</b>   |   | Name of Building Owner/Operator (2)<br><b>Cedar Grove Board of Education</b>  |   |  |   |                                     |                          |                          |                          |
|---|---|---|---|--|---|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DHSS<br><input type="checkbox"/> DCA (NJAC 5:23-8)   | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><b>520 Pompton Avenue</b>   |   |  |   |                                     |                          |                          |                          |
|   |   | City, State, Zip Code<br><b>Cedar Grove, New Jersey 07009</b>   |   |  |   |                                     |                          |                          |                          |
|   |   | Name of Contact<br><b>Renee Taveniere</b>   | Telephone Number<br>_____   |  |   |                                     |                          |                          |                          |
| <b>FACILITY INFORMATION</b>   |   |   |   |  |   |                                     |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br><b>North end School</b>   |   | Type of Facility (4)<br><input checked="" type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)  |   |  |   |                                     |                          |                          |                          |
| Street Address<br><b>112 Stevens Ave</b>  |   | Square Feet<br><b>100,000+</b>  | # of Floors<br><b>1</b>   |  |   |                                     |                          |                          |                          |
| City (5)<br><b>Cedar Grove</b>  |   | Bldg. Age<br><b>50+</b>   |   |  |   |                                     |                          |                          |                          |
| County (6)<br><b>Essex</b>  | County Code (7) (STATE USE ONLY)  | Current Use (Prior if being demolished)   |   |  |   |                                     |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>AHERA Consultants, INC</b>  |   | ASCM No.<br><b>0057</b>   | Name of Abatement Contractor (9)<br><b>New American Restoration INC</b> |  |   |                                     |                          |                          |                          |
| Street Address<br><b>P.O. Box 385</b>   |   | Street Address<br><b>421-423 Straight Street</b>  |   |  |   |                                     |                          |                          |                          |
| City, State, Zip Code<br><b>Oceanville, New Jersey 08231-0385</b>   |   | City, State, Zip Code<br><b>Paterson, NJ 07501</b>  |   |  |   |                                     |                          |                          |                          |
| Project Manager for Monitoring Firm<br><b>John Smoyer</b>   |   | Telephone No.<br><b>609-652-1833</b>  | License No.<br><b>00805</b>   |  |   |                                     |                          |                          |                          |
| Start Date (10)<br><b>5 / 10 / 12</b>   | Scheduled Completion Date (11)<br><b>11 / 30 / 12</b>   | Name of OSHA Monitor<br><b>New American Restoration INC</b>   |   |  |   |                                     |                          |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: _____ AM - _____ PM / <b>4PM-1AM</b> |   | Street Address<br><b>421-423 Straight Stree</b>   |   |  |   |                                     |                          |                          |                          |
|   |   | City, State, Zip Code<br><b>Paterson, NJ 07501</b>  |   |  |   |                                     |                          |                          |                          |
| Scope of Work (Check all that apply)  |   |   |   |  |   |                                     |                          |                          |                          |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf   |   | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |   |  |   |                                     |                          |                          |                          |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)   |   |   | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF)   | Abatement Type                      |                          |                          |                          |
|   | Yes   | No  | N/A   |  |   | Removal                             | Repair                   | Encapsulate              | Enclosure                |
| Exterior  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input checked="" type="checkbox"/>                                     | Window & Door Frame Caulking   | 1600 LF   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  |  |   | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  |  |   | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  |  |   | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler<br><b>Atlantic Carting</b>  |   | NJDEP Waste Hauler ID No.<br><b>26085</b>   |   | Cubic Yards of Waste<br><b>40Cy</b>  | Name of Registered Landfill<br><b>G.R.O.W.S., 1513 Bordentown Rd.</b> |                                     |                          |                          |                          |
| City, State<br><b>1141 Route 23, Wayne NJ 07470</b>   |   | Disposal Date   |   | City, State<br><b>Morrisville, PA 19067</b>  |   |                                     |                          |                          |                          |
| Completed By (Print or Type)<br><b>Goran Lazarevic</b>  |   | Title<br><b>VP</b>  |   | Signature<br>  |   | Date<br><b>4/25/12</b>              |                          |                          |                          |



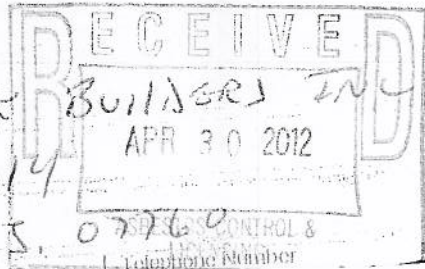
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

|   |  |   |   |  |                |                                     |                          |                          |                          |
|---|--|---|---|--|----------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1)<br>04 / 25 / 12  |  | Name of Building Owner/Operator (2)<br>Cedar Grove Board of Education   |   |  |                |                                     |                          |                          |                          |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DHSS<br><input type="checkbox"/> DCA<br>(NJAC 5:23-8)  | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br>520 Pompton Avenue<br>City, State, Zip Code<br>Cedar Grove NJ 07009<br>Name of Contact<br>Renee Taveniere<br>Telephone Number   |   |  |                |                                     |                          |                          |                          |
| <b>FACILITY INFORMATION</b>   |  |   |   |  |                |                                     |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br>Cedar Grove High School   |  | Type of Facility (4)<br><input checked="" type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)  |   |  |                |                                     |                          |                          |                          |
| Street Address<br>90 Rugby Road   |  | Square Feet<br>100,000+   |   |  |                |                                     |                          |                          |                          |
| City (5)<br>Cedar Grove   |  | # of Floors<br>2  | Bldg. Age<br>50+  |  |                |                                     |                          |                          |                          |
| County (6)<br>Essex   | County Code (7) (STATE USE ONLY)   |   | Current Use (Prior if being demolished)   |  |                |                                     |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br>AHERA Consultants, INC   |  | ASCM No.<br>0057  | Name of Abatement Contractor (9)<br>New American Restoration INC  |  |                |                                     |                          |                          |                          |
| Street Address<br>P.O. Box 385  |  | Street Address<br>421-423 Straight Street   |   |  |                |                                     |                          |                          |                          |
| City, State, Zip Code<br>Oceanville, New Jersey 08231-0385  |  | City, State, Zip Code<br>Paterson NJ 07501  |   |  |                |                                     |                          |                          |                          |
| Project Manager for Monitoring Firm<br>John Smoyer  |  | Telephone No.<br>609-652-1833   | License No.<br>00805  |  |                |                                     |                          |                          |                          |
| Start Date (10)<br>5 / 10 / 12  | Scheduled Completion Date (11)<br>11 / 30 / 12   |   | Name of OSHA Monitor<br>New American Restoration INC  |  |                |                                     |                          |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: _____AM-_____PM/4PM-1AM |  | Street Address<br>421-423 Straight Street<br>City, State, Zip Code<br>Paterson NJ 07501   |   |  |                |                                     |                          |                          |                          |
| Scope of Work (Check all that apply)  |  |   |   |  |                |                                     |                          |                          |                          |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf   |  | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |   |  |                |                                     |                          |                          |                          |
| Location of Asbestos-Containing Material (ACM)<br>TO BE ABATED<br>IN Facility<br>(13)   | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)  |   | Description of Asbestos Containing Material (ACM)<br>(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF)                                      | Abatement Type |                                     |                          |                          |                          |
|   | Yes  | No  |   |  | N/A            | Removal                             | Repair                   | Encapsulate              | Enclosure                |
| Exterior  | <input type="checkbox"/>   | <input type="checkbox"/>  | <input checked="" type="checkbox"/>   | Window & Door Frame Caulking                                   | 6,850 LF       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>  |  |                | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>  |  |                | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>  |  |                | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler<br>Atlantic Carting   |  | NJDEP Waste Hauler ID No.<br>26085  | Cubic Yards of Waste<br>40Cy  | Name of Registered Landfill<br>G.R.O.W.S., 1513 Bordentown Rd. |                |                                     |                          |                          |                          |
| City, State<br>1141 Route 23, Wayne NJ 07470  |  | Disposal Date   |   | City, State<br>Morrisville, PA 19067                           |                |                                     |                          |                          |                          |
| Completed By (Print or Type)<br>Goran Lazarevic   |  | Title<br>VP   | Signature<br>                               |  |                | Date<br>04/25/12                    |                          |                          |                          |



CR #  
1458

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



|   |  |  |  |
|---|--|--|--|
| Date of Notification (1)<br><b>4-27-12</b>  |  | Name of Building Owner/Operator (2)<br><b>KOLARSICK BUILDERS INC</b>   |  |
| Agencies Notified<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DCA<br><input checked="" type="checkbox"/> DOH<br><input checked="" type="checkbox"/> EPA   |  | Street Address<br><b>P.O. Box 614</b>  |  |
| Type of Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment #<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation  |  | City, State, Zip Code<br><b>RUMSON N.J. 07760</b>  |  |
|   |  | Name of Contact<br><b>NOAH</b>   |  |
|   |  | Telephone Number<br><b>732-294-1757</b>  |  |
| FACILITY INFORMATION  |  |  |  |
| Name of Facility Where Abatement is Taking Place (3)<br><b>KOLARSICK BUILDERS</b>   |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter B (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) |  |
| Street Address<br><b>77 Jackson St</b>  |  | Square Feet<br><b>1800</b>   |  |
| City (5)<br><b>FAIR HAVEN</b>   |  | # of Floors<br><b>1</b>  |  |
| County (6)<br><b>Monmouth</b>   |  | Elev. Avg.<br><b>75</b>  |  |
| Name of Monitoring Firm Hired by Building Owner (8)   |  | Current Use (Prior if being demolished)<br><b>HOUSE</b>  |  |
| Street Address  |  | Name of Abatement Contractor (9)<br><b>ACE INSULATION CO. INC</b>  |  |
| City, State, Zip Code   |  | Street Address<br><b>95 MONTROSE RD</b>  |  |
| Project Manager for Monitoring Firm   |  | City, State, Zip Code<br><b>COLTS NECK NJ 07722</b>  |  |
| Telephone No.   |  | Telephone No.<br><b>732-294-1757</b>   |  |
| Start Date (10)<br><b>5-7-12</b>  |  | License No.<br><b>00029</b>  |  |
| Scheduled Completion Date (11)<br><b>5-12-12</b>  |  | Name of OSHA Monitor<br><b>ACE INSULATION CO. INC</b>  |  |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other - Describe: <b>7AM-7PM</b> |  | Street Address<br><b>95 MONTROSE RD</b>  |  |
| Scope of Work (Check all that apply)<br><input checked="" type="checkbox"/> 5 sf or 23 lf<br><input checked="" type="checkbox"/> 160 sf or 260 lf   |  | City, State, Zip Code<br><b>COLTS NECK NJ 07722</b>  |  |
| <input checked="" type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition  |  | Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure        |  |
| Location of Asbestos-Containing Material (ACM)<br><b>TO BE ABATED IN Facility (13)</b>  |  | Description of Asbestos-Containing Material (ACM)<br>(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  |  |
| Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)<br>Yes No N/A   |  | Amount (Specify SF or LF)<br><b>1400 SF</b>  |  |
|   |  | Abatement Type<br>Full Containment Mini-Enclosure Glovebag Non-Exempted (*) and Non-Friable  |  |
| Name of Registered Waste Hauler<br><b>ACE INSULATION CO</b>   |  | Name of Registered Landfill<br><b>GRUWS</b>  |  |
| City, State<br><b>COLTS NECK NJ 07722</b>   |  | City, State<br><b>PAULY TOWN PA</b>  |  |
| Completed by<br><b>NOAH</b>   |  | Signature<br><b>JOHN GRUWS</b>   |  |
| Title<br><b>DPS MGR</b>   |  | Date<br><b>4-27-12</b>   |  |



REMEMBER - MAIL IN HARD COPY

Print Form

NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:00 and 12:120)


|  |   |  |     |   |   |
|--|---|--|-----|---|---|
| Date of Notification (1)<br>April 26, 2012   |   | Name of Building Owner/Operator (2)<br>St. Michael's Parish  |     | DOT - 10 DAY<br>Check # 4634  |   |
| Agencies Notified  |   | Type Notification  |     | Street Address<br>10 N. Mississippi Ave   |   |
| <input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input checked="" type="checkbox"/> DCA          |   | <input type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment #<br><input checked="" type="checkbox"/> Emergency (Including justification)<br><input type="checkbox"/> Cancellation |     | City, State, Zip Code<br>Atlantic City, NJ 08401  |   |
|  |   | Name of Contact<br>Dave Maxwell  |     | WAIVER<br>APR 26 2012<br>[Signature]  |   |
| FACILITY INFORMATION   |   |  |     |   |   |
| Name of Facility Where Abatement is Taking Place (3)<br>Quaramba Hall  |   |  |     | Type of Facility (4)  |   |
| Street Address<br>10 N. Mississippi Ave  |   |  |     | <input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter B (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)   |   |
| City (5)<br>Atlantic City  |   |  |     | Square Feet<br>2500   | # of Floors<br>2                              |
| County (6)<br>Atlantic   |   |  |     | County Code (7)<br>(STATE USE ONLY)   | Bldg. Age<br>70                               |
| Name of Monitoring Firm Hired by Building Owner (8)<br>MDG Environmental   |   | ASCM No.   |     | Name of Abatement Contractor (9)<br>Shade Environmental, LLC  |   |
| Street Address<br>1000 Maplewood Drive Suite 207   |   | Street Address<br>47 S. Lippincott Ave   |     |   |   |
| City, State, Zip Code<br>Maple Shade, NJ 08052   |   | City, State, Zip Code<br>Maple Shade, NJ 08052   |     |   |   |
| Project Manager for Monitoring Firm<br>Tony Esposito   |   | Telephone No.<br>856-755-9300  |     | Telephone No.<br>856-755-0099   | License No.<br>00842                          |
| Start Date (10)<br>April 28 2012   |   | Scheduled Completion Date (11)<br>April 29, 2012   |     | Name of OSHA Monitor<br>EMSL  |   |
| Occupancy Status During Abatement (Check Only One)   |   |  |     | Street Address<br>107 Haddon Ave  |   |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: |   |  |     | City, State, Zip Code<br>Westmont, New Jersey 08108   |   |
| Scope of Work (Check All That Apply)   |   |  |     |   |   |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf  |   | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition  |     | <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Frangible Procedure |   |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)   | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |  |     | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)   | Amount (Specify SF or LF)                     |
|  | Yes   | No   | N/A |   |   |
| Quaramba Hall  |   |  | XXX | Floor Tile  | 3000 SF                                       |
|  |   |  |     |   |   |
|  |   |  |     |   |   |
| Name of Registered Waste Hauler<br>Freehold Cartage  |   | NJDEP Waste Hauler ID No.<br>22253   |     | Cubic Yards of Waste  | Name of Registered Landfill<br>Grows Landfill |
| City, State<br>Mount Holly, New Jersey 08060   |   | Disposal Date  |     | City, State<br>Tullytown, PA.   |   |
| Completed by<br>William Lynch  |   | Title<br>Owner   |     | Signature<br>[Signature]  | Date<br>April 26, 2012                        |

ASB-41 (R-05-08)

\* Do not use this form for asbestos abatement exempted activities.



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

| Date of Notification (1)<br>April 26, 2012   |   | Name of Building Owner/Operator (2)<br>St. Michaels's Parish  |     | Check # 4634  |   |                        |        |             |           |
|--|---|---|-----|---|---|------------------------|--------|-------------|-----------|
| Agencies Notified  |   | Type Notification   |     | Street Address<br>10 N. Mississippi Ave   |   |                        |        |             |           |
| <input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA  |   | <input type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |     | City, State, Zip Code<br>Atlantic City, NJ 08401  |   |                        |        |             |           |
|  |   | Name of Contact<br>Dave Maxwell   |     | Telephone Number _____  |   |                        |        |             |           |
| <b>FACILITY INFORMATION</b>  |   |   |     |   |   |                        |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Quaramba Hall  |   |   |     | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)                               |   |                        |        |             |           |
| Street Address<br>10 N. Mississippi Ave  |   |   |     | Square Feet<br>2500   | # of Floors<br>2                              |                        |        |             |           |
| City (5)<br>Atlantic City  |   |   |     | Bldg. Age<br>70   |   |                        |        |             |           |
| County (6)<br>Atlantic   |   | County Code (7)<br>(STATE USE ONLY) _____   |     | Current Use (Prior if being demolished)<br>Church Hall  |   |                        |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>MDG Environmental   |   | ASCM No. _____  |     | Name of Abatement Contractor (9)<br>Shade Environmental, LLC  |   |                        |        |             |           |
| Street Address<br>1000 Maplewood Drive Suite 207   |   |   |     | Street Address<br>47 S. Lippincott Ave  |   |                        |        |             |           |
| City, State, Zip Code<br>Maple Shade, NJ 08052   |   |   |     | City, State, Zip Code<br>Maple Shade, NJ 08052  |   |                        |        |             |           |
| Project Manager for Monitoring Firm<br>Tony Esposito   |   | Telephone No.<br>856-755-9300   |     | Telephone No.<br>856-755-0099   | License No.<br>00842                          |                        |        |             |           |
| Start Date (10)<br>April 28, 2012  |   | Scheduled Completion Date (11)<br>April 29, 2012  |     | Name of OSHA Monitor<br>EMSL  |   |                        |        |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____ |   |   |     | Street Address<br>107 Haddon Ave  |   |                        |        |             |           |
|  |   |   |     | City, State, Zip Code<br>Westmont, New Jersey 08108   |   |                        |        |             |           |
| Scope of Work (Check All That Apply)   |   |   |     |   |   |                        |        |             |           |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf  |   | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition   |     | <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |   |                        |        |             |           |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)   | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |   |     | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)   | Amount (Specify SF or LF)                     | Abatement Type         |        |             |           |
|  | Yes   | No  | N/A |   |   | Removal                | Repair | Encapsulate | Enclosure |
| Quaramba Hall  |   |   | xxx | Floor Tile  | 3000 SF                                       | xxx                    |        |             |           |
|  |   |   |     |   |   |                        |        |             |           |
|  |   |   |     |   |   |                        |        |             |           |
|  |   |   |     |   |   |                        |        |             |           |
| Name of Registered Waste Hauler<br>Freehold Cartage  |   | NJDEP Waste Hauler ID No.<br>22253  |     | Cubic Yards of Waste  | Name of Registered Landfill<br>Grows Landfill |                        |        |             |           |
| City, State<br>Mount Holly, New Jersey 08060   |   |   |     | Disposal Date   | City, State<br>Tullytown, PA.                 |                        |        |             |           |
| Completed by<br>William Lynch  |   | Title<br>Owner  |     | Signature<br>   |   | Date<br>April 26, 2012 |        |             |           |

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



DOL 10-DAY

APR 26 2013

WAIVER APPROVED

ASBESTOS CONTROLS

ASB-41 (R-03-CB)

\* 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)<br>April 26, 2012   |  | Name of Building Owner/Operator (2)<br>Ramapo College of New Jersey  |  |   |                           |                        |        |             |           |
| Agencies Notified  | Type Notification  | Street Address   | City, State, Zip Code  |   |                           |                        |        |             |           |
| <input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL   | <input type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment #<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | 505 Ramapo Valley Road   | Mahwah, NJ 07430   |   |                           |                        |        |             |           |
|  |  | Name of Contact  | Telephone Number   |   |                           |                        |        |             |           |
|  |  | Tom McCann   |  |   |                           |                        |        |             |           |
| <b>FACILITY INFORMATION</b>  |  |  |  |   |                           |                        |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Ramapo College G-Wing - Penthouse  |  | Type of Facility (4)   |  |   |                           |                        |        |             |           |
| Street Address<br>505 Ramapo Valley Road   |  | <input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)  |  |   |                           |                        |        |             |           |
| City (5)<br>Mahwah   |  | Square Feet<br>24,000  | # of Floors<br>3   |   |                           |                        |        |             |           |
| County (6)<br>Bergen   |  | County Code (7)<br>(STATE USE ONLY)  | Bldg. Age<br>75  |   |                           |                        |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>USA Environmental   |  | ASCM No.   | Name of Abatement Contractor (9)<br>Shade Environmental, LLC |   |                           |                        |        |             |           |
| Street Address<br>344 West State Street  |  | Street Address<br>47 S. Lippincott Ave   |  |   |                           |                        |        |             |           |
| City, State, Zip Code<br>Trenton, NJ 08618   |  | City, State, Zip Code<br>Maple Shade, NJ 08052   |  |   |                           |                        |        |             |           |
| Project Manager for Monitoring Firm<br>Bill Weisgarber   |  | Telephone No.<br>609-743-0493  | License No.<br>00842   |   |                           |                        |        |             |           |
| Start Date (10)<br>April 27, 2012  | Scheduled Completion Date (11)<br>May 1, 2012  | Name of OSHA Monitor<br>EMSL   |  |   |                           |                        |        |             |           |
| Occupancy Status During Abatement (Check Only One)   |  | Street Address<br>107 Haddon Ave   |  |   |                           |                        |        |             |           |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: |  | City, State, Zip Code<br>Westmont, New Jersey 08108  |  |   |                           |                        |        |             |           |
| Scope of Work (Check All That Apply)   |  |  |  |   |                           |                        |        |             |           |
| <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf  |  | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition  |  |   |                           |                        |        |             |           |
|  |  | <input type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |   |                           |                        |        |             |           |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)   | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)  |  |  | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type         |        |             |           |
|  | Yes  | No   | N/A  |   |                           | Removal                | Repair | Encapsulate | Enclosure |
| Academic Bldg. G Wing Penthouse  |  |  | XXX  | White Painted Duct Sealant  | 920 SF                    | xxx                    |        |             |           |
|  |  |  |  |   |                           |                        |        |             |           |
|  |  |  |  |   |                           |                        |        |             |           |
|  |  |  |  |   |                           |                        |        |             |           |
| Name of Registered Waste Hauler<br>Freehold Cartage  |  | NJDEP Waste Hauler ID No.<br>22253   | Cubic Yards of Waste   | Name of Registered Landfill<br>Grows Landfill   |                           |                        |        |             |           |
| City, State<br>Mount Holly, New Jersey 08060   |  |  | Disposal Date  | City, State<br>Tullytown, PA.   |                           |                        |        |             |           |
| Completed by<br>William Lynch  |  | Title<br>Owner   | Signature<br><i>William J. Lynch</i>                         |   |                           | Date<br>April 26, 2012 |        |             |           |



**State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to N.J.A.C. 17:28 and 17:29)

ck 2714

|   |  |   |   |   |          |             |         |
|---|--|---|---|---|----------|-------------|---------|
| Date of Notification (1)<br><b>4-26-2012</b>  |  | Name of Building Owner/Operator (2)<br><b>J. HUDSON</b>   |   |   |          |             |         |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA   | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><b>36 WEBSTER AVENUE</b>  |   |   |          |             |         |
|   |  | City, State, Zip Code<br><b>RIDGEFIELD PARK, NJ 07660</b>   |   |   |          |             |         |
|   |  | Name of Contact<br><b>J. HUDSON</b>   |   |   |          |             |         |
| <b>FACILITY INFORMATION</b>   |  |   |   |   |          |             |         |
| Name of Facility Where Abatement is Taking Place (3)<br><b>J. HUDSON</b>  |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter S (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |   |   |          |             |         |
| Street Address<br><b>36 WEBSTER AVENUE</b>  |  | Square Feet<br><b>2500</b>  | # of Floors<br><b>2</b>                                     |   |          |             |         |
| City (5)<br><b>RIDGEFIELD PARK</b>  |  | Bldg. Age<br><b>115 YRS</b>   |   |   |          |             |         |
| County (6)<br><b>BERGEN</b>   |  | County Code (7)<br>(STATE USE ONLY)   | Current Use (Prior if being demolished)<br><b>RESIDENCE</b> |   |          |             |         |
| Name of Monitoring Firm Hired by Building Owner (8)   |  | ASCM No.  | Name of Abatement Contractor (9)                            |   |          |             |         |
| Street Address  |  |   | <b>Best Removal Inc</b>                                     |   |          |             |         |
| City, State, Zip Code   |  |   | Street Address<br><b>450 South River St</b>                 |   |          |             |         |
| Project Manager for Monitoring Firm   |  | Telephone No.   | City, State, Zip Code<br><b>Hackensack, N.J. 07601</b>      |   |          |             |         |
| Start Date (10)<br><b>5-14-12</b>   |  | Scheduled Completion Date (11)<br><b>5-15-12</b>  | Telephone No.<br><b>201-329-7444</b>                        |   |          |             |         |
| Occupancy Status During Abatement (Check Only One)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other - Describe: <b>8AM 5PM</b>   |  | License No.<br><b>00388</b>   |   |   |          |             |         |
| Name of OSHA Monitor<br><b>Omega Environmental Services</b>   |  | Street Address<br><b>280 Huyler St.</b>   |   |   |          |             |         |
| Scope of Work (Check All That Apply)<br><input checked="" type="checkbox"/> < 25 sf or < 25 ft<br><input type="checkbox"/> ≥ 100 sf or ≥ 200 ft<br><input type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Flammable Procedures |  | City, State, Zip Code<br><b>South Hackensack, N.J. 07606</b>  |   |   |          |             |         |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)<br>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 |
| <b>BASEMENT</b>   |  | <b>X</b>  | <b>THERMAL INSULATION</b>                                   | <b>30 LF</b>  | <b>X</b> |             |         |
|   |  |   |   |   |          |             |         |
|   |  |   |   |   |          |             |         |
|   |  |   |   |   |          |             |         |
| Name of Registered Waste Hauler<br><b>Best Removal Inc.</b>   |  | N.J.E.P. Waste Hauler ID No.<br><b>17109</b>  | Cubic Yards of Waste<br><b>112 YD</b>                       | Name of Registered Landfill<br><b>Minerva Enterprises Inc</b> |          |             |         |
| City, State<br><b>Hackensack, NJ</b>  |  | Disposal Date<br><b>5-15-12</b>   | City, State<br><b>Waynesburg, OH.</b>                       |   |          |             |         |
| Completed by<br><b>R. Veldran</b>   | Title<br><b>Estimator</b>  | Signature<br><b>R. Veldran</b>  | Date<br><b>4-26-12</b>                                      |   |          |             |         |



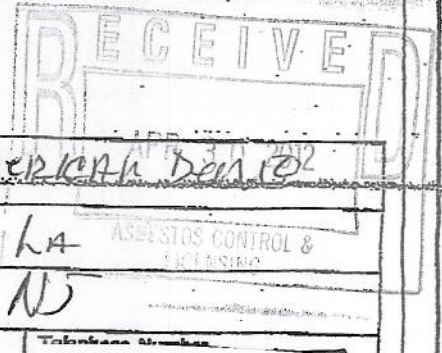
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
**(Pursuant to NJAC 8:60-7 and 12:120-7)**

*Check 6001*

|   |  |  |   |
|---|--|--|---|
| Date of Notification 4/25/12<br>Type Notification   |  | Name of Building Owner / Operator (2)<br><b>Nick Kouroupas</b>   |   |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA   | Emergency Notification   | Street Address<br><b>150 Elmora Ave</b>  |   |
|   | <input checked="" type="checkbox"/> Initial Notification                 | City, State & Zip Code<br><b>Elizabeth, NJ 07202</b>   |   |
|   | Amended Notification   | Name of Contact<br><b>Kouroupas</b>  |   |
|   | Cancellation   | Telephone Number   |   |
| <b>FACILITY INFORMATION</b>   |  |  |   |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Commercial/Residence</b>   |  | Type of Facility (4)<br>School (K-12)<br>Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) |   |
| Street Address<br><b>150 Elmora Ave</b>   |  | Square Feet<br><b>5000</b>   | # of Floors<br><b>3</b>   |
| City (5)<br><b>Elizabeth</b>  | County (6)<br><b>Union</b>   | Bldg. Age<br><b>60</b>   |   |
| Current Use (Prior if being demolished)<br><b>Residential/Commercial</b>  |  |  |   |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>Environmental Tactics, Inc</b>  |  | ASCM No.   | Name of Abatement Contractor (9)<br><b>Global Abatement Services, LLC</b> |
| Street Address<br><b>64 Broad Street</b>  |  | Street Address<br><b>443 Schoolhouse Road</b>  |   |
| City, State & Zip Code<br><b>Matawan, NJ 07747</b>  |  | City, State & Zip Code<br><b>Monroe Township, NJ 08831</b>   |   |
| Project Manager for Monitoring Firm<br><b>Tom Geiger</b>  | Telephone Number<br><b>732-290-2217</b>                                  | Telephone Number<br><b>732-605-9062</b>  | License Number<br><b>00714</b>  |
| Scheduled Start Date (10)<br><b>5/5/12</b>  | Scheduled Completion Date (11)<br><b>5/6/12</b>                          | Name of OSHA Monitor<br><b>Global Abatement Services, LLC</b>  |   |
| Occupancy Status During Abatement (Check only one)<br>Facility Closed/Vacated During Entire Period of Abatement<br>Abatement Performed Outside of Normal Facility Hours -<br><input checked="" type="checkbox"/> Describe: <b>Area Isolated During Abatement</b><br>Other - Describe:   |  | Street Address<br><b>443 Schoolhouse Road</b><br>City, State & Zip Code<br><b>Monroe Township, NJ 08831</b>  |   |
| Scope of Work (Check all that apply)<br>Demolition <input type="checkbox"/> Renovation <input checked="" type="checkbox"/><br>Large Project <input type="checkbox"/><br><input checked="" type="checkbox"/> Quantity is $\geq 3$ SF or $\geq 3$ LF ACM<br>Quantity is $\geq 160$ SF or $\geq 260$ LF ACM<br>Full Containment with Negative Pressure <input type="checkbox"/><br>Mini-Enclosure <input type="checkbox"/><br><input checked="" type="checkbox"/> Glovebag Procedure<br>Other: |  |  |   |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>in Facility (13)   | Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)  | Amount (Specify Square Feet or Linear Feet)                               |
| <b>Basement</b>   | <b>N/A</b>   | <b>Pipe Insulation</b>   | <b>12 LF</b>  |
|   |  |  |   |
|   |  |  |   |
| Name of Registered Waste Hauler<br><b>Freehold Cartage</b>  |  | NJDEP Waste Hauler ID #<br><b>18693</b>  | Cu. Yds. of Waste<br><b>3</b>   |
| City, State<br><b>Freehold, NJ</b>  |  | Disposal Date<br><b>5/7/12</b>   | Name of Registered Landfill<br><b>TRRF</b>                                |
| Completed By (Print or Type)<br><b>Dominick Tringali</b>  |  | Title<br><b>Pres.</b>  | Signature<br><b>Dominick Tringali</b>                                     |
|   |  |  | Date<br><b>4/25/12</b>  |



**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 9:60 and 12:120)



|   |   |  |                                     |  |        |               |           |
|---|---|--|-------------------------------------|--|--------|---------------|-----------|
| Date of Notification (1) <b>4-27-12</b>   |   | Name of Building Owner/Operator (2) <b>AMERICAN DANCE</b>  |                                     |  |        |               |           |
| Agency Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input type="checkbox"/> DOL<br><input type="checkbox"/> DOH<br><input type="checkbox"/> DCA   | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment #<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><b>2 English LA</b>  |                                     |  |        |               |           |
|   |   | City, State, Zip Code<br><b>Egg Harbor NJ</b>  |                                     |  |        |               |           |
|   |   | Name of Contact<br><b>BARBARA S</b>  | Telephone Number                    |  |        |               |           |
| <b>FACILITY INFORMATION</b>   |   |  |                                     |  |        |               |           |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Resident.</b>  |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter S (Other than K-12)<br><input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)                   |                                     |  |        |               |           |
| Street Address<br><b>604 CORNWALL AVE</b>   |   | Square Feet<br><b>3200</b>   | # of Floors<br><b>2</b>             |  |        |               |           |
| City (5)<br><b>Venon Heights</b>  |   | Bldg. Age<br><b>70</b>   |                                     |  |        |               |           |
| County (6)<br><b>Atlantic</b>   | County Code (7) (STATE USE ONLY)  | Current Use (Prior if being demolished)<br><b>HOME</b>   |                                     |  |        |               |           |
| Name of Monitoring Firm Hired by Building Owner (8)   |   | Name of Abatement Contractor (9)   |                                     |  |        |               |           |
| Street Address  |   | Street Address   |                                     |  |        |               |           |
| City, State, Zip Code   |   | City, State, Zip Code  |                                     |  |        |               |           |
| Project Manager for Monitoring Firm   |   | Telephone No.  | License No.                         |  |        |               |           |
| Start Date (10)<br><b>5-6-12</b>  |   | Scheduled Completion Date (11)<br><b>5-15-12</b>   |                                     |  |        |               |           |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: |   | Name of OSHA Monitor<br><b>SAME</b>  |                                     |  |        |               |           |
| Scope of Work (Check all that apply)<br><input type="checkbox"/> < 3 sf or < 3 ft<br><input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 ft<br><input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition                                  |   | <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Gloving Procedure<br><input type="checkbox"/> 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)<br>Yes No N/A   | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)   | Amount (Specify SF or LF)           | Abatement Type                                 |        |               |           |
|   |   |  |                                     | Removal  | Repair | Encapsulation | Enclosure |
| <b>OUTSIDE HOME</b>   |   | <b>(ACM) siding</b>  | <b>1300 SF</b>                      | <input checked="" type="checkbox"/>            |        |               |           |
| Name of Registered Waste Hauler<br><b>J Robinson Waste</b>  |   | NJDEP Waste Hauler ID No.<br><b>18387</b>  | Cubic Yards of Waste                | Name of Registered Landfill<br><b>WM of PA</b> |        |               |           |
| City, State<br><b>Bellmawr NJ</b>   |   | Disposal Date<br><b>TBD</b>  | City, State<br><b>Tollettown PA</b> |  |        |               |           |
| Completed by<br><b>J Hill</b>   | Title<br><b>VP</b>  | Signature<br><b>AH</b>   | Date<br><b>4-27-12</b>              |  |        |               |           |



08-23-87 05:31 PM

State of New Jersey

Asbestos Abatement for Commercial Structures  
(Pursuant to NJAC 8:26 and 12:120)

1-201 100/00 0-000

|  |  |   |                             |
|--|--|---|-----------------------------|
| Date of Notification (1) <u>4-27-12</u>  |  | Name of Building Owner/Owner (2) <u>American Detero</u>   |                             |
| Agency Notified  | Type Notification  | Street Address  | APR 30 2012                 |
| <input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input type="checkbox"/> DGL<br><input type="checkbox"/> DOH<br><input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment #<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | 2 ENGLAND LANE<br>City, State, Zip Code<br><u>Essex Hk 607</u><br>Name of Company<br><u>BARNARD S</u>   | NJ                          |
| FACILITY INFORMATION   |  |   |                             |
| Name of Facility Where Abatement is Taking Place (3) <u>Resident</u>   |  | Type of Facility (4)  |                             |
| Street Address <u>3301 Monmouth Ave</u>  |  | <input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter S (Other than K-12)<br><input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)  |                             |
| City (5) <u>Long Port</u>  | County (6) <u>Atlantic</u>   | Square Feet   | % of Floors                 |
| County Code (7) (STATE USE ONLY)   |  | Current Use (Prior if being demolished)   |                             |
| Name of Monitoring Firm Hired by Building Owner (8)  | ASCM No.   | Name of Abatement Contractor (9)  |                             |
| Street Address   |  | <u>Am-Job LLC</u><br>Street Address <u>1212 Burlington Ave</u><br>City, State, Zip Code <u>DELANCO NJ 08075</u><br>Telephone No. <u>656 824 0971</u><br>License No. <u>01070</u>  |                             |
| City, State, Zip Code  | Telephone No.  |   |                             |
| Project Manager for Monitoring Firm  | Scheduled Completion Date (11) <u>5-15-12</u>  | Name of OSHA Monitor  |                             |
| Start Date (10) <u>4-5-12</u>  | Occupancy Status During Abatement (Check only one)   | Street Address  |                             |
|  | <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - describe:                | City, State, Zip Code   |                             |
| Scope of Work (Check all that apply)   |  | <input type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Partial Enclosure<br><input type="checkbox"/> Gloving Procedure<br><input type="checkbox"/> Non-Exempted (?) and Non-Fabric Procedure |                             |
| <input checked="" type="checkbox"/> < 5 sf or < 2.5 ft<br><input type="checkbox"/> > 160 sf or > 250 ft  |  | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition   |                             |
| Location of Asbestos-Containing Material (ACM) (13)<br><u>TO BE ABATED</u><br>IN Facility  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)  | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  | Amount (Specify SF or LF)   |
|  | Yes No NA  |   |                             |
| <u>OUTSIDE HOME/GARAGE</u>   |  | <u>ACM Siding</u>   | <u>1300 SF</u>              |
| Name of Registered Waste Hauler  |  | Cubic Yards of Waste  | Name of Registered Landfill |
| <u>J Robinson Waste</u>  |  | <u>2</u>  | <u>Wm. of Pa</u>            |
| City, State  | State of New Jersey  | Disposal Date   | City, State                 |
| <u>Belmar NJ</u>   | <u>NJ</u>  |   | <u>Tullytown Pa</u>         |
| Completed by   | Title  | Signature   | Date                        |
| <u>JOE HILL</u>  | <u>VP</u>  | <u>[Signature]</u>  | <u>4-27-12</u>              |

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)<br>4-27-2012  |  | Name of Building Owner/Operator (2)<br>Legow Management   |  | <div style="border: 2px solid black; padding: 10px; display: inline-block;"> <b>RECEIVED</b><br/><br/> APR 30 2012<br/><br/> ASBESTOS (U) Telephone Number<br/> LICENSING </div> |  |   |  |
| Agencies Notified  |  | Type Notification   |  |  |  | Street Address<br>160 S. Livingston Ave.      |  |
| <input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA |  | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |  |  |  | City, State, Zip Code<br>Livingston, NJ 07039 |  |
|  |  |   |  | Name of Contact<br>John  |  |   |  |

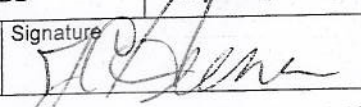
| FACILITY INFORMATION  |  |   |   |  |                      |
|---|--|---|---|--|----------------------|
| Name of Facility Where Abatement is Taking Place (3)<br>Chilton Towers  |  |   | Type of Facility (4)  |  |                      |
| Street Address<br>220 W. Jersey Street  |  |   | <input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |  |                      |
| City (5)<br>Elizabeth   |  |   | Square Feet<br>10,000   | # of Floors<br>15  | Bldg. Age<br>50+     |
| County (6)<br>Union   |  | County Code (7)<br>(STATE USE ONLY) _____   |   | Current Use (Prior if being demolished)<br>Apartment Building  |                      |
| Name of Monitoring Firm Hired by Building Owner (8)<br>n/a  |  | ASCM No.<br>n/a   |   | Name of Abatement Contractor (9)<br>Jadar Contracting, LLC   |                      |
| Street Address<br>n/a   |  |   | Street Address<br>22 Troy Lane  |  |                      |
| City, State, Zip Code<br>n/a  |  |   | City, State, Zip Code<br>Lincoln Park, NJ 07035   |  |                      |
| Project Manager for Monitoring Firm<br>n/a  |  | Telephone No.<br>n/a  |   | Telephone No.<br>973-706-7950  | License No.<br>01088 |
| Start Date (10)<br>5/7/2012   |  | Scheduled Completion Date (11)<br>6/11/2012   |   | Name of OSHA Monitor<br>Jadar Contracting, LLC   |                      |
| Occupancy Status During Abatement (Check Only One)  |  |   |   | Street Address<br>22 Troy Lane   |                      |
| <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other - Describe: <u>9am-5pm</u> |  |   |   | City, State, Zip Code<br>Lincoln Park, NJ 07035  |                      |
| Scope of Work (Check All That Apply)  |  |   |   |  |                      |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf   |  | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition |   | <input type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                      |

| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |    |     | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |        |             |           |
|--|---|----|-----|---|---------------------------|----------------|--------|-------------|-----------|
|  | Yes   | No | N/A |   |                           | Removal        | Repair | Encapsulate | Enclosure |
| 1st through 14th Floor Apt. K  |   |    | X   | Pipe Fittings in Pipe Chases  | Approx. 22                | X              |        |             |           |
| 1st through 14th Floor Apt. L  |   |    | X   | Pipe Fittings in Pipe Chases  | Approx. 22                | X              |        |             |           |
|  |   |    |     |   |                           |                |        |             |           |
|  |   |    |     |   |                           |                |        |             |           |

|   |  |                                      |                             |   |                   |
|---|--|--------------------------------------|-----------------------------|---|-------------------|
| Name of Registered Waste Hauler<br>Jadar Contracting, LLC |  | NJDEP Waste Hauler ID No.<br>0033137 | Cubic Yards of Waste<br>TBD | Name of Registered Landfill<br>GROWS Landfill |                   |
| City, State<br>Lincoln Park, NJ 07035                     |  |                                      | Disposal Date<br>TBD        | City, State<br>Morrisville PA 19067           |                   |
| Completed by<br>Lillie Lazarevich                         |  | Title<br>Secretary                   | Signature                   |   | Date<br>4/27/2012 |

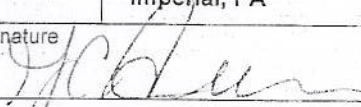


State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

| Date of Notification (1)<br><div style="text-align: center;">04 / 23 / 12</div>  |   |   | Name of Building Owner/Operator (2)<br><b>United States Air Force</b> |   |  |                                     |                          |                          |                          |
|--|---|---|---|---|--|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWLD<br><input checked="" type="checkbox"/> DHSS<br><input type="checkbox"/> DCA (NJAC 5:23-8)   |   | Type Notification<br><input type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br>Amendment #001<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |   | Street Address<br><b>2403 Vandenberg Avenue</b><br>City, State, Zip Code<br><b>McGuire AFB, NJ 08641</b><br>Name of Contact<br><b>Kobie Langevine</b><br>Telephone Number   |  |                                     |                          |                          |                          |
| <b>FACILITY INFORMATION</b>  |   |   |   |   |  |                                     |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br><b>McGuire AFB</b>   |   |   |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)                            |  |                                     |                          |                          |                          |
| Street Address<br><b>Building B1907</b>  |   |   |   | Square Feet<br><b>101,000</b>   |  |                                     |                          |                          |                          |
| City (5)<br><b>McGuire AFB, NJ</b>   |   |   |   | # of Floors<br><b>4</b>   |  |                                     |                          |                          |                          |
| County (6)<br><b>Burlington</b>  |   |   |   | Bldg. Age<br><b>60</b>  |  |                                     |                          |                          |                          |
| County Code (7) (STATE USE ONLY)   |   | Current Use (Prior if being demolished)   |   |   |  |                                     |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>AET</b>  |   | ASCM No.  |   | Name of Abatement Contractor (9)<br><b>Alliance Environmental Systems</b>   |  |                                     |                          |                          |                          |
| Street Address<br><b>28 N. Pennell Road</b>  |   | Street Address<br><b>550 East Union Street</b>  |   |   |  |                                     |                          |                          |                          |
| City, State, Zip Code<br><b>Media, PA 19063</b>  |   | City, State, Zip Code<br><b>West Chester, PA 129382</b>   |   |   |  |                                     |                          |                          |                          |
| Project Manager for Monitoring Firm<br><b>David Turotsey</b>   |   | Telephone No.<br><b>(609) 704-8850</b>  |   | Telephone No.<br><b>610-701-9000</b>  |  |                                     |                          |                          |                          |
|  |   |   |   | License No.<br><b>00508</b>   |  |                                     |                          |                          |                          |
| Start Date (10)<br><div style="text-align: center;">04 / 19 / 12</div>   |   | Scheduled Completion Date (11)<br><div style="text-align: center;">04 / 25 / 12</div>   |   | Name of OSHA Monitor<br><b>AET</b>  |  |                                     |                          |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: <u>7</u> AM- <u>3:30</u> PM- <u>      </u> AM |   |   |   | Street Address<br><b>28 N. Pennell Road</b>   |  |                                     |                          |                          |                          |
|  |   |   |   | City, State, Zip Code<br><b>Media, PA 19063</b>   |  |                                     |                          |                          |                          |
| Scope of Work (Check all that apply)   |   |   |   |   |  |                                     |                          |                          |                          |
| <input type="checkbox"/> >3 sf or >3 lf<br><input checked="" type="checkbox"/> >160 sf or >260 lf  |   | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition   |   | <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |                                     |                          |                          |                          |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)   | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |   |   | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  | Amount (Specify SF or LF)                          | Abatement Type                      |                          |                          |                          |
|  | Yes   | No  | N/A   |   |  | Removal                             | Repair                   | Encapsulate              | Enclosure                |
| Space 115  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input checked="" type="checkbox"/>                                   | VAT   | 1800 SF  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Space B19  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input checked="" type="checkbox"/>                                   | VAT   | 1000 SF  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Spaces 109,110,111,113,114   | <input type="checkbox"/>  | <input type="checkbox"/>  | <input checked="" type="checkbox"/>                                   | VAT   | 2000   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  |   |  | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler<br><b>N.E.T.S.</b>   |   | NJDEP Waste Hauler ID No.<br><b>18947</b>   |   | Cubic Yards of Waste<br><b>20</b>   | Name of Registered Landfill<br><b>BFI Imperial</b> |                                     |                          |                          |                          |
| City, State<br><b>Hazleton, PA</b>   |   | Disposal Date<br><b>TBD</b>   |   | City, State<br><b>Imperial, PA</b>  |  |                                     |                          |                          |                          |
| Completed By (Print or Type)<br><b>John Heemer</b>   |   | Title<br><b>Estimator</b>   |   | Signature<br>   |  | Date<br><b>4/23/12</b>              |                          |                          |                          |



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

|  |   |  |   |   |  |                                     |                          |                          |                          |
|--|---|--|---|---|--|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1)<br><b>04 / 04 / 12</b>  |   |  | Name of Building Owner/Operator (2)<br><b>United States Air Force</b> |   |  |                                     |                          |                          |                          |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DHSS<br><input type="checkbox"/> DCA<br>(NJAC 5:23-8)   |   | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |   | Street Address<br><b>2403 Vandenberg Avenue</b><br>City, State, Zip Code<br><b>McGuire AFB, NJ 08641</b><br>Name of Contact<br><b>Kobie Langevine</b>   |  |                                     |                          |                          |                          |
|  |   |  |   | Telephone Number  |  |                                     |                          |                          |                          |
| <b>FACILITY INFORMATION</b>  |   |  |   |   |  |                                     |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br><b>McGuire AFB</b>   |   |  |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)                            |  |                                     |                          |                          |                          |
| Street Address<br><b>Building B1907</b>  |   |  |   |   |  |                                     |                          |                          |                          |
| City (5)<br><b>McGuire AFB, NJ</b>   |   |  |   | Square Feet<br><b>101,000</b>   | # of Floors<br><b>4</b>                            |                                     |                          |                          |                          |
|  |   |  |   | Bldg. Age<br><b>60</b>  |  |                                     |                          |                          |                          |
| County (6)<br><b>Burlington</b>  |   | County Code (7) (STATE USE ONLY)   |   | Current Use (Prior if being demolished)   |  |                                     |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>AET</b>  |   | ASCM No.   |   | Name of Abatement Contractor (9)<br><b>Alliance Environmental Systems</b>   |  |                                     |                          |                          |                          |
| Street Address<br><b>28 N. Pennell Road</b>  |   |  |   | Street Address<br><b>550 East Union Street</b>  |  |                                     |                          |                          |                          |
| City, State, Zip Code<br><b>Media, PA 19063</b>  |   |  |   | City, State, Zip Code<br><b>West Chester, PA 129382</b>   |  |                                     |                          |                          |                          |
| Project Manager for Monitoring Firm<br><b>David Turotsey</b>   |   | Telephone No.<br><b>(609) 704-8850</b>   |   | Telephone No.<br><b>610-701-9000</b>  | License No.<br><b>00508</b>                        |                                     |                          |                          |                          |
| Start Date (10)<br><b>04 / 19 / 12</b>   |   | Scheduled Completion Date (11)<br><b>04 / 24 / 12</b>  |   | Name of OSHA Monitor<br><b>AET</b>  |  |                                     |                          |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: <u>7</u> AM- <u>3:30</u> PM- <u>      </u> AM |   |  |   | Street Address<br><b>28 N. Pennell Road</b>   |  |                                     |                          |                          |                          |
|  |   |  |   | City, State, Zip Code<br><b>Media, PA 19063</b>   |  |                                     |                          |                          |                          |
| Scope of Work (Check all that apply)   |   |  |   |   |  |                                     |                          |                          |                          |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf  |   | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition  |   | <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |                                     |                          |                          |                          |
| Location of Asbestos-Containing Material (ACM)<br><b>TO BE ABATED</b><br>IN Facility (13)  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |  |   | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  | Amount (Specify SF or LF)                          | Abatement Type                      |                          |                          |                          |
|  | Yes   | No   | N/A   |   |  | Removal                             | Repair                   | Encapsulate              | Enclosure                |
| <b>Space 115</b>   | <input type="checkbox"/>  | <input type="checkbox"/>   | <input checked="" type="checkbox"/>                                   | <b>VAT and Mastic</b>   | <b>1800 SF</b>                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Space B19</b>   | <input type="checkbox"/>  | <input type="checkbox"/>   | <input checked="" type="checkbox"/>                                   | <b>VAT and Mastic</b>   | <b>1000 SF</b>                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>  |   |  | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>  |   |  | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler<br><b>N.E.T.S.</b>   |   | NJDEP Waste Hauler ID No.<br><b>18947</b>  |   | Cubic Yards of Waste<br><b>20</b>   | Name of Registered Landfill<br><b>BFI Imperial</b> |                                     |                          |                          |                          |
| City, State<br><b>Hazleton, PA</b>   |   |  |   | Disposal Date<br><b>TBD</b>   | City, State<br><b>Imperial, PA</b>                 |                                     |                          |                          |                          |
| Completed By (Print or Type)<br><b>John Heemer</b>   |   | Title<br><b>Estimator</b>  |   | Signature<br>   |  | Date<br><b>4/4/12</b>               |                          |                          |                          |



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

|  |  |  |                                |
|--|--|--|--------------------------------|
| Date of Notification (1)<br><b>April 24, 2012</b>                              |  | Name of Building Owner/Operator (2)<br><b>Century 21 JJ Laufer</b> |                                |
| Agencies Notified<br>[ x ] EPA<br>[ ] DEP<br>[ x ] DOL<br>[ x ] DOH<br>[ ] DCA | Type of Notification<br>[ x ] Initial Notification<br>[ ] Amended Notification<br>Amendment # _____<br>[ ] Emergency (including justification)<br>[ ] Cancellation | Street Address<br><b>309 Raritan Avenue</b>                        |                                |
|  |  | City, State, Zip Code<br><b>Highland Park, NJ 08904</b>            |                                |
|  |  | Name of Contact<br><b>Connell Hutkin</b>                           | Telephone Number<br><b>ASB</b> |

**FACILITY INFORMATION**

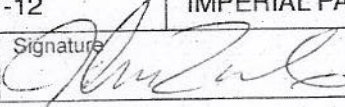
|   |                                |   |   |  |                                |
|---|--------------------------------|---|---|--|--------------------------------|
| Name of Facility Where Abatement is Taking Place (3)<br><b>Residence</b>  |                                |   | Type of Facility (4)<br>[ ] School (k-12)<br>[ ] Subchapter 8 (other than k12)<br>[ x ] Other (i.e., private & commercial buildings, homes, etc.) |  |                                |
| Street Address<br><b>213 Felton Street</b>  |                                |   |   |  |                                |
| City<br><b>Highland Park</b>  | County (6)<br><b>Middlesex</b> | County Code (7)<br>(STATE USE ONLY)             | Square feet<br><b>2000 sf</b>   | # of Floors<br><b>2</b>                            | Bldg. Age<br><b>60</b>         |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>Guardian Contracting, Inc.</b>  |                                |   | Name of Abatement Contractor (9)<br><b>Guardian Contracting, Inc.</b>   |  |                                |
| Street Address<br><b>1889 Rte. 9, Unit 61</b>   |                                |   | Street Address<br><b>1889 Route 9, Unit 61</b>  |  |                                |
| City, State, Zip Code<br><b>Toms River, NJ 08755</b>  |                                |   | City, State, Zip Code<br><b>Toms River, New Jersey 08755-1271</b>   |  |                                |
| Project Manager for Monitoring Firm<br><b>Nicholas Fernicola</b>  |                                | Telephone Number<br><b>732-349-9932</b>         | Telephone Number<br><b>732-349-9932</b>   |  | License Number<br><b>00624</b> |
| Scheduled Start Date (10)<br><b>5/8/12</b>  |                                | Scheduled Completion Date (11)<br><b>5/9/12</b> |   | Name of OSHA Monitor<br><b>E.M.S.L. Analytical</b> |                                |
| Occupancy Status During Abatement (Check only one)<br>[ x ] Facility Closed/Vacated During Entire Period of Abatement<br>[ ] Abatement Performed Outside of Normal Facility Hours<br>[ ] Other - Describe _____ |                                |   | Street Address<br><b>1056 Stelton Road</b>  |  |                                |
|   |                                |   | City, State, Zip Code<br><b>Piscataway, New Jersey 08854</b>  |  |                                |
| Scope of Work (Check all that apply)  |                                |   |   |  |                                |
| [ x ] >3 sf or ≥3 lf  |                                | [ x ] Renovation                                |   | [ ] Full Containment with Negative Pressure        |                                |
| [ ] ≥160 sf or ≥260 lf  |                                | [ ] Demolition                                  |   | [ ] Mini-Enclosure                                 |                                |
|   |                                |   |   | [ x ] Glovebag Procedure                           |                                |
|   |                                |   |   | [ ] Non-Exempted (*) and Non-Friable Procedure     |                                |

| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>in facility<br>(13) | Is Location Normally used Solely by Maintenance/Custodial Staff (12)<br>YES NO N/A |   |  | Description of Asbestos-Containing Material (ACM)<br>(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF)                      | Abatement Type                       |                            |   |   |
|--|--|---|--|---|--|--------------------------------------|----------------------------|---|---|
|  |  |   |  |   |  | R<br>E<br>M<br>O<br>V<br>E<br>A<br>L | R<br>E<br>P<br>A<br>I<br>R | E<br>N<br>C<br>A<br>P<br>S<br>U<br>L<br>E | E<br>N<br>C<br>L<br>O<br>S<br>U<br>R<br>E |
| Basement - unfinished side   |  | X   |  | Asbestos pipe insulation  | 63 lf  | X                                    |                            |   |   |
|  |  |   |  |   |  |                                      |                            |   |   |
|  |  |   |  |   |  |                                      |                            |   |   |
| Name of Registered Waste Hauler<br><b>Guardian Contracting, Inc.</b>                         |  | NJDEP Waste Hauler ID No.<br><b>20223</b> |  | Cubic Yards of Waste<br><b>2</b>  | Name of Registered Landfill<br><b>T.R.R.F.</b> |                                      |                            |   |   |
| City, State<br><b>Toms River, New Jersey</b>   |  | Disposal Date<br><b>5/10/12</b>           |  | City, State<br><b>Tullytown, Pennsylvania</b>   |  |                                      |                            |   |   |
| Completed by (Print or Type)<br><b>Nicholas Fernicola</b>                                    |  | Title<br><b>Project Manager</b>           |  | Signature<br><i>Nicholas Fernicola</i>  |  |                                      |                            | Date<br><b>4/24/2012</b>                  |   |

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



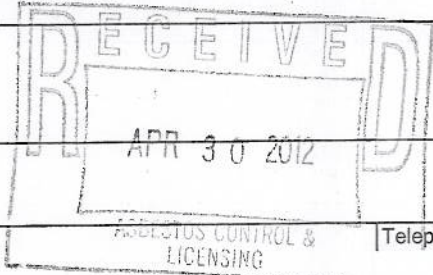
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

|  |   |  |   |   |                           |                 |        |             |           |
|--|---|--|---|---|---------------------------|-----------------|--------|-------------|-----------|
| Date of Notification (1)<br>4-24-12  |   | Name of Building Owner/Operator (2)<br>QUAIL RUN APTS.   |   |   |                           |                 |        |             |           |
| Agencies Notified  | Type Notification   | Street Address<br>91 BLACKWOOD CLEMONTON RD.   |   |   |                           |                 |        |             |           |
| <input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA   | <input type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br>LINDENWOLD, NJ 08021  |   |   |                           |                 |        |             |           |
|  |   | Name of Contact<br>PAUL MAYO   | Telephone Number  |   |                           |                 |        |             |           |
| <b>FACILITY INFORMATION</b>  |   |  |   |   |                           |                 |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>QUAIL RUN APTS. UNIT # 513   |   | Type of Facility (4)   |   |   |                           |                 |        |             |           |
| Street Address<br>91 BLACKWOOD CLEMONTON RD.   |   | <input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)   |   |   |                           |                 |        |             |           |
| City (5)<br>LINDENWOLD   |   | Square Feet<br>600   | # of Floors<br>1  |   |                           |                 |        |             |           |
|  |   | Bldg. Age<br>55  |   |   |                           |                 |        |             |           |
| County (6)<br>BURLINGTON   | County Code (7)<br>(STATE USE ONLY) _____   | Current Use (Prior if being demolished)<br>APARTMENT   |   |   |                           |                 |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>STRATEGIC ENVIRONMENTAL   |   | ASCM No.   | Name of Abatement Contractor (9)<br>ASSURED ENVIRONMENTAL SERVICES, INC.                          |   |                           |                 |        |             |           |
| Street Address<br>1634 S DELAWARE STREET   |   | Street Address<br>570 CLEMS RUN  |   |   |                           |                 |        |             |           |
| City, State, Zip Code<br>PAULSBORO NJ 08066  |   | City, State, Zip Code<br>MULLICA HILL, NJ  |   |   |                           |                 |        |             |           |
| Project Manager for Monitoring Firm<br>ED KEEGAN   |   | Telephone No.<br>856-423-5711  | Telephone No.<br>610-304-4676   |   |                           |                 |        |             |           |
|  |   | License No.<br>01145   |   |   |                           |                 |        |             |           |
| Start Date (10)<br>4-28-12   | Scheduled Completion Date (11)<br>4-29-12   | Name of OSHA Monitor<br>EMSL   |   |   |                           |                 |        |             |           |
| Occupancy Status During Abatement (Check Only One)   |   | Street Address<br>200 RT 130 NORTH   |   |   |                           |                 |        |             |           |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____ |   | City, State, Zip Code<br>CINNAMINSON, NJ 08077   |   |   |                           |                 |        |             |           |
| Scope of Work (Check All That Apply)   |   |  |   |   |                           |                 |        |             |           |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf  |   | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition  |   |   |                           |                 |        |             |           |
|  |   | <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |   |   |                           |                 |        |             |           |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)   |  |   | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type  |        |             |           |
|  | Yes   | No   | N/A   |   |                           | Removal         | Repair | Encapsulate | Enclosure |
| KITCHEN  |   |  | X   | SHEET ROCK  | 80 SF                     | X               |        |             |           |
|  |   |  |   |   |                           |                 |        |             |           |
|  |   |  |   |   |                           |                 |        |             |           |
|  |   |  |   |   |                           |                 |        |             |           |
| Name of Registered Waste Hauler<br>NETS  |   | NJDEP Waste Hauler ID No.  | Cubic Yards of Waste<br>1   | Name of Registered Landfill<br>ALLIED WASTE IMPERIAL LANDFILL   |                           |                 |        |             |           |
| City, State<br>HAZLETON PA   |   | Disposal Date<br>5-1-12  |   | City, State<br>IMPERIAL PA,   |                           |                 |        |             |           |
| Completed by<br>JOHN ZUMBO   |   | Title<br>PRESIDENT   | Signature<br> |   |                           | Date<br>4-24-12 |        |             |           |



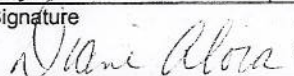
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

Check #6416

|  |   |   |  |
|--|---|---|--|
| Date of Notification (1)<br><b>April 26, 2012</b>  |   | Name of Building Owner / Operator (2)<br><b>Richard Logue</b> |  |
| Agencies Notified  | Type Notification   | Street Address  |  |
| <input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Cancellation | <b>73 Miller Road</b>   |  |
|  |   | City, State & Zip Code<br><b>Morristown, NJ 07960</b>         |  |
|  |   | Name of Contact<br><b>Richard Logue</b>                       | Telephone Number   |

**FACILITY INFORMATION**

|   |  |   |                                |
|---|--|---|--------------------------------|
| Name of Facility Where Abatement is Taking Place (3)<br><b>Residence</b>  |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.) |                                |
| Street Address<br><b>73 Miller Road</b>   |  | Square Feet<br><b>5,000</b>   | # of Floors<br><b>3</b>        |
| City (5)<br><b>Morristown</b>   |  | Bldg. Age<br><b>120 years</b>   |                                |
| County (6)<br><b>Morris</b>   |  | Current Use (Prior if being demolished)<br><b>Residence</b>   |                                |
| County Code (7)<br><b>USE ONLY</b>  |  |   |                                |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>N/A</b>   |  | ASCM No.  |                                |
| Street Address  |  | Name of Abatement Contractor (9)<br><b>Synatech, Inc.</b>   |                                |
| City, State & Zip Code  |  | Street Address<br><b>829 Radio Road</b>   |                                |
| Project Manager for Monitoring Firm   |  | City, State & Zip Code<br><b>Little Egg Harbor, NJ 08087</b>  |                                |
| Telephone Number  |  | Telephone Number<br><b>609-296-6916</b>   | License Number<br><b>00817</b> |
| Scheduled Start Date (10)<br><b>May 8, 2012</b>   | Scheduled Completion Date (11)<br><b>May 9, 2012</b> | Name of OSHA Monitor<br><b>Synatech, Inc.</b>   |                                |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Hours<br><input type="checkbox"/> Other - Describe:<br><input checked="" type="checkbox"/> Facility Occupied During Abatement  |  | Street Address<br><b>829 Radio Road</b>   |                                |
|   |  | City, State & Zip Code<br><b>Little Egg Harbor, NJ 08087</b>  |                                |
| Scope of Work (Check all that apply)  |  |   |                                |
| <input checked="" type="checkbox"/> ≥3 sf or ≥ 50 lf<br><input type="checkbox"/> ≥160 sf or ≥260 lf<br><input type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted(*) and Non-Friable Procedure |  |   |                                |

| Location of Asbestos-Containing Material (ACM)<br><b>TO BE ABATED</b><br>IN Facility (13) | Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) |   |     | Description of Asbestos-Containing Material (ACM)<br>(i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) | Amount (Specify SF or LF)                            | Abatement Type |        |             |           |
|---|--|---|-----|--|--|----------------|--------|-------------|-----------|
|   | Yes  | No  | N/A |  |  | Removal        | Repair | Encapsulate | Enclosure |
| <b>Basement</b>   |  | <b>X</b>                                  |     | <b>Boiler Sealant</b>  | <b>5 LF</b>  | <b>X</b>       |        |             |           |
|   |  |   |     |  |  |                |        |             |           |
| Name of Registered Waste Hauler<br><b>Synatech, Inc.</b>                                  |  | NJDEP Waste Hauler ID No.<br><b>27429</b> |     | Cubic Yards of Waste<br><b>&lt;1</b>   | Name of Registered Landfill<br><b>Grows Landfill</b> |                |        |             |           |
| City, State<br><b>Little Egg Harbor, NJ 08087</b>   |  | Disposal Date<br><b>May 9, 2012</b>       |     | City, State<br><b>Morrisville, PA</b>  |  |                |        |             |           |
| Completed By<br><b>Diane Aloia</b>  |  | Title<br><b>Executive Assistant</b>       |     | Signature<br>                               | Date<br><b>April 26, 2012</b>                        |                |        |             |           |

\*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 12-145

|   |  |   |  |
|---|--|---|--|
| Date of Notification (1)<br>04/12/12  |  | Name of Building Owner/Operator (2)<br>BRANDY BOYINGTON   |  |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA |  | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment #: _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |  |
| Street Address<br>50 MONTROSE AVENUE  |  | City, State, Zip Code<br>VERONA, NJ 07044   |  |
| Name of Contact<br>BRANDY BOYINGTON   |  | Telephone Number  |  |

FACILITY INFORMATION

|  |                     |                                     |  |  |  |
|--|---------------------|-------------------------------------|--|--|--|
| Name of facility where abatement is taking place (3)<br>BRANDY BOYINGTON |                     |                                     | Type of Facility (4)<br><input type="checkbox"/> School (K - 12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) |  |  |
| Street Address<br>50 MONTROSE AVENUE                                     |                     |                                     | Square Feet # of Floors Bldg. Age  |  |  |
| City (5)<br>VERONA   | County (6)<br>ESSEX | County Code (7)<br>(State use only) | Current Use (Prior if being demolished)  |  |  |

|   |   |              |   |                         |
|---|---|--------------|---|-------------------------|
| Name of Monitoring Firm Hired by Bldg. Owner (8)  |   | ASCM No.     | Name of Abatement Contractor (9)<br>D & S RESTORATION, INC. |                         |
| Street Address  |   |              | Street Address<br>20 California Ave.                        |                         |
| City, State, Zip Code   |   |              | City, State, Zip Code<br>Paterson, NJ 07503                 |                         |
| Project Manager for Monitoring Firm   |   | Phone Number | Telephone Number<br>973-345-8020                            | License Number<br>00159 |
| Start Date (10)<br>05/04/12   | Sched. Completion Date (11)<br>05/18/12 |              |   |                         |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility closed/vacated during entire period of abatement.<br><input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____<br><input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS |   |              |   |                         |
| Name of OSHA Monitor<br>D & S Restoration, Inc.   |   |              |   |                         |
| Street Address<br>20 California Avenue  |   |              |   |                         |
| City, State, Zip Code<br>Paterson, NJ 07503   |   |              |   |                         |

Scope of Work (check all that apply)

|  |  |   |
|--|--|---|
| <input checked="" type="checkbox"/> >3 sf or >3 lf | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment w/negative pressure       |
| <input type="checkbox"/> ≥160 sf or ≥260 lf        | <input type="checkbox"/> Demolition            | <input type="checkbox"/> Mini-enclosure                             |
|  |  | <input checked="" type="checkbox"/> Glovebag procedure              |
|  |  | <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure |

| Location of asbestos-containing material (acm) to be abated in facility (13) | Is location normally used solely by maintenance/custodial staff (12) |                                     |     | Description of asbestos-containing material (ACM) | Amount (Specify SF or LF) | R<br>e<br>m<br>o<br>v<br>e          | R<br>e<br>p<br>a<br>i<br>r | E<br>n<br>c<br>a<br>p    | E<br>n<br>c<br>l         |
|--|--|-------------------------------------|-----|---|---------------------------|-------------------------------------|----------------------------|--------------------------|--------------------------|
|  | Yes  | No                                  | N/A |   |                           |                                     |                            |                          |                          |
| BASEMENT   |  | <input checked="" type="checkbox"/> |     | PIPE INSULATION                                   | 42 L FT                   | <input checked="" type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
| BASEMENT CRAWL SPACE   |  | <input checked="" type="checkbox"/> |     | PIPE INSULATION                                   | 15 L FT                   | <input checked="" type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
|  |  |                                     |     |   |                           | <input type="checkbox"/>            | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
|  |  |                                     |     |   |                           | <input type="checkbox"/>            | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
|  |  |                                     |     |   |                           | <input type="checkbox"/>            | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |

|  |                           |                              |   |
|--|---------------------------|------------------------------|---|
| Registered Waste Hauler<br>D & S RESTORATION, INC. | NJDEP Hauler ID#<br>13506 | Cubic Yards of Waste<br>1 YD | Name of Registered Landfill<br>TULLYTOWN, RESOURCE RECOVERY |
| City, State<br>PATERSON, NJ 07503                  | Disposal Date<br>05/07/12 | City, State<br>TULLYTOWN, PA |   |
| Completed by (Print or Type)<br>BOGDAN JOLDZIC     | Title<br>PRESIDENT        | Signature                    | Date<br>04/24/12  |



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

Check # 1375

Date of Notification (1)

04/26/2012

Name of Building Owner/Operator (2)

Joel Sokolow

Agency Notified

Type Notification

☐ EPA

☐ DEP

☒ DOL

☒ DOH

☐ DCA

☒ Initial

☐ Amended

☐ Amendment #

☐ Emergency (including justification)

☐ Cancellation

Street Address

8 Trinity Court

City, State, Zip Code

Bergenfield, NJ 07621

Name of Contact

Joel Sokolow

Telephone Number

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3)

Private home

Street Address

8 Trinity Court

City (5)

Bergenfield, NJ 07621

County (6)

Bergen

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

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner(8)

ASCM No.

Name of Abatement Contractor (9)

Gr Tech LLC

Street Address

Street Address

576 Valley Rd #283

City, State, Zip Code

City, State, Zip Code

Wayne, NJ 07470

Project Manager for Monitoring Firm

Telephone No.

Telephone No.

License No.

973-638-1777

01127

Start Date (10)

Scheduled Completion Date (11)

05/06/2012

05/07/2012

Name of OSHA Monitor

Envirovision Consultants, Inc

Occupancy Status During Abatement (Check only one)

Street Address

☒ Facility Closed/Vacated During Entire Period of Abatement

☐ Abatement Performed Outside of Normal Facility Hours

☐ Other - Describe:

20-21 Wagaraw Road, Bldg. # 34A

City, State, Zip Code

Fair Lawn, NJ 07410

Scope of Work (Check all that apply)

☒ >3 sf or >3 lf

☐ ≥160 sf or >260 lf

☒ Renovation

☐ Demolition



Full Containment with Negative Pressure

Mini-Enclosure

Glovebag Procedure

Non-Exempted (\*) and Non-Friable Procedure

| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |    |     | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |        |           |
|---|---|----|-----|--|---------------------------|----------------|--------|-----------|
|   | Yes   | No | N/A |  |                           | Removal        | Repair | Enclosure |
| Basement  |   |    | X   | Pipe insulation  | 75 LF                     | X              |        |           |
|   |   |    |     |  |                           |                |        |           |
|   |   |    |     |  |                           |                |        |           |

Name of Registered Waste Hauler

NJDEP Waste Hauler ID No.

Cubic Yards of Waste

Name of Registered Landfill

Gr Tech LLC

0033785

T.R.R.F. Inc

City, State

Disposal Date

City, State

Wayne, NJ 07470

Tullytown, PA

Completed by

Title

Signature

Date

N.Jevtic

Owner

04/26/2012

ASB-41

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



No check

State of New Jersey

Check # 10081

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

|  |  |   |  |
|--|--|---|--|
| Date of Notification (1)<br><b>4/13/12 amended 4/24/12</b> |  | Name of Building Owner/Operator (2)<br><b>Mary Kellog</b> |  |
| Agencies Notified  | Type Notification  | Street Address<br><b>36 Olcott Ave</b>                    |  |
| <input type="checkbox"/> EPA                               | <input type="checkbox"/> Initial Notification            | City, State, Zip Code<br><b>Bernardsville, NJ 07924</b>   |  |
| <input type="checkbox"/> DEP                               | <input checked="" type="checkbox"/> Amended Notification | Name of Contact<br><b>Mary Kellog</b>                     |  |
| <input checked="" type="checkbox"/> DOL                    |  | Telephone Number<br><b>1</b>                              |  |
| <input checked="" type="checkbox"/> DOH                    |  |   |  |
| <input type="checkbox"/> DCA                               | <input type="checkbox"/> EMERGENCY                       |   |  |
|  | <input type="checkbox"/> Cancellation                    |   |  |

FACILITY INFORMATION

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| Name of Facility Where Abatement is Taking Place (3)<br><b>Private</b>  |  |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) |  |  |
| Street Address<br><b>36 Olcott Avenue</b>   |  |  | Square Feet<br><b>3500</b>   |  |  |
| City (5)<br><b>Bernardsville</b>  |  |  | # of Floors<br><b>3</b>  |  |  |
| County (6)<br><b>Smerset</b>  |  |  | Bldg. Age<br><b>110</b>  |  |  |
| County Code (7)<br>(STATE USE ONLY)   |  |  | Current Use (Prior if being demolished)<br><b>Residence</b>  |  |  |
| Name of Monitoring Firm hired by Building Owner (8)<br><b>N/A</b>   |  |  | Name of Abatement Contractor (9)<br><b>AZTECH MANAGEMENT, Inc.</b>   |  |  |
| ASCM No.<br><b>67</b>   |  |  | Street Address<br><b>86 Christopher St.</b>  |  |  |
| Street Address  |  |  | City, State, Zip Code<br><b>Montclair, NJ 07042</b>  |  |  |
| City, State, Zip Code   |  |  | Telephone Number<br><b>(973) 744-8800</b>  |  |  |
| Project Manager for Monitoring Firm   |  |  | License Number<br><b>00371</b>   |  |  |
| Telephone Number<br><b>N/A</b>  |  |  | Name of OSHA Monitor<br><b>N/A</b>   |  |  |
| Scheduled Start Date (10)<br><b>4/30/12</b>   |  |  | Sched. Completion Date (11)<br><b>5/4/12</b>   |  |  |
| Month Day Year  |  |  | Month Day Year   |  |  |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement |  |  | Street Address   |  |  |
| <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <u>OffHours Descript</u>                                  |  |  | City, State, Zip Code  |  |  |
| <input type="checkbox"/> Other - Describe: <u>Other Occupancy Descript</u>  |  |  |  |  |  |

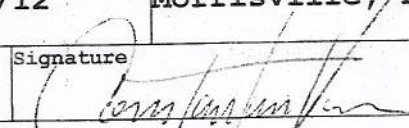
Scope of Work (Check all that apply)

☒  $\geq 3$  sf or  $\geq 3$  lf  
☐  $\geq 160$  sf or  $\geq 260$  lf

☒ Renovation  
☐ Demolition

☐ Full Containment with Negative Pressure  
☒ Mini-Enclosure  
☐ Glovebag Procedure  
☐ Non-Friable Procedure

| Location of Asbestos-Containing Material (ACM)<br>TO BE ABATED<br>In Facility<br>(13) | Is Location Normally Used Solely By Maintenance/Custodial Staff (12) |    |     | Description of Asbestos-Containing Material (ACM)<br>(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount<br>(Specify SF or LF) | Abatement Type                  |                            |   |   |
|---|--|----|-----|---|------------------------------|---------------------------------|----------------------------|---|---|
|   | Yes  | No | N/A |   |                              | R<br>E<br>M<br>O<br>V<br>A<br>L | R<br>E<br>P<br>A<br>I<br>R | E<br>N<br>C<br>A<br>P<br>S<br>U<br>L<br>. | E<br>N<br>C<br>L<br>O<br>S<br>U<br>R<br>E |
| Basement  |  |    | X   | Duct Insulation   | 150 sf                       | X                               |                            |   |   |
| Attic   |  |    | X   | Duct Insulation   | 40 sf                        | X                               |                            |   |   |
|   |  |    |     |   |                              |                                 |                            |   |   |
|   |  |    |     |   |                              |                                 |                            |   |   |

|   |  |   |  |   |  |                                |
|---|--|---|--|---|--|--------------------------------|
| Name of Registered Waste Hauler<br><b>AZTECH MANAGEMENT, INC.</b> |  | NJDEP Waste Hauler ID No.<br><b>17040</b> |  | Cubic Yards of Waste<br><b>2.0</b>  | Name of Registered Landfill<br><b>G.R.O.W.S.</b> |                                |
| City, State<br><b>Montclair, NJ 07042</b>                         |  |   |  | Disposal Date<br><b>5/7/12</b>  | City, State<br><b>Morrisville, PA 19067</b>      |                                |
| Completed By (Print or Type)<br><b>Constantine Vivian</b>         |  | Title<br><b>President</b>                 |  | Signature<br> |  | Date<br><b>4/13/12 4/24/12</b> |



023149

State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8: 60-7 and 12: 120-7)

Date of Notification (1)  
04 / 24 / 12

Agencies Notified  
☒ EPA  
☒ DOL  
☒ DOH  
☐ DCA

Type of Notification  
☐ Initial Notification  
☒ Amended Notification Amendment # 4  
☐ Cancellation  
☐ Emergency

Name of Building Owner/Operator (2)  
Passaic County Community College

Street Address  
One College Blvd  
City, State, Zip Code  
Paterson, NJ 07505

Name of Contact  
B. Eagan

Telephone Number

FACILITY INFORMATION

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

Street Address  
225 Market Street  
City (5)  
Paterson

County (6)  
Passaic

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 # of Floors Bldg. Age

Current Use (Prior if being demolished)

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

Street Address  
55 Lane Road  
Fairfield NJ 07004

ASCM

Name of Abatement Contractor (9)  
J.R. Contracting & Environmental Consulting, Inc.

Street Address  
1141 Route 23

City, State, Zip  
Wayne NJ 07470

Telephone Number  
973 628-9500

License Number  
00408

Name of OSHA Monitor  
Enviro Vision Consultants, Inc.

Street Address  
20-21 Wagaraw Road, Bldg. #34A

City, State, Zip Code  
Fairlawn NJ 07410

Occupancy Status During Abatement (Check only one)

☒ Facility Closed/Vacated During Entire Period of Abatement  
☐ Abatement Performed Outside of Normal Facility  
☒ Hours - Describe: 7:00a.m. - 3:30p.m.  
☐ Other - Describe:

Scope of Work (Check all that apply)

☐ Demolition  
☒ Renovation

☐ Full Containment With Negative Pressure  
☒ Mini-Enclosure  
☐ Glovebag Procedure  
☒ Non Exempted (\*) and Non-Friable Procedure

☐ ≥ 3 sf or ≥ 3 lf  
☒ ≥ 160 sf or ≥ 260 lf

| Location of Asbestos - Containing Material (ACM) TO BE ABATED in Facility (13) | Is Location Normally Used Solely by Maintenance / Custodial Staff (12) | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |   |   |   |  |
|--|--|--|---------------------------|----------------|---|---|---|--|
|  |  |  |                           | R              | E | N | E |  |
| First Floor  |  | Linoleum   | 500 SF                    | X              |   |   |   |  |
| Mezzanine  |  | Linoleum   | 64 SF                     | X              |   |   |   |  |
| Basement   |  | VAT  | 10150 SF                  | X              |   |   |   |  |
| First Floor  |  | VAT  | 8900 SF                   | X              |   |   |   |  |
| Mezzanine  |  | VAT  | 2140 SF                   | X              |   |   |   |  |
| Second Floor   |  | VAT  | 8750 SF                   | X              |   |   |   |  |
| Basement   |  | Pipe insulation  | 500 LF                    | X              |   |   |   |  |
| Basement   |  | Duct insulation  | 20 SF                     | X              |   |   |   |  |
| Basement   |  | Pipe insulation  | 1000 LF                   | X              |   |   |   |  |
| 1st Floor, 2nd Floor, Mezanine   |  | Cubic Yards of Waste   |                           |                |   |   |   |  |
| Name of Registered Waste Hauler  | NJDEP Waste Hauler ID No. 17819  |  |                           |                |   |   |   |  |
| J.R. Contracting & Environmental Consulting, Inc.                              |  | Disposal Date  |                           |                |   |   |   |  |
| City, State  |  |  |                           |                |   |   |   |  |
| Wayne NJ 07470   |  |  |                           |                |   |   |   |  |
| Completed by (Print or Type)   | Title  | Signature  |                           |                |   |   |   |  |
| Jerry Bijelonic  | Project Manager  |  |                           |                |   |   |   |  |
|  |  |  |                           |                |   |   |   |  |

Name of Registered Landfill

G.R.O.W.S

City, State

Morrisville PA

Date

4/24/2012

G4667



State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8: 60-7 and 12: 120-7)

Date of Notification (1)  
04 / 05 / 12

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

Type of Notification  
[ ] Initial Notification  
[X] Amended Notification  
Amendment # 2  
[ ] Cancellation  
[X] Emergency

Name of Building Owner/Operator (2)  
Passaic County Community College

Street Address  
One College Blvd

City, State, Zip Code  
Paterson, NJ 07505

Name of Contact  
B. Eagan

Telephone Number  
APR 30 2012

FACILITY INFORMATION

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

Street Address  
225 Market Street

City (5)  
Paterson

County (6)  
Passaic

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  
# of Floors  
Bldg. Age

Current Use (Prior if being demolished)

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

Street Address  
55 Lane Road

Fairfield NJ 07004

Project Manager for Monitoring Firm  
Benjamin Sallemi

Scheduled State Date (10)  
04 / 04 / 12

Scheduled Completion Date (11)  
05 / 09 / 12

Occupancy Status During Abatement (Check only one)

[X] Facility Closed/Vacated During Entire Period of Abatement  
[ ] Abatement Performed Outside of Normal Facility  
[X] Hours - Describe: 7:00a.m. - 3:30p.m.  
[ ] Other - Describe:

Name of Abatement Contractor (9)  
J.R. Contracting & Environmental Consulting, Inc.

Street Address  
1141 Route 23

City, State, Zip  
Wayne NJ 07470

Telephone Number  
973 628-9500

License Number  
00408

Name of OSHA Monitor  
Enviro Vision Consultants, Inc.

Street Address  
20-21 Wagaraw Road, Bldg. #34A

City, State, Zip Code  
Fairlawn NJ 07410

Scope of Work (Check all that apply)

[ ]  $\geq 3$  sf or  $\geq 3$  lf  
[X]  $\geq 160$  sf or  $\geq 260$  lf

[ ] Demolition  
[X] Renovation

[ ] 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 (13) | Is Location Normally Used Solely by Maintenance / Custodial Staff (12) |    |     | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type                  |                            |   |   |   |
|--|--|----|-----|--|---------------------------|---------------------------------|----------------------------|---|---|---|
|  | Yes  | No | N/A |  |                           | R<br>E<br>M<br>O<br>V<br>A<br>L | R<br>E<br>P<br>A<br>I<br>R | E<br>N<br>C<br>A<br>P<br>S<br>U<br>L<br>E | E<br>N<br>C<br>L<br>O<br>S<br>U<br>R<br>E | E |
| First Floor  |  |    | X   | Linoleum   | 500 SF                    | X                               |                            |   |   |   |
| Mezzanine  |  |    | X   | Linoleum   | 64 SF                     | X                               |                            |   |   |   |
| Basement   |  |    | X   | VAT  | 10150 SF                  | X                               |                            |   |   |   |
| First Floor  |  |    | X   | VAT  | 8900 SF                   | X                               |                            |   |   |   |
| Mezzanine  |  |    | X   | VAT  | 2140 SF                   | X                               |                            |   |   |   |
| Second Floor   |  |    | X   | VAT  | 8750 SF                   | X                               |                            |   |   |   |

Name of Registered Waste Hauler  
J.R. Contracting & Environmental Consulting, Inc.

NJDEP Waste Hauler ID No.  
17819

Cubic Yards of Waste

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

City, State  
Wayne NJ 07470

Disposal Date

City, State  
Morrisville PA

Completed by (Print or Type)  
Jerry Bijelonic

Title  
Project Manager

Signature

Date  
4/5/2012



State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8: 60-7 and 12: 120-7)

Date of Notification (1)  
04 / 20 / 12

Name of Building Owner/Operator (2)

Passaic County Community College

Agencies Notified

☒ EPA

Type of Notification

☐ Initial Notification

☒ DOL

☒ Amended Notification  
Amendment # 3

☒ DOH

☐ Cancellation

☐ DCA

☐ Emergency

Street Address

One College Blvd

City, State, Zip Code

Paterson, NJ 07505

Name of Contact

B. Eagan

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Passaic County Community College

Street Address

225 Market Street

City (5)

County (6)

Passaic

County Code (7)

(STATE USE ONLY)

Paterson

Name of Monitoring Firm Hired by Building Owner (8)

ASCM

GZA

Street Address

55 Lane Road

Fairfield NJ 07004

Project Manager for Monitoring Firm

Benjamin Sallemi

Telephone Number

973-774-3311

Scheduled State Date (10)

04 / 01 / 12  
Month / Day / Year

Scheduled Completion Date (11)

05 / 16 / 12  
Month / Day / Year

Occupancy Status During Abatement (Check only one)

☒ Facility Closed/Vacated During Entire Period  
of Abatement

☐ Abatement Performed Outside of Normal Facility

☒ Hours - Describe: 7:00a.m. - 3:30p.m.

☐ Other - Describe:

Scope of Work (Check all that apply)

☐ Demolition

☒ Renovation

☐ Full Containment With Negative Pressure

☒ Mini-Enclosure

☐ Glovebag Procedure

☒ Non Exempted (\*) and Non-Friable Procedure

☐ ≥ 3 sf or ≥ 3 lf

☒ ≥ 160 sf or ≥ 260 lf

| Location of<br>Asbestos - Containing<br>Material (ACM)<br>TO BE ABATED<br>in Facility (13) | Is<br>Location<br>Normally<br>Used<br>Solely by<br>Maintenance /<br>Custodial<br>Staff (12) |    |     | Description of<br>Asbestos-Containing<br>Material (ACM)<br>(i.e., thermal systems<br>insulation, surfacing, VAT,<br>or other miscellaneous) | Amount<br>(Specify<br>SF or LF) | Abatement Type                  |                            |   |   |
|--|---|----|-----|---|---------------------------------|---------------------------------|----------------------------|---|---|
|  | Yes   | No | N/A |   |                                 | R<br>E<br>M<br>O<br>V<br>A<br>L | R<br>E<br>P<br>A<br>I<br>R | E<br>N<br>C<br>A<br>P<br>S<br>U<br>L<br>E | E<br>N<br>C<br>L<br>O<br>S<br>U<br>R<br>E |
| First Floor  |   |    | X   | Linoleum  | 500 SF                          | X                               |                            |   |   |
| Mezzanine  |   |    | X   | Linoleum  | 64 SF                           | X                               |                            |   |   |
| Basement   |   |    | X   | VAT   | 10150 SF                        | X                               |                            |   |   |
| First Floor  |   |    | X   | VAT   | 8900 SF                         | X                               |                            |   |   |
| Mezzanine  |   |    | X   | VAT   | 2140 SF                         | X                               |                            |   |   |
| Second Floor   |   |    | X   | VAT   | 8750 SF                         | X                               |                            |   |   |
| Basement   |   |    | X   | Pipe insulation   | 500 LF                          | X                               |                            |   |   |
| Basement   |   |    | X   | Duct insulation   | 20 SF                           | X                               |                            |   |   |

Name of Registered Waste Hauler

J.R. Contracting & Environmental Consulting, Inc.

City, State

Wayne NJ 07470

NJDEP Waste

Hauler ID No.

17819

Cubic Yards of Waste

Disposal Date

Name of Registered Landfill

G.R.O.W.S

City, State

Morrisville PA

Completed by (Print or Type)

Title

Signature

Date

Jerry Bijelonic

Project Manager

4/20/2012



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

|  |  |  |  |
|--|--|--|--|
| Date of Notification (1)<br><b>4/24/12</b> |  | Name of Building Owner/Operator (2)<br><b>Barbara Schimanski</b> |  |
| Agencies Notified                          | Type Notification  | Street Address<br><b>1458 Clinton Avenue</b>                     |  |
| <input type="checkbox"/> EPA               | <input checked="" type="checkbox"/> Initial Notification | City, State, Zip Code<br><b>South Plainfield, NJ 07080</b>       |  |
| <input type="checkbox"/> DEP               | <input type="checkbox"/> Amended Notification            | Name of Contact<br><b>Barbara Schimanski</b>                     |  |
| <input checked="" type="checkbox"/> DOL    | <input type="checkbox"/> EMERGENCY                       | Telephone Number   |  |
| <input checked="" type="checkbox"/> DOH    | <input type="checkbox"/> Cancellation                    |  |  |
| <input type="checkbox"/> DCA               |  |  |  |

## FACILITY INFORMATION

|   |  |   |  |                         |                                |
|---|--|---|--|-------------------------|--------------------------------|
| Name of Facility Where Abatement is Taking Place (3)<br><b>Private</b>  |  |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) |                         |                                |
| Street Address<br><b>1458 Clinton Avenue</b>  |  |   | Square Feet<br><b>3000</b>   | # of Floors<br><b>2</b> | Bldg. Age<br><b>60</b>         |
| City (5)<br><b>South Plainfield</b>   | County (6)<br><b>Middlesex</b>               | County Code (7)<br>(STATE USE ONLY)                 | Current Use (Prior if being demolished)<br><b>Residence</b>  |                         |                                |
| Name of Monitoring Firm hired by Building Owner (8)<br><b>N/A</b>   |  | ASCM No.<br><b>67</b>                               | Name of Abatement Contractor (9)<br><b>AZTECH MANAGEMENT, Inc.</b>   |                         |                                |
| Street Address  |  | Street Address<br><b>86 Christopher St.</b>         |  |                         |                                |
| City, State, Zip Code   |  | City, State, Zip Code<br><b>Montclair, NJ 07042</b> |  |                         |                                |
| Project Manager for Monitoring Firm   |  | Telephone Number<br><b>N/A</b>                      | Telephone Number<br><b>(973) 744-8800</b>  |                         | License Number<br><b>00371</b> |
| Scheduled Start Date (10)<br><b>5/7/12</b>  | Sched. Completion Date (11)<br><b>5/8/12</b> |   | Name of OSHA Monitor<br><b>N/A</b>   |                         |                                |
| Month Day Year  | Month Day Year                               |   |  |                         |                                |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript»<br><input type="checkbox"/> Other - Describe: «Other Occupancy Descript» |  |   | Street Address   |                         |                                |
|   |  |   | City, State, Zip Code  |                         |                                |

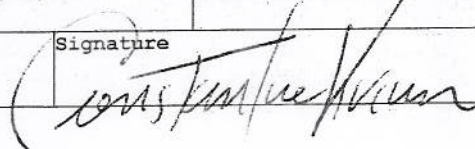
Scope of Work (Check all that apply)

☒ >3 sf or >3 lf  
☐ >160 sf or >260 lf

☒ Renovation  
☐ Demolition

☒ Full Containment with Negative Pressure  
☐ Mini-Enclosure  
☐ Glovebag Procedure  
☐ Non-Friable Procedure

| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely By Maintenance/Custodial Staff (12) |    |     | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type                  |                            |                                      |   |
|--|--|----|-----|--|---------------------------|---------------------------------|----------------------------|--------------------------------------|---|
|  | Yes  | No | N/A |  |                           | R<br>E<br>M<br>O<br>V<br>A<br>L | R<br>E<br>P<br>A<br>I<br>R | E<br>N<br>C<br>A<br>P<br>S<br>U<br>L | E<br>N<br>C<br>L<br>O<br>S<br>U<br>R<br>E |
| Basement   |  |    | X   | Boiler Insulation  | 20 sf                     | X                               |                            |                                      |   |
|  |  |    |     |  |                           |                                 |                            |                                      |   |

|   |  |   |   |  |                        |
|---|--|---|---|--|------------------------|
| Name of Registered Waste Hauler<br><b>AZTECH MANAGEMENT, INC.</b> |  | NJDEP Waste Hauler ID No.<br><b>17040</b> | Cubic Yards of Waste<br><b>1.5</b>  | Name of Registered Landfill<br><b>G.R.O.W.S.</b> |                        |
| City, State<br><b>Montclair, NJ 07042</b>                         |  | Disposal Date<br><b>5/9/12</b>            | City, State<br><b>Morrisville, PA 19067</b>   |  |                        |
| Completed By (Print or Type)<br><b>Constantine Vivian</b>         |  | Title<br><b>President</b>                 | Signature<br> |  | Date<br><b>4/24/12</b> |

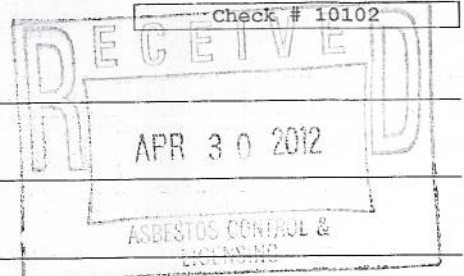


State of New Jersey

Check # 10102

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

|   |   |   |  |
|---|---|---|--|
| Date of Notification (1)<br><b>4/24/12</b>  |   | Name of Building Owner/Operator (2)<br><b>Steve Donovan</b> |  |
| Agencies Notified<br><br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA | Type Notification<br><br><input checked="" type="checkbox"/> Initial Notification<br><br><input type="checkbox"/> Amended Notification<br><br><input type="checkbox"/> EMERGENCY<br><br><input type="checkbox"/> Cancellation | Street Address<br><b>38 the Fairway</b>                     |  |
|   | City, State, Zip Code<br><b>Upper Montclair, NJ 07043</b>   |   |  |
|   | Name of Contact<br><b>Steve Donovan</b>   | Telephone Number  |  |
|   |   |   |  |



## FACILITY INFORMATION

|   |  |  |  |                                     |                                    |
|---|--|--|--|-------------------------------------|------------------------------------|
| Name of Facility Where Abatement is Taking Place (3)<br><b>Private</b>  |  |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) |                                     |                                    |
| Street Address<br><b>38 the Fairway</b>   |  |  | Square Feet<br><b>2000</b>   |                                     |                                    |
| City (5)<br><b>Upper Montclair</b>  |  |  | County (6)<br><b>Essex</b>   | County Code (7)<br>(STATE USE ONLY) | # of Floors<br><b>3</b>            |
|   |  |  | Bldg. Age<br><b>75</b>   |                                     |                                    |
| Name of Monitoring Firm hired by Building Owner (8)<br><b>N/A</b>   |  |  | Current Use (Prior if being demolished)<br><b>Residence</b>  |                                     |                                    |
| ASCM No.<br><b>67</b>   |  |  | Name of Abatement Contractor (9)<br><b>AZTECH MANAGEMENT, Inc.</b>   |                                     |                                    |
| Street Address  |  |  | Street Address<br><b>86 Christopher St.</b>  |                                     |                                    |
| City, State, Zip Code   |  |  | City, State, Zip Code<br><b>Montclair, NJ 07042</b>  |                                     |                                    |
| Project Manager for Monitoring Firm   |  |  | Telephone Number<br><b>N/A</b>   |                                     | License Number<br><b>00371</b>     |
| Scheduled Start Date (10)<br><b>5/10/12</b><br>Month Day Year   |  |  | Sched. Completion Date (11)<br><b>5/11/12</b><br>Month Day Year  |                                     | Name of OSHA Monitor<br><b>N/A</b> |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <u>OffHours Descript</u><br><input type="checkbox"/> Other - Describe: <u>Other Occupancy Descript</u> |  |  | Street Address   |                                     |                                    |
|   |  |  | City, State, Zip Code  |                                     |                                    |

Scope of Work (Check all that apply)

☒  $\geq 3$  sf or  $\geq 3$  lf  
☐  $\geq 160$  sf or  $\geq 260$  lf

☒ Renovation  
☐ Demolition


☐ Full Containment with Negative Pressure  
☐ Mini-Enclosure  
☒ Glovebag Procedure  
☐ Non-Friable Procedure

| Location of Asbestos-Containing Material (ACM)<br>TO BE ABATED<br>In Facility<br>(13) | Is Location Normally Used Solely By Maintenance/Custodial Staff (12) |    |     | Description of Asbestos-Containing Material (ACM)<br>(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type                                 |                            |   |   |
|---|--|----|-----|---|---------------------------|--|----------------------------|---|---|
|   | Yes  | No | N/A |   |                           | R<br>E<br>M<br>O<br>V<br>E<br>M<br>E<br>N<br>T | R<br>E<br>P<br>A<br>I<br>R | E<br>N<br>C<br>A<br>P<br>S<br>U<br>L<br>E | E<br>N<br>C<br>L<br>O<br>S<br>U<br>R<br>E |
| Basement  |  |    | X   | Pipe Insulation   | 55 lf                     | X  |                            |   |   |
|   |  |    |     |   |                           |  |                            |   |   |

|   |                           |   |   |  |  |
|---|---------------------------|---|---|--|--|
| Name of Registered Waste Hauler<br><b>AZTECH MANAGEMENT, INC.</b> |                           | NJDEP Waste Hauler ID No.<br><b>17040</b> | Cubic Yards of Waste<br><b>1.0</b>          | Name of Registered Landfill<br><b>G.R.O.W.S.</b> |  |
| City, State<br><b>Montclair, NJ 07042</b>                         |                           | Disposal Date<br><b>5/14/12</b>           | City, State<br><b>Morrisville, PA 19067</b> |  |  |
| Completed By (Print or Type)<br><b>Constantine Vivian</b>         | Title<br><b>President</b> | Signature<br>                             |   | Date<br><b>4/24/12</b>                           |  |



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

| Date of Notification (1)<br>4/26/12  |  | Name of Building Owner/Operator (2)<br>Mary Reilly  |   |  |                           |                 |        |             |           |
|--|--|---|---|--|---------------------------|-----------------|--------|-------------|-----------|
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA  | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br>6 Glen Gary Road  |   |  |                           |                 |        |             |           |
|  |  | City, State, Zip Code<br>Middlesex, NJ 08846  |   |  |                           |                 |        |             |           |
|  |  | Name of Contact<br>Mary Reilly  |   |  |                           |                 |        |             |           |
|  |  | Telephone Number<br>_____<br>LIC  |   |  |                           |                 |        |             |           |
| <b>FACILITY INFORMATION</b>  |  |   |   |  |                           |                 |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>house  |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)   |   |  |                           |                 |        |             |           |
| Street Address<br>6 Glen Gary Road   |  | Square Feet<br>2000   | # of Floors<br>2  |  |                           |                 |        |             |           |
| City (5)<br>Middlesex  |  | Bldg. Age<br>50   |   |  |                           |                 |        |             |           |
| County (6)<br>Middlesex  |  | Current Use (Prior if being demolished)   |   |  |                           |                 |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)  |  | ASCM No. _____  | Name of Abatement Contractor (9)<br>ABS Environmental Services, LLC                               |  |                           |                 |        |             |           |
| Street Address   |  | Street Address<br>4 E Gate Drive, PO Box 483  |   |  |                           |                 |        |             |           |
| City, State, Zip Code  |  | City, State, Zip Code<br>Glenwood, NJ 07418   |   |  |                           |                 |        |             |           |
| Project Manager for Monitoring Firm  |  | Telephone No.<br>973-764-2276   | License No.<br>703  |  |                           |                 |        |             |           |
| Start Date (10)<br>5/8/12  | Scheduled Completion Date (11)<br>5/10/12  | Name of OSHA Monitor  |   |  |                           |                 |        |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other - Describe: _____ |  | Street Address  |   |  |                           |                 |        |             |           |
|  |  | City, State, Zip Code   |   |  |                           |                 |        |             |           |
| Scope of Work (Check All That Apply)   |  |   |   |  |                           |                 |        |             |           |
| <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf  |  | <input type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |   |  |                           |                 |        |             |           |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility (13)  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)  |   |   | Description of Asbestos Containing Material (ACM)<br>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type  |        |             |           |
|  | Yes  | No  | N/A   |  |                           | Removal         | Repair | Encapsulate | Enclosure |
| attic  |  |   | x   | pipe insulation  | 25 LF                     |                 | x      |             |           |
|  |  |   |   |  |                           |                 |        |             |           |
|  |  |   |   |  |                           |                 |        |             |           |
|  |  |   |   |  |                           |                 |        |             |           |
| Name of Registered Waste Hauler  |  | NJDEP Waste Hauler ID No.   | Cubic Yards of Waste  | Name of Registered Landfill  |                           |                 |        |             |           |
| City, State  |  |   | Disposal Date   | City, State  |                           |                 |        |             |           |
| Completed by<br>Andrew Scott Higgins   |  | Title<br>President  | Signature<br> |  |                           | Date<br>4/26/12 |        |             |           |



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

|  |  |   |  |
|--|--|---|--|
| Date of Notification (1)<br><b>4/25/12</b> |  | Name of Building Owner/Operator (2)<br><b>Ann &amp; Ed Berlin</b> |  |
| Agencies Notified                          | Type Notification  | Street Address<br><b>15 Ashley Road</b>                           |  |
| <input type="checkbox"/> EPA               | <input checked="" type="checkbox"/> Initial Notification | City, State, Zip Code<br><b>West Orange, NJ 07052</b>             |  |
| <input type="checkbox"/> DEP               | <input type="checkbox"/> Amended Notification            | Name of Contact<br><b>Ann Berlin</b>                              |  |
| <input checked="" type="checkbox"/> DOL    | <input type="checkbox"/> EMERGENCY                       | Telephone Number  |  |
| <input checked="" type="checkbox"/> DOH    | <input type="checkbox"/> Cancellation                    |   |  |
| <input type="checkbox"/> DCA               |  |   |  |

## FACILITY INFORMATION

|   |                            |   |  |                                    |                                |
|---|----------------------------|---|--|------------------------------------|--------------------------------|
| Name of Facility Where Abatement is Taking Place (3)<br><b>Private</b>  |                            |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) |                                    |                                |
| Street Address<br><b>15 Ashley Road</b>   |                            |   | Square Feet<br><b>2800</b>   | # of Floors<br><b>3</b>            | Bldg. Age<br><b>80</b>         |
| City (5)<br><b>West Orange</b>  | County (6)<br><b>Essex</b> | County Code (7)<br>(STATE USE ONLY)                 | Current Use (Prior if being demolished)<br><b>Residence</b>  |                                    |                                |
| Name of Monitoring Firm hired by Building Owner (8)<br><b>N/A</b>   |                            | ASCM No.<br><b>67</b>                               | Name of Abatement Contractor (9)<br><b>AZTECH MANAGEMENT, Inc.</b>   |                                    |                                |
| Street Address  |                            | Street Address<br><b>86 Christopher St.</b>         |  |                                    |                                |
| City, State, Zip Code   |                            | City, State, Zip Code<br><b>Montclair, NJ 07042</b> |  |                                    |                                |
| Project Manager for Monitoring Firm   |                            | Telephone Number<br><b>N/A</b>                      | Telephone Number<br><b>(973) 744-8800</b>  |                                    | License Number<br><b>00371</b> |
| Scheduled Start Date (10)<br><b>5/5/12</b>  |                            | Sched. Completion Date (11)<br><b>5/7/12</b>        |  | Name of OSHA Monitor<br><b>N/A</b> |                                |
| Month Day Year  |                            | Month Day Year                                      |  |                                    |                                |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript»<br><input type="checkbox"/> Other - Describe: «Other Occupancy Descript» |                            |   |  |                                    |                                |
| Street Address  |                            |   |  |                                    |                                |
| City, State, Zip Code   |                            |   |  |                                    |                                |

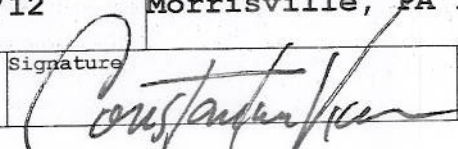
## Scope of Work (Check all that apply)

☒ >3 sf or >3 lf  
☐ >160 sf or >260 lf

☒ Renovation  
☐ Demolition

☐ Full Containment with Negative Pressure  
☐ Mini-Enclosure  
☒ Glovebag Procedure  
☐ Non-Friable Procedure

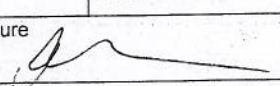
| Location of Asbestos-Containing Material (ACM)<br>TO BE ABATED<br>In Facility<br>(13) | Is Location Normally Used Solely By Maintenance/Custodial Staff (12) |    |     | Description of Asbestos-Containing Material (ACM)<br>(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount<br>(Specify SF or LF) | Abatement Type                  |                            |   |   |
|---|--|----|-----|---|------------------------------|---------------------------------|----------------------------|---|---|
|   | Yes  | No | N/A |   |                              | R<br>E<br>M<br>O<br>V<br>A<br>L | R<br>E<br>P<br>A<br>I<br>R | E<br>N<br>C<br>A<br>P<br>S<br>U<br>L<br>E | E<br>N<br>C<br>L<br>O<br>S<br>U<br>R<br>E |
| Basement  |  |    | X   | Pipe Insulation   | 2 lf                         | X                               |                            |   |   |
| Garage  |  |    | X   | Pipe Insulation   | 120 lf                       | X                               |                            |   |   |

|   |                           |   |   |  |  |
|---|---------------------------|---|---|--|--|
| Name of Registered Waste Hauler<br><b>AZTECH MANAGEMENT, INC.</b> |                           | NJDEP Waste Hauler ID No.<br><b>17040</b>   | Cubic Yards of Waste<br><b>1.5</b>          | Name of Registered Landfill<br><b>G.R.O.W.S.</b> |  |
| City, State<br><b>Montclair, NJ 07042</b>                         |                           | Disposal Date<br><b>5/8/12</b>  | City, State<br><b>Morrisville, PA 19067</b> |  |  |
| Completed By (Print or Type)<br><b>Constantine Vivian</b>         | Title<br><b>President</b> | Signature<br> | Date<br><b>4/25/12</b>                      |  |  |



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

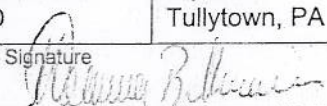
CHECK 11244

| Date of Notification (1)<br>4/27/12   |  | Name of Building Owner/Operator (2)<br>Mr. & Mrs. Karanilian  |   |   |                           |                 |        |             |           |
|---|--|---|---|---|---------------------------|-----------------|--------|-------------|-----------|
| Agencies Notified<br><br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA   | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br>235 South Dwight Place  |   |   |                           |                 |        |             |           |
|   |  | City, State, Zip Code<br>Englewood, NJ 07631  |   |   |                           |                 |        |             |           |
|   |  | Name of Contact<br>Mr. & Mrs. Karanilian  |   |   |                           |                 |        |             |           |
| <b>FACILITY INFORMATION</b>   |  |   |   |   |                           |                 |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>house   |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |   |   |                           |                 |        |             |           |
| Street Address<br>235 South Dwight Place  |  | Square Feet<br>2500   | # of Floors<br>2  |   |                           |                 |        |             |           |
| City (5)<br>Englewood   |  | Bldg. Age<br>50   |   |   |                           |                 |        |             |           |
| County (6)<br>Bergen  | County Code (7)<br>(STATE USE ONLY) _____  | Current Use (Prior if being demolished)   |   |   |                           |                 |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)   |  | ASCM No.  | Name of Abatement Contractor (9)<br>ABS Environmental Services, LLC                               |   |                           |                 |        |             |           |
| Street Address  |  | Street Address<br>PO Box 483, 4 E Gate Drive  |   |   |                           |                 |        |             |           |
| City, State, Zip Code   |  | City, State, Zip Code<br>Glenwood, NJ 07418   |   |   |                           |                 |        |             |           |
| Project Manager for Monitoring Firm   |  | Telephone No.<br>973-764-2276   | License No.<br>703  |   |                           |                 |        |             |           |
| Start Date (10)<br>5/7/12   | Scheduled Completion Date (11)<br>5/14/12  | Name of OSHA Monitor  |   |   |                           |                 |        |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other — Describe: _____  |  | Street Address  |   |   |                           |                 |        |             |           |
|   |  | City, State, Zip Code   |   |   |                           |                 |        |             |           |
| Scope of Work (Check All That Apply)<br><input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition<br><input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |   |   |   |                           |                 |        |             |           |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)  |   |   | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type  |        |             |           |
|   | Yes  | No  | N/A   |   |                           | Removal         | Repair | Encapsulate | Enclosure |
| basement  |  |   | x   | floor tile  | 450 SF                    | x               |        |             |           |
|   |  |   |   |   |                           |                 |        |             |           |
|   |  |   |   |   |                           |                 |        |             |           |
|   |  |   |   |   |                           |                 |        |             |           |
| Name of Registered Waste Hauler<br>Newark Carting   |  | NJDEP Waste Hauler ID No.<br>4509   | Cubic Yards of Waste<br>10  | Name of Registered Landfill<br>IESI   |                           |                 |        |             |           |
| City, State<br>Newark NJ  |  | Disposal Date<br>TBD  |   | City, State<br>Bethlehem PA   |                           |                 |        |             |           |
| Completed by<br>Andrew Scott Higgins  |  | Title<br>President  | Signature<br> |   |                           | Date<br>4/27/12 |        |             |           |



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

0585071

| Date of Notification (1)<br>4/23/12  |   | Name of Building Owner/Operator (2)<br>Stephen Lewis  |   |   |                           |                 |        |             |           |
|--|---|---|---|---|---------------------------|-----------------|--------|-------------|-----------|
| Agencies Notified  | Type Notification   | Street Address<br>625 Valley Street   |   |   |                           |                 |        |             |           |
| <input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA   | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br>Maplewood, NJ 07040  |   |   |                           |                 |        |             |           |
|  |   | Name of Contact<br>Stephen Lewis  | Telephone Number  |   |                           |                 |        |             |           |
| <b>FACILITY INFORMATION</b>  |   |   |   |   |                           |                 |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>House  |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |   |   |                           |                 |        |             |           |
| Street Address<br>628 Valley Street  |   | Square Feet<br>N/A  | # of Floors<br>N/A                                      |   |                           |                 |        |             |           |
| City (5)<br>Maplewood  |   | Bldg. Age<br>N/A  |   |   |                           |                 |        |             |           |
| County (6)<br>Essex  | County Code (7)<br>(STATE USE ONLY) _____   | Current Use (Prior if being demolished)<br>House  |   |   |                           |                 |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>N/A   |   | ASCM No.  | Name of Abatement Contractor (9)<br>D&S Abatement, Inc. |   |                           |                 |        |             |           |
| Street Address   |   | Street Address<br>11 Rosengren Avenue   |   |   |                           |                 |        |             |           |
| City, State, Zip Code  |   | City, State, Zip Code<br>Totowa, NJ 07512   |   |   |                           |                 |        |             |           |
| Project Manager for Monitoring Firm  |   | Telephone No.<br>973-345-8685   | License No.<br>#00675                                   |   |                           |                 |        |             |           |
| Start Date (10)<br>5/07/12   | Scheduled Completion Date (11)<br>5/08/12   | Name of OSHA Monitor<br>D&S Abatement, Inc.   |   |   |                           |                 |        |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other - Describe: <u>Occupied</u> |   | Street Address<br>11 Rosengren Avenue   |   |   |                           |                 |        |             |           |
|  |   | City, State, Zip Code<br>Totowa NJ 07512  |   |   |                           |                 |        |             |           |
| Scope of Work (Check All That Apply)   |   |   |   |   |                           |                 |        |             |           |
| <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf  |   |   |   |   |                           |                 |        |             |           |
| <input type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition   |   |   |   |   |                           |                 |        |             |           |
| <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure   |   |   |   |   |                           |                 |        |             |           |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)   |   |   | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type  |        |             |           |
|  | Yes   | No  | N/A   |   |                           | Removal         | Repair | Encapsulate | Enclosure |
| basement   |   | X   |   | pipe insulation   | 108 LF                    | X               |        |             |           |
|  |   |   |   |   |                           |                 |        |             |           |
|  |   |   |   |   |                           |                 |        |             |           |
|  |   |   |   |   |                           |                 |        |             |           |
| Name of Registered Waste Hauler<br>D&S Abatement, Inc.   |   | NJDEP Waste Hauler ID No.<br>#20996   | Cubic Yards of Waste<br>TBD                             | Name of Registered Landfill<br>Waste Management of PA   |                           |                 |        |             |           |
| City, State<br>Totowa, NJ  |   | Disposal Date<br>TBD  |   | City, State<br>Tullytown, PA  |                           |                 |        |             |           |
| Completed by<br>Deanna Brkusanin   |   | Title<br>Project Manager  |   | Signature<br>                           |                           | Date<br>4/23/12 |        |             |           |



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

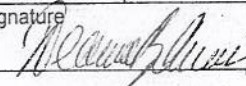
2071923

| Date of Notification (1)<br>4/23/12   |  | Name of Building Owner/Operator (2)<br>Estate of Irene Storioan   |   |   |   |                 |        |             |           |
|---|--|---|---|---|---|-----------------|--------|-------------|-----------|
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA  | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br>82 Tennyson Street  |   |   |   |                 |        |             |           |
|   |  | City, State, Zip Code<br>Carteret, NJ 07008   |   |   |   |                 |        |             |           |
|   |  | Name of Contact<br>Tyler Storipan   | Telephone Number  |   |   |                 |        |             |           |
| <b>FACILITY INFORMATION</b>   |  |   |   |   |   |                 |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>House   |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |   |   |   |                 |        |             |           |
| Street Address<br>554 McKeon Street   |  | Square Feet<br>N/A  | # of Floors<br>N/A                                      |   |   |                 |        |             |           |
| City (5)<br>Perth Amboy   |  | Bldg. Age<br>N/A  |   |   |   |                 |        |             |           |
| County (6)<br>Middlesex   | County Code (7)<br>(STATE USE ONLY) _____  | Current Use (Prior if being demolished)<br>House  |   |   |   |                 |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>N/A  |  | ASCM No.  | Name of Abatement Contractor (9)<br>D&S Abatement, Inc. |   |   |                 |        |             |           |
| Street Address  |  | Street Address<br>11 Rosengren Avenue   |   |   |   |                 |        |             |           |
| City, State, Zip Code   |  | City, State, Zip Code<br>Totowa, NJ 07512   |   |   |   |                 |        |             |           |
| Project Manager for Monitoring Firm   |  | Telephone No.   | Telephone No.<br>973-345-8685                           |   |   |                 |        |             |           |
|   |  | License No.<br>#00675   |   |   |   |                 |        |             |           |
| Start Date (10)<br>5/04/12  | Scheduled Completion Date (11)<br>5/05/12  | Name of OSHA Monitor<br>D&S Abatement, Inc.   |   |   |   |                 |        |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other - Describe: <u>Occupied</u>  |  | Street Address<br>11 Rosengren Avenue   |   |   |   |                 |        |             |           |
|   |  | City, State, Zip Code<br>Totowa NJ 07512  |   |   |   |                 |        |             |           |
| Scope of Work (Check All That Apply)<br><input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation<br><input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition<br><input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |   |   |   |   |                 |        |             |           |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)  |   |   | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF)                             | Abatement Type  |        |             |           |
|   | Yes  | No  | N/A   |   |   | Removal         | Repair | Encapsulate | Enclosure |
| basement  |  | X   |   | pipe insulation   | 228 LF  | X               |        |             |           |
|   |  |   |   |   |   |                 |        |             |           |
|   |  |   |   |   |   |                 |        |             |           |
|   |  |   |   |   |   |                 |        |             |           |
| Name of Registered Waste Hauler<br>D&S Abatement, Inc.  |  | NJDEP Waste Hauler ID No.<br>#20996   |   | Cubic Yards of Waste<br>TBD   | Name of Registered Landfill<br>Waste Management of PA |                 |        |             |           |
| City, State<br>Totowa, NJ   |  | Disposal Date<br>TBD  |   | City, State<br>Tullytown, PA  |   |                 |        |             |           |
| Completed by<br>Deanna Brkusanin  |  | Title<br>Project Manager  |   | Signature<br><i>Deanna Brkusanin</i>  |   | Date<br>4/23/12 |        |             |           |



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

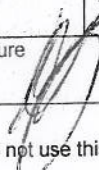
6775 200 138

| Date of Notification (1)<br>April 26, 2012   |   | Name of Building Owner/Operator (2)<br>Carol Amoruso   |   |  |                           |                |                 |           |
|--|---|--|---|--|---------------------------|----------------|-----------------|-----------|
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA   | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |  | Street Address<br>8 Liberty Street                      |  |                           |                |                 |           |
|  |   |  | City, State, Zip Code<br>Clifton, NJ 07013              |  |                           |                |                 |           |
|  |   | Name of Contact<br>Carol Amoruso   | Telephone Number  |  |                           |                |                 |           |
| <b>FACILITY INFORMATION</b>  |   |  |   |  |                           |                |                 |           |
| Name of Facility Where Abatement is Taking Place (3)<br>House  |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)  |   |  |                           |                |                 |           |
| Street Address<br>8 Liberty Street   |   | Square Feet<br>N/A   | # of Floors<br>N/A                                      |  |                           |                |                 |           |
| City (5)<br>Clifton, NJ 07013  |   | Bldg. Age<br>N/A   |   |  |                           |                |                 |           |
| County (6)<br>Passaic  | County Code (7)<br>(STATE USE ONLY)   | Current Use (Prior if being demolished)<br>House   |   |  |                           |                |                 |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>N/A   |   | ASCM No.   | Name of Abatement Contractor (9)<br>D&S Abatement, Inc. |  |                           |                |                 |           |
| Street Address   |   | Street Address<br>11 Rosengren Avenue  |   |  |                           |                |                 |           |
| City, State, Zip Code  |   | City, State, Zip Code<br>Totowa, NJ 07512  |   |  |                           |                |                 |           |
| Project Manager for Monitoring Firm  |   | Telephone No.<br>973-345-8685  | License No.<br>#00675                                   |  |                           |                |                 |           |
| Start Date (10)<br>5/07/12   | Scheduled Completion Date (11)<br>5/08/12   | Name of OSHA Monitor<br>D&S Abatement, Inc.  |   |  |                           |                |                 |           |
| Occupancy Status During Abatement (Check Only One)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other - Describe: <u>Occupied</u> |   | Street Address<br>11 Rosengren Avenue  |   |  |                           |                |                 |           |
|  |   | City, State, Zip Code<br>Totowa, NJ 07512  |   |  |                           |                |                 |           |
| Scope of Work (Check All That Apply)   |   |  |   |  |                           |                |                 |           |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf<br><input type="checkbox"/> ≥160 sf or ≥260 lf  |   | <input type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |   |  |                           |                |                 |           |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility (13)  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)   |  |   | Description of Asbestos Containing Material (ACM)<br>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |                 |           |
|  | Yes   | No   | N/A   |  |                           | Removal        | Repair          | Enclosure |
| basement   |   | X  |   | pipe insulation  | 40 LF                     | X              |                 |           |
| basement   |   | X  |   | contaminated pipes   | 20 LF                     |                | X               |           |
|  |   |  |   |  |                           |                |                 |           |
|  |   |  |   |  |                           |                |                 |           |
| Name of Registered Waste Hauler<br>D&S Abatement, Inc.   |   | NJDEP Waste Hauler ID No.<br>#20996  | Cubic Yards of Waste<br>TBD                             | Name of Registered Landfill<br>Waste Management of PA  |                           |                |                 |           |
| City, State<br>Totowa, NJ  |   | Disposal Date<br>TBD   |   | City, State<br>Tullytown, PA   |                           |                |                 |           |
| Completed by<br>Deanna Brkusanin   |   | Title<br>Project manager   |   | Signature<br>                              |                           |                | Date<br>4/26/12 |           |



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

063901

| Date of Notification (1)<br>April 26, 2012  |  | Name of Building Owner/Operator (2)<br>Estate of Robert Gyory  |   |   |   |                 |        |             |           |
|---|--|--|---|---|---|-----------------|--------|-------------|-----------|
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA  | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br>318 Howard Avenue  |   |   |   |                 |        |             |           |
|   |  | City, State, Zip Code<br>Fair Lawn, NJ 07410   |   |   |   |                 |        |             |           |
|   |  | Name of Contact<br>Carol Fitzsimons  | Telephone Number<br>_____                               |   |   |                 |        |             |           |
| <b>FACILITY INFORMATION</b>   |  |  |   |   |   |                 |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>House   |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)  |   |   |   |                 |        |             |           |
| Street Address<br>318 Howard Avenue   |  | Square Feet<br>N/A   | # of Floors<br>N/A                                      |   |   |                 |        |             |           |
| City (5)<br>Fair Lawn   |  | Bldg. Age<br>N/A   |   |   |   |                 |        |             |           |
| County (6)<br>Bergen  | County Code (7)<br>(STATE USE ONLY) _____  | Current Use (Prior if being demolished)<br>House   |   |   |   |                 |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>N/A  |  | ASCM No. _____   | Name of Abatement Contractor (9)<br>D&S Abatement, Inc. |   |   |                 |        |             |           |
| Street Address  |  | Street Address<br>11 Rosengren Avenue  |   |   |   |                 |        |             |           |
| City, State, Zip Code   |  | City, State, Zip Code<br>Totowa, NJ 07512  |   |   |   |                 |        |             |           |
| Project Manager for Monitoring Firm   |  | Telephone No.<br>973-345-8685  | License No.<br>#00675                                   |   |   |                 |        |             |           |
| Start Date (10)<br>5/04/12  | Scheduled Completion Date (11)<br>5/05/12  | Name of OSHA Monitor<br>D&S Abatement, Inc.  |   |   |   |                 |        |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other - Describe: Occupied |  | Street Address<br>11 Rosengren Avenue  |   |   |   |                 |        |             |           |
|   |  | City, State, Zip Code<br>Totowa, NJ 07512  |   |   |   |                 |        |             |           |
| Scope of Work (Check All That Apply)  |  |  |   |   |   |                 |        |             |           |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf<br><input type="checkbox"/> ≥160 sf or ≥260 lf   |  | <input type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |   |   |   |                 |        |             |           |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)  |  |   | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF)                             | Abatement Type  |        |             |           |
|   | Yes  | No   | N/A   |   |   | Removal         | Repair | Encapsulate | Enclosure |
| laundry room  |  | X  |   | pipe insulation   | 39 LF   | X               |        |             |           |
| laundry room closet   |  | X  |   | pipe insulation   | 15 LF   | X               |        |             |           |
| boiler room   |  | X  |   | pipe insulation   | 27 LF   | X               |        |             |           |
| Name of Registered Waste Hauler<br>D&S Abatement, Inc.  |  | NJDEP Waste Hauler ID No.<br>#20996  |   | Cubic Yards of Waste<br>TBD   | Name of Registered Landfill<br>Waste Management of PA |                 |        |             |           |
| City, State<br>Totowa, NJ   |  | Disposal Date<br>TBD   |   | City, State<br>Tullytown, PA  |   |                 |        |             |           |
| Completed by<br>Deanna Brkusanin  |  | Title<br>Project manager   |   | Signature<br>                           |   | Date<br>4/26/12 |        |             |           |



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

|   |  |   |                  |
|---|--|---|------------------|
| Date of Notification (1)<br><div style="text-align: center;">April 25, 2012</div> |  | Name of Building Owner/Operator (2)<br>Tradewinds Builders, LLC |                  |
| Agencies Notified   | Type of Notification   | Street Address  |                  |
| <input checked="" type="checkbox"/> EPA   | <input checked="" type="checkbox"/> Initial Notification     | 540 Vaugh Avenue  |                  |
| <input type="checkbox"/> DEP  | <input type="checkbox"/> Amended Notification                | City, State, Zip Code   |                  |
| <input checked="" type="checkbox"/> DOL   | Amendment # _____  | Forked River, New Jersey 08731                                  |                  |
| <input checked="" type="checkbox"/> DOH   | <input type="checkbox"/> Emergency (including justification) | Name of Contact   | Telephone Number |
| <input type="checkbox"/> DCA  | <input type="checkbox"/> Cancellation                        | Travis Lepley   |                  |

**FACILITY INFORMATION**

|   |  |  |   |  |                |
|---|--|--|---|--|----------------|
| Name of Facility Where Abatement is Taking Place (3)<br>Residence   |  |  | Type of Facility (4)  |  |                |
| Street Address<br>69 Dock Avenue  |  |  | <input type="checkbox"/> School (k-12)  |  |                |
|   |  |  | <input type="checkbox"/> Subchapter 8 (other than k-12)                                       |  |                |
| City<br>Waretown  |  |  | <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) |  |                |
|   |  |  | Square feet<br>1200 sf  |  |                |
| County (6)<br>Ocean   |  | County Code (7)<br>(STATE USE ONLY)            | # of Floors<br>1  | Bldg. Age<br>60  |                |
| Name of Monitoring Firm Hired by Building Owner (8)<br>N/A  |  |  | Name of Abatement Contractor (9)<br>Guardian Contracting, Inc.                                |  |                |
| Street Address  |  |  | Street Address  |  |                |
|   |  |  | 1889 Route 9, Unit 61   |  |                |
| City, State, Zip Code   |  |  | City, State, Zip Code   |  |                |
|   |  |  | Toms River, New Jersey 08755-1271   |  |                |
| Project Manager for Monitoring Firm   |  | Telephone Number                               | Telephone Number  |  | License Number |
|   |  |  | 732-349-9932  |  | 00624          |
| Scheduled Start Date (10)<br>5/9/12   |  | Scheduled Completion Date (11)<br>5/10/12      | Name of OSHA Monitor<br>E.M.S.L. Analytical   |  |                |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe _____ |  |  | Street Address  |  |                |
|   |  |  | 1056 Stelton Road   |  |                |
|   |  |  | City, State, Zip Code   |  |                |
|   |  |  | Piscataway, New Jersey 08854  |  |                |
| Scope of Work (Check all that apply)  |  |  |   |  |                |
| <input type="checkbox"/> >3 sf or ≥3 lf   |  | <input type="checkbox"/> Renovation            |   | <input type="checkbox"/> Full Containment with Negative Pressure               |                |
| <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf  |  | <input checked="" type="checkbox"/> Demolition |   | <input type="checkbox"/> Mini-Enclosure  |                |
|   |  |  |   | <input type="checkbox"/> Glovebag Procedure                                    |                |
|   |  |  |   | <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                |

| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>in facility<br>(13) | Is Location Normally used Solely by Maintenance/Custodial Staff<br>(12)<br><br>YES NO N/A |                                    |  | Description of Asbestos-Containing Material (ACM)<br>(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF)               | Abatement Type                  |                            |   |   |
|--|---|------------------------------------|--|---|---|---------------------------------|----------------------------|---|---|
|  |   |                                    |  |   |   | R<br>E<br>M<br>O<br>V<br>A<br>L | R<br>E<br>P<br>A<br>I<br>R | E<br>N<br>C<br>A<br>P<br>S<br>U<br>L<br>E | E<br>N<br>C<br>L<br>O<br>S<br>U<br>R<br>E |
| Exterior   |   | X                                  |  | Asbestos siding   | 1100 sf                                 | X                               |                            |   |   |
|  |   |                                    |  |   |   |                                 |                            |   |   |
|  |   |                                    |  |   |   |                                 |                            |   |   |
|  |   |                                    |  |   |   |                                 |                            |   |   |
| Name of Registered Waste Hauler<br>Guardian Contracting, Inc.                                |   | NJDEP Waste Hauler ID No.<br>20223 |  | Cubic Yards of Waste<br>3   | Name of Registered Landfill<br>T.R.R.F. |                                 |                            |   |   |
| City, State<br>Toms River, New Jersey  |   | Disposal Date<br>5/11/12           |  | City, State<br>Tullytown, Pennsylvania  |   |                                 |                            |   |   |
| Completed by (Print or Type)<br>Nicholas Fernicola   |   | Title<br>Project Manager           |  | Signature<br><i>Nicholas Fernicola</i>  |   |                                 | Date<br>4/25/2012          |   |   |

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



CHECK #  
2289

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

|  |   |   |  |  |                        |                 |              |
|--|---|---|--|--|------------------------|-----------------|--------------|
| Date of Notification (1)<br><u>4/26/12</u>   |   | Name of Building Owner/Operator (2)<br><u>EARTH TECH CONTRACTING</u>  |  |  |                        |                 |              |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input type="checkbox"/> DOL<br><input type="checkbox"/> DOM<br><input type="checkbox"/> DCA  |   | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment #<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |  |  |                        |                 |              |
| Street Address<br><u>155 Mt. 50</u>  |   | City, State, Zip Code<br><u>GREENFIELD, N.J. 08230</u>  |  |  |                        |                 |              |
| Name of Contact<br><u>BRUCE BREUNIG</u>  |   | Telephone<br><u></u>  |  |  |                        |                 |              |
| FACILITY INFORMATION   |   |   |  |  |                        |                 |              |
| Name of Facility Where Abatement is Taking Place (3)<br><u>RESIDENCE</u>   |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)                            |  |  |                        |                 |              |
| Street Address<br><u>312 19TH ST.</u>  |   | Square Feet<br><u>1000</u>  | # of Floors<br><u>2</u>                  |  |                        |                 |              |
| City (5)<br><u>OCEAN CITY</u>  |   | Bldg Age<br><u>40+</u>  |  |  |                        |                 |              |
| County (6)<br><u>CAPE MAY</u>  |   | Current Use (Prior if being demolished)<br><u>VACANT</u>  |  |  |                        |                 |              |
| Name of Monitoring Firm Hired by Building Owner (8)<br><u>N/A</u>  |   | ASCM No.<br><u></u>   |  |  |                        |                 |              |
| Street Address<br><u></u>  |   | Name of Abatement Contractor (9)<br><u>KLEMCO INC.</u>  |  |  |                        |                 |              |
| City, State, Zip Code<br><u></u>   |   | Street Address<br><u>369 S. SPRUCE AVE.</u>   |  |  |                        |                 |              |
| Project Manager for Monitoring Firm<br><u></u>   |   | City, State, Zip Code<br><u>MAPLE SHADE, N.J. 08052</u>   |  |  |                        |                 |              |
| Telephone No.<br><u></u>   |   | Telephone No.<br><u>856-779-0422</u>  |  |  |                        |                 |              |
| Start Date (10)<br><u>5/7/12</u>   |   | License No.<br><u>00444</u>   |  |  |                        |                 |              |
| Scheduled Completion Date (11)<br><u>5/12/12</u>   |   | Name of OSHA Monitor<br><u>JOSEPH KLEMM</u>   |  |  |                        |                 |              |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: <u></u> |   | Street Address<br><u>369 S. SPRUCE AVE.</u>   |  |  |                        |                 |              |
| Scope of Work (Check all that apply)<br><input type="checkbox"/> 23 SF or 23 II<br><input type="checkbox"/> 2160 SF or 2260 II   |   | City, State, Zip Code<br><u>MAPLE SHADE, N.J. 08052</u>   |  |  |                        |                 |              |
| <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition  |   | <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted ("") and Non-Frable Procedure                     |  |  |                        |                 |              |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)<br><u>SIDING</u>  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)<br>Yes No N/A | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)<br><u>TRANSITE</u>   | Amount (Specify SF or LF)<br><u>1700</u> | Abatement Type                                     |                        |                 |              |
|  |   |   |  | Removal  | Encapsulation          | Partial Removal | Full Removal |
|  |   |   |  | X  |                        |                 |              |
| Name of Registered Waste Hauler<br><u>KLEMCO INC.</u>  |   | WJDEP Waste Hauler ID No.<br><u>17904</u>   | Cubic Yards of Waste<br><u>5</u>         | Name of Registered Landfill<br><u>C.M.C.M.U.A.</u> |                        |                 |              |
| City, State<br><u>MAPLE SHADE, N.J. 08052</u>  |   | Disposal Date<br><u></u>  |  | City, State<br><u>WOODBINE, N.J.</u>               |                        |                 |              |
| Completed By<br><u>JOSEPH KLEMM</u>  |   | Title<br><u>OWNER</u>   | Signature<br><u>Joseph Klemm</u>         |  | Date<br><u>4/26/12</u> |                 |              |

Do not use this form for asbestos licensure exempted activities



CK # 1446

State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:26 and 12:120)

|  |  |  |  |
|--|--|--|--|
| Date of Notification (1)<br><b>4-19-12</b>   |  | Name of Building Owner/Operator (2)<br><b>LUZ M RAMIREZ</b>  |  |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> NJ DEP<br><input checked="" type="checkbox"/> NJ DOH<br><input checked="" type="checkbox"/> NJ DCA |  | Type of Notification<br><input type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment #<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |  |
| Street Address<br><b>518 SPRINGDALE AVE</b>  |  | City, State, Zip Code<br><b>LONG BRANCH NJ</b>   |  |
| Name of Contact<br><b>MARIA</b>  |  |  |  |

|  |  |  |                         |
|--|--|--|-------------------------|
| Name of Facility Where Abatement is Taking Place (3)<br><b>LUZ M RAMIREZ</b> |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter B (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) |                         |
| Street Address<br><b>518 SPRINGDALE AVE</b>                                  |  | Square Feet<br><b>3000</b>   | # of Floors<br><b>2</b> |
| City (5)<br><b>LONG BRANCH</b>   |  | Bldg. Age<br><b>80</b>   |                         |
| County (6)<br><b>MONMOUTH</b>  |  | Current Use (Prior if being demolished)<br><b>HOUSE</b>  |                         |
| County Code (7) (STATE USE ONLY)   |  |  |                         |

|   |  |  |  |                              |
|---|--|--|--|------------------------------|
| Name of Monitoring Firm Hired by Building Owner (8)   |  | ASCM No.   | Name of Abatement Contractor (9)<br><b>ACE INSULATION CO INC</b> |                              |
| Street Address  |  |  | Street Address<br><b>95 MONTROSE RD</b>                          |                              |
| City, State, Zip Code   |  |  | City, State, Zip Code<br><b>COLTS NECK NJ 07722</b>              |                              |
| Project Manager for Monitoring Firm   |  | Telephone No.  | Telephone No.<br><b>732 294 1757</b>                             | License No.<br><b>000294</b> |
| Start Date (10)<br><b>4-21-12</b>   |  | Scheduled Completion Date (11)<br><b>4-24-12</b>     |  |                              |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other - Describe: <b>7 AM - 7 PM</b> |  | Name of OSHA Monitor<br><b>ACE INSULATION CO INC</b> |  |                              |
|   |  | Street Address<br><b>95 MONTROSE RD</b>              |  |                              |
|   |  | City, State, Zip Code<br><b>COLTS NECK NJ 07722</b>  |  |                              |

|  |  |  |  |  |
|--|--|--|--|--|
| Scope of Work (Check all that apply)                           |  |  |  |  |
| <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf | <input type="checkbox"/> Renovation            | <input type="checkbox"/> Full Containment with Negative Pressure               |  |  |
| <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf        | <input checked="" type="checkbox"/> Demolition | <input type="checkbox"/> Mini-Enclosure  |  |  |
|  |  | <input checked="" type="checkbox"/> Glovebag Procedure                         |  |  |
|  |  | <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |  |

| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |    |     | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type                      |               |                 |                 |
|--|---|----|-----|--|---------------------------|-------------------------------------|---------------|-----------------|-----------------|
|  | Yes   | No | N/A |  |                           | 20 to 299 SF                        | 300 to 999 SF | 1000 to 2999 SF | 3000 SF or more |
| <b>BASMENT</b>   |   |    |     | <b>P.I.P.S</b>   | <b>160 LF</b>             | <input checked="" type="checkbox"/> |               |                 |                 |
| <b>EXTENSION</b>   |   |    |     | <b>TRANSIT FLU</b>   | <b>30 LF</b>              | <input checked="" type="checkbox"/> |               |                 |                 |

|   |                         |   |                                  |  |  |
|---|-------------------------|---|----------------------------------|--|--|
| Name of Registered Waste Hauler<br><b>ACE INSULATION CO INC</b> |                         | NJDEP Waste Hauler ID No.<br><b>12086</b> | Cubic Yards of Waste<br><b>3</b> | Name of Registered Landfill<br><b>FESI</b> |  |
| City, State<br><b>COLTS NECK NJ 07722</b>                       |                         |   | Disposal Date<br><b>4-26-12</b>  | City, State<br><b>BETHLEHAM PA</b>         |  |
| Completed By<br><b>Jack Galle</b>                               | Title<br><b>OPS MGR</b> | Signature<br><b>Jack Galle</b>            | Date<br><b>4-19-12</b>           |  |  |



CK #  
1453

State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to N.J.A.C. 8:26 and 12:120)

Date of Notification (1) 4-26-12

Agencies Notified

☒ N.J.A.  
☒ DEP  
☒ DOH  
☒ DCA

Type Notification

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

Name of Building Owner/Operator (2)

VERNEL REALTY LP

Street Address

363 South JEFFERSON ST

City, State, Zip Code

ORANGE N.J. 07050

Name of Contact

ART

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

VERNEL REALTY

Street Address

531 FREEMAN ST

City (5)

ORANGE

County (6)

ESSEX

County Code (7) (STATE USE ONLY)

Type of Facility (4)

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

Square Feet

4,000

# of Floors

3

Bldg. Age

100

Current Use (Prior if being demolished)

Building

Name of Monitoring Firm Hired by Building Owner (8)

Street Address

City, State, Zip Code

ASCM No.

Name of Abatement Contractor (9)

ACE INSULATION CO INC

Street Address

95 MONROVIE RD

City, State, Zip Code

COLTS NECK NJ 07722

Telephone No.

732-294-1752

License No.

00029

Project Manager for Monitoring Firm

Telephone No.

Start Date (10)

5-7-12

Scheduled Completion Date (11)

5-12-12

Occupancy Status During Abatement (Check only one)

☐ Facility Closed/Vacated During Entire Period of Abatement

☐ Abatement Performed Outside of Normal Facility Hours

☒ Other - Describe: 7am - 7pm

Name of OSHA Monitor

ACE INSULATION CO INC

Street Address

95 MONROVIE RD

City, State, Zip Code

COLTS NECK NJ 07722

Scope of Work (Check all that apply)

☒ 3 sf or >3 sf

☒ >160 sf or >260 sf

☒ Renovation

☒ Demolition

☐ Full Containment with Negative Pressure

☐ Mini-Enclosure

☐ Glovebag Procedure

☒ Non-Exempted (\*) and Non-Friable Procedure

| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |    |     | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |            |             |              |
|--|---|----|-----|--|---------------------------|----------------|------------|-------------|--------------|
|  | Yes   | No | N/A |  |                           | 20 or less     | 21 or more | 100 or more | 1000 or more |
| BASEMENT   |   |    |     | SIDING   | 1800                      |                |            |             |              |
| 1st Floor  |   |    |     | TILE STOPS   | 8 Boxes                   |                |            |             |              |
|  |   |    |     | TILE 9x9   | 100                       |                |            |             |              |

Name of Registered Waste Hauler

ACE INSULATION CO

City, State

COLTS NECK NJ 07722

Completed By

Jack Gail

Title

OPS MGR

NJDEP Waste Hauler ID No.

12086

Cubic Yards of Waste

4

Disposal Date

5-12-12

Signature

Jack Gail

Name of Registered Landfill

GROWS

City, State

Fullerton PA

Date

4-26-12



CK#

1453

State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 17:26 and 17:27)

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| Date of Notification (1)<br>4-26-12  |  | Name of Building Owner/Operator (2)<br>JUDITH FEMAN   |  | 2012   |  |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> NJ DEP<br><input checked="" type="checkbox"/> NJ OH<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA   |  | Type of Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment #<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |  | Street Address<br>54 LAKEVIEW AVE  |  |
|  |  | City, State, Zip Code<br>SHORT HILLS NJ   |  | Telephone Number<br>CONTROL & LISING   |  |
|  |  | Name of Contact<br>JUDITH   |  |  |  |
| FACILITY INFORMATION   |  |   |  |  |  |
| Name of Facility Where Abatement is Taking Place (3)<br>JUDITH FEMAN   |  |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter B (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) |  |  |
| Street Address<br>54 LAKEVIEW AVE  |  |   | Squaro Feet<br>3000  |  |  |
| City (5)<br>SHORT HILLS  |  |   | # of Floors<br>2   |  |  |
| County (6)<br>UNION  |  |   | Bldg. Age<br>75  |  |  |
| County Code (7) (STATE USE ONLY)   |  |   | Current Use (Prior to being demolished)<br>HOUSE   |  |  |
| Name of Monitoring Firm Hired by Building Owner (8)  |  | ASCM No.  |  | Name of Abatement Contractor (9)<br>ACE INSULATION CO INC  |  |
| Street Address   |  |   |  | Street Address<br>95 MONROUSE RD   |  |
| City, State, Zip Code  |  |   |  | City, State, Zip Code<br>COLTS NECK NJ 07722   |  |
| Project Manager for Monitoring Firm  |  | Telephone No.   |  | Telephone No.<br>732-294-1757  |  |
| Start Date (10)<br>5-8-12  |  | Scheduled Completion Date (11)<br>5-12-12   |  | License No.<br>000294  |  |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: 7am - 7pm  |  |   |  | Name of OSHA Monitor<br>ACE INSULATION CO INC  |  |
|  |  |   |  | Street Address<br>95 MONROUSE RD   |  |
|  |  |   |  | City, State, Zip Code<br>COLTS NECK NJ 07722   |  |
| Scope of Work (Check all that apply)<br><input checked="" type="checkbox"/> $\geq 1$ sf or $\geq 1$ ft<br><input type="checkbox"/> $\geq 160$ sf or $\geq 260$ ft<br><input type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Frangible Procedure |  |   |  |  |  |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)<br>Basement   |  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)<br>Yes No N/A   |  | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)<br>PIPE |  |
|  |  |   |  | Amount (Specify SF or LF)<br>180 LF  |  |
|  |  |   |  | Abatement Type<br>Full Containment with Negative Pressure  |  |
| Name of Registered Waste Hauler<br>ACE INSULATION CO INC   |  | NJDEP Waste Hauler ID No.<br>17-086   |  | Cubic Yards of Waste<br>2  |  |
| City, State<br>COLTS NECK NJ 07722   |  |   |  | Name of Registered Landfill<br>F&E   |  |
| Disposal Date<br>5-12-12   |  |   |  | City, State<br>BETHLEHEM PA  |  |
| Completed by<br>JACK GRACE   |  | Title<br>OPS MGR  |  | Signature<br>Jack Grace  |  |
|  |  |   |  | Date<br>4-26-12  |  |