

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

RECEIVED

|  |  |  |                  |
|--|--|--|------------------|
| Date of Notification (1)<br><b>7/31/12</b> |  | Name of Building Owner/Operator (2)<br><b>Denis Apablaza</b> |                  |
| Agencies Notified                          | Type Notification  | Street Address<br><b>66 Henry Street</b>                     |                  |
| <input type="checkbox"/> EPA               | <input checked="" type="checkbox"/> Initial Notification | City, State, Zip Code<br><b>Secaucus, NJ 07094</b>           |                  |
| <input type="checkbox"/> DEP               | <input type="checkbox"/> Amended Notification            | Name of Contact  | Telephone Number |
| <input checked="" type="checkbox"/> DOL    | <input type="checkbox"/> EMERGENCY                       | <b>Denis Apablaza</b>  |                  |
| <input checked="" type="checkbox"/> DOH    | <input type="checkbox"/> Cancellation                    |  |                  |
| <input type="checkbox"/> DCA               |  |  |                  |

2012 AUG -3 AM 10:17  
ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

|  |                            |   |   |
|--|----------------------------|---|---|
| Name of Facility Where Abatement is Taking Place (3)<br><b>Private</b>   |                            | Type of Facility (4)  |   |
| Street Address<br><b>324 Filbert St.</b>   |                            | <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><b>Roselle Park</b>  | County (6)<br><b>union</b> | County Code (7)<br>(STATE USE ONLY)   | Square Feet<br><b>1800</b><br># of Floors<br><b>2</b><br>Bldg. Age<br><b>75</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>  |   |
| 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>                                       |
| Scheduled Start Date (10)<br><b>8/11/12</b>  |                            | License Number<br><b>00371</b>  |   |
| Sched. Completion Date (11)<br><b>8/13/12</b>  |                            | Name of OSHA Monitor<br><b>N/A</b>  |   |
| 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 - Describe: <u>«OffHours Descript»</u><br><input type="checkbox"/> Other - Describe: <u>«Other Occupancy Descript»</u> |                            | City, State, Zip Code   |   |

|  |  |  |   |
|--|--|--|---|
| 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> |   |
| 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> |
| Scheduled Start Date (10)<br><b>8/11/12</b>  |  | License Number<br><b>00371</b>                                     |   |
| Sched. Completion Date (11)<br><b>8/13/12</b>  |  | Name of OSHA Monitor<br><b>N/A</b>                                 |   |
| 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 - Describe: <u>«OffHours Descript»</u><br><input type="checkbox"/> Other - Describe: <u>«Other Occupancy Descript»</u> |  | City, State, Zip Code  |   |

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

| 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              | E | N | E |
| Basement   |  |    | X   | Pipe insulation  | 100 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>8/14/12</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><i>Constantine Vivian</i>      | Date<br><b>7/31/12</b>                           |

CK 3876

State of New Jersey  
**REMEMBER - MAIL IN NOTIFICATION OF ASBESTOS ABATEMENT**  
 Pursuant to NJAC 8:27 and 12:120

RECEIVED  
 10 DAY  
 AUG - 3  
 2012  
 WA

|  |  |   |  |
|--|--|---|--|
| Date of Notification (1)<br><b>7/30/12</b>   |  | Name of Building Owner/Operator (2)<br><b>AAH</b>   |  |
| Agency 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><input type="checkbox"/> Amendment #<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><b>267R PASCACK RD</b>  | City, State, Zip Code<br><b>WASHINGTON TOWNSHIP WA</b>   |
| Name of Contact<br><b>MR. DAVID MOORE</b>  |  |   |  |
| <b>FACILITY INFORMATION</b>  |  |   |  |
| Name of Facility Where Abatement is Taking Place (3)<br><b>MR. MOORE</b>   |  | Type of Facility (3)<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>215 RIDGEFIELD AVE</b>  |  | Square Feet<br><b>1800</b>  | # of Floors<br><b>2</b>  |
| City (5)<br><b>BOGOTA</b>  |  | Bldg. Age<br><b>85 yrs</b>  | Current Use (Prior to being demolished)<br><b>RESIDENCE</b>  |
| County (6)<br><b>BERGEN</b>  |  | County Code (7) (STATE USE ONLY)  |  |
| Name of Manufacturing Firm Used by Building Owner (8)  |  | ASCM No.  |  |
| Street Address   |  | Name of Abatement Contractor (9)<br><b>Best Removal Inc</b>   |  |
| City, State, Zip Code  |  | Street Address<br><b>450 South River St</b>   |  |
| Project Manager for Manufacturing Firm   |  | City, State, Zip Code<br><b>Hackensack, N.J. 07601</b>  |  |
| Start Date (10)<br><b>8/1/12</b>   |  | Telephone No.<br><b>201-329-7444</b>  |  |
| Scheduled Completion Date (11)<br><b>8/2/12</b>  |  | License No.<br><b>00388</b>   |  |
| Occurrence 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 TO 5 PM</b> |  | Name of OSHA Monitor<br><b>Omega Environmental</b>  |  |
| Scope of Work (Check all that apply)<br><input checked="" type="checkbox"/> 23 or 23 F<br><input type="checkbox"/> 100 or 200 F  |  | Street Address<br><b>280 Huyler St</b>  |  |
| <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Half-Enclosure<br><input type="checkbox"/> Coverbag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Pytable Procedure   |  | City, State, Zip Code<br><b>Hackensack, N.J. 07606</b>  |  |
| Location of Asbestos-Containing Material (ACM) in Facility (13)<br><b>KITCHENS</b>   |  | to Location Normally Used Exclusively by Maintenance/Construction Crews (12)<br>Yes No N/A  | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, ceiling, VAT, or other miscellaneous)<br><b>VAT</b> |
| Amount (Specify SF or LF)<br><b>120 SF</b>   |  | Abatement Type<br>Removal X Repair Encapsulate Enclosure  |  |
| Name of Registered Waste Handler<br><b>BEST REMOVAL INC</b>  |  | NJDEP Waste Handler ID No.<br><b>17109</b>  | Cubic Yards of Waste<br><b>1 1/2</b>   |
| City, State<br><b>HACKENSACK, NJ 07601</b>   |  | Disposal Date<br><b>8/2/12</b>  | Name of Registered Landfill<br><b>MINERVA ENTERPRISES LLC</b>  |
| Completed by<br><b>J. Maiorano</b>   |  | Title<br><b>Estimator</b>   | City, State<br><b>WYNESBORO, OH</b>  |
| Signature<br><i>J. Maiorano</i>  |  | Date<br><b>7/30/12</b>  |  |

ASB-41


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

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

Receipt # 2873  
**RECEIVED**

GAC Project # 060-12

Client Project #

|   |  |   |  |
|---|--|---|--|
| Date of Notification (1)<br><b>July 31, 2012</b>  |  | Name of Building Owner/Operator (2)<br><b>RUTGERS, THE STATE UNIVERSITY</b>   |  |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DCA<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DEP- No Longer REQUIRED<br><input checked="" type="checkbox"/> DOH  |  | Notification Type<br><input checked="" type="checkbox"/> Initial Notification<br><input type="checkbox"/> Amended Notification<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancelled  |  |
| Street Address<br><b>ENVIRONMENTAL HEALTH &amp; SAFETY DEPT.<br/>27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS</b>  |  | City, State, Zip Code<br><b>PISCATAWAY, NJ 08854</b>  |  |
| Name of Contact<br><b>MICHAEL SMITH, ENV.<br/>HEALTH &amp; SAFETY</b>   |  | Telephone Number  |  |
| FACILITY INFORMATION  |  |   |  |
| Name of Facility Where Abatement is Taking Place (3)<br><b>NELSON BIOLOGY, BLDG# 3559</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.)<br>Sq. Feet: <b>N/A</b> # of Floors: <b>3</b> Bldg. Age: <b>60+</b> years |  |
| Street Address<br><b>BUSCH CAMPUS</b>   |  | Current Use (prior if being demolished): <b>ACADEMIC</b>  |  |
| City (5)<br><b>PISCATAWAY</b>   | County (6)<br><b>MIDDLESEX</b>   | County Code (7)<br>(State Use Only)   |  |
| Name of Monitoring Firm Hired by Bldg. Owner (8)<br><b>ATC ASSOCIATES</b>   |  | ASCM No.<br><b>0098</b>   | Name of Contractor (9)<br><b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>         |
| Street Address<br><b>3 TERRI LANE</b>   |  | Street Address<br><b>268 MAIN STREET</b>  |  |
| City, State, Zip Code<br><b>BURLINGTON, NJ 08016</b>  |  | City, State, Zip Code<br><b>BUTLER, NJ 07405</b>  |  |
| Project Manager for Monitoring Firm<br><b>BRIAN KEARNY</b>  | Telephone Number<br><b>609-386-8800</b>  | Telephone Number<br><b>973-492-0477</b>   | License Number<br><b>00840</b>   |
| Scheduled Start Date (10)<br><b>08/10/12</b>  | Scheduled Completion Date (11)<br><b>08/13/12</b>  | Name of OSHA Monitor<br><b>1<br/>ENVIROVISION, 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><input checked="" type="checkbox"/> Other - Describe: <b>Shift Hours: 3:00 PM - 5:00 AM</b> |  | Street Address<br><b>20-21 WARGARAW ROAD</b>  |  |
|   |  | City, State, Zip Code<br><b>FAIRLAWN, NJ</b>  |  |
| 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 $\geq 260$  |  | <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 checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure  |  |
| Location of Asbestos-Containing Material (ACM) in Facility (13)<br><b>C-WING CRAWLSPACE</b>   | Is Location Normally Used Solely by Maint./Custodial Staff? (12)<br>YES NO NA<br><input checked="" type="checkbox"/> YES | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)<br><b>TSI</b>  | Amount (Specify SF or LF)<br><b>9 LF</b>                                       |
| Abatement Type<br>Remove Repair Encap Enclose<br><input checked="" type="checkbox"/> Remove   |  |   |  |
| Name of Reg. Waste Hauler<br><b>See Hauler Below #1 &amp; 2</b>   | NJDEP Waste Hauler ID #<br><b>See Below</b>  | Cubic Yards of Waste: <b>30 CY</b>  | Name of Registered Landfill<br><b>G.R.O.W.S. North Landfill</b>                |
| Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405<br>NJDEP # 12561<br>Hauler #2) Newark Carting, Inc., Newark, NJ 04509<br>NJ DEP # 4509  |  | Disposal Date<br><b>08/13/12</b>  | City, State<br><b>100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700</b> |
| Completed by (Print or Type)<br><b>RAYMOND C. PEDALINO</b>  | Title<br><b>SENIOR PROJECT MANAGER</b>   | Signature<br>   | Date<br><b>July 31, 2012</b>   |

Copies To: Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney

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

RECEIVED

2012 AUG -3 AM 10:12

ASBESTOS CONTROL & LICENSING

|   |   |   |                           |
|---|---|---|---------------------------|
| Date of Notification (1)<br>07/27/12 Ck: 2190 \$200   |   | Name of Building Owner/Operator (2)<br>Cedar Grove Board of Education |                           |
| 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 checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br>520 Pompton Avenue                                  |                           |
|   |   | City, State, Zip Code<br>Cedar Grove, New Jersey 07009                |                           |
|   |   | Name of Contact<br>Mario Gaita  | Telephone Number<br>_____ |

**FACILITY INFORMATION**

|   |   |   |  |
|---|---|---|--|
| 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 & commercial buildings, homes, etc.) |  |
| Street Address<br>90 Rugby Road   |   | Square Feet<br>20,000   | # of Floors<br>2                                       |
| City (5)<br>Cedar Grove, New Jersey 07009   |   | Bldg. Age<br>55+  |  |
| County (6)<br>Essex   | County Code (7)<br>(STATE USE ONLY) _____ | Current Use (Prior if being demolished)<br>High School  |  |
| Name of Monitoring Firm Hired by Building Owner (8)<br>AHERA Consultants Inc.   |   | ASCM No.<br>_____   | Name of Abatement Contractor (9)<br>Lilich Corporation |
| Street Address<br>PO Box 385  |   | Street Address<br>606 McBride Avenue  |  |
| City, State, Zip Code<br>Oceanville, New Jersey 08231   |   | City, State, Zip Code<br>Woodland Park, New Jersey 07424  |  |
| Project Manager for Monitoring Firm<br>John Smoyer  |   | Telephone No.<br>609-652-1833   | Telephone No.<br>973-225-8400                          |
| Start Date (10)<br>08/03/12   |   | Scheduled Completion Date (11)<br>08/05/12  | License No.<br>01104                                   |
| 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: Fri 4pm start, Sat & Sun 7am-7pm |   | Name of OSHA Monitor<br>J&S Environmental Labs LLC  |  |
|   |   | Street Address<br>2333 Route 22 West  |  |
|   |   | City, State, Zip Code<br>Union, New Jersey 07083  |  |

Scope of Work (Check All That Apply)

|  |  |   |
|--|--|---|
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf | <input checked="" type="checkbox"/> Renovation | <input checked="" type="checkbox"/> Full Containment with Negative Pressure |
| <input type="checkbox"/> ≥160 sf or ≥260 lf        | <input type="checkbox"/> Demolition            | <input type="checkbox"/> Mini-Enclosure                                     |
|  |  | <input 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) (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 |
| Ground Floor Hallway Ceiling   |   | X  |     | Pipe Fitting(O&M)   | 8                         | X              |        |             |           |
| E Wing Entrance Door Way   |   | X  |     | Pipe Fitting(O&M)   | 2                         | X              |        |             |           |
|  |   |    |     |   |                           |                |        |             |           |
|  |   |    |     |   |                           |                |        |             |           |

|   |                         |  |  |   |  |
|---|-------------------------|--|--|---|--|
| Name of Registered Waste Hauler<br>Lilich Corporation |                         | NJDEP Waste Hauler ID No.<br>18724     | Cubic Yards of Waste<br>1                | Name of Registered Landfill<br>G.R.O.W.S Landfill |  |
| City, State<br>Woodland Park, New Jersey 07424        |                         | Disposal Date<br>08/06/12              | City, State<br>Morrisville, Pennsylvania |   |  |
| Completed by<br>Tatiana Kalenikova                    | Title<br>Vice President | Signature<br><i>Tatiana Kalenikova</i> |  | Date<br>07/27/12                                  |  |

REMEMBER - MAIL IN HARD COPY

State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
 (Pursuant to NJAC 8:26 and 16:27)

RECEIVED

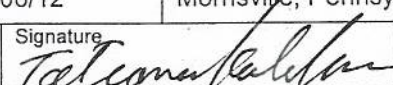
2012 AUG 10 AM 9:05 DAY

OS 001801/012  
 & LICENSE  
 WAIVER APPROVED

|   |   |  |  |   |                           |                |        |             |           |  |
|---|---|--|--|---|---------------------------|----------------|--------|-------------|-----------|--|
| Date of Notification (1)<br>07/27/12 Ck: 2189 \$200   |   | Name of Building Owner/Operator (2)<br>Cedar Grove Board of Education  |  |   |                           |                |        |             |           |  |
| Agencies Notified   |   | Type Notification  |  |   |                           |                |        |             |           |  |
| <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 checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation  |  |   |                           |                |        |             |           |  |
| Street Address<br>520 Pompton Avenue  |   | City, State, Zip Code<br>Cedar Grove, New Jersey 07009   |  |   |                           |                |        |             |           |  |
| Name of Contact<br>Mario Gaita  |   | Telephone Number   |  |   |                           |                |        |             |           |  |
| <b>FACILITY INFORMATION</b>   |   |  |  |   |                           |                |        |             |           |  |
| Name of Facility Where Abatement is Taking Place (3)<br>Cedar Grove High School   |   | Type of Facility (4)   |  |   |                           |                |        |             |           |  |
| Street Address<br>90 Rugby Road   |   | <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 & commercial buildings, homes, etc.)  |  |   |                           |                |        |             |           |  |
| City (6)<br>Cedar Grove, New Jersey 07009   |   | Square Feet<br>20,000  | # of Floors<br>2                                       |   |                           |                |        |             |           |  |
| County (8)<br>Essex   |   | County Code (7)<br>(STATE USE ONLY)  | Current Use (Prior if being demolished)<br>High School |   |                           |                |        |             |           |  |
| Name of Monitoring Firm Hired by Building Owner (8)<br>AHERA Consultants Inc.   |   | ASCM No.   | Name of Abatement Contractor (9)<br>Lilich Corporation |   |                           |                |        |             |           |  |
| Street Address<br>PO Box 385  |   | Street Address<br>608 McBride Avenue   |  |   |                           |                |        |             |           |  |
| City, State, Zip Code<br>Oceanville, New Jersey 08231   |   | City, State, Zip Code<br>Woodland Park, New Jersey 07424   |  |   |                           |                |        |             |           |  |
| Project Manager for Monitoring Firm<br>John Smoyer  |   | Telephone No.<br>609-652-1833  | Telephone No.<br>973-225-8400                          |   |                           |                |        |             |           |  |
| Start Date (10)<br>07/31/12   |   | Scheduled Completion Date (11)<br>08/04/12   | License No.<br>01104                                   |   |                           |                |        |             |           |  |
| Name of OSHA Monitor<br>J&S Environmental Labs LLC  |   | Street Address<br>2333 Route 22 West   |  |   |                           |                |        |             |           |  |
| Occupancy Status During Abatement (Check Only One)  |   | City, State, Zip Code<br>Union, New Jersey 07083   |  |   |                           |                |        |             |           |  |
| <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br>Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other - Describe: 4pm-12am        |   |  |  |   |                           |                |        |             |           |  |
| Scope of Work (Check All That Apply)  |   |  |  |   |                           |                |        |             |           |  |
| <input type="checkbox"/> <math>\geq 3</math> of or <math>\geq 3</math> lf<br><input checked="" type="checkbox"/> <math>\geq 160</math> sf or <math>\geq 250</math> 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) 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 |  |
| Media Room  |   | X  |  | 9x9Floor Tiles&mastic(occupied)   | 3250 SF                   | X              |        |             |           |  |
| Name of Registered Waste Hauler<br>Lilich Corporation   |   | NJDEP Waste Hauler ID No.<br>18724   | Cubic Yards of Waste<br>7                              | Name of Registered Landfill<br>G.R.O.W.S Landfill   |                           |                |        |             |           |  |
| City, State<br>Woodland Park, New Jersey 07424  |   | Disposal Date<br>08/06/12  | City, State<br>Morrisville, Pennsylvania               |   |                           |                |        |             |           |  |
| Completed by<br>Tatiana Kalenikova  |   | Title<br>Vice President  | Signature<br><i>Tatiana Kalenikova</i>                 |   | Date<br>07/27/12          |                |        |             |           |  |

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

RECEIVED

| Date of Notification (1)<br>07/27/12 Ck: 2189 \$200  |   | Name of Building Owner/Operator (2)<br>Cedar Grove Board of Education <b>2012 AUG -3 AM 9:54</b>  |   |   |                           |                  |        |             |           |
|--|---|---|---|---|---------------------------|------------------|--------|-------------|-----------|
| 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 checked="" type="checkbox"/> DCA  | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |   | Street Address<br>520 Pompton Avenue <b>ASBESTOS CONTROL &amp; LICENSING</b>                      |   |                           |                  |        |             |           |
|  | City, State, Zip Code<br>Cedar Grove, New Jersey 07009  |   | Name of Contact<br>Mario Gaita  |   |                           |                  |        |             |           |
|  | Telephone Number<br>_____   |   |   |   |                           |                  |        |             |           |
| <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 & commercial buildings, homes, etc.) |   |   |                           |                  |        |             |           |
| Street Address<br>90 Rugby Road  |   | Square Feet<br>20,000   | # of Floors<br>2  |   |                           |                  |        |             |           |
| City (5)<br>Cedar Grove, New Jersey 07009  |   | Bldg. Age<br>55+  |   |   |                           |                  |        |             |           |
| County (6)<br>Essex  | County Code (7)<br>(STATE USE ONLY) _____   | Current Use (Prior if being demolished)<br>High School  |   |   |                           |                  |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>AHERA Consultants Inc.  |   | ASCM No. _____  | Name of Abatement Contractor (9)<br>Lilich Corporation  |   |                           |                  |        |             |           |
| Street Address<br>PO Box 385   |   | Street Address<br>606 McBride Avenue  |   |   |                           |                  |        |             |           |
| City, State, Zip Code<br>Oceanville, New Jersey 08231  |   | City, State, Zip Code<br>Woodland Park, New Jersey 07424  |   |   |                           |                  |        |             |           |
| Project Manager for Monitoring Firm<br>John Smoyer   |   | Telephone No.<br>609-652-1833   | Telephone No.<br>973-225-8400   |   |                           |                  |        |             |           |
|  |   | License No.<br>01104  |   |   |                           |                  |        |             |           |
| Start Date (10)<br>07/31/12  | Scheduled Completion Date (11)<br>08/04/12  |   | Name of OSHA Monitor<br>J&S Environmental Labs LLC  |   |                           |                  |        |             |           |
| 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: 4pm-12am  |   | Street Address<br>2333 Route 22 West  |   |   |                           |                  |        |             |           |
|  |   | City, State, Zip Code<br>Union, New Jersey 07083  |   |   |                           |                  |        |             |           |
| Scope of Work (Check All That Apply)<br><input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf<br><input checked="" 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 |
| Media Room   |   | X   |   | 9x9FloorTiles&mastic(occupied)  | 3250 SF                   | X                |        |             |           |
|  |   |   |   |   |                           |                  |        |             |           |
|  |   |   |   |   |                           |                  |        |             |           |
|  |   |   |   |   |                           |                  |        |             |           |
| Name of Registered Waste Hauler<br>Lilich Corporation  |   | NJDEP Waste Hauler ID No.<br>18724  | Cubic Yards of Waste<br>7   | Name of Registered Landfill<br>G.R.O.W.S Landfill   |                           |                  |        |             |           |
| City, State<br>Woodland Park, New Jersey 07424   |   |   | Disposal Date<br>08/06/12   | City, State<br>Morrisville, Pennsylvania  |                           |                  |        |             |           |
| Completed by<br>Tatiana Kalenikova   |   | Title<br>Vice President   | Signature<br> |   |                           | Date<br>07/27/12 |        |             |           |

RECEIVED

2012 AUG -3 AM ID: 63 100037000

REMEMBER - MAIL IN HARD COPY

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

ASBESTOS DOLBYROL DAY  
 & LICENSING  
 JUL 30 2012  
 WAIVER APPROVED

| Date of Notification (1)<br>07/27/12 Ck: 2190 5200  |   | Name of Building Owner/Operator (2)<br>Cedar Grove Board of Education   |     |   |                           |   |        |             |           |
|---|---|---|-----|---|---------------------------|---|--------|-------------|-----------|
| 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   |   | Street Address<br>520 Pompton Avenue  |     |   |                           |   |        |             |           |
| Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input checked="" type="checkbox"/> Amendment #<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation                 |   | City, State, Zip Code<br>Cedar Grove, New Jersey 07009  |     |   |                           |   |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Cedar Grove High School   |   | Name of Contact<br>Mario Gaita  |     |   |                           |   |        |             |           |
| Street Address<br>90 Rugby Road   |   | Telephone Number  |     |   |                           |   |        |             |           |
| City (5)<br>Cedar Grove, New Jersey 07009   |   | FACILITY INFORMATION  |     |   |                           |   |        |             |           |
| County (6)<br>Essex   |   | Type of Facility (4)<br><input checked="" type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter B (Other than K-12)<br><input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |     |   |                           |   |        |             |           |
| County Code (7)<br>(STATE USE ONLY)   |   | Square Foot<br>20,000   |     |   |                           |   |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>AHERA Consultants Inc.   |   | # of Floors<br>2  |     |   |                           |   |        |             |           |
| ASCM No   |   | Bldg. Age<br>55+  |     |   |                           |   |        |             |           |
| Street Address<br>PO Box 385  |   | Current Use (Prior if being demolished)<br>High School  |     |   |                           |   |        |             |           |
| City, State, Zip Code<br>Oceanville, New Jersey 08231   |   | Name of Abatement Contractor (9)<br>Lilich Corporation  |     |   |                           |   |        |             |           |
| Project Manager for Monitoring Firm<br>John Smoyer  |   | Street Address<br>606 McBride Avenue  |     |   |                           |   |        |             |           |
| Telephone No.<br>609-652-1833   |   | City, State, Zip Code<br>Woodland Park, New Jersey 07424  |     |   |                           |   |        |             |           |
| Start Date (10)<br>08/03/12   |   | Telephone No.<br>973-225-8400   |     |   |                           |   |        |             |           |
| Scheduled Completion Date (11)<br>08/05/12  |   | License No.<br>D1104  |     |   |                           |   |        |             |           |
| 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<br>Other - Describe: Fri 4pm start - Sat & Sun 7am-7pm |   | Name of OSHA Monitor<br>J&S Environmental Labs LLC  |     |   |                           |   |        |             |           |
| Scope of Work (Check All That Apply)<br><input checked="" type="checkbox"/> ≥3 sf or ≥3 If<br><input type="checkbox"/> ≥160 sf or ≥200 If   |   | Street Address<br>2333 Route 22 West  |     |   |                           |   |        |             |           |
| <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition   |   | City, State, Zip Code<br>Union, New Jersey 07083  |     |   |                           |   |        |             |           |
| <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 |
| Ground Floor Hallway Ceiling  |   | X   |     | Pipe Fitting(O&M)   | 8                         | X   |        |             |           |
| E Wing Entrance Door Way  |   | X   |     | Pipe Fitting(O&M)   | 2                         | X   |        |             |           |
| Name of Registered Waste Hauler<br>Lilich Corporation   |   | NJDEP Waste Hauler ID No.<br>18724  |     | Cubic Yards of Waste<br>1   |                           | Name of Registered Landfill<br>G.R.O.W S Landfill |        |             |           |
| City, State<br>Woodland Park, New Jersey 07424  |   | Disposal Date<br>08/06/12   |     | City, State<br>Morrisville, Pennsylvania  |                           |   |        |             |           |
| Completed by<br>Tatiana Kalenikova  |   | Title<br>Vice President   |     | Signature<br><i>Tatiana Kalenikova</i>  |                           | Date<br>07/27/12                                  |        |             |           |

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

**RECEIVED**

Check # 1453

|   |  |   |  |
|---|--|---|--|
| Date of Notification (1)<br>07 / 31 / 12  |  | Name of Building Owner/Operator (2)<br>2012 AUG -3 AM 9:53  |  |
| 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)                             |  | Department of Interior-National Park Service<br>Street Address<br><b>ASBESTOS CONTROL &amp; LICENSING</b><br>Northeast Regional Office<br>City, State, Zip Code<br>Philadelphia, PA 19106 |  |
| 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 |  | Name of Contact<br>Charles Fabian<br>Telephone Number<br>   |  |

**FACILITY INFORMATION**

|   |                                  |  |                  |
|---|----------------------------------|--|------------------|
| Name of Facility Where Abatement is Taking Place (3)<br>Government Furnished Quarters #10/Morristown National Historical Park |                                  | 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>714 Jockey Hollow Road  |                                  | Square Feet<br>1,300 SF  | # of Floors<br>2 |
| City (5)<br>Morristown, NJ 07960  |                                  | Bldg. Age<br>50 +  |                  |
| County (6)<br>Morris  | 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)<br>Gr Tech LLC |  |
| Street Address                                      |               | Street Address<br>576 Valley Rd #283     |   |  |
| City, State, Zip Code                               |               | City, State, Zip Code<br>Wayne, NJ 07470 |   |  |
| Project Manager for Monitoring Firm                 | Telephone No. | Telephone No.<br>973-638-1777            | License No.<br>01127                            |  |

|  |  |  |  |
|--|--|--|--|
| Start Date (10)<br>08 / 13 / 12  | Scheduled Completion Date (11)<br>08 / 16 / 12 | Name of OSHA Monitor<br>Envirovision Consultants, Inc  |  |
| 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<br>Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM |  | Street Address<br>20-21 Wagaraw Road, Bldg # 34A<br>City, State, Zip Code<br>Fair Lawn, NJ 07410 |  |

Scope of Work (Check all that apply)

|   |  |  |
|---|--|--|
| <input type="checkbox"/> >3 sf or >3 lf                 | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure               |
| <input checked="" type="checkbox"/> ≥ 160 sf or ≥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) 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 SIF or LF) | Abatement Type                      |                          |                          |                          |
|--|---|--------------------------|-------------------------------------|--|----------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
|  | Yes   | No                       | N/A                                 |  |                            | Removal                             | Repair                   | Encapsulate              | Enclosure                |
| Roof   | <input type="checkbox"/>  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Roof shingles  | 1,100 SF                   | <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>Gr Tech LLC |                | NJDEP Waste Hauler ID No.<br>0033785 | Cubic Yards of Waste<br>TBD  | Name of Registered Landfill<br>T.R.R.F. Inc |  |
| City, State<br>Wayne, NJ 07470                 |                | Disposal Date<br>TBD                 | City, State<br>Tullytown, PA |   |  |
| Completed By (Print or Type)<br>N.Jevtic       | Title<br>Owner | Signature<br><i>N. Jevtic</i>        | Date<br>07/31/2012           |   |  |



OK  
3887

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

RECEIVED

|  |  |  |  |   |                   |                               |                |           |  |  |
|--|--|--|--|---|-------------------|-------------------------------|----------------|-----------|--|--|
| Date of Notification (1)<br>7-31-2012  |  | Name of Building Owner/Operator (2)<br>C. CLARK  |  |   |                   |                               |                |           |  |  |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input type="checkbox"/> DCL<br><input type="checkbox"/> DOH<br><input type="checkbox"/> DCA  | Type Notification<br><input 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>74 CEDAR LAKE ROAD EAST  |  |   |                   |                               |                |           |  |  |
|  |  | City, State, Zip Code<br>DENVER, N.J. 07834  |  |   |                   |                               |                |           |  |  |
|  |  | Name of Contact<br>C. CLARK  |  |   |                   |                               |                |           |  |  |
|  |  | Telephone Number<br>[REDACTED]   |  |   |                   |                               |                |           |  |  |
| <b>FACILITY INFORMATION</b>  |  |  |  |   |                   |                               |                |           |  |  |
| Name of Facility Where Abatement is Taking Place (3)<br>C. CLARK   |  | Type of Facility (4)   |  |   |                   |                               |                |           |  |  |
| Street Address<br>74 CEDAR LAKE ROAD EAST  |  | <input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 6 (Other than K-12)<br><input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |  |   |                   |                               |                |           |  |  |
| City (5)<br>DENVER   |  | Square Feet  | Blg. Age   |   |                   |                               |                |           |  |  |
| County (6)<br>MORRIS   |  | 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>Best Removal Inc |   |                   |                               |                |           |  |  |
| Street Address   |  | Street Address<br>450 South River St   |  |   |                   |                               |                |           |  |  |
| City, State, Zip Code  |  | City, State, Zip Code<br>Hackensack, N.J. 07601  |  |   |                   |                               |                |           |  |  |
| Project Manager for Monitoring Firm  |  | Telephone No.  | Telephone No.<br>201-329-7444                        |   |                   |                               |                |           |  |  |
| Start Date (10)<br>8-10-2012   |  | Scheduled Completion Date (11)<br>8-11-2012  | License No.<br>00388                                 |   |                   |                               |                |           |  |  |
| Name of OSHA Monitor<br>Omega Environmental Services   |  | Street Address<br>280 Huyler St.   |  |   |                   |                               |                |           |  |  |
| 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: 8 AM 5 PM   |  | City, State, Zip Code<br>South Hackensack N.J. 07606   |  |   |                   |                               |                |           |  |  |
| Scope of Work (Check All That Apply)   |  |  |  |   |                   |                               |                |           |  |  |
| <input type="checkbox"/> 25 sf or 25 lf <input type="checkbox"/> Renovation<br><input type="checkbox"/> 250 sf or 250 lf <input type="checkbox"/> Demolition<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Crawling Procedure<br><input type="checkbox"/> Non-Encapsulated (*) and Non-Flexible Procedure |  |  |  |   |                   |                               |                |           |  |  |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)   | Is Location Normally Used Solely by Maintenance/Control 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 |  |  |
| BASMENT  |  |  | X  | THERMAL INSULATION  | 95 LF             | X                             |                |           |  |  |
| Name of Registered Waste Hauler<br>Best Removal Inc.   |  | NJDEP Waste Hauler ID No.<br>17109   | Cubic Yards of Waste<br>3/4 YARD                     | Name of Registered Landfill<br>Minerva Enterprises Inc  |                   | City, State<br>Waynesburg, OH |                |           |  |  |
| City, State<br>Hackensack, NJ  |  | Disposal Date<br>8-11-2012   |  | City, State<br>Waynesburg, OH   |                   |                               |                |           |  |  |
| Completed by<br>R. Veldran   |  | Title<br>Estimator   | Signature<br>R. Veldran                              |   | Date<br>7-31-2012 |                               |                |           |  |  |

CK  
20494

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

RECEIVED  
 2012 AUG -3 20494  
 AM 9:50

|  |  |  |   |
|--|--|--|---|
| Date of Notification (1)<br>7/31/2012  |  | Name of Building Owner/Operator (2)<br>A to Z Site Contractors, Inc. |   |
| 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 of Notification<br><input checked="" type="checkbox"/> Initial Notification<br><input type="checkbox"/> Amended Notification Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |  | Street Address<br>940 Park Avenue                   |
|  |  |  | City, State, Zip Code<br>Lakewood, New Jersey 08701 |
|  |  | Name of Contact<br>Irving Perlstein                                  | Telephone Number<br>[REDACTED]                      |

ASBESTOS CONTROL & LICENSING

**FACILITY INFORMATION**

|   |   |  |  |                         |                 |
|---|---|--|--|-------------------------|-----------------|
| Name of Facility Where Abatement is Taking Place (3)<br>Residence   |   |  | 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>227 First Street  |   |  | Square feet<br>2000 sf   | # of Floors<br>1        | Bldg. Age<br>60 |
| City<br>Lakewood  | County (6)<br>Ocean                       | County Code (7)<br>(STATE USE ONLY)                        | Current Use (Prior if being demolished)<br>Residence   |                         |                 |
| Name of Monitoring Firm Hired by Building Owner (8)<br>N/A  |   | ASCM No.   | Name of Abatement Contractor (9)<br>Guardian Contracting, Inc.   |                         |                 |
| Street Address  |   | Street Address<br>1889 Route 9, Unit 61                    |  |                         |                 |
| City, State, Zip Code   |   | City, State, Zip Code<br>Toms River, New Jersey 08755-1271 |  |                         |                 |
| Project Manager for Monitoring Firm   | Telephone Number                          |  | Telephone Number<br>732-349-9932   | License Number<br>00624 |                 |
| Scheduled Start Date (10)<br>8/13/12  | Scheduled Completion Date (11)<br>8/15/12 |  | 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<br>1056 Stelton Road  |                         |                 |
|   |   |  | City, State, Zip Code<br>Piscataway, New Jersey 08854  |                         |                 |
| Scope of Work (Check all that apply)<br><input type="checkbox"/> >3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf   |   |  | <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 |                         |                 |
|   |   |  | <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition  |                         |                 |

| 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              | R | E                 | E |  |  |
| Exterior   |  | X                                  |     | Asbestos siding  | 1500 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>8/16/12           |     | 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>7/31/2012 |   |  |  |

\*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 12-266

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2012 AUG -3 AM 9:44

ASBESTOS CONTROL & LICENSING

|   |  |  |                  |
|---|--|--|------------------|
| Date of Notification (1)<br><u>10/17/13 10/11/12</u>  |  | Name of Building Owner/Operator (2)<br><u>DAN GORDON</u> |                  |
| 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       |  | Street Address<br><u>59 PINE DRIVE</u>                   |                  |
| Type Notification<br><input type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |  | City, State, Zip Code<br><u>UPPER SADDLE RIVER, NJ</u>   |                  |
| Amendment #:  |  | Name of Contact<br><u>DAN GORDON</u>                     | Telephone Number |

FACILITY INFORMATION

|   |                             |  |  |             |           |
|---|-----------------------------|--|--|-------------|-----------|
| Name of facility where abatement is taking place (3)<br><u>DAN GORDON</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 (Private/Commercial Bldgs./Homes, etc.) |             |           |
| Street Address<br><u>59 PINE HILL DRIVE</u>                               |                             |  | Square Feet  | # of Floors | Bldg. Age |
| City (5)<br><u>UPPER SADDLE RIVER</u>                                     | County (6)<br><u>BERGEN</u> |  | 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><u>D &amp; S RESTORATION, INC.</u> |                                |  |
| Street Address   |  |          | Street Address<br><u>20 California Ave.</u>                            |                                |  |
| City, State, Zip Code  |  |          | City, State, Zip Code<br><u>Paterson, NJ 07503</u>                     |                                |  |
| Project Manager for Monitoring Firm  | Phone Number                                   |          | Telephone Number<br><u>973-345-8020</u>                                | License Number<br><u>00159</u> |  |
| Start Date (10)<br><u>07/31/12</u>   | Sched. Completion Date (11)<br><u>08/12/12</u> |          | Name of OSHA Monitor<br><u>D &amp; S Restoration, Inc.</u>             |                                |  |
| 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: <u>NORMAL HOURS</u> |  |          | Street Address<br><u>20 California Avenue</u>                          |                                |  |
|  |  |          | City, State, Zip Code<br><u>Paterson, NJ 07503</u>                     |                                |  |

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                                   | e | m | o | v | e | R | e | p | a | i | r | E | n | c | a | p | E | n | c | l |  |
|--|---|-------------------------------------|-----|---|---------------------------|-------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
|  | Yes   | No                                  | N/A |   |                           |                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| <u>BASEMENT</u>  |   | <input checked="" type="checkbox"/> |     | <u>PIPE INSULATION</u>                            | <u>63 LF</u>              | <input checked="" type="checkbox"/> |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|  |   |                                     |     |   |                           |                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|  |   |                                     |     |   |                           |                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|  |   |                                     |     |   |                           |                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |

|   |  |                                  |                                     |  |                         |  |
|---|--|----------------------------------|-------------------------------------|--|-------------------------|--|
| Registered Waste Hauler<br><u>D &amp; S RESTORATION, INC.</u> |  | NJDEP Hauler ID#<br><u>13506</u> | Cubic Yards of Waste<br><u>1 YD</u> | Name of Registered Landfill<br><u>TULLYTOWN, RESOURCE RECOVERY</u> |                         |  |
| City, State<br><u>PATERSON, NJ 07503</u>                      |  | Disposal Date<br><u>08/01/12</u> |                                     | City, State<br><u>TULLYTOWN, PA</u>                                |                         |  |
| Completed by (Print or Type)<br><u>BOGDAN JOLDZIC</u>         |  | Title<br><u>PRESIDENT</u>        | Signature                           |  | Date<br><u>07/30/12</u> |  |

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

REMOVED # 8575

| Date of Notification (1)<br>7-31-12  |   | Name of Building Owner/Operator (2)<br>Pascack Valley Health System   |  |   |                           |                 |        |             |           |
|--|---|---|--|---|---------------------------|-----------------|--------|-------------|-----------|
| Agencies Notified<br><input checked="" 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><input type="checkbox"/> Amendment #<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br>250 Old Hook Road   |  |   |                           |                 |        |             |           |
|  |   | City, State, Zip Code<br>Westwood, NJ 07675   |  |   |                           |                 |        |             |           |
|  |   | Name of Contact<br>Gene Hildman   |  |   |                           |                 |        |             |           |
| FACILITY INFORMATION   |   |   |  |   |                           |                 |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Pascack Valley Hospital  |   | 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>250 Old Hook Road  |   | Square Feet<br>50,000   | # of Floors<br>3   |   |                           |                 |        |             |           |
| City (5)<br>Westwood   |   | Bldg. Age<br>65yrs.   |  |   |                           |                 |        |             |           |
| County (6)<br>Bergen   | County Code (7)<br>(STATE USE ONLY)   | Current Use (Prior if being demolished)<br>hospital   |  |   |                           |                 |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Pennoni Associates, Inc.  |   | ASCM No.  | Name of Abatement Contractor (9)<br>Plymouth Environmental Co., Inc. |   |                           |                 |        |             |           |
| Street Address<br>515 Grove Street   |   | Street Address<br>923 Haws Avenue   |  |   |                           |                 |        |             |           |
| City, State, Zip Code<br>Haddon Heights, NJ 08035  |   | City, State, Zip Code<br>Norristown, PA 19401   |  |   |                           |                 |        |             |           |
| Project Manager for Monitoring Firm<br>Alan Lloyd  |   | Telephone No.<br>856-547-0505   | Telephone No.<br>610-239-9920  |   |                           |                 |        |             |           |
| Start Date (10)<br>8-14-12   |   | Scheduled Completion Date (11)<br>8-24-12   | License No.<br>00398   |   |                           |                 |        |             |           |
| Name of OSHA Monitor<br>Plymouth Environmental Co., Inc.   |   | Name of OSHA Monitor<br>Plymouth Environmental Co., 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<br><input type="checkbox"/> Other - Describe: |   | Street Address<br>923 Haws Avenue   |  |   |                           |                 |        |             |           |
|  |   | City, State, Zip Code<br>Norristown, PA 19401   |  |   |                           |                 |        |             |           |
| 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 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 |
| basement-central supply  |   | x   |  | floor tile & mastic   | 230 SF                    | x               |        |             |           |
| 1st floor-radiology  |   | x   |  | floor tile & mastic   | 50 SF                     | x               |        |             |           |
| 1st floor-diagnostics lab  |   | x   |  | floor tile & mastic   | 56 SF                     | x               |        |             |           |
| 1st floor-diagnostics lab  |   | x   |  | pipe fittings   | 81 ea.                    | x               |        |             |           |
| Name of Registered Waste Hauler<br>Newark Carting  |   | NJDEP Waste Hauler ID No.<br>4509   | Cubic Yards of Waste<br>3  | Name of Registered Landfill<br>IESI   |                           |                 |        |             |           |
| City, State<br>Newark, NJ  |   | Disposal Date<br>8-24-12  |  | City, State<br>Bethlehem, PA  |                           |                 |        |             |           |
| Completed by<br>James M. Kelly   |   | Title<br>Project Manager  | Signature<br>  |   |                           | Date<br>7-31-12 |        |             |           |

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

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| Date of Notification (1)<br>07/30/2012  |   | Name of Building Owner/Operator (2)<br>City of East Orange  |                      |  |  |                    |        |             |
|---|---|---|----------------------|--|--|--------------------|--------|-------------|
| Agency 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 checked="" type="checkbox"/> DCA   |   | Type Notification<br><input type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br>Amendment #<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation                            |                      |  |  |                    |        |             |
| Street Address<br>44 City Hall Plaza  |   | City, State, Zip Code<br>East Orange, NJ 07019  |                      |  |  |                    |        |             |
| Name of Contact<br>Cecil H. Sanders Jr.   |   | Telephone Number  |                      |  |  |                    |        |             |
| <b>FACILITY INFORMATION</b>   |   |   |                      |  |  |                    |        |             |
| Name of Facility Where Abatement is Taking Place (3)<br>Old EOPD Building   |   | 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>44 City Hall Plaza  |   | Square Feet   | # of Floors          |  |  |                    |        |             |
| City (5)<br>East Orange, NJ 07019   |   | Bldg. Age<br>50+  |                      |  |  |                    |        |             |
| County (6)<br>Essex   |   | County Code (7) (STATE USE ONLY)  |                      |  |  |                    |        |             |
| Name of Monitoring Firm Hired by Building Owner (8)   |   | ASCM No.  |                      |  |  |                    |        |             |
| Street Address<br>3 Crosswicks Street   |   | Name of Abatement Contractor (9)<br>RICI CORP   |                      |  |  |                    |        |             |
| City, State, Zip Code<br>Bordentown, NJ 08505   |   | Street Address<br>41 LIBERTY STREET   |                      |  |  |                    |        |             |
| Project Manager for Monitoring Firm<br>Michael Hoodak   |   | Telephone No.<br>609-298-5520   | License No.<br>00838 |  |  |                    |        |             |
| Start Date (10)<br>August 8, 2012   |   | Scheduled Completion Date (11)<br>October 23, 2012  |                      |  |  |                    |        |             |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Nacated During Entire Period of Abatement<br><input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe |   | Name of OSHA Monitor<br>RICI CORP   |                      |  |  |                    |        |             |
| Scope of Work (Check all that apply)<br><input type="checkbox"/> ~: 3 sf or ~: 3 lf<br><input checked="" type="checkbox"/> ~: 1 60 sf or ~: 260 lf  |   | Street Address<br>41 LIBERTY STREET   |                      |  |  |                    |        |             |
|   |   | City, State, Zip Code<br>PASSAIC, NJ 07055  |                      |  |  |                    |        |             |
|   |   | <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                      |  |  |                    |        |             |
| <input type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition  |   |   |                      |  |  |                    |        |             |
| 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 |
| Room 0001   | X   |   |                      | Boiler Insulation  | 480 sf   | X                  |        |             |
| Room 0001   | X   |   |                      | Breeching insulation off boiler  | 720 sf   | X                  |        |             |
| Room 0001   | X   |   |                      | Tank insulation  | 240 sf   | X                  |        |             |
| Room 0001   | X   |   |                      | Pipe insulation  | 80 lf  | X                  |        |             |
| Name of Registered Waste Hauler<br>RICI CORP  |   | NJDEP Waste Hauler ID No.<br>29051  |                      | Cubic Yards of Waste<br>TBD  | Name of Registered Landfill<br>G.R.O.W.S. LANDFILL |                    |        |             |
| City, State<br>PASSAIC, NJ  |   | Disposal Date<br>TBD  |                      | City, State<br>MORRISVILLE, PA   |  |                    |        |             |
| Completed by<br>RISTO TRAJKOV   |   | Title<br>PRESIDENT  |                      | Signature<br><i>Risto Trajkov</i>  |  | Date<br>07/30/2012 |        |             |

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State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
 (Pursuant to NJAC 8:60 and 12:120) **ASBESTOS CONTROL & LICENSING**  
 PAGE 2 OF 4

07/30/2012

| 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 |
| Room 0001  | X   |    |     | Pipe Insulation  | 550 lf                    | X              |        |             |           |
| Room 0001A   | X   |    |     | Pipe Fitting Insulation  | 18 lf                     | X              |        |             |           |
| Room 0002  |   | X  |     | Pipe Fitting Insulation  | 76 lf                     | X              |        |             |           |
| Room 0003  |   | X  |     | Pipe Fitting Insulation  | 30 lf                     | X              |        |             |           |
| Room 0004  |   | X  |     | Pipe Fitting Insulation  | 26 lf                     | X              |        |             |           |
| Room 0005  |   | X  |     | Pipe Fitting Insulation  | 212 lf                    | X              |        |             |           |
| Room 0006  |   | X  |     | Pipe Fitting Insulation  | 44 lf                     | X              |        |             |           |
| Room 0007  |   | X  |     | Pipe Fitting Insulation  | 72 lf                     | X              |        |             |           |
| Room 0009  |   | X  |     | Pipe Fitting Insulation  | 72 lf                     | X              |        |             |           |
| Room 0011  |   | X  |     | Pipe Fitting Insulation  | 38 lf                     | X              |        |             |           |
| Room 0012  |   | X  |     | Pipe Fitting Insulation  | 30lf                      | X              |        |             |           |
| Room 0013  |   | X  |     | Pipe Fitting Insulation  | 42 lf                     | X              |        |             |           |
| Room 0014  |   | X  |     | Pipe Fitting Insulation  | 28 lf                     | X              |        |             |           |
| Room 0015  |   | X  |     | Pipe Fitting Insulation  | 24 lf                     | X              |        |             |           |
| Room 0016  |   | X  |     | Pipe Fitting Insulation  | 26 lf                     | X              |        |             |           |
| Room 0017  |   | X  |     | Pipe Fitting Insulation  | 240 lf                    | X              |        |             |           |
| Room 0018  |   | X  |     | Pipe Insulation  | 16 lf                     | X              |        |             |           |
| Room 0019  |   | X  |     | Pipe Fitting Insulation  | 31 lf                     | X              |        |             |           |
| Room 0020  |   | X  |     | Pipe Fitting Insulation  | 36 lf                     | X              |        |             |           |
| Room 0022  |   | X  |     | Pipe Fitting Insulation  | 60 lf                     | X              |        |             |           |
| Room 0023  |   | X  |     | Pipe Fitting Insulation  | 24 lf                     | X              |        |             |           |
| Room 0024  |   | X  |     | Pipe Fitting Insulation  | 14 lf                     | X              |        |             |           |

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

ASBESTOS CONTROL  
 & LICENSING

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07/30/2012

| 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) |    |     | 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 |
| Room 0025  |   | X  |     | Pipe Fitting Insulation   | 42 lf                     | X              |        |             |           |
| Room 0025A   |   | X  |     | Pipe Fitting Insulation   | 14 lf                     | X              |        |             |           |
| Room 1005  |   | X  |     | Pipe Fitting Insulation   | 60 lf                     | X              |        |             |           |
| Room 1006  |   | X  |     | Pipe Fitting Insulation   | 60 lf                     | X              |        |             |           |
| Room 1007  |   | X  |     | Pipe Fitting Insulation   | 234 lf                    | X              |        |             |           |
| Room 1008  |   | X  |     | Pipe Fitting Insulation   | 120 lf                    | X              |        |             |           |
| Room 1010  |   | X  |     | Pipe Fitting Insulation   | 60 lf                     | X              |        |             |           |
| Room 1011  |   | X  |     | Pipe Fitting Insulation   | 60 lf                     | X              |        |             |           |
| Room 1011A   |   | X  |     | Pipe Fitting Insulation   | 210 lf                    | X              |        |             |           |
| Room 1013  |   | X  |     | Pipe Fitting Insulation   | 168 lf                    | X              |        |             |           |
| Room 1014  |   | X  |     | Pipe Fitting Insulation   | 78 lf                     | X              |        |             |           |
| Room 1015  |   | X  |     | Pipe Fitting Insulation   | 30 lf                     | X              |        |             |           |
| Room 1016  |   | X  |     | Pipe Fitting Insulation   | 30 lf                     | X              |        |             |           |
| Room 1022  |   | X  |     | Pipe Insulation   | 16 lf                     | X              |        |             |           |
| Room 1023  |   | X  |     | Pipe Insulation   | 16 lf                     | X              |        |             |           |
| Room 1024  |   | X  |     | Pipe Insulation   | 16 lf                     | X              |        |             |           |
| Room 1025  |   | X  |     | Pipe Insulation   | 16 lf                     | X              |        |             |           |
| Room 1026  |   | X  |     | Pipe Insulation   | 20 lf                     | X              |        |             |           |
| Room 1027  |   | X  |     | Pipe Insulation   | 20 lf                     | X              |        |             |           |
| Room 1028  |   | X  |     | Pipe Insulation   | 20 lf                     | X              |        |             |           |
| Room 1029  |   | X  |     | Pipe Insulation   | 20 lf                     | X              |        |             |           |
| Room 1030  |   | X  |     | Pipe Insulation   | 20 lf                     | X              |        |             |           |

Rici Corp. ♦ 41 Liberty Street, Passaic, NJ 07055

♦ Tel: (973) 614-1266 ♦ Fax: (973) 614-1268 ♦ ricicorp@optonline.net ♦ www.ricicorp.com

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

ASBESTOS CONTROL  
 & LICENSING

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07/30/2012

| 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) |    |     | 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 |
| Room 1030  |   | X  |     | Pipe Insulation   | 20 lf                     | X              |        |             |
| Room 1031  |   | X  |     | Pipe Insulation   | 20 lf                     | X              |        |             |
| Room 2002  |   | X  |     | Pipe Fitting Insulation   | 24 lf                     | X              |        |             |
| Room 2003  |   | X  |     | Pipe Fitting Insulation   | 12 lf                     | X              |        |             |
| Room 2004  |   | X  |     | Pipe Fitting Insulation   | 8 lf                      | X              |        |             |
| Room 2005  |   | X  |     | Pipe Fitting Insulation   | 8 lf                      | X              |        |             |
| Room 2006  |   | X  |     | Pipe Fitting Insulation   | 24 lf                     | X              |        |             |
| Room 2006A   |   | X  |     | Pipe Fitting Insulation   | 8 lf                      | X              |        |             |
| Room 2007  |   | X  |     | Pipe Fitting Insulation   | 8 lf                      | X              |        |             |
| Room 2008  |   | X  |     | Pipe Fitting Insulation   | 8 lf                      | X              |        |             |
| Room 2009  |   | X  |     | Pipe Fitting Insulation   | 8 lf                      | X              |        |             |
| Room 2012  |   | X  |     | Pipe Fitting Insulation   | 12 lf                     | X              |        |             |
| Room 2014  |   | X  |     | Pipe Fitting Insulation   | 12 lf                     | X              |        |             |
| Room 2016  |   | X  |     | Pipe Fitting Insulation   | 24 lf                     | X              |        |             |
| Room 2019  |   | X  |     | Pipe Fitting Insulation   | 12 lf                     | X              |        |             |
| Room 2020  |   | X  |     | Pipe Fitting Insulation   | 24 lf                     | X              |        |             |
| Room 2021  |   | X  |     | Pipe Fitting Insulation   | 24 lf                     | X              |        |             |
| Room 2022  |   | X  |     | Pipe Fitting Insulation   | 12 lf                     | X              |        |             |
| Room 2023  |   | X  |     | Pipe Fitting Insulation   | 8 lf                      | X              |        |             |
|  |   |    |     |   |                           |                |        |             |
|  |   |    |     |   |                           |                |        |             |
|  |   |    |     |   |                           |                |        |             |



STATE OF NEW JERSEY  
 NOTIFICATION OF ASBESTOS ABATEMENT  
 (PURSUANT TO NJAC 8:60-7 AND 12:120-7)

*check # 2724*

|   |  |   |  |
|---|--|---|--|
| Date of Notification (1)<br>08 / 02 / 12  |  | Name of Building Owner / Operator (2)<br>NOVARTIS PHARMACEUTICALS CORPORATION |  |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DOH<br><input checked="" type="checkbox"/> DOL   |  | Street Address<br>1 HEALTH PLAZA  |  |
| Type of Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment #<br><input type="checkbox"/> Emergency w/ justification<br><input type="checkbox"/> Cancellation |  | City, State, Zip Code<br>EAST HANOVER, NJ 07936                               |  |
|   |  | Name of Contact<br>KEN PIROZZI  |  |
|   |  | Telephone Number<br>[REDACTED]  |  |

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ASBESTOS CONTROL

FACILITY INFORMATION

|  |  |   |   |  |                         |
|--|--|---|---|--|-------------------------|
| Name of Facility Where Abatement is Taking Place (3)<br>NOVARTIS   |  |   | 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 bldgs., homes, etc.) |  |                         |
| Street Address<br>1 HEALTH PLAZA   |  |   | Square Feet<br>N/A  |  |                         |
| City (5)<br>EAST HANOVER   |  |   | # Of Floors<br>N/A  |  | Building Age<br>40+     |
| County (6)<br>MORRIS   |  |   | Current Use (Prior if being demolished)<br>OFFICE/RESEARCH  |  |                         |
| County Code (7)  |  |   | Name of Monitoring Firm Hired by Bldg. Owner (8)<br>HILLMAN ENVIRONMENTAL   |  |                         |
| ASCM NO  |  |   | Name of Abatement Contractor (9)<br>LVI Environmental Services Inc.   |  |                         |
| Street Address<br>1600 ROUTE 22 EAST   |  |   | Street Address<br>462 Getty Avenue  |  |                         |
| City, State, Zip Code<br>UNION, NJ 07083   |  |   | City, State, Zip Code<br>Clifton, NJ 07011  |  |                         |
| Project Mngr. For Monitoring Firm<br>MIKE NEHLSSEN   |  | Telephone Number<br>908-688-7800            | Telephone Number<br>973-772-3660  |  | License Number<br>00117 |
| Sched. Start Date (10)<br>08 / 20 / 12   |  | Sched. Completion Date (11)<br>09 / 07 / 12 |   |  |                         |
| Occupancy Status During Abatement (Check Only 1)<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: MON-FRI - 7:00AM - 3:30PM |  |   | Name of OSHA Monitor<br>LVI Environmental Services Inc.   |  |                         |
|  |  |   | Street Address<br>462 Getty Avenue  |  |                         |
|  |  |   | City, State, Zip Code<br>Clifton, NJ 07011  |  |                         |

Scope of Work (Check All That Apply)

|  |  |   |
|--|--|---|
| <input type="checkbox"/> Demolition                    | <input checked="" type="checkbox"/> Renovation | <input checked="" type="checkbox"/> Full Containment with Negative Pressure |
| <input type="checkbox"/> >3sf or >3lf                  |  | <input type="checkbox"/> Mini - Enclosure                                   |
| <input checked="" type="checkbox"/> >160 sf or >260 lf |  | <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) (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 |
| B415 - MEZZANINE   | <input type="checkbox"/>   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | PIE & FITTING  | 310LF                     | <input checked="" type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/>             | <input type="checkbox"/>             |
| B415 - MEZZANINE   | <input type="checkbox"/>   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | TSI  | 45SF                      | <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>NEWARK CARTING | NJDEP Waste Hauler ID No.<br>4509 | Cubic Yards of Waste         | Name of Registered Landfill<br>IESI |
| City, State<br>NEWARK, NJ                         | Disposal Date                     | City, State<br>BETHLAHEM, PA |                                     |
| Completed by (Print or Type)<br>STEVEN STILES     | Title<br>PROJECT MANAGER          | Signature<br>                | Date<br>08/02/12                    |