

No check

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

RECEIVED

|   |   |   |   |   |                           |   |        |             |           |
|---|---|---|---|---|---------------------------|---|--------|-------------|-----------|
| Date of Notification (1)<br>08/24/12  |   | Name of Building Owner/Operator (2)<br>Rowan University                               |   | 2012 AUG 28 PM 8:08   |                           |   |        |             |           |
| 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 type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br>Amendment #1<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br>201 Mullica Hill Road   |   | ASBESTOS CONTROL & LICENSING  |                           |   |        |             |           |
|   |   | City, State, Zip Code<br>Glassboro, New Jersey 08028                                  |   |   |                           |   |        |             |           |
|   |   | Name of Contact<br>Tony Kula  |   | Telephone Number  |                           |   |        |             |           |
| <b>FACILITY INFORMATION</b>   |   |   |   |   |                           |   |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Rowan University, Wilson Hall   |   |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input checked="" type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |   |                           |   |        |             |           |
| Street Address<br>201 Mullica Hill Road   |   |   | Square Feet<br>20,000   | # of Floors<br>3  | Bldg. Age<br>55+          |   |        |             |           |
| City (5)<br>Glassboro, New Jersey 08028   |   |   | Current Use (Prior if being demolished)<br>University   |   |                           |   |        |             |           |
| County (6)<br>Gloucester  |   | County Code (7)<br>(STATE USE ONLY)   |   |   |                           |   |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>TTI Environmental, Inc.  |   | ASCM No.  |   | Name of Abatement Contractor (9)<br>Lilich Corporation  |                           |   |        |             |           |
| Street Address<br>1253 North Church Street  |   |   | Street Address<br>606 McBride Avenue  |   |                           |   |        |             |           |
| City, State, Zip Code<br>Moorestown, New Jersey 08057   |   |   | City, State, Zip Code<br>Woodland Park, New Jersey 07424  |   |                           |   |        |             |           |
| Project Manager for Monitoring Firm<br>Jim Guilardi   |   | Telephone No.<br>609-341-1683   |   | Telephone No.<br>973-225-8400   |                           |   |        |             |           |
| Start Date (10)<br>09/06/12   |   | Scheduled Completion Date (11)<br>10/06/12  |   | License No.<br>01104  |                           |   |        |             |           |
| Name of OSHA Monitor<br>J&S Environmental Labs  |   |   |   |   |                           |   |        |             |           |
| 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 checked="" type="checkbox"/> Other - Describe: 3:30pm-12am |   |   | Street Address<br>2333 Route 22 West  |   |                           |   |        |             |           |
|   |   |   | City, State, Zip Code<br>Union, New Jersey 07083  |   |                           |   |        |             |           |
| Scope of Work (Check All That Apply)  |   |   |   |   |                           |   |        |             |           |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf   |   | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition |   | <input type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                           |   |        |             |           |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)   | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)   |   |   | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)   | Amount (Specify SF or LF) | Abatement Type                                    |        |             |           |
|   | Yes   | No  | N/A   |   |                           | Removal   | Repair | Encapsulate | Enclosure |
| 2nd Floor Mechanical Room   | X   |   |   | Pipe Joint Insul.ElbowsVar.Sizes  | 177 each                  | X   |        |             |           |
| Roof Mechanical Room  | X   |   |   | Pipe Joint Insul.ElbowsVar.Sizes  | 125 each                  |   |        |             |           |
| Name of Registered Waste Hauler<br>Lilich Corporation   |   | NJDEP Waste Hauler ID No.<br>18724  |   | Cubic Yards of Waste<br>30  |                           | Name of Registered Landfill<br>G.R.O.W.S Landfill |        |             |           |
| City, State<br>Woodland Park, New Jersey 07424  |   |   |   | Disposal Date<br>10/12/12   |                           | City, State<br>Morrisville, Pennsylvania          |        |             |           |
| Completed by<br>Tatiana Kalenikova  |   | Title<br>Vice President   |   | Signature<br><i>Tatiana Kalenikova</i>  |                           | Date<br>08/24/12                                  |        |             |           |

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

RECEIVED  
 2012 AUG 28 PM 6:08  
 ASBESTOS CONTROL & LICENSING

| Date of Notification (1)<br>08/08/12 Ck: 2205 \$200  |  | Name of Building Owner/Operator (2)<br>Rowan University   |  |   |                           |                  |        |             |           |
|--|--|---|--|---|---------------------------|------------------|--------|-------------|-----------|
| 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 checked="" type="checkbox"/> DCA  | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br>201 Mullica Hill Road   |  |   |                           |                  |        |             |           |
|  |  | City, State, Zip Code<br>Glassboro, NJ 08028  |  |   |                           |                  |        |             |           |
|  |  | Name of Contact<br>Tony Kula  | Telephone Number                                       |   |                           |                  |        |             |           |
| <b>FACILITY INFORMATION</b>  |  |   |  |   |                           |                  |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Rowan University, Wilson Hall  |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input checked="" type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |  |   |                           |                  |        |             |           |
| Street Address<br>201 Mullica Hill Road  |  | Square Feet<br>20,000   | # of Floors<br>3                                       |   |                           |                  |        |             |           |
| City (5)<br>Glassboro, NJ 08028  |  | Bldg. Age<br>55+  |  |   |                           |                  |        |             |           |
| County (6)<br>Gloucester   | County Code (7)<br>(STATE USE ONLY) _____  | Current Use (Prior if being demolished)<br>University   |  |   |                           |                  |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>TTI Environmental Inc.  |  | ASCM No.  | Name of Abatement Contractor (9)<br>Lilich Corporation |   |                           |                  |        |             |           |
| Street Address<br>1253 North Church Street   |  | Street Address<br>606 McBride Avenue  |  |   |                           |                  |        |             |           |
| City, State, Zip Code<br>Moorestown, New Jersey 08057  |  | City, State, Zip Code<br>Woodland Park, New Jersey 07424  |  |   |                           |                  |        |             |           |
| Project Manager for Monitoring Firm<br>Jim Guilardi  |  | Telephone No.<br>609-341-1683   | Telephone No.<br>973-225-8400                          |   |                           |                  |        |             |           |
|  |  | License No.<br>01104  |  |   |                           |                  |        |             |           |
| Start Date (10)<br>08/20/12  | Scheduled Completion Date (11)<br>09/10/12   | Name of OSHA Monitor<br>J&S Environmental Labs LLC  |  |   |                           |                  |        |             |           |
| 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 checked="" type="checkbox"/> Other - Describe: 3:30pm-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 type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure / Tent<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 |
| 2nd Floor Mechanical Room  | X  |   |  | Pipe Joint Insul.ElbowsVar.Sizes  | 177 each                  | X                |        |             |           |
| Roof Mechanical Room   | X  |   |  | Pipe Joint Insul.ElbowsVar.Sizes  | 125 each                  | X                |        |             |           |
|  |  |   |  |   |                           |                  |        |             |           |
| Name of Registered Waste Hauler<br>Lilich Corporation  |  | NJDEP Waste Hauler ID No.<br>18724  | Cubic Yards of Waste<br>30                             | Name of Registered Landfill<br>G.R.O.W.S Landfill   |                           |                  |        |             |           |
| City, State<br>Woodland Park, New Jersey 07424   |  |   | Disposal Date<br>09/12/12                              | City, State<br>Morrisville, Pennsylvania  |                           |                  |        |             |           |
| Completed by<br>Tatiana Kalenikova   |  | Title<br>Vice President   | Signature<br><i>Tatiana Kalenikova</i>                 |   |                           | Date<br>08/08/12 |        |             |           |

APPROVED  
 NJ Dept. of Health & Senior Services  
*Paul C. Homan*  
 (signature)  
 Date: 8/22/12 Time: 7:46 AM

No check

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

RECEIVED  
 CHECK # 7966

2012 AUG 28 PM 7:52

|  |  |   |                  |
|--|--|---|------------------|
| Date of Notification (1)<br>8/21/12  |  | Name of Building Owner/Operator (2)<br>SUNOCO INC.  |                  |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA | Type Notification<br><input type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended Amendment # 1<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br>1735 MARKET STREET STE. 200<br>City, State, Zip Code<br>PHILADELPHIA, PA 19103-7583 |                  |
|  | Name of Contact<br>KATH LUKWICH  |   | Telephone Number |

FACILITY INFORMATION

|  |                                     |   |                  |
|--|-------------------------------------|---|------------------|
| Name of Facility Where Abatement is Taking Place (3)<br>SUNOCO SERVICE STATION |                                     | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 6 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |                  |
| Street Address<br>1947 ROUTE 46  |                                     | Square Feet<br>3600   | # of Floors<br>1 |
| City (5)<br>PARLIPPANU N.J 07054   |                                     | Blg. Age<br>60  |                  |
| County (6)<br>MORRIS   | County Code (7)<br>(STATE USE ONLY) | Current Use (Prior if being demolished)<br>Gas station demo   |                  |

|   |               |  |                      |
|---|---------------|--|----------------------|
| Name of Monitoring Firm Hired by Building Owner (8) | ASCM No.      | Name of Abatement Contractor (9)<br>A. MAC Contracting Inc |                      |
| Street Address                                      |               | Street Address<br>105 Lowell Road                          |                      |
| City, State, Zip Code                               |               | City, State, Zip Code<br>Glen Rock, NJ 07452               |                      |
| Project Manager for Monitoring Firm                 | Telephone No. | Telephone No.<br>201-282-5841                              | License No.<br>00156 |

|  |   |   |  |
|--|---|---|--|
| Start Date (10)<br>8/22/12   | Scheduled Completion Date (11)<br>8/27/12 | Name of OSHA Monitor<br>Omega Environmental Services 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<br><input type="checkbox"/> Other - Describe: |   | Street Address<br>280 Huyer Street<br>City, State, Zip Code<br>Hackensack, NJ 07605 |  |

Scope of Work (Check All That Apply)

|  |  |  |
|--|--|--|
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf                | <input type="checkbox"/> Renovation            | <input type="checkbox"/> Full Containment with Negative Pressure               |
| <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 250 lf | <input checked="" type="checkbox"/> Demolition | <input type="checkbox"/> Mini-Enclosure  |
|  |  | <input type="checkbox"/> Glovebag Procedure                                    |
|  |  | <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |

| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |    |     | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |        |             |           |
|--|---|----|-----|---|---------------------------|----------------|--------|-------------|-----------|
|  | Yes   | No | N/A |   |                           | Removal        | Repair | Encapsulate | Enclosure |
| EXTERIOR   |   |    | X   | ROOF  | 3600 SF                   | X              |        |             |           |
|  |   |    |     |   |                           |                |        |             |           |

|  |                                    |  |   |
|--|------------------------------------|--|---|
| Name of Registered Waste Hauler<br>Rovio Transport | NJDEP Waste Hauler ID No.<br>20785 | Cubic Yards of Waste<br>30                   | Name of Registered Landfill<br>IESI PA Bethlehem Landfill Corp. |
| City, State, Zip Code<br>Riverdale, NJ 07457       | Disposal Date<br>8/22/12           | City, State, Zip Code<br>Bethlehem, PA 18015 |   |
| Completed by<br>R. McDonald                        | Title<br>President                 | Signature<br><i>Ronald McDonald</i>          | Date<br>8/24/12   |

APPROVED  
 NJ Dept. of Health & Senior Services  
 Paul C. Homer  
 (signature)  
 Date: 8/22/12 Time: 7:46 AM

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

RECEIVED 7966  
 CHECK #

2012 AUG 28 PH 7:52

ASBESTOS CONTROL & LICENSING

|  |   |  |                  |
|--|---|--|------------------|
| Date of Notification (1)<br>8/21/12  |   | Name of Building Owner/Operator (2)<br>SUNOCO INC.   |                  |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA | 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>1735 MARKET STREET STE. &          |                  |
|  |   | City, State, Zip Code<br>PHILADELPHIA, PA 19103-7583 |                  |
|  |   | Name of Contact<br>KATHY UKOVICH                     | Telephone Number |

FACILITY INFORMATION

|  |                                     |   |                  |
|--|-------------------------------------|---|------------------|
| Name of Facility Where Abatement is Taking Place (3)<br>SUNOCO SERVICE STATION |                                     | 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>1947 ROUTE 46  |                                     | Square Feet<br>3600   | # of Floors<br>1 |
| City (5)<br>PARSIPPANY NJ 07054  |                                     | Bldg. Age<br>60   |                  |
| County (6)<br>MORRIS   | County Code (7)<br>(STATE USE ONLY) | Current Use (Prior if being demolished)<br>gas station / demo   |                  |

|   |               |  |                      |
|---|---------------|--|----------------------|
| Name of Monitoring Firm Hired by Building Owner (8) | ASCM No.      | Name of Abatement Contractor (9)<br>A. MAC Contracting Inc |                      |
| Street Address                                      |               | Street Address<br>105 Lowell Road                          |                      |
| City, State, Zip Code                               |               | City, State, Zip Code<br>Glen Rock, NJ 07462               |                      |
| Project Manager for Monitoring Firm                 | Telephone No. | Telephone No.<br>201-282-5841                              | License No.<br>00156 |

|  |   |   |  |
|--|---|---|--|
| Start Date (10)<br>8/22/12   | Scheduled Completion Date (11)<br>8/24/12 | Name of OSHA Monitor<br>Omega Environmental Services 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<br><input type="checkbox"/> Other - Describe: |   | Street Address<br>280 Huyer Street                        |  |
|  |   | City, State, Zip Code<br>Hackensack, NJ 07605             |  |

Scope of Work (Check All That Apply)

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

| Location of Asbestos-Containing Material (ACM) to be Abated in Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |    |     | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |        |             |           |
|--|---|----|-----|---|---------------------------|----------------|--------|-------------|-----------|
|  | Yes   | No | N/A |   |                           | Removal        | Repair | Encapsulate | Enclosure |
| exterior   |   |    | X   | ROOF  | 3600 SF                   | X              |        |             |           |
|  |   |    |     |   |                           |                |        |             |           |

|  |                                    |  |   |
|--|------------------------------------|--|---|
| Name of Registered Waste Hauler<br>Rovic Transport | NJDEP Waste Hauler ID No.<br>20785 | Cubic Yards of Waste<br>30                   | Name of Registered Landfill<br>IESI PA Bethlehem Landfill Corp. |
| City, State, Zip Code<br>Riverdale, NJ 07457       | Disposal Date<br>8/22/12           | City, State, Zip Code<br>Bethlehem, PA 18015 |   |
| Completed by<br>R. McDonald                        | Title<br>President                 | Signature<br><i>Ronald McDonald</i>          | Date<br>8/21/12   |

No check

Amended Finish Date

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

RECEIVED

2012 AUG 28 PM 7:49

ASBESTOS CONTROL & LICENSING

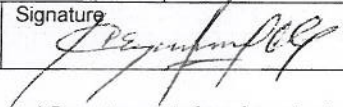
|   |  |  |  |   |                |                                     |                          |                          |                          |
|---|--|--|--|---|----------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1)<br>8 / 24 / 12   |  | Name of Building Owner/Operator (2)<br>Saint Stephens Parish   |  |   |                |                                     |                          |                          |                          |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input type="checkbox"/> DCA (NJAC 5:16)<br><input type="checkbox"/> DHSS<br><input type="checkbox"/> DCA (NJAC 5:23-8)  | Type Notification<br><input type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br>Amendment # 3<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br>97 Buckingham Avenue   |  |   |                |                                     |                          |                          |                          |
|   |  | City, State, Zip Code<br>Perth Amboy, NJ 08861   |  |   |                |                                     |                          |                          |                          |
|   |  | Name of Contact<br>Fr. Walter  | Telephone Number   |   |                |                                     |                          |                          |                          |
| <b>FACILITY INFORMATION</b>   |  |  |  |   |                |                                     |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br>Saint Stephens Convent to Rectory   |  | 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>97 Buckingham Avenue  |  | Square Feet<br>7500 sf   | # of Floors<br>3   |   |                |                                     |                          |                          |                          |
| City (5)<br>Perth Amboy   |  | Bldg. Age<br>100 + yrs   |  |   |                |                                     |                          |                          |                          |
| County (6)<br>Middlesex   | County Code (7)(STATE USE ONLY)  | Current Use (Prior if being demolished)<br>Rectory to Convent  |  |   |                |                                     |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br>TTI Environmental Inc.   |  | ASCM No.   | Name of Abatement Contractor (9)<br>Finishing Touch Asbestos Abatement Corp.   |   |                |                                     |                          |                          |                          |
| Street Address<br>1253 North Church St.   |  | Street Address<br>17 Thompson Street   |  |   |                |                                     |                          |                          |                          |
| City, State, Zip Code<br>Moorestown, NJ 08057   |  | City, State, Zip Code<br>West Long Branch, NJ 07764  |  |   |                |                                     |                          |                          |                          |
| Project Manager for Monitoring Firm<br>Mike Stocku  | Telephone No.<br>856-840-8800  | Telephone No.<br>732-222-8372  | License No.<br>00040   |   |                |                                     |                          |                          |                          |
| Start Date (10)<br>7 / 12 / 12  | Scheduled Completion Date (11)<br>9 / 31 / 12  | Name of OSHA Monitor<br>n/a  |  |   |                |                                     |                          |                          |                          |
| 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   |  |   |                |                                     |                          |                          |                          |
|   |  | City, State, Zip Code  |  |   |                |                                     |                          |                          |                          |
| Scope of Work (Check all that apply)  |  |  |  |   |                |                                     |                          |                          |                          |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf   |  | <input checked="" type="checkbox"/> 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                |
| 1st, 2nd & 3rd Floors   | <input type="checkbox"/>   | <input type="checkbox"/>   | <input checked="" type="checkbox"/>  | AC Ceiling & Wall Plaster                           | 20,200 sf      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1st Floor, 2nd and 3rd Floors   | <input type="checkbox"/>   | <input type="checkbox"/>   | <input checked="" type="checkbox"/>  | Vat & Linoleum                                      | 755 sf         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Basement  | <input type="checkbox"/>   | <input type="checkbox"/>   | <input checked="" type="checkbox"/>  | TSI   | 185 LF         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   |   |                | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler<br>Finishing Touch Asbestos   |  | NJDEP Waste Hauler No.<br>12058  | Cubic Yards of Waste<br>30 cy  | Name of Registered Landfill<br>GROWS Landfill North |                |                                     |                          |                          |                          |
| City, State<br>Oceanport, NJ 07757-0400   |  | Disposal Date<br>8/3/12  | City, State<br>Morrisville, PA   |   |                |                                     |                          |                          |                          |
| Completed By (Print or Type)<br>Joseph P. Miller  | Title<br>President   | Signature<br>  |  | Date<br>8/24/12                                     |                |                                     |                          |                          |                          |

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

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

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 2012 AUG 28 PM 8:09  
 ASBESTOS CONTROL  
 & LICENSING

CK  
 1020

|  |  |   |  |   |                           |                |                    |             |           |  |
|--|--|---|--|---|---------------------------|----------------|--------------------|-------------|-----------|--|
| Date of Notification (1)<br>08/24/12   |  | Name of Building Owner/Operator (2)<br>DEANDRA MILLER   |  |   |                           |                |                    |             |           |  |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA   | Type Notification<br><input 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>957 POTTER AVE  |  |   |                           |                |                    |             |           |  |
|  |  | City, State, Zip Code<br>UNION NJ 07083   |  |   |                           |                |                    |             |           |  |
|  |  | Name of Contact<br>DEANDRA MILLER   | Telephone Number   |   |                           |                |                    |             |           |  |
| <b>FACILITY INFORMATION</b>  |  |   |  |   |                           |                |                    |             |           |  |
| Name of Facility Where Abatement is Taking Place (3)<br>PRIVATE HOUSE  |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |  |   |                           |                |                    |             |           |  |
| Street Address<br>957 POTTER AVE   |  | Square Feet<br>1650   | # of Floors<br>2   |   |                           |                |                    |             |           |  |
| City (5)<br>UNION NJ 07083   |  | Bldg. Age<br>86   |  |   |                           |                |                    |             |           |  |
| County (6)<br>UNION  | County Code (7)<br>(STATE USE ONLY) _____  | Current Use (Prior if being demolished)<br>N/A  |  |   |                           |                |                    |             |           |  |
| Name of Monitoring Firm Hired by Building Owner (8)<br>N/A   |  | ASCM No.  | Name of Abatement Contractor (9)<br>SHARON QUALITY CO LLC.   |   |                           |                |                    |             |           |  |
| Street Address   |  | Street Address<br>22 VAN ORDEN PL   |  |   |                           |                |                    |             |           |  |
| City, State, Zip Code  |  | City, State, Zip Code<br>HACKENSACK NJ 07601  |  |   |                           |                |                    |             |           |  |
| Project Manager for Monitoring Firm  |  | Telephone No.<br>201-708-4270   | License No.<br>01135   |   |                           |                |                    |             |           |  |
| Start Date (10)<br>08/27/2012  | Scheduled Completion Date (11)<br>08/28/2012   | Name of OSHA Monitor<br>J&S ENVIRONMENTAL SERVICES 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<br><input type="checkbox"/> Other - Describe: _____ |  | Street Address<br>2333 RT 22 WEST   |  |   |                           |                |                    |             |           |  |
|  |  | City, State, Zip Code<br>UNION NJ   |  |   |                           |                |                    |             |           |  |
| 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 checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |   |                           |                |                    |             |           |  |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)   | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)  |   |  | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |                    |             |           |  |
|  | Yes  | No  | N/A  |   |                           | Removal        | Repair             | Encapsulate | Enclosure |  |
| BASEMENT   |  | X   |  | VAT FLOOR TILE  | 348 SQ                    | X              |                    | X           |           |  |
|  |  |   |  |   |                           |                |                    |             |           |  |
| Name of Registered Waste Hauler<br>SHARON QUALITY CO LLC.  |  | NJDEP Waste Hauler ID No.<br>0033967  | Cubic Yards of Waste<br>1  | Name of Registered Landfill<br>TRI STATE SERVICES   |                           |                |                    |             |           |  |
| City, State<br>HACKENSACK NJ 07601   |  |   | Disposal Date<br>08-31-2012  | City, State<br>BRONX NY 10474   |                           |                |                    |             |           |  |
| Completed by<br>CARLOS ESQUIVEL  |  | Title<br>MANAGER  | Signature<br>  |   |                           |                | Date<br>08/24/2012 |             |           |  |

**State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT**  
(Parent to NJAC 9:28 and 12:12)

4017

|   |   |  |  |
|---|---|--|--|
| Date of Notification (1)<br><b>8-24-12</b>  |   | Name of Building Owner/Operator (2)<br><b>S. LOGAN</b> |  |
| 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 checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><b>160 CLINTON AVENUE</b>            |  |
|   |   | City, State, Zip Code<br><b>HILLSDALE, NJ 07642</b>    |  |
|   |   | Name of Contact<br><b>S. LOGAN</b>                     |  |

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ASBESTOS CONTROL

|   |                                     |   |                         |
|---|-------------------------------------|---|-------------------------|
| Name of Facility Where Abatement is Taking Place (3)<br><b>S. LOGAN</b> |                                     | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter S (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |                         |
| Street Address<br><b>160 CLINTON AVENUE</b>                             |                                     | Space Feet<br><b>1800</b>   | # of Floors<br><b>2</b> |
| City (5)<br><b>HILLSDALE</b>  |                                     | Blg. Age<br><b>66 YRS</b>   |                         |
| County (6)<br><b>BERGEN</b>   | County Code (7)<br>(STATE USE ONLY) | Current Use (Prior if being demolished)<br><b>RESIDENCE</b>   |                         |

|   |  |  |                             |
|---|--|--|-----------------------------|
| Name of Monitoring Firm Hired by Building Owner (8) |  | Name of Abatement Contractor (9)                       |                             |
| Street Address                                      |  | Street Address<br><b>450 South River St</b>            |                             |
| City, State, Zip Code                               |  | City, State, Zip Code<br><b>Hackensack, N.J. 07601</b> |                             |
| Project Manager for Monitoring Firm                 |  | Telephone No.<br><b>201-329-7444</b>                   | License No.<br><b>00388</b> |

|   |   |  |  |
|---|---|--|--|
| Start Date (10)<br><b>9-6-2012</b>  | Scheduled Completion Date (11)<br><b>9-7-2012</b> | Name of OSHA Monitor<br><b>Omega Environmental Services</b>  |  |
| Occupancy Status During Abatement (Check Only One)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other - Describe: <b>8AM - 5PM</b> |   | Street Address<br><b>280 Huyler St.</b>                      |  |
|   |   | City, State, Zip Code<br><b>South Hackensack, N.J. 07606</b> |  |

|  |                                     |   |  |
|--|-------------------------------------|---|--|
| Scope of Work (Check All That Apply)               |                                     |   |  |
| <input checked="" type="checkbox"/> 25 sf or 25 LF | <input type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure      |  |
| <input type="checkbox"/> 250 sf or 200 LF          | <input type="checkbox"/> Demolition | <input type="checkbox"/> Mini-Enclosure                               |  |
|  |                                     | <input type="checkbox"/> Geyser Bag Procedure                         |  |
|  |                                     | <input type="checkbox"/> Non-Encapsulated (*) and Non-Table 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 |
| <b>BASEMENT</b>  |   |    | <b>X</b> | <b>VAT</b>  | <b>135 SF</b>             | <b>X</b>       |        |             |           |
|  |   |    |          |   |                           |                |        |             |           |
|  |   |    |          |   |                           |                |        |             |           |

|   |  |   |                                       |   |  |
|---|--|---|---------------------------------------|---|--|
| Name of Registered Waste Hauler<br><b>Best Removal Inc.</b> |  | NJDEP Waste Hauler ID No.<br><b>17109</b> | Cubic Yards of Waste<br><b>1/2 YD</b> | Name of Registered Landfill<br><b>Minerva Enterprises Inc</b> |  |
| City, State<br><b>Hackensack, NJ</b>                        |  | Disposal Date<br><b>9-7-12</b>            |                                       | City, State<br><b>Waynesburg, OH</b>                          |  |
| Committed by<br><b>R. Veldran</b>                           |  | Title<br><b>Estimator</b>                 | Signature<br><b>R. Veldran</b>        | Date<br><b>8-24-2012</b>                                      |  |

\* Do not use this form for asbestos removal completed activities.

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

|  |  |  |  |
|--|--|--|--|
| Date of Notification (1)<br><b>8/24/12</b> |  | Name of Building Owner/Operator (2)<br><b>Ruth Coppa</b> |  |
| Agencies Notified                          | Type Notification  | Street Address<br><b>99 Essex Ave.</b>                   |  |
| <input type="checkbox"/> EPA               | <input checked="" type="checkbox"/> Initial Notification | City, State, Zip Code<br><b>Bloomfield, NJ 07003</b>     |  |
| <input type="checkbox"/> DEP               | <input type="checkbox"/> Amended Notification            | Name of Contact<br><b>Ruth Coppa</b>                     |  |
| <input checked="" type="checkbox"/> DOL    | <input type="checkbox"/> EMERGENCY                       | Telephone Number   |  |
| <input checked="" type="checkbox"/> DOH    | <input type="checkbox"/> Cancellation                    |  |  |
| <input type="checkbox"/> DCA               |  |  |  |

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ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

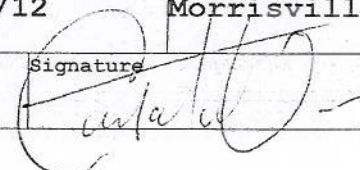
|  |                            |                                     |  |                         |                         |
|--|----------------------------|-------------------------------------|--|-------------------------|-------------------------|
| Name of Facility Where Abatement is Taking Place (3)<br><b>Private</b> |                            |                                     | Type of Facility (4)   |                         |                         |
| Street Address<br><b>99 Essex Ave.</b>                                 |                            |                                     | <input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) |                         |                         |
| City (5)<br><b>Bloomfield</b>  | County (6)<br><b>Essex</b> | County Code (7)<br>(STATE USE ONLY) | Square Feet<br><b>2000</b>   | # of Floors<br><b>2</b> | Bldg. Age<br><b>101</b> |
| Current Use (Prior if being demolished)                                |                            |                                     |  |                         |                         |

|   |  |  |  |                                    |  |
|---|--|--|--|------------------------------------|--|
| Name of Monitoring Firm hired by Building Owner (8)<br><b>N/A</b>   |  | ASCM No.                                     | Name of Abatement Contractor (9)<br><b>AZTECH MANAGEMENT, Inc.</b> |                                    |  |
| Street Address  |  |  | Street Address<br><b>86 Christopher St.</b>                        |                                    |  |
| City, State, Zip Code   |  |  | City, State, Zip Code<br><b>Montclair, NJ 07042</b>                |                                    |  |
| Project Manager for Monitoring Firm   |  | Telephone Number<br><b>N/A</b>               | Telephone Number<br><b>(973) 744-8800</b>                          | License Number<br><b>00371</b>     |  |
| Scheduled Start Date (10)<br><b>9/3/12</b>  |  | Sched. Completion Date (11)<br><b>9/4/12</b> |  | Name of OSHA Monitor<br><b>N/A</b> |  |
| Month Day Year  |  | Month Day Year                               |  |                                    |  |
| Occupancy Status During Abatement (Check only one)  |  |  | Street Address   |                                    |  |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript»<br><input type="checkbox"/> Other - Describe: «Other Occupancy Descript» |  |  | City, State, Zip Code  |                                    |  |

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 with 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-Friable Procedure                   |

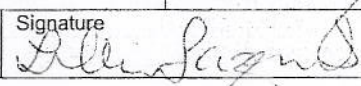
| Location of Asbestos-Containing Material (ACM) In Facility (13) | Is Location Normally Used Solely By Maintenance/Custodial Staff (12) |    |          | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |   |   |   |   |  |  |  |
|---|--|----|----------|--|---------------------------|----------------|---|---|---|---|--|--|--|
|   | Yes  | No | N/A      |  |                           | R              | E | N | C | E |  |  |  |
| <b>Basement</b>   |  |    | <b>X</b> | <b>20 lf</b>   |                           | <b>X</b>       |   |   |   |   |  |  |  |
|   |  |    |          |  |                           |                |   |   |   |   |  |  |  |

|   |  |   |   |  |                        |
|---|--|---|---|--|------------------------|
| 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>9/5/12</b>            | City, State<br><b>Morrisville, PA 19067</b>   |  |                        |
| Completed By (Print or Type)<br><b>Constantine Vivian</b>         |  | Title<br><b>President</b>                 | Signature<br> |  | Date<br><b>8/24/12</b> |



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

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2012 AUG 28 PM 7:48  
ASBESTOS CONTROL & LICENSING

|  |  |  |   |   |                           |                   |        |             |           |  |
|--|--|--|---|---|---------------------------|-------------------|--------|-------------|-----------|--|
| Date of Notification (1)<br>8-23-2012  |  | Name of Building Owner/Operator (2)<br>Marilyn MacKenzie   |   |   |                           |                   |        |             |           |  |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA  | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |  | Street Address<br>3 Adams Ave.<br>City, State, Zip Code<br>Cranford, NJ<br>Name of Contact<br>David Sang<br>Telephone Number<br>  |   |                           |                   |        |             |           |  |
|  | <b>FACILITY INFORMATION</b>  |  |   |   |                           |                   |        |             |           |  |
|  | Name of Facility Where Abatement is Taking Place (3)<br>House<br>Street Address<br>3 Adams Ave.<br>City (5)<br>Cranford<br>County (6)<br>Union   |  | 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>Square Feet<br>1500<br># of Floors<br>2<br>Bldg. Age<br>50+<br>County Code (7)<br>(STATE USE ONLY) _____<br>Current Use (Prior if being demolished)<br>House |   |                           |                   |        |             |           |  |
| Name of Monitoring Firm Hired by Building Owner (8)<br>n/a<br>Street Address<br>n/a<br>City, State, Zip Code<br>n/a  |  | ASCM No.<br>n/a  | Name of Abatement Contractor (9)<br>Jadar Contracting, LLC<br>Street Address<br>22 Troy Lane<br>City, State, Zip Code<br>Lincoln Park, NJ 07035<br>Telephone No.<br>973-706-7950<br>License No.<br>01088  |   |                           |                   |        |             |           |  |
| Project Manager for Monitoring Firm<br>n/a<br>Telephone No.<br>n/a   |  | Name of OSHA Monitor<br>Jadar Contracting, LLC<br>Street Address<br>22 Troy Lane<br>City, State, Zip Code<br>Lincoln Park, NJ 07035  |   |   |                           |                   |        |             |           |  |
| Start Date (10)<br>9-4-2012<br>Scheduled Completion Date (11)<br>9-5-2012  |  | 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: 9am - 5pm |   |   |                           |                   |        |             |           |  |
| Scope of Work (Check All That Apply)<br><input checked="" type="checkbox"/> ≥3 sf or ≥3 lf<br><input 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 |  |
| Basement   |  |  | X   | Asbestos Pipe Insulation  | 130 LF                    | X                 |        |             |           |  |
| Name of Registered Waste Hauler<br>Jadar Contracting, LLC<br>City, State<br>Lincoln Park, NJ 07035   |  | NJDEP Waste Hauler ID No.<br>0033137   | Cubic Yards of Waste<br>TBD   | Name of Registered Landfill<br>GROWS LANDFILL<br>City, State<br>Morrisville, PA 19067                                       |                           |                   |        |             |           |  |
| Completed by<br>Lillie Lazarevich  |  | Title<br>Secretary   | Signature<br>   |   |                           | Date<br>8-23-2012 |        |             |           |  |

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

Check # 2  
**RECEIVED**  
**2012 AUG 28 PM 7:47**  
**ASBESTOS CONTROL & LICENSING**

|  |  |   |                  |
|--|--|---|------------------|
| Date of Notification (1)<br><b>August 23, 2012</b>   |  | Name of Building Owner / Operator (2)<br><b>Bank of America</b> |                  |
| Agencies Notified  | Type Notification<br><b>EMERGENCY</b>  | Street Address<br><b>211 Smith Street</b>                       |                  |
| <input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended Amendment # ___<br><input type="checkbox"/> Cancellation | City, State & Zip Code<br><b>Perth Amboy, NJ 08861</b>          |                  |
|  |  | Name of Contact<br><b>Jim Kalafsky</b>                          | Telephone Number |

**FACILITY INFORMATION**

|  |  |   |   |
|--|--|---|---|
| Name of Facility Where Abatement is Taking Place (3)<br><b>Bank of America</b>   |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.) |   |
| Street Address<br><b>211 Smith Street</b>  |  | Square Feet<br><b>10,000</b>  | # of Floors<br><b>3</b>                                   |
| City (5)<br><b>Perth Amboy</b>   |  | Bldg. Age<br><b>84</b>  |   |
| County (6)<br><b>Middlesex</b>   |  | Current Use (Prior if being demolished)<br><b>Bank</b>  |   |
| County Code (7)<br><b>USE ONLY</b>   |  |   |   |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>Environmental Testing Consultants, LLC</b>   |  | ASCM No.  | Name of Abatement Contractor (9)<br><b>Synatech, Inc.</b> |
| Street Address<br><b>One Mall Drive, Suite 404</b>   |  | Street Address<br><b>829 Radio Road</b>   |   |
| City, State & Zip Code<br><b>Cherry Hill, NJ 08002</b>   |  | City, State & Zip Code<br><b>Little Egg Harbor, NJ 08087</b>  |   |
| Project Manager for Monitoring Firm<br><b>Howard Zenobi</b>  | Telephone Number<br><b>856-482-1311</b>                  | Telephone Number<br><b>609-296-6916</b>   | License Number<br><b>00817</b>                            |
| Scheduled Start Date (10)<br><b>August 24, 2012</b>  | Scheduled Completion Date (11)<br><b>August 26, 2012</b> | Name of OSHA Monitor<br><b>Synatech, Inc.</b>   |   |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours<br><input type="checkbox"/> Other - Describe:<br><input type="checkbox"/> Facility Occupied During Abatement |  | Street Address<br><b>829 Radio Road</b>   |   |
|  |  | City, State & Zip Code<br><b>Little Egg Harbor, NJ 08087</b>  |   |

Scope of Work (Check all that apply)

|  |  |   |
|--|--|---|
| <input type="checkbox"/> >3 sf or ≥ 50 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 checked="" type="checkbox"/> Mini-Enclosure                            |
|  |  | <input type="checkbox"/> Glovebag Procedure                                   |
|  |  | <input checked="" type="checkbox"/> Non-Exempted(*) and Non-Friable Procedure |

| Location of Asbestos-Containing Material (ACM)<br><b>TO BE ABATED</b><br>IN Facility<br>(13) | Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) |    |          | Description of Asbestos-Containing Material (ACM)<br>(i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) | Amount (Specify SF or LF)<br><b>300 SF</b> | Abatement Type |        |             |           |
|--|--|----|----------|--|--|----------------|--------|-------------|-----------|
|  | Yes  | No | N/A      |  |  | Removal        | Repair | Encapsulate | Enclosure |
| <b>ATM Area</b>  |  |    | <b>X</b> | <i>Floor Tile and Mastic</i>   |  | <b>X</b>       |        |             |           |

|  |   |                                       |  |
|--|---|---------------------------------------|--|
| Name of Registered Waste Hauler<br><b>Synatech, Inc.</b> | NJDEP Waste Hauler ID No.<br><b>27429</b> | Cubic Yards of Waste<br><b>6</b>      | Name of Registered Landfill<br><b>Grows Landfill</b> |
| City, State<br><b>Little Egg Harbor, NJ 08087</b>        | Disposal Date<br><b>August 27, 2012</b>   | City, State<br><b>Morrisville, PA</b> |  |
| Completed By<br><b>Diane Aloia</b>                       | Title<br><b>Executive Administrator</b>   | Signature<br><i>Diane Aloia</i>       | Date<br><b>August 23, 2012</b>                       |

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

OK

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

RECEIVED  
Check # 1  
2012 AUG 28 PM 7:45  
ASBESTOS CONTROL  
& LICENSING

|  |   |   |                  |
|--|---|---|------------------|
| Date of Notification (1)<br><b>August 23, 2012</b>   |   | Name of Building Owner / Operator (2)<br><b>Andrew McKay</b>            |                  |
| Agencies Notified  | Type Notification   | Street Address  |                  |
| <input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Cancellation | <b>20 East Main Street</b>  |                  |
|  |   | City, State & Zip Code<br><b>Brookside, NJ 07926 (Mendham Township)</b> |                  |
|  |   | Name of Contact   | Telephone Number |

**FACILITY INFORMATION**

|  |  |   |   |
|--|--|---|---|
| Name of Facility Where Abatement is Taking Place (3)<br><b>Residence</b>   |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.) |   |
| Street Address<br><b>20 East Main Street</b>   |  | Square Feet<br><b>2,800</b>   | # of Floors<br><b>2 + Basement</b>                        |
| City (5)<br><b>Brookside</b>   |  | Bldg. Age<br><b>202 years</b>   |   |
| County (6)<br><b>Morris</b>  |  | Current Use (Prior if being demolished)<br><b>Residence</b>   |   |
| County Code (7)<br><b>USE ONLY</b>   |  |   |   |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>N/A</b>  |  | ASCM No.  | Name of Abatement Contractor (9)<br><b>Synatech, Inc.</b> |
| Street Address   |  | Street Address<br><b>829 Radio Road</b>   |   |
| City, State & Zip Code   |  | City, State & Zip Code<br><b>Little Egg Harbor, NJ 08087</b>  |   |
| Project Manager for Monitoring Firm  | Telephone Number   | Telephone Number<br><b>609-296-6916</b>   | License Number<br><b>00817</b>                            |
| Scheduled Start Date (10)<br><b>September 4, 2012</b>  | Scheduled Completion Date (11)<br><b>September 5, 2012</b> | Name of OSHA Monitor<br><b>Synatech, Inc.</b>   |   |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Hours<br><input type="checkbox"/> Other - Describe:<br><input checked="" type="checkbox"/> Facility Occupied During Abatement |  | Street Address<br><b>829 Radio Road</b>   |   |
|  |  | City, State & Zip Code<br><b>Little Egg Harbor, NJ 08087</b>  |   |

Scope of Work (Check all that apply)

|   |                                     |  |
|---|-------------------------------------|--|
| <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 50$ lf | <input type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure   |
| <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf         | <input type="checkbox"/> Demolition | <input checked="" 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)<br><b>TO BE ABATED</b><br>IN Facility (13) | Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) |          |     | Description of Asbestos-Containing Material (ACM)<br>(i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |        |             |           |
|---|--|----------|-----|--|---------------------------|----------------|--------|-------------|-----------|
|   | Yes  | No       | N/A |  |                           | Removal        | Repair | Encapsulate | Enclosure |
| <b>Basement</b>   |  | <b>X</b> |     | <i>Transite Panel</i>  | 15 SF                     | <b>X</b>       |        |             |           |
| <b>Basement</b>   |  | <b>X</b> |     | <i>Pipe Insulation, elbows and couplings</i>   | 190 LF                    | <b>X</b>       |        |             |           |

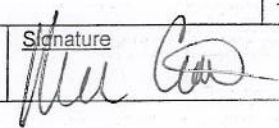
|  |   |                                       |  |
|--|---|---------------------------------------|--|
| Name of Registered Waste Hauler<br><b>Synatech, Inc.</b> | NJDEP Waste Hauler ID No.<br><b>27429</b> | Cubic Yards of Waste<br><b>5</b>      | Name of Registered Landfill<br><b>Grows Landfill</b> |
| City, State<br><b>Little Egg Harbor, NJ 08087</b>        | Disposal Date<br><b>September 6, 2012</b> | City, State<br><b>Morrisville, PA</b> |  |
| Completed By<br><b>Diane Aloia</b>                       | Title<br><b>Executive Assistant</b>       | Signature<br><i>Diane Aloia</i>       | Date<br><b>August 23, 2012</b>                       |

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

CK  
5549

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

RECEIVED

|  |   |   |  |   |  |
|--|---|---|--|---|--|
| Date of Notification (1)<br><br>8/24/12  |   | Name of Building Owner/Operator (2)<br>BPG Development Group  |  | 2012 AUG 28 PM 7:40                               |  |
| Agencies Notified<br>(X) EPA<br>( ) DEP<br>(X) DOL<br>(X) DOH<br>( ) DCA   |   | Notification Type<br>(X) Initial Notification<br>( ) Amended Notification<br>Amendment #<br>( ) Emergency (including justification)<br>( ) Cancellation |  | Street Address<br>3815 West Chester Pike          |  |
|  |   |   |  | City, State, Zip Code<br>Newtown Square, PA 19073 |  |
|  |   | Name of Contact<br>John Forde   |  | Tel. Number                                       |  |
| FACILITY INFORMATION   |   |   |  |   |  |
| Name of Facility Where Abatement is Taking Place (3)<br>Vacant warehouse   |   |   | Type of Facility (4)<br>( ) School (K-12)<br>( ) Subchapter 8 (other than K-12)<br>(X) Other (i.e. private & commercial bldgs., homes, etc.) |   |  |
| Street Address<br>523 Chestnut St.   |   |   | Sq. Feet 215,000 # of Floors 1   |   |  |
| City (5)<br>Woodbury Heights   | County (6)<br>Gloucester  | County Code (7)<br>(State Use Only)   | Bldg. Age 50   |   |  |
|  |   |   | Current Use (prior if being demolished) window and door manufacturer   |   |  |
| Name of Monitoring Firm<br>AET   |   | ASCM No.  | Name of Contractor (9)<br>Alliance Environmental Systems   |   |  |
| Street Address<br>28 N. Pennel Rd.   |   |   | Street Address<br>550 East Union Street  |   |  |
| City, State, Zip Code<br>Media, PA 19063   |   |   | City, State, Zip Code<br>West Chester, PA 19382  |   |  |
| Project Manager for Monitoring Firm<br>Dave Turotsy  |   | Telephone Number<br>610-891-0114  | Telephone Number<br>610-701-9000   | License Number<br>00508                           |  |
| Scheduled Start Date (10)<br>9/10/12   |   | Scheduled Completion Date (11)<br>9/19/12   |  | Name of OSHA Monitor<br>AET                       |  |
| Occupancy Status During Abatement (Check only one)<br>(X) Facility Closed/Vacated During Entire Period of Abatement<br>( ) Abatement Performed Outside of Normal Facility Hours -<br><br>Describe _____<br>Other - _____                               |   |   | Street Address<br>28 N. Pennel Rd.   |   |  |
|  |   |   | City, State, Zip Code<br>Media, PA 19063   |   |  |
| Source of Work (Check all that apply)  |   |   |  |   |  |
| (X) Demolition ( ) Renovation<br>(X) Large Proj. (>160 SF or >260 LF ACM) ( ) SM Proj. (>25<160 SF or >10 <260 LF ACM) ( ) Minor Proj. (<25 SF or <10 LF ACM)<br>( ) Full Containment with Negative Pressure ( ) Mini-Enclosure (X) Glovebag Procedure |   |   |  |   |  |
| Location of Asbestos-Containing Material (ACM) in Facility (13)  | Is Location Normally Used Solely by Maint./Custodial Staff? (12)<br>YES NO NA | Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)   | Amount (Specify SF or LF)  | Abatement Type<br>Rem. Rep. Encap Enclose         |  |
| Above ceiling in office  |   | Pipe insulation   | 200 LF   | X   |  |
| Roof of Maintenance BldgT  | X   | Roof  | 2000 SF  | X   |  |
| Name of Reg. Waste Hauler<br>N.E.T.S. / Miners   |   | NJDEP Waste Hauler ID #<br>17235  | Cubic Yards of Waste<br>Approx. 10   | Name of Reg. Landfill<br>BFI Imperial             |  |
| City, State<br>Hazelton, PA  |   | Disp. Date<br>TBD   | City, State<br>Imperial, PA  |   |  |
| Completed by (Print or Type)<br>Robert Casciato  | Title<br>President  | Signature<br>   | Date<br>8/24/12  |   |  |

Mail to: NJDEP-DSHW-BRRTP  
401 E. State St., PO 414  
Trenton, NJ 08625-0414

Telephone 609-984-6620

C:\WORD\MYDOCS\ASBESTOS  
9/18/00

JK  
004326  
D&S Proj. #: MS 12-297

State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED

2012 AUG 28 PM 7:30

ASBESTOS CONTROL & LICENSING

|   |  |   |  |
|---|--|---|--|
| Date of Notification (1)<br>10   18   1   12   13   1   1   12   1  |  | Name of Building Owner/Operator (2)<br>THE TRUST OF JOSEPH & RICHARD DUPONT   |  |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA |  | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment #: _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |  |
| Street Address<br>391 VALLEY ROAD   |  | City, State, Zip Code<br>WATCHUNG, NJ   |  |
| Name of Contact<br>STEVE NERI   |  | Telephone Number<br>_____   |  |

FACILITY INFORMATION

|  |  |  |  |  |                                     |
|--|--|--|--|--|-------------------------------------|
| Name of facility where abatement is taking place (3)<br>TRUST OF JOSEPH & RICHARD DUPONT |  |  | 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>391 VALLEY ROAD  |  |  | Square Feet  |  |                                     |
| City (5)<br>WATCHUNG   |  |  | County (6)<br>MIDDLESEX  |  | County Code (7)<br>(State use only) |
| Current Use (Prior if being demolished)  |  |  | # of Floors  |  |                                     |
|  |  |  | Bldg. Age  |  |                                     |

|  |  |   |   |  |                         |
|--|--|---|---|--|-------------------------|
| Name of Monitoring Firm Hired by Bldg. Owner (8)   |  | ASCM No.                                | Name of Abatement Contractor (9)<br>D & S RESTORATION, INC. |  |                         |
| Street Address   |  |   | Street Address<br>20 California Ave.                        |  |                         |
| City, State, Zip Code  |  |   | City, State, Zip Code<br>Paterson, NJ 07503                 |  |                         |
| Project Manager for Monitoring Firm  |  | Phone Number                            | Telephone Number<br>973-345-8020                            |  | License Number<br>00159 |
| Start Date (10)<br>09/04/12  |  | Sched. Completion Date (11)<br>09/14/12 |   |  |                         |
| Occupancy Status During Abatement (Check only one)   |  |   |   |  |                         |
| <input type="checkbox"/> Facility closed/vacated during entire period of abatement.            |  |   |   |  |                         |
| <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ |  |   |   |  |                         |
| <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS                               |  |   |   |  |                         |
| Name of OSHA Monitor<br>D & S Restoration, Inc.  |  |   | Street Address<br>20 California Avenue                      |  |                         |
|  |  |   | City, State, Zip Code<br>Paterson, NJ 07503                 |  |                         |

Scope of Work (check all that apply)

|  |  |   |
|--|--|---|
| <input checked="" type="checkbox"/> >3 sf or >3 lf | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment w/negative pressure       |
| <input type="checkbox"/> ≥160 sf or ≥260 lf        | <input type="checkbox"/> Demolition            | <input checked="" 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) | Amount (Specify SF or LF) | R<br>e<br>m<br>o<br>v<br>e          | R<br>e<br>p<br>a<br>i<br>r | E<br>n<br>c<br>a<br>p    | E<br>n<br>c<br>l         |
|--|---|-------------------------------------|-----|---|---------------------------|-------------------------------------|----------------------------|--------------------------|--------------------------|
|  | Yes   | No                                  | N/A |   |                           |                                     |                            |                          |                          |
| BASEMENT   |   | <input checked="" type="checkbox"/> |     | BOILER INSULATION                                 | 40 SQ FT                  | <input checked="" type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
|  |   |                                     |     |   |                           | <input type="checkbox"/>            | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
|  |   |                                     |     |   |                           | <input type="checkbox"/>            | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
|  |   |                                     |     |   |                           | <input type="checkbox"/>            | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |

|  |  |                           |                              |   |  |
|--|--|---------------------------|------------------------------|---|--|
| Registered Waste Hauler<br>D & S RESTORATION, INC. |  | NJDEP Hauler ID#<br>13506 | Cubic Yards of Waste<br>1 YD | Name of Registered Landfill<br>TULLYTOWN, RESOURCE RECOVERY |  |
| City, State<br>PATERSON, NJ 07503                  |  | Disposal Date<br>09/05/12 |                              | City, State<br>TULLYTOWN, PA                                |  |
| Completed by (Print or Type)<br>BOGDAN JOLDZIC     |  | Title<br>PRESIDENT        |                              | Signature<br>_____  |  |
|  |  |                           |                              | Date<br>08/23/12  |  |

ck 004327

D&S Proj. #: MS 12-299

State of NJ  
 Notification of Asbestos Abatement  
 (Pursuant to NJAC 8:60 and 12:120)

RECEIVED

2012 AUG 28 PM 7:36

ASBESTOS CONTROL & LICENSING

|   |   |   |                  |
|---|---|---|------------------|
| Date of Notification (1)<br>10 18 1/12 13 1/1 12 1  |   | Name of Building Owner/Operator (2)<br>SUSAN GALADA |                  |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment #:<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br>353 ELM STREET                    |                  |
|   |   | City, State, Zip Code<br>KEARNY, NJ 07032           |                  |
|   |   | Name of Contact<br>SUSAN GALADA                     | Telephone Number |

FACILITY INFORMATION

|  |                      |                                     |  |             |           |
|--|----------------------|-------------------------------------|--|-------------|-----------|
| Name of facility where abatement is taking place (3)<br>SUSAN GALADA |                      |                                     | 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>353 ELM STREET                                     |                      |                                     | Square Feet  | # of Floors | Bldg. Age |
| City (5)<br>KEARNY   | County (6)<br>HUDSON | County Code (7)<br>(State use only) | Current Use (Prior if being demolished)  |             |           |

|   |   |   |   |  |  |
|---|---|---|---|--|--|
| Name of Monitoring Firm Hired by Bldg. Owner (8)  |   | ASCM No.  | Name of Abatement Contractor (9)<br>D & S RESTORATION, INC. |  |  |
| Street Address  |   | Street Address<br>20 California Ave.            |   |  |  |
| City, State, Zip Code   |   | City, State, Zip Code<br>Paterson, NJ 07503     |   |  |  |
| Project Manager for Monitoring Firm   | Phone Number                            | Telephone Number<br>973-345-8020                | License Number<br>00159                                     |  |  |
| Start Date (10)<br>09/05/12   | Sched. Completion Date (11)<br>09/14/12 | Name of OSHA Monitor<br>D & S Restoration, Inc. |   |  |  |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility closed/vacated during entire period of abatement.<br><input type="checkbox"/> Abatement performed outside of normal facility hours- Describe:<br><input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS |   | Street Address<br>20 California Avenue          |   |  |  |
|   |   | City, State, Zip Code<br>Paterson, NJ 07503     |   |  |  |

Scope of Work (check all that apply)

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

| Location of asbestos-containing material (acm) to be abated in facility (13) | Is location normally used solely by maintenance/custodial staff(12) |    |     | Description of asbestos-containing material (ACM) | Amount (Specify SF or LF) | R | R | E | E |
|--|---|----|-----|---|---------------------------|---|---|---|---|
|  | Yes   | No | N/A |   |                           |   |   |   |   |
| BASEMENT   |   | X  |     | PIPE INSULATION                                   | 200 L FT                  | X |   |   |   |
|  |   |    |     |   |                           |   |   |   |   |
|  |   |    |     |   |                           |   |   |   |   |
|  |   |    |     |   |                           |   |   |   |   |
|  |   |    |     |   |                           |   |   |   |   |

|  |                           |                               |   |
|--|---------------------------|-------------------------------|---|
| Registered Waste Hauler<br>D & S RESTORATION, INC. | NJDEP Hauler ID#<br>13506 | Cubic Yards of Waste<br>2 YDS | Name of Registered Landfill<br>TULLYTOWN, RESOURCE RECOVERY |
| City, State<br>PATERSON, NJ 07503                  | Disposal Date<br>09/06/12 | City, State<br>TULLYTOWN, PA  |   |
| Completed by (Print or Type)<br>BOGDAN JOLDZIC     | Title<br>PRESIDENT        | Signature                     | Date<br>08/23/12  |

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

B & G proj. #: 2012-152

REC Check # 5436

|   |   |  |  |
|---|---|--|--|
| Date of Notification (1)<br><u>08/12/12</u>   |   | Name of Building Owner/Operator (2)<br><u>Lisa DiScala</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 | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amendment<br><input type="checkbox"/> Cancellation | Street Address<br><u>16 Hill Street</u>                    |  |
|   |   | City, State, Zip Code<br><u>Bernardsville, NJ 07924</u>    |  |
|   |   | Name of Contact<br><u>Lisa DiScala</u>                     |  |
|   |   | Telephone Number   |  |

2012 AUG 28 PM 7:36  
ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

|   |                               |                                     |  |  |           |
|---|-------------------------------|-------------------------------------|--|--|-----------|
| Name of facility where abatement is taking place (3)<br><u>same</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>16 Hill Street</u>                             |                               |                                     | Square Feet  |  | Bldg. Age |
| City (5)<br><u>Bernardsville, NJ 07924</u>                          | County (6)<br><u>Somerset</u> | County Code (7)<br>(State use only) | Current Use (Prior if being demolished)<br><u>residential</u>  |  |           |

|  |  |  |  |                               |  |
|--|--|--|--|-------------------------------|--|
| Name of Monitoring Firm Hired by Bldg. Owner (8)<br><u>n/a</u>   |  | ASCM No.   | Name of Abatement Contractor (9)<br><u>B &amp; G Restoration, Inc.</u> |                               |  |
| Street Address   |  | Street Address<br><u>105 Ryerson Road</u>              |  |                               |  |
| City, State, Zip Code  |  | City, State, Zip Code<br><u>Lincoln Park, NJ 07035</u> |  |                               |  |
| Project Manager for Monitoring Firm  |  | Phone Number   | Telephone Number<br><u>973-696-6869</u>                                | License Number<br><u>0378</u> |  |
| Scheduled Start Date (10)<br><u>9/6/2012</u>   | Sched. Completion Date (11)<br><u>9/6/2012</u> |  |  |                               |  |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement.<br><input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____<br><input type="checkbox"/> Other-Describe: _____ |  |  |  |                               |  |
| Name of OSHA Monitor<br><u>B &amp; G Restoration, Inc.</u>   |  | Street Address<br><u>105 Ryerson Road</u>              |  |                               |  |
|  |  | City, State, Zip Code<br><u>Lincoln Park, NJ 07035</u> |  |                               |  |

Scope of Work (check all that apply)

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

| Location of asbestos-containing material to be abated in facility (13) | Is location normally used solely by maintenance/custodial staff(12) |    |                                     | Description of asbestos-containing material (ACM) | Amount (Specify SF or LF) | R<br>e<br>m<br>o<br>v<br>e          | R<br>e<br>p<br>a<br>i<br>r | E<br>n<br>c<br>a<br>p    | E<br>n<br>c<br>l         |
|--|---|----|-------------------------------------|---|---------------------------|-------------------------------------|----------------------------|--------------------------|--------------------------|
|  | Yes   | No | N/A                                 |   |                           |                                     |                            |                          |                          |
| basement   |   |    | <input checked="" type="checkbox"/> | pipe insulation                                   | 107 lf                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
|  |   |    |                                     |   |                           | <input type="checkbox"/>            | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
|  |   |    |                                     |   |                           | <input type="checkbox"/>            | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
|  |   |    |                                     |   |                           | <input type="checkbox"/>            | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |

|   |                                  |                                       |  |                          |  |
|---|----------------------------------|---------------------------------------|--|--------------------------|--|
| Registered Waste Hauler<br><u>B &amp; G Restoration, Inc.</u> | NJDEP Hauler ID#<br><u>19563</u> | Cubic Yards of Waste<br><u>1 yard</u> | Name of Registered Landfill<br><u>Tullytown Resource &amp; Recovery Center</u> |                          |  |
| City, State<br><u>Lincoln Park, NJ 07035</u>                  |                                  | Disposal Date<br><u>9/7/2012</u>      | City, State<br><u>Tullytown, PA</u>  |                          |  |
| Completed by (Print or Type)<br><u>Gordana Luna</u>           | Title<br><u>Treasurer</u>        | Signature<br><i>Gordana Luna</i>      |  | Date<br><u>8/24/2012</u> |  |

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

Check # 5435  
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 2012 AUG 28 PM 7:34  
 ASBESTOS CONTROL & LICENSING

& G proj. #: 2012-142

Date of Notification (1)  
10/18/12

Name of Building Owner/Operator (2)  
Dave Depodwin

Street Address  
33 Old Country Road

City, State, Zip Code  
Bernardsville, NJ 07924

Name of Contact  
Dave Depodwin

Telephone Number

Agencies Notified  
 EPA  
 DEP  
 DOL  
 DOH  
 DCA

Type Notification  
 Initial  
 Amendment  
 Cancellation

FACILITY INFORMATION

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

Street Address  
33 Old Country Road

City (5)  
Bernardsville, NJ 07924

County (6)  
Somerset

County Code (7)  
 (State use only)

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

Square Feet # of Floors Bldg. Age

Current Use (Prior if being demolished)  
residential

Name of Monitoring Firm Hired by Bldg. Owner (8)  
n/a

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm

Phone Number

Scheduled Start Date (10)  
9/5/2012

Sched. Completion Date (11)  
9/5/2012

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

Street Address  
105 Ryerson Road

City, State, Zip Code  
Lincoln Park, NJ 07035

Telephone Number  
973-696-6869

License Number  
0378

Name of OSHA Monitor  
B & G Restoration, Inc.

Street Address  
105 Ryerson Road

City, State, Zip Code  
Lincoln Park, NJ 07035

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

Scope of Work (check all that apply)

Demolition  Renovation  Full Containment w/negative pressure  Glovebag procedure  
 >3 sf or >3 lf  ≥160 sf or ≥260 lf  Mini-enclosure  Non-friable procedure

| Location of asbestos-containing material 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 | R | e | p | a | i | R | e | n | c | a | p |  |  |
|--|--|----|-----|---|---------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|--|
|  | Yes  | No | N/A |   |                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |
| basement   |  |    | X   | boiler insulation                                 | 45 sf                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |
|  |  |    |     |   |                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |
|  |  |    |     |   |                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |
|  |  |    |     |   |                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |

Registered Waste Hauler  
B & G Restoration, Inc.

NJDEP Hauler ID#  
19563

Cubic Yards of Waste  
1 yard

Name of Registered Landfill  
Tullytown Resource & Recovery Center

City, State  
Tullytown, PA

Disposal Date  
9/6/2012

Signature  
Gordana Luna

Date  
8/24/2012

Completed by (Print or Type)  
Gordana Luna

Title  
Treasurer



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

B & G proj. #: 2012-146

REC-5434  
 Check #

2012 AUG 28 PM 7:33

ASBESTOS CONTROL & LICENSING

|   |   |   |                  |
|---|---|---|------------------|
| Date of Notification (1)<br>10/18/12 14/1/12  |   | Name of Building Owner/Operator (2)<br>Bruce Wiener |                  |
| 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"/> Amendment<br><input type="checkbox"/> Cancellation | Street Address<br>21 Harvard Street                 |                  |
|   |   | City, State, Zip Code<br>Montclair, NJ 07042        |                  |
|   |   | Name of Contact<br>Bruce Wiener                     | Telephone Number |

FACILITY INFORMATION

|  |                     |                                     |  |             |           |
|--|---------------------|-------------------------------------|--|-------------|-----------|
| Name of facility where abatement is taking place (3)<br>same |                     |                                     | 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>21 Harvard Street                          |                     |                                     | Square Feet  | # of Floors | Bldg. Age |
| City (5)<br>Montclair, NJ 07042                              | County (6)<br>Essex | County Code (7)<br>(State use only) | Current Use (Prior if being demolished)<br>residential   |             |           |

|  |   |   |   |                        |  |
|--|---|---|---|------------------------|--|
| Name of Monitoring Firm Hired by Bldg. Owner (8)<br>n/a  |   | ASCM No.  | Name of Abatement Contractor (9)<br>B & G Restoration, Inc. |                        |  |
| Street Address   |   | Street Address<br>105 Ryerson Road              |   |                        |  |
| City, State, Zip Code  |   | City, State, Zip Code<br>Lincoln Park, NJ 07035 |   |                        |  |
| Project Manager for Monitoring Firm  | Phone Number                            | Telephone Number<br>973-696-6869                |   | License Number<br>0378 |  |
| Scheduled Start Date (10)<br>9/4/2012  | Sched. Completion Date (11)<br>9/4/2012 | Name of OSHA Monitor<br>B & G Restoration, 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><input type="checkbox"/> Other-Describe: _____ |   | Street Address<br>105 Ryerson Road              |   |                        |  |
|  |   | City, State, Zip Code<br>Lincoln Park, NJ 07035 |   |                        |  |

Scope of Work (check all that apply)

- Demolition       Renovation       Full Containment w/negative pressure       Glovebag procedure  
 >3 sf or >3 lf       ≥160 sf or ≥260 lf       Mini-enclosure       Non-friable procedure

| Location of asbestos-containing material to be abated in facility (13) | Is location normally used solely by maintenance/custodial staff(12) |    |                                     | Description of asbestos-containing material (ACM) | Amount (Specify SF or LF) | R<br>e<br>m<br>o<br>v<br>e          | R<br>e<br>p<br>a<br>i<br>r | E<br>n<br>c<br>a<br>p    | E<br>n<br>c<br>l         |
|--|---|----|-------------------------------------|---|---------------------------|-------------------------------------|----------------------------|--------------------------|--------------------------|
|  | Yes   | No | N/A                                 |   |                           |                                     |                            |                          |                          |
| base ment  |   |    | <input checked="" type="checkbox"/> | pipe insulation                                   | 75 lf                     | <input checked="" type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
| crawl space  |   |    | <input checked="" type="checkbox"/> | pipe insulation                                   | 6 lf                      | <input checked="" type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
|  |   |    |                                     |   |                           | <input type="checkbox"/>            | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
|  |   |    |                                     |   |                           | <input type="checkbox"/>            | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |

|  |                           |                                  |   |  |                   |
|--|---------------------------|----------------------------------|---|--|-------------------|
| Registered Waste Hauler<br>B & G Restoration, Inc. | NJDEP Hauler ID#<br>19563 | Cubic Yards of Waste<br>1 yard   | Name of Registered Landfill<br>Tullytown Resource & Recovery Center |  |                   |
| City, State<br>Lincoln Park, NJ 07035              | Disposal Date<br>9/5/2012 | City, State<br>Tullytown, PA     |   |  |                   |
| Completed by (Print or Type)<br>Gordana Luna       | Title<br>Treasurer        | Signature<br><i>Gordana Luna</i> |   |  | Date<br>8/24/2012 |

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

*CR # 2338*

| Date of Notification (1)<br><u>8</u> / <u>24</u> / <u>12</u>  |  | Name of Building Owner/Operator (2)<br><b>St Francis Medical Center</b>               |  | 2012 AUG 28 PM 7:31  |   |                                     |                          |                          |                          |
|---|--|---|--|--|---|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Agencies Notified<br><input type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DHSS<br><input type="checkbox"/> DCA<br>(NJAC 5:23-8)   | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |   | Street Address<br><b>601 Hamilton Ave</b>  |  | <b>ASBESTOS CONTROL &amp; LICENSING</b> |                                     |                          |                          |                          |
|   |  |   | City, State, Zip Code<br><b>Trenton NJ 08629</b>   |  |   |                                     |                          |                          |                          |
|   |  |   | Name of Contact<br><b>Bob Field</b>  | Telephone Number   |   |                                     |                          |                          |                          |
| <b>FACILITY INFORMATION</b>   |  |   |  |  |   |                                     |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br><b>St Francis Medical Center</b>  |  |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) |  |   |                                     |                          |                          |                          |
| Street Address<br><b>601 Hamilton Ave</b>   |  |   |  |  |   |                                     |                          |                          |                          |
| City (5)<br><b>Trenton</b>  |  | Square Feet<br><b>70,000</b>  | # of Floors<br><b>3</b>  | Bldg. Age<br><b>60+</b>  |   |                                     |                          |                          |                          |
| County (6)<br><b>MERCER</b>   |  | County Code (7)(STATE USE ONLY)   | Current Use (Prior if being demolished)<br><b>Hospital</b>   |  |   |                                     |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>Environmental Connection</b>  |  | ASCM No.  | Name of Abatement Contractor (9)<br><b>BRISTOL ENVIRONMENTAL, INC.</b>   |  |   |                                     |                          |                          |                          |
| Street Address<br><b>120 North Warren Street</b>  |  | Street Address<br><b>1123 BEAVER STREET</b>   |  |  |   |                                     |                          |                          |                          |
| City, State, Zip Code<br><b>Trenton, NJ 08010</b>   |  | City, State, Zip Code<br><b>BRISTOL, PA 19007</b>                                     |  |  |   |                                     |                          |                          |                          |
| Project Manager for Monitoring Firm<br><b>Brian Holbig</b>  |  | Telephone No.<br><b>609-392-4200</b>  | Telephone No.<br><b>215-788-6040</b>   | License No.<br><b>00509</b>  |   |                                     |                          |                          |                          |
| Start Date (10)<br><u>9</u> / <u>4</u> / <u>12</u>  |  | Scheduled Completion Date (11)<br><u>9</u> / <u>4</u> / <u>12</u>                     |  | Name of OSHA Monitor<br><b>BRISTOL ENVIRONMENTAL, INC.</b>   |   |                                     |                          |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: <b>8:00AM-4:30PM</b> / ____ PM - ____ AM |  |   | Street Address<br><b>1123 BEAVER STREET</b>  |  |   |                                     |                          |                          |                          |
|   |  |   | City, State, Zip Code<br><b>BRISTOL, PA 19007</b>  |  |   |                                     |                          |                          |                          |
| Scope of Work (Check all that apply)  |  |   |  |  |   |                                     |                          |                          |                          |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf<br><input type="checkbox"/> ≥160 sf or ≥260 lf   |  | <input 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)<br><u>TO BE ABATED</u><br>IN Facility (13)   | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)  |   |  | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)   | Amount (Specify SF or LF)               | Abatement Type                      |                          |                          |                          |
|   | Yes  | No  | N/A  |  |   | Removal                             | Repair                   | Encapsulate              | Enclosure                |
| <b>Basement Storage Room</b>  | <input type="checkbox"/>   | <input checked="" type="checkbox"/>   | <input type="checkbox"/>   | <b>Pipe Insulation</b>   | <b>11 LF</b>                            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>   |  |   | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>   |  |   | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>   |  |   | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler<br><b>BRISTOL ENVIRONMENTAL, INC.</b>   |  | NJDEP Waste Hauler ID No.<br><b>18706</b>   | Cubic Yards of Waste<br><b>1 Cu Yd</b>   | Name of Registered Landfill<br><b>G.R.O.W.S. NORTH LANDFILL</b>  |   |                                     |                          |                          |                          |
| City, State<br><b>BRISTOL, PA 19007</b>   |  | Disposal Date<br><b>9/4/12</b>  | City, State<br><b>MORRISVILLE, PA 19067</b>  |  |   |                                     |                          |                          |                          |
| Completed By (Print or Type)<br><b>Gino Pizzigoni</b>   | Title<br><b>Estimator</b>  | Signature<br><i>Gino Pizzigoni</i>  |  | Date<br><b>8/24/12</b>   |   |                                     |                          |                          |                          |

No check

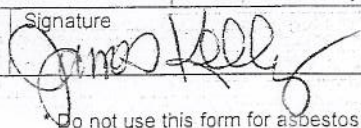
State of New Jersey  
 NOTIFICATION OF ASBESTOS ABATEMENT  
 (Pursuant to NJAC 8:60 and 12:120)

RECEIVED  
 2012 AUG 28 PM 7:14  
 ASBESTOS CONTROL  
 & LICENSING

|  |   |   |  |
|--|---|---|--|
| Date of Notification (1)<br>8-22-12  |   | Name of Building Owner/Operator (2)<br>Pennrose Properties  |  |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA   | Type Notification<br><input type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br>Amendment # <u>2</u><br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br>1301 N. 31st Street   |  |
|  |   | City, State, Zip Code<br>Philadelphia, PA 19121   |  |
|  |   | Name of Contact<br>Jacob Fisher   | Telephone Number   |
| FACILITY INFORMATION   |   |   |  |
| Name of Facility Where Abatement is Taking Place (3)<br>Woodrow Wilson Apartments, Buildings 1-17  |   | 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>11 Wardell Place   |   | Square Feet<br>40,000   | # of Floors<br>2   |
| City (5)<br>Long Branch, NJ  |   | Bldg. Age<br>50yrs.   |  |
| County (6)<br>Monmouth   |   | County Code (7)<br>(STATE USE ONLY)   | Current Use (Prior if being demolished)<br>vacant                    |
| Name of Monitoring Firm Hired by Building Owner (8)<br>EHS Environmental, Inc.   |   | ASCM No.  | Name of Abatement Contractor (9)<br>Plymouth Environmental Co., Inc. |
| Street Address<br>411 Southgate Court, Suite E   |   | Street Address<br>923 Haws Avenue   |  |
| City, State, Zip Code<br>Mickleton, NJ 08056   |   | City, State, Zip Code<br>Norristown, PA 19401   |  |
| Project Manager for Monitoring Firm<br>Jack Carney   |   | Telephone No.<br>856-224-0080   | Telephone No.<br>610-239-9920  |
| License No.<br>00398   |   | Name of OSHA Monitor<br>EHS Environmental, Inc.   |  |
| Start Date (10)<br>6-4-12  |   | Scheduled Completion Date (11)<br>9-30-12   |  |
| 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>411 Southgate Court, Suite E  |  |
|  |   | City, State, Zip Code<br>Mickleton, NJ 08056  |  |
| Scope of Work (Check All That Apply)   |   |   |  |
| <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf  |   | <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition   |  |
|  |   | <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 |  |
| Location of Asbestos-Containing Material (ACM) In Facility (13)<br>crawl space   | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)   |   | Abatement Type   |
|  | <input checked="" type="checkbox"/> Yes   | <input type="checkbox"/> No   |  |
| boiler room  | <input checked="" type="checkbox"/> Yes   | <input type="checkbox"/> No   | <input checked="" type="checkbox"/> Removal                          |
| underground pipe   | <input type="checkbox"/> Yes  | <input type="checkbox"/> No   | <input checked="" type="checkbox"/> Repair                           |
| Maintenance Bldg. basement   | <input checked="" type="checkbox"/> Yes   | <input type="checkbox"/> No   | <input checked="" type="checkbox"/> Encapsulate                      |
| Kitchen area-all units   | <input checked="" type="checkbox"/> Yes   | <input type="checkbox"/> No   | <input checked="" type="checkbox"/> Enclosure                        |
| Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  |   | Amount (Specify SF or LF)   |  |
| pipe insulation  |   | 20,000 LF   |  |
| boiler insulation  |   | 400 SF  |  |
| pipe insulation  |   | 4,000 LF  |  |
| VAT & mastic   |   | 150 SF  |  |
| pipe insulation  |   | 2,700 LF  |  |
| Name of Registered Waste Hauler<br>Newark Carting  |   | NJDEP Waste Hauler ID No.<br>4509   | Cubic Yards of Waste<br>100  |
| Name of Registered Landfill<br>IESI Bethlehem Landfill   |   | Disposal Date<br>9-30-12  |  |
| City, State<br>Newark, NJ  |   | City, State<br>Bethlehem, PA  |  |
| Completed by<br>James Kelly  |   | Title<br>President  | Signature<br><i>James Kelly</i>                                      |
|  |   | Date<br>8-22-12   |  |

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

**CHECK # 8462**  
 RECEIVED  
 2012 AUG 28 PM 7:14  
 ASBESTOS CONTROL  
 & LICENSING

|  |  |  |  |   |                           |                                     |                 |             |           |  |
|--|--|--|--|---|---------------------------|-------------------------------------|-----------------|-------------|-----------|--|
| Date of Notification (1)<br>6-25-12  |  | Name of Building Owner/Operator (2)<br>Penrose Properties  |  |   |                           |                                     |                 |             |           |  |
| Agencies Notified<br><br><input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA   | Type Notification<br><input type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended # <u>1</u><br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |  | Street Address<br>1301 N. 31st Street                                |   |                           |                                     |                 |             |           |  |
|  |  |  | City, State, Zip Code<br>Philadelphia, PA 19121                      |   |                           |                                     |                 |             |           |  |
|  |  |  | Name of Contact<br>Jacob Fisher                                      |   |                           |                                     |                 |             |           |  |
|  |  | Telephone Number   |  |   |                           |                                     |                 |             |           |  |
| <b>FACILITY INFORMATION</b>  |  |  |  |   |                           |                                     |                 |             |           |  |
| Name of Facility Where Abatement is Taking Place (3)<br>Woodrow Wilson Apartments, Buildings 1-17  |  | 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>11 Wardell Place   |  | Square Feet<br>40,000  | # of Floors<br>2   |   |                           |                                     |                 |             |           |  |
| City (5)<br>Long Branch, NJ  |  | Bldg. Age<br>50yrs.  |  |   |                           |                                     |                 |             |           |  |
| County (6)<br>Monmouth   | County Code (7)<br>(STATE USE ONLY)  | Current Use (Prior if being demolished)<br>vacant  |  |   |                           |                                     |                 |             |           |  |
| Name of Monitoring Firm Hired by Building Owner (8)<br>EHS Environmental, Inc.   |  | ASCM No.   | Name of Abatement Contractor (9)<br>Plymouth Environmental Co., Inc. |   |                           |                                     |                 |             |           |  |
| Street Address<br>411 Southgate Court, Suite E   |  | Street Address<br>923 Haws Avenue  |  |   |                           |                                     |                 |             |           |  |
| City, State, Zip Code<br>Mickleton, NJ 08056   |  | City, State, Zip Code<br>Norristown, PA 19401  |  |   |                           |                                     |                 |             |           |  |
| Project Manager for Monitoring Firm<br>Jack Carney   |  | Telephone No.<br>856-224-0080  | Telephone No.<br>610-239-9920  |   |                           |                                     |                 |             |           |  |
|  |  | License No.<br>00398   |  |   |                           |                                     |                 |             |           |  |
| Start Date (10)<br>6-4-12  | Scheduled Completion Date (11)<br>8-25-12  | Name of OSHA Monitor<br>EHS Environmental, 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<br><input type="checkbox"/> Other - Describe: _____ |  | Street Address<br>411 Southgate Court, Suite E   |  |   |                           |                                     |                 |             |           |  |
|  |  | City, State, Zip Code<br>Mickleton, NJ 08056   |  |   |                           |                                     |                 |             |           |  |
| Scope of Work (Check All That Apply)   |  |  |  |   |                           |                                     |                 |             |           |  |
| <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf  |  | <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition<br><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 |  |   |                           |                                     |                 |             |           |  |
| 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                      |                 |             |           |  |
|  | <input checked="" type="checkbox"/> Yes  | <input type="checkbox"/> No  | <input type="checkbox"/> N/A   |   |                           | Removal                             | Repair          | Encapsulate | Enclosure |  |
| crawl space  |  |  |  | pipe insulation   | 20,000 LF                 | <input checked="" type="checkbox"/> |                 |             |           |  |
| boiler room  | <input checked="" type="checkbox"/>  |  |  | boiler insulation   | 400 SF                    | <input checked="" type="checkbox"/> |                 |             |           |  |
| underground pipe   |  |  |  | pipe insulation   | 4,000 LF                  | <input checked="" type="checkbox"/> |                 |             |           |  |
| Maintenance Bldg. Basement   | <input checked="" type="checkbox"/>  |  |  | VAT & mastic  | 150 SF                    | <input checked="" type="checkbox"/> |                 |             |           |  |
| Kitchen area-all units   | <input checked="" type="checkbox"/>  |  |  | pipe insulation   | 2,700 LF                  | <input checked="" type="checkbox"/> |                 |             |           |  |
| Name of Registered Waste Hauler<br>Newark Carting  |  | NJDEP Waste Hauler ID No.<br>4509  | Cubic Yards of Waste<br>100  | Name of Registered Landfill<br>IESI Bethlehem Landfill  |                           |                                     |                 |             |           |  |
| City, State<br>Newark, NJ  |  | Disposal Date<br>8-25-12   |  | City, State<br>Bethlehem, PA  |                           |                                     |                 |             |           |  |
| Completed by<br>James Kelly  |  | Title<br>President   |  | Signature<br>                           |                           |                                     | Date<br>6-25-12 |             |           |  |

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

Check # 8333  
 2012 AUG 28 PM 7:14  
 ASBESTOS CONTROL & LICENSING

|  |   |  |                  |
|--|---|--|------------------|
| Date of Notification (1)<br>5-18-12  |   | Name of Building Owner/Operator (2)<br>Pennrose Properties |                  |
| Agencies Notified<br><br><input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA | Type Notification<br><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>1301 N. 31st Street                      |                  |
|  |   | City, State, Zip Code<br>Philadelphia, PA 19121            |                  |
|  |   | Name of Contact<br>Jacob Fisher                            | Telephone Number |

FACILITY INFORMATION

|   |                                     |   |                  |
|---|-------------------------------------|---|------------------|
| Name of Facility Where Abatement is Taking Place (3)<br>Woodrow Wilson Apartments, Buildings 1-17 |                                     | Type of Facility (4)<br><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>11 Wardell Place  |                                     | Square Feet<br>40,000   | # of Floors<br>2 |
| City (5)<br>Long Branch, NJ   |                                     | Bldg. Age<br>50yrs  |                  |
| County (6)<br>Monmouth  | County Code (7)<br>(STATE USE ONLY) | Current Use (Prior if being demolished)<br>vacant   |                  |

|  |          |  |  |
|--|----------|--|--|
| Name of Monitoring Firm Hired by Building Owner (8)<br>EHS Environmental, Inc. | ASCM No. | Name of Abatement Contractor (9)<br>Plymouth Environmental Co., Inc. |  |
| Street Address<br>411 Southgate Court, Suite E                                 |          | Street Address<br>923 Haws Avenue                                    |  |

|  |   |
|--|---|
| City, State, Zip Code<br>Mickleton, NJ 08056 | City, State, Zip Code<br>Norristown, PA 19401 |
|--|---|

|  |                               |                               |                      |
|--|-------------------------------|-------------------------------|----------------------|
| Project Manager for Monitoring Firm<br>Jack Carney | Telephone No.<br>856-224-0080 | Telephone No.<br>610-239-9920 | License No.<br>00398 |
|--|-------------------------------|-------------------------------|----------------------|

|                           |   |   |  |
|---------------------------|---|---|--|
| Start Date (10)<br>6-4-12 | Scheduled Completion Date (11)<br>8-25-12 | Name of OSHA Monitor<br>EHS Environmental, Inc. |  |
|---------------------------|---|---|--|

|  |  |
|--|--|
| Occupancy Status During Abatement (Check Only One)<br><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>411 Southgate Court, Suite E |
|  | City, State, Zip Code<br>Mickleton, NJ 08056   |


Scope of Work (Check All That Apply)

|  |  |   |
|--|--|---|
| <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf                | <input type="checkbox"/> Renovation            | <input checked="" type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf | <input checked="" type="checkbox"/> Demolition | <input type="checkbox"/> Mini-Enclosure                                     |
|  |  | <input checked="" type="checkbox"/> Glovebag Procedure                      |
|  |  | <input 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 |
| crawl space  | x   |    |     | pipe insulation   | 20,000 LF                 | x              |        |             |           |
| boiler room  | x   |    |     | boiler insulation   | 400 SF                    | x              |        |             |           |
| underground pipe   |   |    |     | pipe insulation   | 4,000 LF                  | x              |        |             |           |
| Maintenance Bldg. Basement   | x   |    |     | VAT & mastic  | 150 SF                    | x              |        |             |           |

|   |                                   |                             |  |
|---|-----------------------------------|-----------------------------|--|
| Name of Registered Waste Hauler<br>Newark Carting | NJDEP Waste Hauler ID No.<br>4509 | Cubic Yards of Waste<br>100 | Name of Registered Landfill<br>IESI Bethlehem Landfill |
|---|-----------------------------------|-----------------------------|--|

|                           |                          |                              |
|---------------------------|--------------------------|------------------------------|
| City, State<br>Newark, NJ | Disposal Date<br>8-25-12 | City, State<br>Bethlehem, PA |
|---------------------------|--------------------------|------------------------------|

|                             |                    |   |                 |
|-----------------------------|--------------------|---|-----------------|
| Completed by<br>James Kelly | Title<br>President | Signature<br> | Date<br>5-18-12 |
|-----------------------------|--------------------|---|-----------------|

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

RECEIVED

2012 AUG 28 PM 7:12

ASBESTOS CONTROL & LICENSING

|   |   |   |                                  |   |  |
|---|---|---|----------------------------------|---|--|
| Date of Notification (1)<br>8/23/2012   |   | Check 2294                                  |                                  | Name of Building Owner/Operator (2)<br>TRINITAS REGIONAL MEDICAL CENTER |  |
| Agencies Notified                       |   | Type Notification                           |                                  | Street Address  |  |
| <input type="checkbox"/> EPA            | <input checked="" type="checkbox"/> DEP                                 | <input checked="" type="checkbox"/> Initial | <input type="checkbox"/> Amended | 225 Williamson Street   |  |
| <input checked="" type="checkbox"/> DOL | <input type="checkbox"/> Amendment #                                    | City, State, Zip Code                       |                                  |   |  |
| <input checked="" type="checkbox"/> DOH | <input checked="" type="checkbox"/> Emergency (including justification) | Elizabeth, NJ 07206                         |                                  |   |  |
| <input type="checkbox"/> DCA            | <input type="checkbox"/> Cancellation                                   | Name of Contact                             |                                  | Telephone Number  |  |
|   |   | William Stranahan                           |                                  |   |  |

**FACILITY INFORMATION**

|  |  |                                     |  |   |                  |
|--|--|-------------------------------------|--|---|------------------|
| Name of Facility Where Abatement is Taking Place (3)<br>Trinitas Regional Medical Center |  |                                     | Type of Facility (4)   |   |                  |
| Street Address<br>225 Williamson Street  |  |                                     | <input type="checkbox"/> School (K-12)   | <input type="checkbox"/> Subchapter 8 (Other than K-12) |                  |
| City (5)<br>Elizabeth, NJ 07206  |  |                                     | <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |   |                  |
| County (6)<br>UNION  |  | County Code (7)<br>(STATE USE ONLY) | Square Feet<br>60,000  | # of Floors<br>8  | Bldg. Age<br>65+ |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Omega Environmental               |  |                                     | Current Use (Prior if being demolished)<br>Hospital  |   |                  |

|  |  |   |                               |                      |  |
|--|--|---|-------------------------------|----------------------|--|
| ASCM No.   |  | Name of Abatement Contractor (9)<br>EA Services Corporation |                               |                      |  |
| Street Address<br>280 Huyler Street                  |  | Street Address<br>426 69th Street                           |                               |                      |  |
| City, State, Zip Code<br>South Hackensack, NJ 07606  |  | City, State, Zip Code<br>Guttenberg, NJ 07093               |                               |                      |  |
| Project Manager for Monitoring Firm<br>Adel Guerrero |  | Telephone No.<br>201-489-8700                               | Telephone No.<br>201-295-1700 | License No.<br>01074 |  |

|   |   |   |  |  |  |
|---|---|---|--|--|--|
| Start Date (10)<br>8/24/12  | Scheduled Completion Date (11)<br>8/27/2012 | Name of OSHA Monitor<br>EA Services Corporation |  |  |  |
| Occupancy Status During Abatement (Check Only One)  |   | Street Address<br>same as above                 |  |  |  |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement |   | City, State, Zip Code                           |  |  |  |
| <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours                 |   |   |  |  |  |
| <input type="checkbox"/> Other - Describe: start time 5:00 PM                                 |   |   |  |  |  |

Scope of Work (Check All That Apply)

|  |  |   |
|--|--|---|
| <input type="checkbox"/> ≥3 sf or ≥3 lf                | <input checked="" type="checkbox"/> Renovation | <input checked="" type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | <input type="checkbox"/> Demolition            | <input checked="" 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) (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 7001-7th Floor-North Bldg   |   | x  |     | Double layer floor tile and mastic  | 200 SF                    | x              |        |             |           |
|  |   |    |     |   |                           |                |        |             |           |
|  |   |    |     |   |                           |                |        |             |           |

|   |  |                                    |                                   |   |  |
|---|--|------------------------------------|-----------------------------------|---|--|
| Name of Registered Waste Hauler<br>Freehold Carting |  | NJDEP Waste Hauler ID No.<br>15939 | Cubic Yards of Waste<br>tbd       | Name of Registered Landfill<br>Waste Management |  |
| City, State<br>PO Box 5010                          |  | Disposal Date<br>tbd               | City, State<br>Tullytown Landfill |   |  |
| Completed by<br>Gina Salvador                       |  | Title<br>Office Manager            | Signature<br>                     | Date<br>8/23/2012                               |  |



CK  
4953

REMEMBER - MAIL IN HARD COPY

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

Print Form

RECEIVED  
DOL - 10/DAY  
2012 AUG 28 PM 7:17  
AUG 27 2012  
& LIC. [Signature]  
WAWER APPROVED

|  |   |   |  |  |                           |                |        |             |
|--|---|---|--|--|---------------------------|----------------|--------|-------------|
| Date of Notification (1)<br>August 23, 2012  |   | Name of Building Owner/Operator (2)<br>Rancocas Valley Board of Education   |  |  |                           |                |        |             |
| Agencies Notified<br><input checked="" type="checkbox"/> LPA<br><input checked="" 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 type="checkbox"/> Amended<br><input type="checkbox"/> Amendment #<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |   | Street Address<br>520 Jacksonville Road                      |  |                           |                |        |             |
|  |   |   | City, State, Zip Code<br>Mount Holly, NJ 08060               |  |                           |                |        |             |
|  |   | Name of Contact<br>Bill Dert  | Telephone Number   |  |                           |                |        |             |
| <b>FACILITY INFORMATION</b>  |   |   |  |  |                           |                |        |             |
| Name of Facility Where Abatement is Taking Place (3)<br>Rancocas Valley Regional High School   |   | 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.) |  |  |                           |                |        |             |
| Street Address<br>520 Jacksonville Road  |   | Square Feet<br>1814   | # of Floors<br>2   |  |                           |                |        |             |
| City (5)<br>Mount Holly  |   | Bldg. Age<br>75   |  |  |                           |                |        |             |
| County (6)<br>Burlington   | 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>Coastal Environmental Compliance  |   | ASCM No.  | Name of Abatement Contractor (9)<br>Shade Environmental, LLC |  |                           |                |        |             |
| Street Address<br>PO Box 167   |   | Street Address<br>47 S. Lippincott Ave  |  |  |                           |                |        |             |
| City, State, Zip Code<br>Hammonlon, NJ 08037   |   | City, State, Zip Code<br>Maple Shade, NJ 08052  |  |  |                           |                |        |             |
| Project Manager for Monitoring Firm<br>Cathy Ledden  |   | Telephone No.<br>609-820-9312   | Telephone No.<br>856-755-0099                                |  |                           |                |        |             |
|  |   | License No.<br>00842  |  |  |                           |                |        |             |
| Start Date (10)<br>August 24, 2012   | Scheduled Completion Date (11)<br>August 25, 2012   | Name of OSHA Monitor<br>EMSL  |  |  |                           |                |        |             |
| Occupancy Status During Abatement: (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br>Other - Describe:   |   | Street Address<br>200 Rt. 130 N   |  |  |                           |                |        |             |
|  |   | City, State, Zip Code<br>Cinnaminson, NJ 08077  |  |  |                           |                |        |             |
| Scope of Work (Check All That Apply)<br><input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf<br><input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |   |   |  |  |                           |                |        |             |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility (13)  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)   |   |  | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |        |             |
|  | Yes   | No  | N/A  |  |                           | Removal        | Repair | Encapsulate |
| Classroom: C-107   |   |   | XXX  | Corkboard Mastic   | 100 SF                    | xxx            |        |             |
| Name of Registered Waste Hauler<br>Eastern Waste   |   | NJDEP Waste Hauler ID No.<br>22253  | Cubic Yards of Waste<br>.5                                   | Name of Registered Landfill<br>Grows Landfill  |                           |                |        |             |
| City, State<br>Mount Holly, New Jersey 08060   |   |   | Disposal Date<br>08-24-2012                                  | City, State<br>Tullytown, PA.  |                           |                |        |             |
| Completed by<br>William Lynch  |   | Title<br>Owner  | Signature<br><i>[Signature]</i>                              |  | Date<br>August 23, 2012   |                |        |             |

ASB-11 (R-06-06)

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

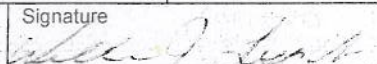


State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
 (Pursuant to NJAC 8:60 and 12:120)

RECEIVED

2012 AUG 28 Check # 4958

ASBESTOS CONTROL & LICENSING

|  |  |   |   |  |  |   |        |             |           |
|--|--|---|---|--|--|---|--------|-------------|-----------|
| Date of Notification (1)<br>August 23, 2012  |  | Name of Building Owner/Operator (2)<br>Rancocas Valley Board of Education             |   |  |  |   |        |             |           |
| 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 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 Jacksonville Road   |  | City, State, Zip Code<br>Mount Holly, NJ 08060 |   |        |             |           |
|  |  |   | Name of Contact<br>Bill Dent  |  | Telephone Number _____                         |   |        |             |           |
| <b>FACILITY INFORMATION</b>  |  |   |   |  |  |   |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Rancocas Valley Regional 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>520 Jacksonville Road  |  |   | Square Feet<br>1814   | # of Floors<br>2   | Bldg. Age<br>75                                |   |        |             |           |
| City (5)<br>Mount Holly  |  | County (6)<br>Burlington  |   | County Code (7)<br>(STATE USE ONLY) _____  |  |   |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Coastal Environmental Compliance  |  | ASCM No. _____  |   | Name of Abatement Contractor (9)<br>Shade Environmental, LLC   |  |   |        |             |           |
| Street Address<br>PO Box 167   |  | City, State, Zip Code<br>Hammonton, NJ 08037  |   | Street Address<br>47 S. Lippincott Ave<br>City, State, Zip Code<br>Maple Shade, NJ 08052   |  |   |        |             |           |
| Project Manager for Monitoring Firm<br>Cathy Ledden  |  | Telephone No.<br>609-820-9312   |   | Telephone No.<br>856-755-0099  |  |   |        |             |           |
| Start Date (10)<br>August 24, 2012   |  | Scheduled Completion Date (11)<br>August 25, 2012                                     |   | License No.<br>00842   |  |   |        |             |           |
| Name of OSHA Monitor<br>EMSL   |  |   | Current Use (Prior if being demolished)<br>High School  |  |  |   |        |             |           |
| 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>200 Rt. 130 N<br>City, State, Zip Code<br>Cinnaminson, NJ 08077   |  |  |   |        |             |           |
| Scope of Work (Check All That Apply)   |  |   |   |  |  |   |        |             |           |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf<br><input type="checkbox"/> ≥160 sf or ≥260 lf  |  | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition |   | <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |   |        |             |           |
| Location of Asbestos-Containing Material (ACM) 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 |
| Classroom: C-107   |  |   | XXX   | Corkboard Mastic   | 100 SF   | xxx   |        |             |           |
|  |  |   |   |  |  |   |        |             |           |
| Name of Registered Waste Hauler<br>Eastern Waste   |  | NJDEP Waste Hauler ID No.<br>22253  |   | Cubic Yards of Waste<br>.5   |  | Name of Registered Landfill<br>Grows Landfill |        |             |           |
| City, State<br>Mount Holly, New Jersey 08060   |  | Disposal Date<br>08-24-2012   |   | City, State<br>Tullytown, PA.  |  |   |        |             |           |
| Completed by<br>William Lynch  |  | Title<br>Owner  |   | Signature<br>  |  | Date<br>August 23, 2012                       |        |             |           |

CK 4954

Form

State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
 Pursuant to NJAC 8:60 and 12:1201

RECEIVED  
 WAIVER APPROVED  
 AUG 28 PM 7:10  
 Check # 4954  
 DOL - 10 DAY

**REMEMBER - MAIL IN HARD COPY**

Date of Notification (1)  
 August 23 2012

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

Street Address  
 52 Hartford Road

City, State, Zip Code  
 Delran, NJ 08075

Name of Contact  
 Alfred Powell

Telephone Number

Agencies Notified

Type Notification

EPA  
 DEP  
 DOL  
 DOH  
 DCA

Initial  
 Amended  
 Amendment #  
 Emergency (including justification)  
 Cancellation

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3)  
 Delran Middle School

Street Address  
 905 S. Chester Ave

City (6)  
 Delran

County (8)  
 Burlington

County Code (7)  
 (STATE USE ONLY)

Current Use (Pr or if being demolished)  
 Middle School

Type of Facility (4)  
 School (K-2)  
 Subchapter B (Other than K-12)  
 Other (i.e. private & commercial buildings, homes, etc.)

Square Feet  
 20,000

# of Floors  
 2

Bldg Age  
 75

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

ASCM No.

Name of Abatement Contractor (8)  
 Shade Environmental, LLC

Street Address  
 P.O. Box 167

Street Address  
 47 S. Lippincott Ave

City, State, Zip Code  
 Hammonton, NJ 08037

City, State, Zip Code  
 Maple Shade, NJ 08052

Project Manager for Monitoring Firm  
 Cathy Ledden

Telephone No.  
 609-820-9312

Telephone No.  
 856-755-0099

License No.  
 00842

Start Date (10)  
 August 27 2012

Scheduled Completion Date (11)  
 August 28, 2012

Name of OSHA Monitor  
 EMSL

Occupancy Status During Abatement (Check Only One)

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

Street Address  
 107 Haddon Ave

City, State, Zip Code  
 Westmont, New Jersey 08108

Scope of Work (Check All That Apply)

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

Renovation  
 Demolition

Full Containment with Negative Pressure  
 Mini-Enclosure  
 Glovebag Procedure  
 Wrap n Cut  
 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 | Encapsulation | Enclosure |
| Drain Pipe   |   |    | XXX | Pipe Insulation   | 10 SF                     | XXX            |        |               |           |
|  |   |    |     |   |                           |                |        |               |           |
|  |   |    |     |   |                           |                |        |               |           |

Name of Registered Waste Hauler  
 Freehold Cartage

NJDEP Waste Hauler ID No  
 22253

Cubic Yards of Waste  
 .25

Name of Registered Landfill  
 Grows Landfill

City, State  
 Mount Holly, NJ 08060

Disposal Date  
 08-28-2012

City, State  
 Tullytown, PA.

Completed by  
 William Lynch

Title  
 Vice President

Signature  
*William Lynch*

Date  
 August 23, 2012

ASB-41 (R-08-08)

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

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

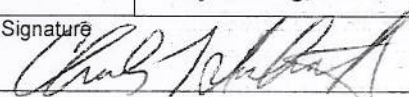
RECEIVED  
2012 AUG 28 PH 7:11  
ASBESTOS CONTROL & LICENSING

| Date of Notification (1)<br>August 23, 2012   |  | Name of Building Owner/Operator (2)<br>Delran Board of Education  |  |   |                           |                         |        |             |           |  |
|---|--|---|--|---|---------------------------|-------------------------|--------|-------------|-----------|--|
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA  | Type Notification<br><input 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>52 Hartford Road                           |   |                           |                         |        |             |           |  |
|   |  |   | City, State, Zip Code<br>Delran, NJ 08075                    |   |                           |                         |        |             |           |  |
|   |  | Name of Contact<br>Alfred Powell  | Telephone Number   |   |                           |                         |        |             |           |  |
| <b>FACILITY INFORMATION</b>   |  |   |  |   |                           |                         |        |             |           |  |
| Name of Facility Where Abatement is Taking Place (3)<br>Delran Middle 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>905 S. Chester Ave  |  | Square Feet<br>20,000   | # of Floors<br>2   |   |                           |                         |        |             |           |  |
| City (5)<br>Delran  |  | Bldg. Age<br>75   |  |   |                           |                         |        |             |           |  |
| County (6)<br>Burlington  | County Code (7)<br>(STATE USE ONLY) _____  | Current Use (Prior if being demolished)<br>Middle School  |  |   |                           |                         |        |             |           |  |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Coastal Environmental.   |  | ASCM No.  | Name of Abatement Contractor (9)<br>Shade Environmental, LLC |   |                           |                         |        |             |           |  |
| Street Address<br>P.O.Box 167   |  | Street Address<br>47 S. Lippincott Ave  |  |   |                           |                         |        |             |           |  |
| City, State, Zip Code<br>Hammonton, NJ 08037  |  | City, State, Zip Code<br>Maple Shade, NJ 08052  |  |   |                           |                         |        |             |           |  |
| Project Manager for Monitoring Firm<br>Cathy Ledden   |  | Telephone No.<br>609-820-9312   | Telephone No.<br>856-755-0099                                |   |                           |                         |        |             |           |  |
|   |  | License No.<br>00842  |  |   |                           |                         |        |             |           |  |
| Start Date (10)<br>August 27, 2012  | Scheduled Completion Date (11)<br>August 28, 2012  | Name of OSHA Monitor<br>EMSL  |  |   |                           |                         |        |             |           |  |
| 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>107 Haddon Ave  |  |   |                           |                         |        |             |           |  |
|   |  | City, State, Zip Code<br>Westmont, New Jersey 08108   |  |   |                           |                         |        |             |           |  |
| Scope of Work (Check All That Apply)<br><input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure <b>Wrap n Cut</b><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 |  |
| Drain Pipe  |  |   | xxx  | Pipe Insulation   | 10 SF                     | xxx                     |        |             |           |  |
|   |  |   |  |   |                           |                         |        |             |           |  |
|   |  |   |  |   |                           |                         |        |             |           |  |
| Name of Registered Waste Hauler<br>Freehold Cartage   |  | NJDEP Waste Hauler ID No.<br>22253  | Cubic Yards of Waste<br>.25                                  | Name of Registered Landfill<br>Grows Landfill   |                           |                         |        |             |           |  |
| City, State<br>Mount Holly, NJ 08060  |  | Disposal Date<br>08-28-2012   |  | City, State<br>Tullytown, PA.   |                           |                         |        |             |           |  |
| Completed by<br>William Lynch   |  | Title<br>Vice President   | Signature<br><i>William Lynch</i>                            |   |                           | Date<br>August 23, 2012 |        |             |           |  |

No check

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

RECEIVED

| Date of Notification (1)<br><b>08 / 22 / 12</b>  |  | Name of Building Owner/Operator (2)<br><b>Township of Willingboro</b>  |  |  |                           |                                     |                          |                          |                          |
|--|--|--|--|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DCA (NJAC 5:16)<br><input checked="" type="checkbox"/> DHSS<br><input type="checkbox"/> DCA (NJAC 5:23-8)   | Type Notification<br><input type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input checked="" type="checkbox"/> Cancellation | Street Address<br><b>1 Dr. Martin Luther King Blvd</b>   |  |  |                           |                                     |                          |                          |                          |
|  |  | City, State, Zip Code<br><b>Willingboro, NJ 08046</b>  |  |  |                           |                                     |                          |                          |                          |
|  |  | Name of Contact<br><b>Code Officer-Vann Jones</b>  | Telephone Number   |  |                           |                                     |                          |                          |                          |
| <b>FACILITY INFORMATION</b>  |  |  |  |  |                           |                                     |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Residential House</b>   |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)                   |  |  |                           |                                     |                          |                          |                          |
| Street Address<br><b>22 Barrington Lane</b>  |  | Square Feet<br><b>2000</b>   | # of Floors<br><b>2</b>  |  |                           |                                     |                          |                          |                          |
| City (5)<br><b>Willingboro, NJ 08046</b>   |  | Bldg. Age<br><b>40+</b>  |  |  |                           |                                     |                          |                          |                          |
| County (6)<br><b>Burlington</b>  | County Code (7)(STATE USE ONLY)  | Current Use (Prior if being demolished)<br><b>Mechanical</b>   |  |  |                           |                                     |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)  |  | ASCM No.   | Name of Abatement Contractor (9)<br><b>Diamond Huntbach Construction Corporation</b> |  |                           |                                     |                          |                          |                          |
| Street Address   |  | Street Address<br><b>500 East Luzerne Street</b>   |  |  |                           |                                     |                          |                          |                          |
| City, State, Zip Code  |  | City, State, Zip Code<br><b>Philadelphia, PA 19124</b>   |  |  |                           |                                     |                          |                          |                          |
| Project Manager for Monitoring Firm  |  | Telephone No.<br><b>215-739-8166</b>   | License No.<br><b>00646</b>  |  |                           |                                     |                          |                          |                          |
| Start Date (10)<br><b>09 / 04 / 12</b>   | Scheduled Completion Date (11)<br><b>09 / 12 / 12</b>  | Name of OSHA Monitor<br><b>SAME AS ABOVE</b>   |  |  |                           |                                     |                          |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: <b>7:00AM-4:00PM/</b> _____ PM- _____ AM |  | Street Address   |  |  |                           |                                     |                          |                          |                          |
|  |  | City, State, Zip Code  |  |  |                           |                                     |                          |                          |                          |
| Scope of Work (Check all that apply)   |  |  |  |  |                           |                                     |                          |                          |                          |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf  |  | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition  |  |  |                           |                                     |                          |                          |                          |
|  |  | <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |  |                           |                                     |                          |                          |                          |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)   | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)  |  |  | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type                      |                          |                          |                          |
|  | Yes  | No   | N/A  |  |                           | Removal                             | Repair                   | Encapsulate              | Enclosure                |
| Exterior Siding  | <input type="checkbox"/>   | <input checked="" type="checkbox"/>  | <input type="checkbox"/>   | Transite   | 2200                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   |  |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   |  |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   |  |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler<br><b>Diamond Huntbach Construction</b>  |  | NJDEP Waste Hauler ID No.<br><b>19689</b>  | Cubic Yards of Waste<br><b>3 c.y.</b>  | Name of Registered Landfill<br><b>Minerva</b>  |                           |                                     |                          |                          |                          |
| City, State<br><b>Philadelphia, PA</b>   |  | Disposal Date<br><b>09/12/12</b>   |  | City, State<br><b>Waynesburg, OH 44688</b>   |                           |                                     |                          |                          |                          |
| Completed By (Print or Type)<br><b>Charles F. Imbimbo</b>  |  | Title<br><b>Project Manager</b>  |  | Signature<br>                            |                           |                                     | Date<br><b>08/22/12</b>  |                          |                          |

CR  
10/16

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

RECEIVED  
2012 AUG 28 PM 7:07  
ASBESTOS CONTROL  
& LICENSING

|  |  |  |   |   |        |             |
|--|--|--|---|---|--------|-------------|
| Date of Notification (1)<br><b>8/23/12</b>   |  | Name of Building Owner/Operator (2)<br><b>MR. JOSHUA LAST</b>  |   |   |        |             |
| Agency Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA  | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment #<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><b>747 WASHBURN ST</b>   |   |   |        |             |
|  |  | City, State, Zip Code<br><b>TEANECK, NJ, 07666</b>   |   |   |        |             |
|  |  | Name of Contact<br><b>MR. LAST</b>   | Telephone Number  |   |        |             |
| <b>FACILITY INFORMATION</b>  |  |  |   |   |        |             |
| Name of Facility Where Abatement is Taking Place (3)<br><b>MR. LAST</b>  |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)                    |   |   |        |             |
| Street Address<br><b>747 WASHBURN ST</b>   |  | Square Feet<br><b>2200</b>   | # of Floors<br><b>2</b>                                     |   |        |             |
| City (5)<br><b>TEANECK</b>   |  | Bldg. Age<br><b>1950</b>   |   |   |        |             |
| County (6)<br><b>BERGEN</b>  | County Code (7) (STATE USE ONLY)   | Current Use (Prior if being demolished)<br><b>RESIDENCE</b>  |   |   |        |             |
| Name of Monitoring Firm Hired by Building Owner (8)  |  | ASCM No.   | Name of Abatement Contractor (9)<br><b>Best Removal Inc</b> |   |        |             |
| Street Address   |  | Street Address<br><b>450 S. River St</b>   |   |   |        |             |
| City, State, Zip Code  |  | City, State, Zip Code<br><b>Hackensack, N.J. 07601</b>   |   |   |        |             |
| Project Manager for Monitoring Firm  |  | Telephone No.<br><b>201-329-7444</b>   | License No.<br><b>00388</b>                                 |   |        |             |
| Start Date (10)<br><b>9/4/12</b>   | Scheduled Completion Date (11)<br><b>9/5/12</b>  | Name of OSHA Monitor<br><b>Omega Environmental Inc</b>   |   |   |        |             |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other - Describe: <b>TAM TO 5PM</b> |  | Street Address<br><b>280 Huyler St</b>   |   |   |        |             |
|  |  | City, State, Zip Code<br><b>South Hackensack, N.J. 07606</b>   |   |   |        |             |
| 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 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)<br>Yes No N/A  | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)   | Amount (Specify SF or LF)<br><b>600 SF</b>                  | Abatement Type  |        |             |
|  |  |  |   | Removal   | Repair | Encapsulate |
| <b>BASEMENT</b>  |  | <b>VAT</b>   |   | <input checked="" type="checkbox"/>                       |        |             |
| Name of Registered Waste Hauler<br><b>Best Removal Inc</b>   |  | NJDEP Waste Hauler ID No.<br><b>17109</b>  | Cubic Yards of Waste<br><b>3CY</b>                          | Name of Registered Landfill<br><b>Minerva Enterprises</b> |        |             |
| City, State<br><b>Hackensack, N.J. 07601</b>   |  | Disposal Date<br><b>9/5/12</b>   | City, State<br><b>Waynesburg, Oh</b>                        |   |        |             |
| Completed by<br><b>J. Maiorano</b>   | Title<br><b>Estimator</b>  | Signature<br><i>J. Maiorano</i>  |   | Date<br><b>8/23/12</b>                                    |        |             |

APPROVED  
 NJ Dept. of Health & Senior Services  
 Paul C. Homer  
 (signature)  
 Date: 8/22/12 Time: 7:46 AM

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

RECEIVED 7966  
 CHECK #  
 2012 AUG 28 PH 7:06

|  |   |  |                  |
|--|---|--|------------------|
| Date of Notification (1)<br>8/21/12  |   | Name of Building Owner/Operator (2)<br>SUNOCO INC.   |                  |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA | 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>1735 MARKET STREET STE 2           |                  |
|  |   | City, State, Zip Code<br>PHILADELPHIA, PA 19103-7583 |                  |
|  |   | Name of Contact<br>KEITH JURKOVICH                   | Telephone Number |

|  |  |                                     |   |                  |                 |
|--|--|-------------------------------------|---|------------------|-----------------|
| Name of Facility Where Abatement is Taking Place (3)<br>SUNOCO SERVICE STATION |  |                                     | 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>1947 ROUTE 46  |  |                                     | Square Feet<br>3600   | # of Floors<br>1 | Bldg. Age<br>60 |
| City (5)<br>PARSIPPANY N.J 07054   |  |                                     | Current Use (Prior if being demolished)<br>gas station demo   |                  |                 |
| County (6)<br>MORRIS   |  | County Code (7)<br>(STATE USE ONLY) |   |                  |                 |

|   |  |  |  |                      |  |
|---|--|--|--|----------------------|--|
| Name of Monitoring Firm Hired by Building Owner (8) |  | ASCM No.                                     | Name of Abatement Contractor (9)<br>A. MAC Contracting Inc |                      |  |
| Street Address                                      |  | Street Address<br>105 Lowell Road            |  |                      |  |
| City, State, Zip Code                               |  | City, State, Zip Code<br>Glen Rock, NJ 07452 |  |                      |  |
| Project Manager for Monitoring Firm                 |  | Telephone No.                                | Telephone No.<br>201-262-5841                              | License No.<br>00156 |  |

|  |   |   |  |  |  |
|--|---|---|--|--|--|
| Start Date (10)<br>8/22/12   | Scheduled Completion Date (11)<br>8/24/12 | Name of OSHA Monitor<br>Omega Environmental Services 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<br><input type="checkbox"/> Other - Describe: _____ |   | Street Address<br>280 Huyer Street<br>City, State, Zip Code<br>Hackensack, NJ 07605 |  |  |  |

Scope of Work (Check All That Apply)

|  |  |  |
|--|--|--|
| <input type="checkbox"/> < 23 sf or 23 lf                | <input type="checkbox"/> Renovation            | <input type="checkbox"/> Full Containment with Negative Pressure               |
| <input checked="" type="checkbox"/> > 160 sf or > 250 lf | <input checked="" type="checkbox"/> Demolition | <input type="checkbox"/> Mini-Enclosure  |
|  |  | <input type="checkbox"/> Glovebag Procedure                                    |
|  |  | <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |

| Location of Asbestos-Containing Material (ACM) 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 | NA |   |                           | Removal        | Repair | Encapsulate | Enclosure |
| EXTERIOR<br>TO BE ABATED  |   |    | X  | ROOF  | 3600 SF                   | X              |        |             |           |
|   |   |    |    |   |                           |                |        |             |           |

|  |  |                                    |                             |   |                 |
|--|--|------------------------------------|-----------------------------|---|-----------------|
| Name of Registered Waste Hauler<br>Rovic Transport |  | NJDEP Waste Hauler ID No.<br>20785 | Cubic Yards of Waste<br>30  | Name of Registered Landfill<br>IESI PA Bethlehem Landfill Corp. |                 |
| City, State, Zip Code<br>Riverdale, NJ 07457       |  | Disposal Date<br>8/22/12           |                             | City, State, Zip Code<br>Bethlehem, PA 18015                    |                 |
| Completed by<br>R. McDonald                        |  | Title<br>President                 | Signature<br>Randy McDonald |   | Date<br>8/21/12 |

CHECK #  
2383

State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:124)

RECEIVED

Date of Notification (1) 8/22/12

Name of Building Owner/Operator (2) BOB MOOSE

Agencies Notified:  EPA,  DEP,  NJDEP,  NJA,  NJM

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

Street Address: P.O. BOX 322

City, State, Zip Code: BELMONT, N.J. 08223

Name of Contact: SAME

Telephone Number:         

2012 AUG 28 PM 7:00

FACILITY INFORMATION

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

Address: 302 W. EVANS BLVD.

City: BELMONT

County: ATLANTIC

County Code (7) (STATE USE ONLY)         

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

Square Feet: 1000 # of Floors: 2 Bldg Age: 40Y

Current Use (Prior to being demolished): VACANT

Name of Non-Union Firm Hired by Building Owner: N/A

ASCM No:         

Name of Abatement Contractor (9): KLEMM INC.

Street Address: 369 S. SPRUCE AVE

City, State, Zip Code: MAPLE SHADE, N.J. 08012

Project Manager for Monitoring Firm:         

Telephone No: 856-774-0422

License No: 00744

Start Date (10): 9/4/12

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

Name of OSHA Monitor: JOSEPH KLEMM

Street Address: 369 S. SPRUCE AVE

City, State, Zip Code: MAPLE SHADE, N.J. 08012

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

Abatement Method (Check all that apply):  Renovation,  Demolition,  Full Containment with Negative Pressure,  Mini-Enclosure,  Glovebag Procedure,  Non-Exempted (1') and Non-Frangible Procedure

| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (12) | 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 (Spec. SF or LF) | Material | Removal  |
|--|---|---|----------|--|-------------------------|----------|----------|
|  | Y   | N | N/A      |  |                         |          |          |
| <u>SIDING</u>  |   |   | <u>X</u> | <u>TRANSITE</u>  | <u>1500</u> #           |          | <u>X</u> |
|  |   |   |          |  |                         |          |          |
|  |   |   |          |  |                         |          |          |

Responsible Waste Hauler: KLEMM INC.

NJOEP Waste Hauler ID No: 17904

Cubic Yards of Waste:         

Name of Registered Carrier: ACUA

City, State: PLANTVILLE, N.J.

Disposal Date:         

Signature: Joseph Klemm

Title: V/P

Date: 8/22/12

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

CHECK #  
2384

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

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2012 AUG 28 PM 7:05

|   |   |   |                        |
|---|---|---|------------------------|
| Date of Notification (1)<br>8/23/12   |   | Name of Building Owner/Operator (2)<br>EMTECH CONTRACTING |                        |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input type="checkbox"/> DOL<br><input type="checkbox"/> DOH<br><input type="checkbox"/> DCA | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment #<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br>155 Mt. 50                              |                        |
|   |   | City, State, Zip Code<br>GREENFIELD, N.J. 08230           |                        |
|   |   | Name of Contact<br>BRUCE BREUNIG                          | Telephone Number (N/A) |

|   |  |                                  |  |                  |                 |
|---|--|----------------------------------|--|------------------|-----------------|
| 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>1547 ASBURY AVE.                                |  |                                  | Square Feet<br>1000  | # of Floors<br>2 | Bldg Age<br>40+ |
| City (5)<br>OCEAN CITY  |  |                                  | Current Use (Prior if being demolished)<br>VACANT  |                  |                 |
| County (6)<br>CAPE MAY  |  | County Code (7) (STATE USE ONLY) |  |                  |                 |

|  |  |  |   |  |                      |
|--|--|--|---|--|----------------------|
| Name of Monitoring Firm Hired by Building Owner (8)<br>N/A |  | ASCM No.   | Name of Abatement Contractor (9)<br>KLEMCO INC. |  |                      |
| Street Address   |  | Street Address<br>369 S. SPRUCE AVE.             |   |  |                      |
| City, State, Zip Code                                      |  | City, State, Zip Code<br>MAPLE SHADE, N.J. 08052 |   |  |                      |
| Project Manager for Monitoring Firm                        |  | Telephone No.                                    | Telephone No.<br>856-779-0422                   |  | License No.<br>00444 |

|  |   |  |  |  |  |
|--|---|--|--|--|--|
| Start Date (10)<br>9/17/12   | Scheduled Completion Date (11)<br>9/24/12 | Name of OSHA Monitor<br>JOSEPH KLEMM             |  |  |  |
| 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>369 S. SPRUCE AVE.             |  |  |  |
|  |   | City, State, Zip Code<br>MAPLE SHADE, N.J. 08052 |  |  |  |

Scope of Work (Check all that apply)

23 sl or 23 ll  
 2160 sl or 2260 ll  
 Renovation  
 Demolition  
 Full Containment with Negative Pressure  
 Mini-Enclosure  
 Glovebag Procedure  
 Non-Exempted (\*) and Non-Enable 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        | Encasement | Encapsulation |
| SIDING   |   |    | X   | TRANSITE   | 3000#                     | X              |            |               |
|  |   |    |     |  |                           |                |            |               |

|  |                |                                    |                           |   |  |
|--|----------------|------------------------------------|---------------------------|---|--|
| Name of Registered Waste Hauler<br>KLEMCO INC. |                | NJDEP Waste Hauler ID No.<br>L7904 | Cubic Yards of Waste<br>5 | Name of Registered Landfill<br>C.M.C.M.U.A. |  |
| City, State<br>MAPLE SHADE, N.J. 08052         |                | Disposal Date                      |                           | City, State<br>WOODBINE, N.J.               |  |
| Completed By<br>JOSEPH KLEMM                   | Title<br>OWNER | Signature<br>Joseph Klemm          |                           | Date<br>8/23/12                             |  |

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



CHECK #  
2392

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

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AUG 28 PM 7:05

|   |  |  |                              |
|---|--|--|------------------------------|
| Date of Notification (1)<br><u>8/24/12</u>  |  | Name of Building Owner/Operator (2)<br><u>EMTECH CONTRACTING</u> |                              |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input type="checkbox"/> DOL<br><input type="checkbox"/> DOH<br><input type="checkbox"/> DCA | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><u>155 Rt. 50</u>                              |                              |
|   |  | City, State, Zip Code<br><u>OCEANFIELD, N.J. 08229</u>           |                              |
|   |  | Name of Contact<br><u>BRUCE BREUNIG</u>                          | Telephone Number<br><u>7</u> |

|  |  |                                  |  |                         |                        |
|--|--|----------------------------------|--|-------------------------|------------------------|
| Name of Facility Where Abatement is Taking Place (3)<br><u>RESIDENCE</u> |  |                                  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter B (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) |                         |                        |
| Street Address<br><u>15 LEYTE LANE</u>                                   |  |                                  | Square Feet<br><u>1000</u>   | # of Floors<br><u>2</u> | Bldg Age<br><u>40+</u> |
| City (5)<br><u>OCEAN CITY</u>  |  |                                  | Current Use (Prior to being demolished)<br><u>VACANT</u>   |                         |                        |
| County (6)<br><u>CAPE MAY</u>  |  | County Code (7) (STATE USE ONLY) |  |                         |                        |

|   |  |   |  |                             |  |
|---|--|---|--|-----------------------------|--|
| Name of Monitoring Firm Hired by Building Owner (8)<br><u>N/A</u> |  | ASCM No.  | Name of Abatement Contractor (9)<br><u>KLEMCO INC.</u> |                             |  |
| Street Address  |  | Street Address<br><u>369 S. SPRUCE AVE.</u>             |  |                             |  |
| City, State, Zip Code   |  | City, State, Zip Code<br><u>MAPLE SHADE, N.J. 08052</u> |  |                             |  |
| Project Manager for Monitoring Firm                               |  | Telephone No.   | Telephone No.<br><u>856-779-0422</u>                   | License No.<br><u>00444</u> |  |

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| Start Date (10)<br><u>9/5/12</u>   | Scheduled Completion Date (11)<br><u>9/12/12</u> | Name of OSHA Monitor<br><u>JOSEPH KLEMM</u>             |  |  |  |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____ |  | Street Address<br><u>369 S. SPRUCE AVE.</u>             |  |  |  |
|  |  | City, State, Zip Code<br><u>MAPLE SHADE, N.J. 08052</u> |  |  |  |

Scope of Work (Check all that apply)


|   |  |   |
|---|--|---|
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf     | <input type="checkbox"/> Renovation            | <input type="checkbox"/> Full Containment with Negative Pressure    |
| <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf | <input checked="" 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) 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        | Encin | Encapsulation | Enclosure |
| <u>SIDING</u>   |   |    | <u>X</u> | <u>TROWITE</u>   | <u>2500#</u>              | <u>X</u>       |       |               |           |
|   |   |    |          |  |                           |                |       |               |           |

|   |                       |   |                                      |  |  |
|---|-----------------------|---|--------------------------------------|--|--|
| Name of Registered Waste Hauler<br><u>KLEMCO INC.</u> |                       | NJDEP Waste Hauler ID No.<br><u>17904</u> | Cubic Yards of Waste<br><u>5</u>     | Name of Registered Landfill<br><u>C.M.C.M.U.A.</u> |  |
| City, State<br><u>MAPLE SHADE, N.J. 08052</u>         |                       | Disposal Date                             | City, State<br><u>WOODBINE, N.J.</u> |  |  |
| Completed By<br><u>JOSEPH KLEMM</u>                   | Title<br><u>OWNER</u> | Signature<br><u>Joseph Klemm</u>          | Date<br><u>8/24/12</u>               |  |  |

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

*CHECK RECEIVED*

| Date of Notification (1)<br>8/21/12  |   | Name of Building Owner/Operator (2)<br>K & J Niemczyk  |   |   |                           |                 |        |             |           |
|--|---|--|---|---|---------------------------|-----------------|--------|-------------|-----------|
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA  | Type Notification<br><input type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br><input type="checkbox"/> Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br>107 E Curtis Street  |   |   |                           |                 |        |             |           |
|  |   | City, State, Zip Code<br>Linden NJ 07036   |   |   |                           |                 |        |             |           |
|  |   | Name of Contact<br>John Niemczyk   | Telephone Number  |   |                           |                 |        |             |           |
| <b>FACILITY INFORMATION</b>  |   |  |   |   |                           |                 |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>101 East Elm Street  |   | 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.)  |   |   |                           |                 |        |             |           |
| City (5)<br>Linden   | Square Feet<br>2200   | # of Floors<br>2   | Bldg. Age<br>50   |   |                           |                 |        |             |           |
| County (6)<br>Union  | County Code (7)<br>(STATE USE ONLY)   | Current Use (Prior if being demolished)  |   |   |                           |                 |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)  |   | ASCM No.   | Name of Abatement Contractor (9)<br>ABS Environmental Services, LLC                               |   |                           |                 |        |             |           |
| Street Address   |   | Street Address<br>4 E Gate Drive, PO Box 483   |   |   |                           |                 |        |             |           |
| City, State, Zip Code  |   | City, State, Zip Code<br>Glenwood, NJ 07418  |   |   |                           |                 |        |             |           |
| Project Manager for Monitoring Firm  |   | Telephone No.<br>973-583-8500  | License No.<br>703  |   |                           |                 |        |             |           |
| Start Date (10)<br>8/14/12   | Scheduled Completion Date (11)<br>9/30/12   | Name of OSHA Monitor   |   |   |                           |                 |        |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____ |   | Street Address   |   |   |                           |                 |        |             |           |
|  |   | City, State, Zip Code  |   |   |                           |                 |        |             |           |
| Scope of Work (Check All That Apply)   |   |  |   |   |                           |                 |        |             |           |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf  |   | <input type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input 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 |
| roof   |   |  | x   | roof flashing   | 550 SF                    | x               |        |             |           |
| lower level  |   |  | x   | floor tile  | 100 SF                    | x               |        |             |           |
| exterior   |   |  | x   | trancite soffit material  | 500 SF                    | x               |        |             |           |
| window openings  |   |  | x   | window caulk & debris   | 1500 SF                   | x               |        |             |           |
| Name of Registered Waste Hauler<br>Freehold Cartage  |   | NJDEP Waste Hauler ID No.<br>15939   | Cubic Yards of Waste  | Name of Registered Landfill<br>GROWS N Landfill   |                           |                 |        |             |           |
| City, State<br>Freehold NJ   |   | Disposal Date<br>TBD   |   | City, State<br>Morrisville, PA  |                           |                 |        |             |           |
| Completed by<br>Andrew Scott Higgins   |   | Title<br>President   | Signature<br> |   |                           | Date<br>8/21/12 |        |             |           |

OK  
3695

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

RECEIVED  
2012 AUG 28 PM 7:01

ASBESTOS CONTROL  
& LICENSING

|   |  |   |  |
|---|--|---|--|
| Date of Notification (1)<br>08/24/2012  |  | Name of Building Owner/Operator (2)<br>City of East Orange<br>Street Address<br>44 City Hall Plaza<br>City, State, Zip Code<br>East Orange, NJ 07019<br>Name of Contact<br>Cecil H. Sanders Jr.<br>Telephone Number   |  |
| Agency 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 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 | FACILITY INFORMATION  |  |
| Name of Facility Where Abatement is Taking Place (3)<br>Old EOPD Building<br>Street Address<br>44 City Hall Plaza<br>City (5)<br>East Orange, NJ 07019<br>County (6)<br>Essex   |  | 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>Square Feet   # of Floors   Bldg. Age<br>    501<br>Current Use (If or if being demolished)  |  |
| Name of Monitoring Firm (8)<br>Briggs<br>Street Address<br>3 Crosswicks Street<br>City, State, Zip Code<br>Bordentown, NJ 08505<br>Project Manager for Monitoring Firm<br>Michael Hoodak<br>Start Date (10)<br>September 17, 2012   | ASCM No.<br>Telephone No.<br>609-298-5520<br>Scheduled Completion Date (11)<br>February 20, 2013   | Name of Abatement Contractor (9)<br>RICI CORP<br>Street Address<br>41 LIBERTY STREET<br>City, State, Zip Code<br>PASSAIC, NJ 07055<br>Telephone No.<br>973-614-1266<br>License No.<br>00838<br>Name of OSHA Monitor<br>RICI CORP<br>Street Address<br>41 LIBERTY STREET<br>City, State, Zip Code<br>PASSAIC, NJ 07055   |  |
| 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 |  | 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 checked="" 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)<br>Yes   No   N/A  | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  | Amount (Specify SF or LF)  |
| See attached pages  |  |   |  |
| Name of Registered Waste Hauler<br>RICI CORP<br>City, State<br>PASSAIC, NJ  | NJDEP Waste Hauler ID No.<br>29051   | Yards of<br>Disposal Date<br>TBD  | Name of Registered Landfill<br>R.O.W.S. LANDFILL<br>City, State<br>MORRISVILLE, PA |
| Completed by<br>RISTO TRAJKOV   | Title<br>PRESIDENT   | Signature<br><i>Risto Trajkov</i>   | Date<br>08/24/2012   |

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 2012 AUG 28 PM 7:01  
 ASBESTOS CONTROL  
 & LICENSING

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

PAGE 2 OF 4

08/24/2012

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

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

PAGE 3 OF 4

08/24/2012

| Location of<br>Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>IN Facility<br>(13) | Is Location<br>Normally<br>Used Solely by<br>Maintenance/<br>Custodial<br>Staff?<br>(12) |    |     | Description of<br>Asbestos Containing Material (ACM)<br>(i.e., thermal systems insulation,<br>surfacing, VAT, or<br>other miscellaneous) | Amount<br>(Specify<br>SF or LF) | Abatement<br>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 ♦ ricipcorp@optonline.net ♦ www.ricipcorp.com

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ASBESTOS CONTROL & LICENSING  
State of New Jersey

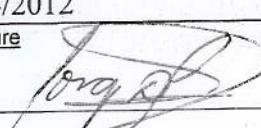
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

PAGE 4 OF 4

08/24/2012

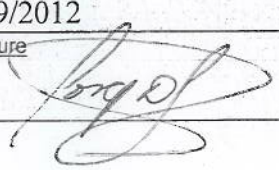
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |    |     | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |        |             |           |
|--|---|----|-----|--|---------------------------|----------------|--------|-------------|-----------|
|  | Yes   | No | N/A |  |                           | Removal        | Repair | Encapsulate | Enclosure |
| Room 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              |        |             |           |
| Exterior Trench  |   | X  |     | Pipe Fitting Insulation  | 320lf                     | X              |        |             |           |
|  |   |    |     |  |                           |                |        |             |           |
|  |   |    |     |  |                           |                |        |             |           |
|  |   |    |     |  |                           |                |        |             |           |

STATE OF NEW JERSEY DEPARTMENT OF LABOR NOTIFICATION OF ASBESTOS ABATEMENT *Check # 9815*

| Date of Notification (1)<br>08/22/2012   |   | Name of Building Owner/Operator (2)<br>Township of Piscataway-Dept. Of Public Works  |   |   |                           |                    |        |             |           |
|--|---|--|---|---|---------------------------|--------------------|--------|-------------|-----------|
| Agencies Notified<br>( X ) EPA<br>( X ) NJDEP<br>( X ) NJ DOL<br>( X ) DOH<br>( ) DCA  | Type of Notification<br>( X ) Initial Notification<br>( ) Amended<br>Amendment # _____<br>( ) Emergency (including justification)<br>( ) Cancellation | Street Address<br>Municipal Complex - 505 Sidney Road  |   |   |                           |                    |        |             |           |
|  |   | City, State, Zip Code<br>Piscataway, NJ 08854  |   |   |                           |                    |        |             |           |
|  |   | Name of Contact<br>Henry Zanetti   | Tel. Number   |   |                           |                    |        |             |           |
| FACILITY INFORMATION   |   |  |   |   |                           |                    |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Residential Property   |   | Type of Facility (4)<br>( ) School (K-12)<br>( ) Subchapter 8 (other than K-12)<br>( X ) Other (i.e. private & commercial bldgs., homes, etc.) |   |   |                           |                    |        |             |           |
| Street Address<br>8 Fuller Ave   |   | Sq. Feet: <u>5000</u> # of Floors <u>2</u> Bldg. Age <u>60</u>   |   |   |                           |                    |        |             |           |
| City (5)<br>Piscataway   | County (6)<br>Middlesex   | County Code (7)<br>(State Use Only)  | Current Use (prior if being demolished): Unoccupied   |   |                           |                    |        |             |           |
| Name of Monitoring Firm Hired by Bldg. Owner (8)<br>N/A  |   | ASCM No.<br>N/A  | Name of Contractor (9)<br>ISES, Inc.  |   |                           |                    |        |             |           |
| Street Address<br>N/A  |   | Street Address<br>3300 Hudson Avenue   |   |   |                           |                    |        |             |           |
| City, State, Zip Code<br>N/A   |   | City State, Zip Code<br>Union City, NJ   |   |   |                           |                    |        |             |           |
| Project Manager for Monitoring Firm<br>N/A   | Telephone Number  | Telephone Number<br>(201)325-0055  | License Number<br>01124   |   |                           |                    |        |             |           |
| Scheduled Start Date (10)<br>09/03/2012  | Scheduled Completion Date (11)<br>09/04/2012  | Name of OSHA Monitor<br>ISES, Inc.   |   |   |                           |                    |        |             |           |
| Occupancy Status During Abatement (Check only one)<br>( X ) Facility Closed/Vacated During Entire Period of Abatement<br>( ) Abatement Performed Outside of Normal Facility Hours -<br>( ) Other - Describe: Unoccupied during abatement |   | Street Address<br>3300 Hudson Avenue   |   |   |                           |                    |        |             |           |
|  |   | City, State, Zip Code<br>Union City, NJ 07087  |   |   |                           |                    |        |             |           |
| Source of Work (Check all that apply) ( X ) Demolition ( ) Renovation  |   |  |   |   |                           |                    |        |             |           |
| ( ) Minor Project (< 25 SF or < 10 LF ACM)   |   | ( ) Full Containment with Negative Pressure  |   |   |                           |                    |        |             |           |
| ( ) Small Project (>25 <160 SF or >10 <260 LF ACM)   |   | ( ) Mini-Enclosure   |   |   |                           |                    |        |             |           |
| ( X ) Large Project (>160 SF or > 260 LF ACM)  |   | ( ) Glove bag Procedure  |   |   |                           |                    |        |             |           |
|  |   | ( X ) Non-Exempted (*) and Non-Friable Procedure   |   |   |                           |                    |        |             |           |
| Location of Asbestos-Containing Material (ACM) To be Abated in Facility (13)   | Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)  |  |   | Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous.) | Amount (Specify SF or LF) | Abatement Type     |        |             |           |
|  | YES   | NO   | N/A   |   |                           | Removal            | Repair | Encapsulate | Enclosure |
| Kitchen and dining area  |   |  | X   | VAT (Asbestos floor tile)   | 160 Sf                    | X                  |        |             |           |
| Entrance Area And Hall   |   |  | X   | VAT (Asbestos Floor Tile)   | 100 Sf                    | X                  |        |             |           |
|  |   |  |   |   |                           |                    |        |             |           |
| Name of Reg. Waste Hauler<br>Vision Transport  |   | NJDEP Waste Hauler ID #<br>22393   | Cubic Yards of Waste<br>1   | Name of Reg. Landfill<br>Cumberland County Landfill   |                           |                    |        |             |           |
| City, State<br>2 Fish House Road, Kearny, NJ 07032   |   | Disp. Date<br>09/04/2012   |   | City, State<br>Newburg, PA 17242  |                           |                    |        |             |           |
| Completed by (Print or Type)<br>Jorge Delgado  |   | Title<br>Project Supervisor  | Signature<br> |   |                           | Date<br>08/22/2012 |        |             |           |

STATE OF NEW JERSEY DEPARTMENT OF LABOR NOTIFICATION OF ASBESTOS ABATEMENT

Chuck #9814

|   |  |   |  |   |                |         |        |             |
|---|--|---|--|---|----------------|---------|--------|-------------|
| Date of Notification (1)<br>08/23/2012  |  | Name of Building Owner/Operator (2)<br>Livio Colantone  |  |   |                |         |        |             |
| Agencies Notified<br>(X) EPA<br>(X) NJDEP<br>(X) NJ DOL<br>(X) DOH<br>( ) DCA   |  | Type of Notification<br>(X) Initial Notification<br>( ) Amended<br>Amendment # _____<br>( ) Emergency (including justification)<br>( ) Cancellation |  | Street Address<br>105 Fairchild Ave.<br>City, State, Zip Code<br>Morristownship, NJ 07950<br>Name of Contact<br>Michael De Jesus<br>Tel. Number |                |         |        |             |
| FACILITY INFORMATION  |  |   |  |   |                |         |        |             |
| Name of Facility Where Abatement is Taking Place (3)<br>Residential Property  |  |   | Type of Facility (4)<br>( ) School (K-12)<br>( ) Subchapter 8 (other than K-12)<br>(X) Other (i.e. private & commercial bldgs., homes, etc.) |   |                |         |        |             |
| Street Address<br>105 Fairchild Avenue  |  |   | Sq. Feet: 5000 # of Floors 2 Bldg. Age 60  |   |                |         |        |             |
| City (5)<br>Morristownship  | County (6)<br>Morris   | County Code (7)<br>(State Use Only)   | Current Use (prior if being demolished): Unoccupied  |   |                |         |        |             |
| Name of Monitoring Firm Hired by Bldg. Owner (8)<br>N/A   |  | ASCM No.<br>N/A   | Name of Contractor (9)<br>ISES, Inc.   |   |                |         |        |             |
| Street Address<br>N/A   |  | Street Address<br>3300 Hudson Avenue  |  |   |                |         |        |             |
| City, State, Zip Code<br>N/A  |  | City, State, Zip Code<br>Union City, NJ   |  |   |                |         |        |             |
| Project Manager for Monitoring Firm<br>N/A  | Telephone Number   |   | Telephone Number<br>(201)325-0055  | License Number<br>01124   |                |         |        |             |
| Scheduled Start Date (10)<br>09/04/2012   | Scheduled Completion Date (11)<br>09/09/2012                             |   | Name of OSHA Monitor<br>ISES, Inc.   |   |                |         |        |             |
| Occupancy Status During Abatement (Check only one)<br>(X) Facility Closed/Vacated During Entire Period of Abatement<br>( ) Abatement Performed Outside of Normal Facility Hours -<br>( ) Other - Describe: Unoccupied during abatement  |  |   | Street Address<br>3300 Hudson Avenue<br>City, State, Zip Code<br>Union City, NJ 07087  |   |                |         |        |             |
| Source of Work (Check all that apply) ( ) Demolition (X) Renovation<br>( ) Minor Project (< 25 SF or < 10 LF ACM) ( ) Full Containment with Negative Pressure<br>( ) Small Project (>25 <160 SF or >10 <260 LF ACM) ( ) Mini-Enclosure<br>(X) Large Project (>160 SF or > 260 LF ACM) ( ) Glove bag Procedure<br>(X) Non-Exempted (*) and Non-Friable Procedure |  |   |  |   |                |         |        |             |
| Location of Asbestos-Containing Material (ACM) To be Abated in Facility (13)  | Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) |   | Description of 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 |
| Exterior Walls  |  | X   | Shingles siding  | 2,000 Sf  | X              |         |        |             |
|   |  |   |  |   |                |         |        |             |
|   |  |   |  |   |                |         |        |             |
| Name of Reg. Waste Hauler<br>Vision Transport   |  | NJDEP Waste Hauler ID #<br>22393  | Cubic Yards of Waste<br>10   | Name of Reg. Landfill<br>Cumberland County Landfill   |                |         |        |             |
| City, State<br>2 Fish House Road, Kearny, NJ 07032  |  |   | Disp. Date<br>09/09/2012   | City, State<br>Newburg, PA 17242  |                |         |        |             |
| Completed by (Print or Type)<br>Jorge Delgado   | Title<br>Project Supervisor  | Signature<br>   |  | Date<br>08/23/2012  |                |         |        |             |