

Check
9042

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

| Date of Notification (1) 8-26-14 | | Name of Building Owner/Operator (2) Franchi Demolition Inc | | | | | | | |
|---|--|---|---|---|---------------------------|-------------------------------------|--------|-------------|-----------|
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address P.O. Box 734 | | | | | | | |
| | | City, State, Zip Code Camden NJ 08101 | | | | | | | |
| | | Name of Contact Phil Franchi | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Store front Plus Apartment (Vacant) | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address 45 South Black Horse Pike | | Square Feet | # of Floors 2 | | | | | | |
| City (5) Blackwood NJ 08012 | | Bldg. Age 70 + | | | | | | | |
| County (6) Gloucester | County Code (7) (STATE USE ONLY) | Current-Use (Prior if being demolished) Store front + Apartment | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies | | ASCM No. N/A | Name of Abatement Contractor (9) EPC Technologies Inc | | | | | | |
| Street Address P.O. Box 337 | | Street Address P.O. Box 337 | | | | | | | |
| City, State, Zip Code New Egypt, NJ 08533 | | City, State, Zip Code New Egypt NJ 08533 | | | | | | | |
| Project Manager for Monitoring Firm Steve Schenker | | Telephone No. 609 758-3365 | License No. 00394 | | | | | | |
| Start Date (10) 9-5-14 | Scheduled Completion Date (11) 9-5-14 | Name of OSHA Monitor EPC Technologies Inc | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____ | | Street Address P.O. Box 337 | | | | | | | |
| | | City, State, Zip Code New Egypt NJ 08533 | | | | | | | |
| Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <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 |
| Roof "A" Section (Front) | | | <input checked="" type="checkbox"/> | Transite Roof Shingles | 400 SF | <input checked="" type="checkbox"/> | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler EPC Technologies | | NJDEP Waste Hauler ID No. 17000 | Cubic Yards of Waste 3 | Name of Registered Landfill Waste Management of PA | | | | | |
| City, State New Egypt NJ | | Disposal Date 9-5-14 | | City, State Morrisville PA | | | | | |
| Completed by Steve Schenker | | Title President | | Signature Steve Schenker | | Date 8-26-14 | | | |

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

| | | | |
|--|---|--|--|
| Date of Notification (1) <div style="text-align: center;">August 25, 2014</div> | | Name of Building Owner/Operator (2) <div style="text-align: center;">Wood Ridge Industrial 25018</div> | |
| Agencies Notified | Type of Notification | Street Address | |
| <input checked="" type="checkbox"/> EPA | <input type="checkbox"/> Initial Notification | 1 Passaic Street | |
| <input type="checkbox"/> DEP | <input type="checkbox"/> Amended Notification | City, State, Zip Code <div style="text-align: center;">Wood Ridge, NJ 07075</div> | |
| <input checked="" type="checkbox"/> DOL | Amendment # _____ | | |
| <input checked="" type="checkbox"/> DOH | <input checked="" type="checkbox"/> Emergency (including justification) | Name of Contact <div style="text-align: center;">Abe</div> | |
| <input type="checkbox"/> DCA | <input type="checkbox"/> Cancellation | | |

FACILITY INFORMATION

| | | | | | |
|---|--|---|---|---|--|
| Name of Facility Where Abatement is Taking Place (3) <div style="text-align: center;">Warehouse</div> | | | Type of Facility (4) | | |
| Street Address <div style="text-align: center;">1 Passaic Street</div> | | | <input type="checkbox"/> School (k-12) | | |
| | | | <input type="checkbox"/> Subchapter 8 (other than k-12) | | |
| City <div style="text-align: center;">Wood Ridge</div> | | | <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) | | |
| | | | Square feet <div style="text-align: center;">100,000 sf</div> | | |
| County (6) <div style="text-align: center;">Bergen</div> | | County Code (7) (STATE USE ONLY) | | # of Floors <div style="text-align: center;">1</div> | |
| Bldg. Age <div style="text-align: center;">60</div> | | Current Use (Prior if being demolished) <div style="text-align: center;">Warehouse</div> | | | |
| | | Name of Monitoring Firm Hired by Building Owner (8) <div style="text-align: center;">N/A</div> | | | |
| Street Address | | Name of Abatement Contractor (9) <div style="text-align: center;">Guardian Contracting, Inc.</div> | | | |
| City, State, Zip Code | | Street Address <div style="text-align: center;">1889 Route 9, Unit 61</div> | | | |
| Project Manager for Monitoring Firm | | Telephone Number | | City, State, Zip Code <div style="text-align: center;">Toms River, New Jersey 08755-1271</div> | |
| Scheduled Start Date (10) <div style="text-align: center;">8/25/14</div> | | Scheduled Completion Date (11) <div style="text-align: center;">8/27/14</div> | | Telephone Number <div style="text-align: center;">732-349-9932</div> | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____ | | License Number <div style="text-align: center;">00624</div> | | | |
| | | Name of OSHA Monitor <div style="text-align: center;">E.M.S.L. Analytical</div> | | | |
| | | Street Address <div style="text-align: center;">1056 Stelton Road</div> | | | |
| Scope of Work (Check all that apply) | | City, State, Zip Code <div style="text-align: center;">Piscataway, New Jersey 08854</div> | | | |
| <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 checked="" type="checkbox"/> Encapsulation | |
| | | | | <input type="checkbox"/> Glovebag Procedure | |
| | | | | <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) <div style="display: flex; justify-content: space-around;">YESNON/A</div> | | | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|--|--|--|---|---|---------------------------|---------------------------------|----------------------------|---|---|
| | | | | | | R E M O V A L | R E P A I R | E N C A P S U L E | E N C L O S U R E |
| Building 246 & 46 East | | | X | O & M encapsulation | 400 lf | | | X | |
| | | | | | | | | | |
| | | | | | | | | | |
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|--|---|---|--|
| Name of Registered Waste Hauler <div style="text-align: center;">Guardian Contracting, Inc.</div> | NJDEP Waste Hauler ID No. <div style="text-align: center;">20223</div> | Cubic Yards of Waste | Name of Registered Landfill <div style="text-align: center;">T.R.R.F.</div> |
| City, State <div style="text-align: center;">Toms River, New Jersey</div> | Disposal Date <div style="text-align: center;">8/28/14</div> | City, State <div style="text-align: center;">Tullytown, Pennsylvania</div> | |
| Completed by (Print or Type) <div style="text-align: center;">Nicholas Fernicola</div> | Title <div style="text-align: center;">Project Manager</div> | Signature | Date <div style="text-align: center;">8/25/2014</div> |

*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)

CK#2356

| | | | | | | | | | |
|--|---|---|-----|---|---------------------------|---------------------------------------|--------|-------------|-----------|
| Date of Notification (1) 8/26/14 | | Name of Building Owner/Operator (2) 14 New St. LLC | | | | | | | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | | | | | | |
| Street Address PO Box 533 | | City, State, Zip Code Naperville, N.J. 07752 | | | | | | | |
| Name of Contact Charlie | | Telephone Number | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) 14 New St LLC | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address 14 New St | | Square Feet 200 | | | | | | | |
| City (5) Sea Bright | | # of Floors 2 | | | | | | | |
| County (6) Monmouth | | Bldg. Age 80+ | | | | | | | |
| County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) Residence | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | ASCM No. | | | | | | | |
| Street Address | | Name of Abatement Contractor (9) Ace Insulation Co., Inc. | | | | | | | |
| City, State, Zip Code | | Street Address 95 Montrose Road | | | | | | | |
| Project Manager for Monitoring Firm | | City, State, Zip Code Colts Neck, N.J. 07722 | | | | | | | |
| Telephone No. | | Telephone No. 732-294-1757 | | | | | | | |
| Start Date (10) 9/5/14 | | License No. 00029 | | | | | | | |
| Scheduled Completion Date (11) 9/12/14 | | Name of OSHA Monitor | | | | | | | |
| 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 <input checked="" type="checkbox"/> Other - Describe: 7am - 7pm | | Street Address | | | | | | | |
| Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | City, State, Zip Code | | | | | | | |
| <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition | | <input type="checkbox"/> Full Containment with Negative Pressure <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 |
| Outdoor | | | X | Siding | 2200 | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Ace Insulation Co., Inc. | | NJDEP Waste Hauler ID No. 12086 | | Cubic Yards of Waste 4 | | Name of Registered Landfill Chrins | | | |
| City, State Colts Neck, New Jersey | | Disposal Date 9/12/14 | | City, State Easton, PA | | | | | |
| Completed by Bree McGuire | | Title Secretary Treasurer | | Signature Bree | | Date 8/26/14 | | | |

* Sandy *

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

| | | | | | | | | | |
|--|---|--|---|---|----------------|-----------------|--------|-------------|-----------|
| Date of Notification (1) 8/26/14 | | Name of Building Owner/Operator (2) Robert Linnett | | | | | | | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA | | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | | | | | | |
| Street Address 504 Brighton Ave | | City, State, Zip Code Spring Lake, New Jersey 07762 | | | | | | | |
| Name of Contact m.k. | | Telephone Number | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Linnett Residence | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address 504 Brighton Ave | | Square Feet 2100 | # of Floors 2 | | | | | | |
| City (5) Spring Lake | | Bldg. Age 60+ | | | | | | | |
| County (6) Monmouth | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Residence | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | Name of Abatement Contractor (9) Ace Insulation Co., Inc. | | | | | | | |
| Street Address | | Street Address 95 Montrose Road | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Colts Neck, N.J. 07722 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. 732-294-1757 | License No. 00029 | | | | | | |
| Start Date (10) 9/4/14 | Scheduled Completion Date (11) 9/11/14 | Name of OSHA Monitor | | | | | | | |
| 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 <input checked="" type="checkbox"/> Other - Describe: 7AM - 7PM | | Street Address | | | | | | | |
| Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 if <input type="checkbox"/> ≥ 160 sf or ≥ 260 if | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | | | | | | |
| <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | | |
| | Yes | No | | | N/A | Removal | Repair | Encapsulate | Enclosure |
| Outdoors | | | X | Siding | 2100 | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Ace Insulation Co., Inc. | | NJDEP Waste Hauler ID No. 12086 | Cubic Yards of Waste 3 | Name of Registered Landfill G.R.O.W.S. | | | | | |
| City, State Colts Neck, New Jersey | | Disposal Date 9/11/14 | | City, State Tullytown, PA | | | | | |
| Completed by Bree McGuire | | Title Secretary Treasurer | | Signature Bree | | Date 8/26/14 | | | |


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

CK# 2424

| Date of Notification (1) 8/26/14 | | Name of Building Owner/Operator (2) Christ the Redeemer church | | | | | | | |
|---|---|---|---------------------------|---|---------------------------|----------------|--------|-------------|-----------|
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | | | | | | |
| Street Address 101 North 13 th Ave | | City, State, Zip Code Monville, New Jersey 07835 | | | | | | | |
| Name of Contact Paul | | Telephone Number 1-800-222-1234 | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Christ the Redeemer church | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address 101 North 13 th Ave | | Square Feet 700 | # of Floors 1 | | | | | | |
| City (5) Monville | | Bldg. Age 55+ | | | | | | | |
| County (6) Somerset | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Garage on church property | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | Name of Abatement Contractor (9) Ace Insulation Co., Inc. | | | | | | | |
| Street Address | | Street Address 95 Montrose Road | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Colts Neck, N.J. 07722 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. 732-294-1757 | License No. 00029 | | | | | | |
| Start Date (10) 9/6/14 | Scheduled Completion Date (11) 9/12/14 | Name of OSHA Monitor | | | | | | | |
| 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 <input checked="" type="checkbox"/> Other - Describe: Am-7pm | | Street Address | | | | | | | |
| | | City, State, Zip Code | | | | | | | |
| Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| outdoors | | | | Siding | 600 sf | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Ace Insulation Co., Inc. | | NJDEP Waste Hauler ID No. 12086 | Cubic Yards of Waste 2 | Name of Registered Landfill G.R.O.W.S. | | | | | |
| City, State Colts Neck, New Jersey | | | Disposal Date 9/12/14 | City, State Tullytown, PA | | | | | |
| Completed by Bree McGuire | | Title Secretary Treasurer | Signature Bree | Date 8/26/14 | | | | | |

CK # 24623

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

| | | | | | | | | | |
|--|--|--|--|--|----------------|------------------------|--------|-------------|-----------|
| Date of Notification (1) <u>8/25/14</u> | | Name of Building Owner/Operator (2) <u>Lopez</u> | | | | | | | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address <u>307 Edmunds Ave.</u> | | | | | | | |
| | | City, State, Zip Code <u>Union Beach, NJ 07735</u> | | | | | | | |
| | | Name of Contact <u>Yehudi Lopez</u> | Telephone Number _____ | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) <u>Residential</u> | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address <u>307 Edmunds Ave.</u> | | Square Feet <u>1500</u> | # of Floors <u>2</u> | | | | | | |
| City (5) <u>Union Beach, NJ</u> | | Bldg. Age <u>60+/-</u> | | | | | | | |
| County (6) <u>Monmouth</u> | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) <u>Residence</u> | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u> | ASCM No. _____ | Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u> | | | | | | | |
| Street Address _____ | | Street Address <u>PO Box 322</u> | | | | | | | |
| City, State, Zip Code _____ | | City, State, Zip Code <u>Allentown, NJ 08501</u> | | | | | | | |
| Project Manager for Monitoring Firm _____ | Telephone No. _____ | Telephone No. <u>(609) 259-9688</u> | License No. <u>00493</u> | | | | | | |
| Start Date (10) <u>8/26/14</u> | Scheduled Completion Date (11) <u>8/28/14</u> | Name of OSHA Monitor <u>MECS</u> | | | | | | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: <u>8 AM-4:30 PM</u> | | Street Address <u>PO Box 341</u> | | | | | | | |
| | | City, State, Zip Code <u>Crosswicks, NJ 08515</u> | | | | | | | |
| Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <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 |
| <u>Exterior Flat Roof Rear</u> | | | <u>X</u> | <u>Roofing Materials</u> | <u>275 sf</u> | <u>X</u> | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler <u>Stevens Environmental</u> | | NJDEP Waste Hauler ID No. <u>18292</u> | Cubic Yards of Waste <u>2 CU</u> | Name of Registered Landfill <u>GROWS Landfill</u> | | | | | |
| City, State <u>Allentown, NJ</u> | | Disposal Date <u>8/28/14</u> | | City, State <u>Morrisville, PA</u> | | | | | |
| Completed By <u>Mahlon E. Stevens</u> | Title <u>Project Manager</u> | | Signature  | | | Date <u>8/23/14</u> | | | |

CK 23318

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

| Date of Notification (1) 08 / 18 / 14 | | Name of Building Owner/Operator (2) Merck Sharp and Dohme Corporation | | | | | | | |
|--|--|--|---|--|---------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 126 E. Lincoln Avenue | | | | | | | |
| | | City, State, Zip Code Rahway, NJ 07065 | | | | | | | |
| | | Name of Contact Gerry Stankovitz | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Building 121/121E & 123 | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | | | | | | | |
| Street Address 126 E. Lincoln Avenue | | Square Feet 115000 | # of Floors 4 | | | | | | |
| City (5) Rahway | | Bldg. Age 50 | | | | | | | |
| County (6) Union | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Vacant | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) EHI, Inc. | | ASCM No. | Name of Abatement Contractor (9) USA Environmental Management, Inc. | | | | | | |
| Street Address 655 West Shore Trail | | Street Address 8436 Enterprise Avenue | | | | | | | |
| City, State, Zip Code Sparta, NJ 07871 | | City, State, Zip Code Philadelphia, PA 19153 | | | | | | | |
| Project Manager for Monitoring Firm Lisa Liloia | | Telephone No. 973-729-5649 | Telephone No. 215-365-5810 | | | | | | |
| License No. 1156 | | Name of OSHA Monitor USA Environmental Management, Inc | | | | | | | |
| Start Date (10) 09 / 02 / 14 | Scheduled Completion Date (11) 12 / 31 / 14 | Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00 AM-3:30PM / ____ PM- ____ AM | | | | | | | |
| Street Address 8436 Enterprise Avenue | | City, State, Zip Code Philadelphia, PA 19153 | | | | | | | |
| Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <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) IN Facility (13) TO BE ABATED | 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 |
| See attached | <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"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler Freehold Cartage Inc. | | NJDEP Waste Hauler ID No. 15939 | Cubic Yards of Waste 1200 | Name of Registered Landfill Lycoming County RMS | | | | | |
| City, State Freehold, NJ | | Disposal Date 12/31/2014 | | City, State Montgomery, PA | | | | | |
| Completed By (Print or Type) Dilip Kumar | | Title Program Manager | | Signature <i>Dilip Kumar</i> | | | | Date 8/18/14 | |

| Location of Asbestos-Containing Material (ACM) in Facility (13) | Is Location Normally Used Solely by Maint./Custodial Staff? (12) | | | Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) | Amount (Specify SF or LF) | Abatement Type | | | |
|---|--|----|----|---|---------------------------|----------------|------|-------|---------|
| | YES | NO | NA | | | Rem. | Rep. | Encap | Enclose |
| Building 121 | | | x | Pipe Fittings | 4 EA | X | | | |
| Building 121 | | | x | Pipe Wrap Cloth | 10 LF | x | | | |
| Building 121 | | | X | Window Caulking | 60 LF | x | | | |
| Building 121 | | | X | Transite Window Sill | 54 SF | x | | | |
| Building 121 | | | X | Window Glazing | 10 EA | x | | | |
| Building 121 | | | X | Window Sill Caulk | 85 EA | x | | | |
| Building 121 | | | X | Door Caulk | 200 LF | x | | | |
| Building 121 | | | X | Roof Coping Stone Caulk | 150 LF | x | | | |
| Building 121 | | | X | Roofing Tar | 24000 SF | x | | | |
| Building 121 | | | X | Crawl Space | 2000 SF | x | | | |
| Building 121E | | | X | Pipe Fittings | 5 EA | x | | | |
| Building 121E | | | X | Transite Table Top | 15 SF | x | | | |
| Building 121E | | | X | Water Proofing | 400 SF | x | | | |
| Building 121E | | | X | Window/Door Glazing Caulk | 63 EA | x | | | |
| Building 121E | | | X | Window Sill Caulk | 90 EA | x | | | |
| Building 121E | | | X | Exterior Building Caulk | 160 LF | x | | | |
| Building 121E | | | X | Roof Flashing | 800 SF | x | | | |
| Building 121E | | | X | Roofing Tar | 8200 SF | x | | | |
| Building 121E | | | X | Coping Stone Caulk | 130 LF | x | | | |
| Building 121E | | | X | Mastic on Duct | 20 SF | x | | | |
| Building 123 | | | X | Window Caulk | 46 EA | x | | | |
| Building 123 | | | X | Door Caulk | 80 LF | x | | | |
| Building 123 | | | X | Roofing Tar | 9500 SF | x | | | |
| Building 123 | | | X | Coping Stone Caulk | 300 LF | x | | | |

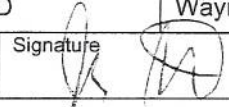
PR 1604

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

| | | | | | | | | |
|--|---|---|--|--|-------------------------------------|---------|--------|-------------|
| Date of Notification (1) <u>8-25-14</u> | | Name of Building Owner/Operator (2) <u>STOLAR CAPITAL 206-703-0000</u> | | | | | | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA | | Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | | | | | |
| Street Address <u>421 LORILLARD AVE.</u> | | City, State, Zip Code <u>UNION BEACH NJ. 07735</u> | | | | | | |
| Name of Contact <u>ERIC PLACKIS</u> | | Telephone Number ... | | | | | | |
| FACILITY INFORMATION | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) <u>421 LORILLARD AVE.</u> | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) <u>RESIDENCE</u> | | | | | | |
| Street Address <u>421 LORILLARD AVE.</u> | | Square Feet <u>1800</u> | # of Floors <u>1</u> | | | | | |
| City (5) <u>UNION BEACH NJ. 07735</u> | | Bldg. Age <u>60</u> | | | | | | |
| County (6) <u>MONMOUTH</u> | | County Code (7) (STATE USE ONLY) <u>VACANT</u> | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) <u>BRICK INDUSTRIES INC.</u> | | Name of Abatement Contractor (9) <u>BRICK INDUSTRIES INC.</u> | | | | | | |
| Street Address <u>145 NATICK TR.</u> | | Street Address <u>145 NATICK TR.</u> | | | | | | |
| City, State, Zip Code <u>BRICK - NJ. 08724</u> | | City, State, Zip Code <u>BRICK - NJ. 08724</u> | | | | | | |
| Project Manager for Monitoring Firm <u>732 899 7699</u> | | License No. <u>01196</u> | | | | | | |
| Start Date (10) <u>AUGUST 27</u> | | Scheduled Completion Date (11) <u>AUGUST 29</u> | | | | | | |
| 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 <input type="checkbox"/> Other - Describe: _____ | | Name of OSHA Monitor <u>Street Address</u> <u>City, State, Zip Code</u> | | | | | | |
| Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) <u>100 LF</u> | Abatement Type | | | |
| | Yes | No | | | N/A | Removal | Repair | Encapsulate |
| <u>THERMAL INSULATION BASEMENT</u> | | | <u>THERMAL INSULATION</u> | <u>100 LF</u> | <input checked="" type="checkbox"/> | | | |
| | | | | | | | | |
| | | | | | | | | |
| Name of Registered Waste Hauler <u>BRICK IND. INC.</u> | | NIDEF Waste Hauler ID No. <u>21602</u> | Cubic Yards of Waste <u>4</u> | Name of Registered Landfill <u>G.R.O.W.S.</u> | | | | |
| City, State <u>BRICK. NJ.</u> | | Disposal Date <u>9-1-14</u> | City, State <u>PA.</u> | | | | | |
| Completed By <u>ERIC PLACKIS</u> | | Title <u>PRES.</u> | Signature <u>Eric Plackis</u> | | Date <u>8-25-14</u> | | | |

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

CHECK # 5798

| | | | | | | | | | |
|--|---|---|--|--|---------------------------|------------------|--------|-------------|-----------|
| Date of Notification (1) 08-25-14 | | Name of Building Owner/Operator (2) JCP&L/First Energy Corp. | | | | | | | |
| Agencies Notified | Type Notification | Street Address 300 Madison Avenue | | | | | | | |
| <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Morristown, NJ 07960 | | | | | | | |
| | | Name of Contact John T. Grecco | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Morristown General Office (MGO) Building | | Type of Facility (4) | | | | | | | |
| Street Address 300 Madison Avenue | | <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| City (5) Morristown | | Square Feet | # of Floors 1 | | | | | | |
| County (6) Morris | | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) Commercial | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) One Source Safety & Health Inc. | | ASCM No. | Name of Abatement Contractor (9) Pinnacle Environmental Corp. | | | | | | |
| Street Address 140 South Village Avenue, Suite 130 | | Street Address 200 Broad Street | | | | | | | |
| City, State, Zip Code Exton, PA 19341 | | City, State, Zip Code Carlstadt, NJ 07072 | | | | | | | |
| Project Manager for Monitoring Firm Brian Hoverdon | | Telephone No. 908-309-1021 | License No. 00756 | | | | | | |
| Start Date (10) 09-03-14 | Scheduled Completion Date (11) 11-31-14 | Name of OSHA Monitor Testor Technologies | | | | | | | |
| Occupancy Status During Abatement (Check Only One) | | Street Address 10-59 Jackson Avenue | | | | | | | |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____ | | City, State, Zip Code Long Island City, NY 11101 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf | | | | | | | | | |
| <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | | | | | | | | |
| <input checked="" type="checkbox"/> Full Containment with Negative Pressure <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) <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 |
| Telecom Shop | | X | | Ceiling Tiles | 1,500 | x | | | |
| Microwave Room | | | | Fireproofing Debris | 1,400 | x | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler ATC, Inc. / JBT (50071) | | NJDEP Waste Hauler ID No. 24310 | Cubic Yards of Waste TBD | Name of Registered Landfill Minerva Enterprises | | | | | |
| City, State Shirley, New York | | | Disposal Date TBD | City, State Waynesburg, OH 44688 | | | | | |
| Completed by Joseph Patrick | | Title Project Manager | | Signature  | | Date 08-25-14 | | | |

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

GAC Project # 060-14

| | | | |
|--|--|--|--|
| Date of Notification (1) August 25, 2014 | | Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH | Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled | Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT. 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS | |
| | | City, State, Zip Code PISCATAWAY, NJ 08854 | |
| | | Name of Contact MICHAEL SMITH, ENV. HEALTH & SAFETY | Telephone Number |
| FACILITY INFORMATION | | | |
| Name of Facility Where Abatement is Taking Place (3) BISHOP QUAD, MULTIPLE ABOVE GROUND STRUCTURES COMMON BASEMENT/FOUNDATION BLDG#s 3055/3054/3053/3051 | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: N/A # of Floors: 4 Bldg. Age: 80+ years | |
| Street Address COLLEGE AVENUE CAMPUS | | Current Use (prior if being demolished): ACADEMIC | |
| City (5) NEW BRUNSWICK | County (6) MIDDLESEX | County Code (7) (State Use Only) | |
| Name of Monitoring Firm Hired by Bldg. Owner (8) ATC ASSOCIATES | | ASCM No. 0098 | Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC. |
| Street Address 3 TERRI LANE | | Street Address 268 MAIN STREET | |
| City, State, Zip Code BURLINGTON, NJ 08016 | | City, State, Zip Code BUTLER, NJ 07405 | |
| Project Manager for Monitoring Firm BRIAN KEARNEY | Telephone Number 609-386-8800 | Telephone Number 973-492-0477 | License Number 00840 |
| Scheduled Start Date (10) 09/03/14 | Scheduled Completion Date (11) 10/03/14 | Name of OSHA Monitor 1 ENVIROVISION, INC. | |
| 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: Shift Hours: 3:00PM - 5:00AM - Nonconsecutive Days Phased as needed - | | Street Address 20-21 WARGARAW ROAD | |
| | | City, State, Zip Code FAIRLAWN, NJ | |
| Scope of Work (Check all that apply) | | | |
| <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure -WRAP & CUT <input checked="" 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 Maint./Custodial Staff? (12) YES NO NA | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) | Amount (Specify SF or LF) <9LF |
| Various Rooms | <input checked="" type="checkbox"/> | TSI | <input checked="" type="checkbox"/> |
| Name of Reg. Waste Hauler See Hauler Below #1 & 2 | | NJDEP Waste Hauler ID # See Below | Cubic Yards of Waste: 5 CY |
| Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 28969 Hauler #2) S TG - 58 Pyles Lane, New Castle, De 19720 NJ DEP # 20990 | | Disposal Date 10/03/14 | Name of Registered Landfill G.R.O.W.S. North Landfill |
| Completed by (Print or Type) RAYMOND C. PEDALINO | | Title SENIOR PROJECT MANAGER | Signature <i>Raymond C. Pedalino</i> |
| | | Date August 25, 2014 | |

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

OK 11159

State of New Jersey - Notification of Asbestos Abatement

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


| | | | |
|--|---|---|--|
| Date of Notification (1) August 25, 2014 | | Name of Building Owner/Operator (2) BES, Inc. | |
| Agencies Notified X EPA x DCA X DOL X DEP X DOH | | Notification Type <input checked="" type="checkbox"/> Initial Notification Emergency (including justification) <input type="checkbox"/> Cancelled | |
| Street Address 64 East Midland Avenue | | City, State, Zip Code Paramus, New Jersey 07652 | |
| Name of Contact Mark Wagener | | Telephone Number 201 715 2233 | |
| FACILITY INFORMATION | | | |
| Name of Facility Where Abatement is Taking Place (3) Berkeley College- Library 2nd Floor | | Type of Facility (4) <input type="checkbox"/> School (K-12) Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: Unknown 3 # of Floors: Bldg. Age: 100 years | |
| Street Address 44 Rifle Camp Road | | Current Use (prior if being demolished): | |
| City (5) Woodland Park | County (6) Passaic | County Code (7) (State Use Only) | |
| Name of Monitoring Firm Hired by Bldg. Owner (8) EnviroVision Consultants inc. | | ASCM No. 00079 | |
| Street Address 20-21 Wagaraw Road, Bldg # 35E | | Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC. | |
| City, State, Zip Code Fairlawn, NJ 07410 | | Street Address 268 MAIN STREET | |
| Project Manager for Monitoring Firm Fred Larson | | City, State, Zip Code Butler, NJ 07405 | |
| Telephone Number 973-636-9145 | | Telephone Number 973-492-0477 | License Number 00840 |
| Scheduled Start Date (10) September 4, 2014 | | Scheduled Completion Date (11) October 10, 2014 | |
| Name of OSHA Monitor EMSL inc. | | Street Address 1056 Stelton Road | |
| 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: 7am-6PM | | City, State, Zip Code Piscataway, NJ 08854 | |
| Source of Work (Check all that apply) | | | |
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 | | Renovation Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure Mini-Enclosure with negative air Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Wrap & Cut | |
| Location of Asbestos-Containing Material (ACM) in Facility (13) | Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) VAT & Mastic | Amount (Specify SF or LF) 1,975 SF |
| | | <input checked="" type="checkbox"/> | Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/> |
| Name of Reg. Waste Hauler See Hauler Below # 1 & 2 | NJDEP Waste Hauler ID # See Below | Cubic Yards of Waste: 40 | Name of Registered Landfill Meadowfill Landfill |
| Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJ DEP # 12561 | | Disposal Date October 10, 2014 | City, State Route 2, Box 68 Bridgeport, WVA 304-842-2784 |
| Hauler #2) Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551 | | | |
| Completed by (Print or Type) Marin Graure | Title SENIOR PROJECT MANAGER | Signature <i>Marin Graure</i> | Date August 25, 2014 |

GAC # 2014-461

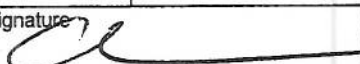
Emergency

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

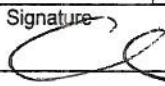
ck 4312

| | | | | | | | | | |
|--|--|--|---------------------------|--|---------------------------|----------------|--------|-----------------|-----------|
| Date of Notification (1) 8/25/14 | | Name of Building Owner/Operator (2) Sam Sarotta Private Home | | | | | | | |
| Agencies Notified | Type Notification | Street Address 429 West 2nd St | | | | | | | |
| <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Beach Haven NJ 08008 | | | | | | | |
| | | Name of Contact Sam | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Sam Sarotta Private Home | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address 429 West 2nd St | | Square Feet 800 | # of Floors 1 | | | | | | |
| City (5) Beach Haven NJ 08008 | | Bldg. Age 35+ | | | | | | | |
| County (6) Ocean | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) detached garage | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | ASCM No. | Name of Abatement Contractor (9) Pernaco Inc. | | | | | | | |
| Street Address | | Street Address PO Box 329 | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code West Berlin NJ 08091 | | | | | | | |
| Project Manager for Monitoring Firm | Telephone No. | Telephone No. 856-753-9800 | License No. 00727 | | | | | | |
| Start Date (10) 8/26/14 | Scheduled Completion Date (11) 9/1/14 | Name of OSHA Monitor Same | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <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 <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition | | | | | | | |
| | | <input type="checkbox"/> Full Containment with Negative Pressure <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) <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 |
| Exterior Siding | | | x | Exterior Siding | 750 SF | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler United Containers | | NJDEP Waste Hauler ID No. 22459 | Cubic Yards of Waste 2 | Name of Registered Landfill G.R.O.W.S. | | | | | |
| City, State Elm NJ | | Disposal Date 9/1/14 | | City, State Morrville PA 19067 | | | | | |
| Completed by Anthony T Perna | | Title President | | Signature  | | | | Date 8/25/14 | |

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

| Date of Notification (1) 8/25/14 | | Name of Building Owner/Operator (2) Walsh Private Home | | | | | | | |
|--|---|---|--|---|---------------------------|----------------|-----------------|-------------|-----------|
| Agencies Notified | Type Notification | Street Address 9 East Marine St (126Th St) | | | | | | | |
| <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Long Beach Twp NJ 08008 | | | | | | | |
| | | Name of Contact Jeff | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Walsh Private Home | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address 9 East Marine St (126Th St) | | Square Feet 1000+ | # of Floors 2 | | | | | | |
| City (5) Long Beach Twp NJ 08008 | | Bldg. Age 35+ | | | | | | | |
| County (6) Ocean | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Home | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | ASCM No. | Name of Abatement Contractor (9) Pernaco Inc. | | | | | | |
| Street Address | | Street Address PO Box 329 | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code West Berlin NJ 08091 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. 856-753-9800 | License No. 00727 | | | | | | |
| Start Date (10) 9/8/14 | Scheduled Completion Date (11) 9/12/14 | Name of OSHA Monitor Same | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <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 <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition | | | | | | | | | |
| <input checked="" type="checkbox"/> Full Containment with Negative Pressure <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 Siding | | | x | Exterior Siding | 1800 SF | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler United Containers | | NJDEP Waste Hauler ID No. 22459 | Cubic Yards of Waste 3 | Name of Registered Landfill G.R.O.W.S. | | | | | |
| City, State Elm NJ | | Disposal Date 9/12/14 | | City, State Morrisville PA 19067 | | | | | |
| Completed by Anthony T Perna | | Title President | | Signature  | | | Date 8/25/14 | | |

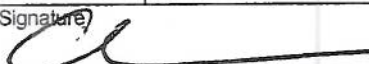
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

| | | | | | | | | | |
|--|---|--|--|---|---------------------------|----------------|-----------------|-------------|-----------|
| Date of Notification (1) 8/25/14 | | Name of Building Owner/Operator (2) Frederick Primich Private Home | | | | | | | |
| Agencies Notified | Type Notification | Street Address 28 Oak Ave | | | | | | | |
| <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Metuchen NJ 08840 | | | | | | | |
| | | Name of Contact Josh | Telephone Number 201 208 23 | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Frederick Primich Private Home | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address 28 Oak Ave | | Square Feet 1000+ | # of Floors 2 | | | | | | |
| City (5) Metuchen NJ 08840 | | Bldg. Age 35+ | | | | | | | |
| County (6) Middlesex | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | ASCM No. | Name of Abatement Contractor (9) Pernaco Inc. | | | | | | |
| Street Address | | Street Address PO Box 329 | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code West Berlin NJ 08091 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. 856-753-9800 | License No. 00727 | | | | | | |
| Start Date (10) 9/5/14 | Scheduled Completion Date (11) 9/12/13 | Name of OSHA Monitor Same | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <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 <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | | | | | | |
| | | <input type="checkbox"/> Full Containment with Negative Pressure <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 |
| Basement | | | x | Floor Tile | 292 SF | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler United Containers | | NJDEP Waste Hauler ID No. 22459 | Cubic Yards of Waste 2 | Name of Registered Landfill G.R.O.W.S. | | | | | |
| City, State Elm NJ | | Disposal Date 9/12/14 | | City, State Morrisville PA 19067 | | | | | |
| Completed by Anthony T Perna | | Title President | | Signature  | | | Date 8/25/14 | | |

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


Emergency

CK 4311

| | | | | | | | | | |
|--|--|---|--|--|---------------------------|----------------|-----------------|-------------|-----------|
| Date of Notification (1) 8/25/14 | | Name of Building Owner/Operator (2) Graham Page Private Home | | | | | | | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 7 Ronnie Dr. 2014 AUG 23 | | | | | | | |
| | | City, State, Zip Code Manahawkin NJ 08050 | | | | | | | |
| | | Name of Contact Graham | | | | | | | |
| | | Telephone Number | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Graham Page Private Home | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address 7 Ronnie Dr. | | | | | | | | | |
| City (5) Manahawkin NJ 08050 | | Square Feet 1000+ | # of Floors 1 | | | | | | |
| | | Bldg. Age 35+ | | | | | | | |
| County (6) Ocean | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) Home | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | ASCM No. | Name of Abatement Contractor (9) Pernaco Inc. | | | | | | |
| Street Address | | Street Address PO Box 329 | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code West Berlin NJ 08091 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. 856-753-9800 | License No. 00727 | | | | | | |
| Start Date (10) 8/26/14 | Scheduled Completion Date (11) 9/1/14 | Name of OSHA Monitor Same | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <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 <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <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) <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 |
| Exterior Siding | | | x | Exterior Siding | 1200 SF | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler United Containers | | NJDEP Waste Hauler ID No. 22459 | Cubic Yards of Waste 3 | Name of Registered Landfill G.R.O.W.S. | | | | | |
| City, State Elm NJ | | Disposal Date 9/1/14 | | City, State Morrville PA 19067 | | | | | |
| Completed by Anthony T Perna | | Title President | | Signature  | | | Date 8/25/14 | | |


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

ck 4309

| | | | | | | | | | |
|--|---|--|--|---|---------------------------|----------------|-----------------|-------------|-----------|
| Date of Notification (1) 8/25/14 | | Name of Building Owner/Operator (2) Jim Kelly Private Home | | | | | | | |
| Agencies Notified | Type Notification | Street Address 16 Willard Drive | | | | | | | |
| <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Manahawkin NJ 08050 | | | | | | | |
| | | Name of Contact Jim | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Jim Kelly Private Home | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address 16 Willard Drive | | Square Feet 1000+ | # of Floors 2 | | | | | | |
| City (5) Manahawkin NJ 08050 | | Bldg. Age 35+ | | | | | | | |
| County (6) Ocean | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) Home | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | ASCM No. | Name of Abatement Contractor (9) Pernaco Inc. | | | | | | |
| Street Address | | Street Address PO Box 329 | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code West Berlin NJ 08091 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. 856-753-9800 | License No. 00727 | | | | | | |
| Start Date (10) 8/26/14 | Scheduled Completion Date (11) 9/2/14 | Name of OSHA Monitor Same | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <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 <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf | | <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition | | | | | | | |
| | | <input type="checkbox"/> Full Containment with Negative Pressure <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) <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 |
| Exterior Siding | | | x | Exterior Siding | 1800 SF | x | | | |
| stair landing | | | x | Floor Tile | 12 SF | x | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler United Containers | | NJDEP Waste Hauler ID No. 22459 | Cubic Yards of Waste 3 | Name of Registered Landfill G.R.O.W.S. | | | | | |
| City, State Elm NJ | | Disposal Date 9/2/14 | | City, State Morrville PA 19067 | | | | | |
| Completed by Anthony T Perna | | Title President | | Signature  | | | Date 8/25/14 | | |

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

CK 4313

| | | | | | | | | | |
|--|---|--|--|---|---------------------------|----------------|-----------------|-------------|-----------|
| Date of Notification (1) 8/25/14 | | Name of Building Owner/Operator (2) Dan Wolaniuk Private Home | | | | | | | |
| Agencies Notified | Type Notification | Street Address 53 South Spinnaker Drive | | | | | | | |
| <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Little Egg Harbor NJ 08087 | | | | | | | |
| | | Name of Contact Dan | | | | | | | |
| | | Telephone Number | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Dan Wolaniuk Private Home | | Type of Facility (4) | | | | | | | |
| Street Address 53 South Spinnaker Drive | | <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| City (5) Little Egg Harbor NJ 08087 | | Square Feet 1000+ | # of Floors 1 | | | | | | |
| | | Bldg. Age 35+ | | | | | | | |
| County (6) Ocean | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Home | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | ASCM No. | Name of Abatement Contractor (9) Pernaco Inc. | | | | | | |
| Street Address | | Street Address PO Box 329 | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code West Berlin NJ 08091 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. 856-753-9800 | License No. 00727 | | | | | | |
| Start Date (10) 8/26.14 | Scheduled Completion Date (11) 9/1/14 | Name of OSHA Monitor Same | | | | | | | |
| Occupancy Status During Abatement (Check Only One) | | Street Address | | | | | | | |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____ | | City, State, Zip Code | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf | | <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition | | | | | | | |
| | | <input type="checkbox"/> Full Containment with Negative Pressure <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) <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 |
| Exterior Siding | | | x | Exterior Siding | 1200 SF | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler United Containers | | NJDEP Waste Hauler ID No. 22459 | Cubic Yards of Waste 3 | Name of Registered Landfill G.R.O.W.S. | | | | | |
| City, State Elm NJ | | Disposal Date 9/1/14 | | City, State Morriville PA 19067 | | | | | |
| Completed by Anthony T Perna | | Title President | | Signature  | | | Date 8/25/14 | | |

MO#21901446810

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

| | | | |
|---|--|--|--|
| Date of Notification (1) 08 / 25 / 14 | | Name of Building Owner/Operator (2) Riggie Lucas | |
| Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 334 Highland Avenue City, State, Zip Code Montclair, NJ 07043 Name of Contact Riggie Lucas Telephone Number | |

FACILITY INFORMATION

| | | | |
|---|--|---|--------------------------|
| Name of Facility Where Abatement is Taking Place (3) Private home | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | |
| Street Address 334 Highland Avenue City (5) Montclair, NJ 07043 County (6) Essex | | Square Feet | # of Floors Bldg. Age |
| County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) | |

| | | |
|--|---------------|---|
| Name of Monitoring Firm Hired by Building Owner (8) Street Address City, State, Zip Code | ASCM No. | Name of Abatement Contractor (9) Gr Tech LLC Street Address 576 Valley Rd #283 City, State, Zip Code Wayne, NJ 07470 |
| Project Manager for Monitoring Firm | Telephone No. | Telephone No. 973-638-1777 License No. 01127 |

| | | |
|--|--|--|
| Start Date (10) 09 / 04 / 14 | Scheduled Completion Date (11) 09 / 05 / 14 | Name of OSHA Monitor Envirovision Consultants, Inc. Street Address 20-21 Wagaraw Road, Bldg. # 35 E City, State, Zip Code Fair Lawn, NJ 07410 |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM | | |

| | | |
|--|---|--|
| Scope of Work (Check all that apply) | | |
| <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> > 160 sf or >260 lf | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | <input type="checkbox"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <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 SIF or LF) | Abatement Type | | | |
|---|---|--------------------------|-------------------------------------|--|----------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Basement | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Pipe insulation | 40 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | |
|--|--------------------------------------|-------------------------------|---|
| Name of Registered Waste Hauler Gr Tech LLC City, State Wayne, NJ 07470 | NJDEP Waste Hauler ID No. 0033785 | Cubic Yards of Waste TBD | Name of Registered Landfill T.R.R.F. Inc City, State Tullytown, PA |
| Completed By (Print or Type) N.Jevtic | Title Owner | Signature <i>N. Jevtic</i> | Date 08/25/2014 |

* 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)

CK# 0792

| | | | | | | | | | |
|---|---|---|---|---|---------------------------|---|--------|-------------|-----------|
| Date of Notification (1) 8-26-2014 | | Name of Building Owner/Operator (2) New England Financial | | APPROVED NJ Dept. of Health & Senior Services Paul C. Roman Date: 8/26/14 Time: 11:24 AM | | | | | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | Street Address 30 Two Bridges Road City, State, Zip Code Fairfield, NJ 07004 Name of Contact David Telephone Number | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) House | | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | |
| Street Address 26 Olmstead Road | | | Square Feet 3000 | # of Floors 2 | Bldg. Age 50+ | | | | |
| City (5) Morristown | | | Current Use (Prior if being demolished) House | | | | | | |
| County (6) Morris | | County Code (7) (STATE USE ONLY) | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) n/a | | ASCM No. n/a | | Name of Abatement Contractor (9) Loznica Management Corp | | | | | |
| Street Address n/a | | Street Address 22 Troy Lane | | City, State, Zip Code Lincoln Park, NJ 07035 | | | | | |
| City, State, Zip Code n/a | | Telephone No. n/a | | License No. 01183 | | | | | |
| Project Manager for Monitoring Firm n/a | | Telephone No. 973-706-7950 | | Name of OSHA Monitor Loznica Management Corp | | | | | |
| Start Date (10) 8-27-2014 | | Scheduled Completion Date (11) 9-1-2014 | | Street Address 22 Troy Lane | | | | | |
| Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: 9 am - 5 pm | | City, State, Zip Code Lincoln Park, NJ 07035 | | | | | | | |
| Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Basement | | | X | Residue left on pipes | 80 LF | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Loznica Management Corp | | NJDEP Waste Hauler ID No. 0033137 | | Cubic Yards of Waste TBD | | Name of Registered Landfill GROWS Landfill | | | |
| City, State Lincoln Park, NJ 07035 | | Disposal Date TBD | | City, State Morrisville PA 19067 | | | | | |
| Completed by E. Cirovic | | Title Secretary | | Signature E. Cirovic | | Date 8-26-2014 | | | |


OK 23975

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

| | | | | | | | | | |
|---|--|--|--------------------------|--|--|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1) 8 / 25 / 14 | | Name of Building Owner/Operator (2) Community Asset Preservation Corporation | | | | | | | |
| Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 108 Church Street | | | | | | | |
| | | City, State, Zip Code New Brunswick NJ 08901 | | | | | | | |
| | | Name of Contact Chris Giametta | | Telephone Number 732-201-4813 | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Residential | | | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | | | | | |
| Street Address 78 Thomas Street | | | | Square Feet 3,400 # of Floors 3 Bldg. Age 100 | | | | | |
| City (5) Bloomfield | | County (6) Essex | | County Code (7) (STATE USE ONLY) Residential | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Health and Safety Services | | ASCM No. 00030 | | Name of Abatement Contractor (9) Superior Abatement Inc | | | | | |
| Street Address 318 12th Street | | Street Address 2 Henderson Drive | | | | | | | |
| City, State, Zip Code Hammonton NJ 08037 | | City, State, Zip Code West Caldwell, NJ 07006 | | | | | | | |
| Project Manager for Monitoring Firm Jim Proctor | | Telephone No. (609) 704-8850 | | Telephone No. (973) 808-1616 | | | | | |
| License No. 00117 | | Name of OSHA Monitor Superior Abatement Inc | | | | | | | |
| Start Date (10) 09 / 04 / 14 | | Scheduled Completion Date (11) 09 / 08 / 14 | | Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM | | | | | |
| Street Address 2 Henderson Drive | | City, State, Zip Code West Caldwell, NJ 07006 | | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Kitchen | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Linoleum and Adhesive | 259 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler Service Transport Group, Inc | | NJDEP Waste Hauler ID No. SW2117 | | Cubic Yards of Waste 3 | Name of Registered Landfill Minerva Landfill | | | | |
| City, State New Castle, DE | | Disposal Date 9/8/2014 | | City, State Waynesburg, OH | | | | | |
| Completed By (Print or Type) Nick Petrovski | | Title President | | Signature  | | | Date 8-25-14 | | |

CK 23975

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

| | | | | | | | | | |
|--|--|--|---|---|--|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1) 8 / 25 / 14 | | Name of Building Owner/Operator (2) Community Asset Preservation Corporation | | | | | | | |
| Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 108 Church Street | | | | | | | |
| | | City, State, Zip Code New Brunswick NJ 08901 | | | | | | | |
| | | Name of Contact Chris Giametta | Telephone Number 908-261-0000 | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Residential | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | | | | | | | |
| Street Address 544 Broughton Ave | | | | | | | | | |
| City (5) Bloomfield | | Square Feet 1,500 | # of Floors 2 | | | | | | |
| | | Bldg. Age 60 | | | | | | | |
| County (6) Essex | County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Residential | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Health and Safety Services | | ASCM No. 00030 | Name of Abatement Contractor (9) Superior Abatement Inc | | | | | | |
| Street Address 318 12th Street | | Street Address 2 Henderson Drive | | | | | | | |
| City, State, Zip Code Hammonton NJ 08037 | | City, State, Zip Code West Caldwell, NJ 07006 | | | | | | | |
| Project Manager for Monitoring Firm Jim Proctor | Telephone No. (609) 704-8850 | Telephone No. (973) 808-1616 | License No. 00117 | | | | | | |
| Start Date (10) 09 / 04 / 14 | Scheduled Completion Date (11) 09 / 08 / 14 | Name of OSHA Monitor Superior Abatement Inc | | | | | | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM-_____ PM/ _____ PM-_____ AM | | Street Address 2 Henderson Drive | | | | | | | |
| | | City, State, Zip Code West Caldwell, NJ 07006 | | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) 521 SF | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Basement | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | VAT | | <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 Service Transport Group, Inc | | NJDEP Waste Hauler ID No. SW2117 | Cubic Yards of Waste 6 | Name of Registered Landfill Minerva Landfill | | | | | |
| City, State New Castle, DE | | | Disposal Date 9/8/2014 | City, State Waynesburgh, OH | | | | | |
| Completed By (Print or Type) Nick Petrovski | Title President | | Signature  | | | Date 8-25-14 | | | |

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

B & G proj. #: 2014-136

Check # 6722

| | | | |
|---|--|---|------------------|
| Date of Notification (1) <u>10/18/12 15/11/14</u> | | Name of Building Owner/Operator (2) <u>Gail Freeland</u> | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation | |
| | | Street Address <u>634 Ramapo Avenue</u> | |
| | | City, State, Zip Code <u>Pompton Lakes, NJ 07442</u> | |
| | | Name of Contact <u>Gail Freeland</u> | Telephone Number |

FACILITY INFORMATION

| | | | | |
|--|--|--|--|--------------------------------|
| Name of facility where abatement is taking place (3) <u>Gail Freeland</u> | | | Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) | |
| Street Address <u>634 Ramapo Avenue</u> | | | Square Feet # of Floors Bldg. Age _____ | |
| City (5) <u>Pompton Lakes, NJ 07442</u> | County (6) <u>Passaic</u> | County Code (7) (State use only) | Current Use (Prior if being demolished) <u>residential</u> | |
| Name of Monitoring Firm Hired by Bldg. Owner (8) | | ASCM No. | Name of Abatement Contractor (9) <u>B & G Restoration, Inc.</u> | |
| Street Address | | | Street Address <u>105 Ryerson Road</u> | |
| City, State, Zip Code | | | City, State, Zip Code <u>Lincoln Park, NJ 07035</u> | |
| Project Manager for Monitoring Firm | | Phone Number | Telephone Number <u>(973)696-6869</u> | License Number <u>00378</u> |
| Scheduled Start Date (10) <u>09/10/2014</u> | Sched. Completion Date (11) <u>09/11/2014</u> | | Name of OSHA Monitor <u>B & G Restoration, Inc.</u> | |
| Occupancy Status During Abatement (Check only one) | | Street Address <u>105 Ryerson Road</u> | | |
| <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input type="checkbox"/> Other-Describe: _____ | | City, State, Zip Code <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) | Remove | Repair | Encap | Encl |
|--|--|----|-----|---|---------------------------|--------|--------|-------|------|
| | Yes | No | N/A | | | | | | |
| boiler room | | | X | pipe insulation | 40 lf | X | | | |
| laundry room area | | | X | pipe insulation | 46 lf | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | | | | | |
|---|--|-------------------------------------|----------------------------------|--|---------------------------|
| Registered Waste Hauler <u>B & G Restoration, Inc.</u> | | NJDEP Hauler ID# <u>19563</u> | Cubic Yards of Waste <u>1</u> | Name of Registered Landfill <u>Tullytown Resource & Recovery Center</u> | |
| City, State <u>Lincoln Park, NJ</u> | | Disposal Date <u>09/12/2014</u> | | City, State <u>Tullytown, PA</u> | |
| Completed by (Print or Type) <u>Gordana Luna</u> | | Title <u>Secretary/Treasurer</u> | Signature <u>Gordana Luna</u> | | Date <u>08/25/2014</u> |

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

B & G proj. #: 2014-148

Check # 6721

| | | | |
|---|---|--|------------------|
| Date of Notification (1) <u>10/18/12 15/11/14</u> | | Name of Building Owner/Operator (2) <u>Nekeia Colcloughly</u> | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation | Street Address <u>354 N 8th Street</u> | |
| | | City, State, Zip Code <u>Prospect Park, NJ 07508</u> | |
| | | Name of Contact <u>Nekeia Colcloughly</u> | Telephone Number |
| | | | |

FACILITY INFORMATION

| | | | | | |
|--|------------------------------|--|--|--|--------------------------------|
| Name of facility where abatement is taking place (3) <u>Nekeia Colcloughly</u> | | | Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) | | |
| Street Address <u>354 N 8th Street</u> | | | Square Feet # of Floors Bldg. Age | | |
| City (5) <u>Prospect Park, NJ 07508</u> | County (6) <u>Passaic</u> | County Code (7) (State use only) | Current Use (Prior if being demolished) <u>residential</u> | | |
| Name of Monitoring Firm Hired by Bldg. Owner (8) | | ASCM No. | Name of Abatement Contractor (9) <u>B & G Restoration, Inc.</u> | | |
| Street Address | | | Street Address <u>105 Ryerson Road</u> | | |
| City, State, Zip Code | | | City, State, Zip Code <u>Lincoln Park, NJ 07035</u> | | |
| Project Manager for Monitoring Firm | | Phone Number | Telephone Number <u>(973)696-6869</u> | | License Number <u>00378</u> |
| Scheduled Start Date (10) <u>09/09/2014</u> | | Sched. Completion Date (11) <u>09/10/2014</u> | Name of OSHA Monitor <u>B & G Restoration, Inc.</u> | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input type="checkbox"/> Other-Describe: _____ | | | Street Address <u>105 Ryerson Road</u> | | |
| | | | City, State, Zip Code <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 e m o v e | R e p a i r | E n c a p | E n c l |
|--|--|----|-------------------------------------|---|---------------------------|-------------------------------------|----------------------------|-----------------------|------------------|
| | Yes | No | N/A | | | | | | |
| basement | | | <input checked="" type="checkbox"/> | pipe insulation | 36 lf | <input checked="" type="checkbox"/> | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | | | |
|---|-------------------------------------|-------------------------------------|--|
| Registered Waste Hauler <u>B & G Restoration, Inc.</u> | NJDEP Hauler ID# <u>19563</u> | Cubic Yards of Waste <u>1</u> | Name of Registered Landfill <u>Tullytown Resource & Recovery Center</u> |
| City, State <u>Lincoln Park, NJ</u> | Disposal Date <u>09/10/2014</u> | City, State <u>Tullytown, PA</u> | |
| Completed by (Print or Type) <u>Gordana Luna</u> | Title <u>Secretary/Treasurer</u> | Signature <u>Gordana Luna</u> | Date <u>08/25/2014</u> |

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

Check # 6720

B & G proj. #: 2014-145

Date of Notification (1)
10/18/12 15/11/14

Name of Building Owner/Operator (2)
Annemarie & Paul Caste

Street Address

482 Eagle Rock Avenue

City, State, Zip Code

West Orange, NJ 07052

Name of Contact

Annemarie & Paul Caste

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)
Annemarie & Paul Caste

Street Address

482 Eagle Rock Avenue

City (5)

West Orange, NJ 07052

County (6)

Essex

County Code (7)
(State use only)

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

ASCM No.

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
00378

Name of OSHA Monitor
B & G Restoration, Inc.

Street Address

105 Ryerson Road

City, State, Zip Code

Lincoln Park, NJ 07035

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

Project Manager for Monitoring Firm

Phone Number

Scheduled Start Date (10)

09/09/2014

Sched. Completion Date (11)

09/10/2014

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

☒ >3 sf or >3 lf

☐ ≥160 sf or ≥260 lf

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

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

Yes

No

N/A

Description of asbestos-containing
material (ACM)

Amount
(Specify SF or
LF)

| R | R | E | E | E |
|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| m | e | n | n | n |
| o | p | c | c | c |
| v | a | a | a | a |
| e | i | p | p | p |
| | | | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

basement boiler room
garage area

pipe insulation

pipe insulation

50 lf

40 lf

Registered Waste Hauler
B & G Restoration, Inc.

NJDEP Hauler ID#
19563

Cubic Yards of Waste
1

Name of Registered Landfill
Tullytown Resource & Recovery Center

City, State
Lincoln Park, NJ

Disposal Date
09/10/2014

City, State
Tullytown, PA

Date
08/25/2014

Completed by (Print or Type)
Gordana Luna

Title
Secretary/Treasurer

Signature

Gordana Luna

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

B & G proj. #: 2014-149

Check # 6719

| | | | |
|---|--|---|--|
| Date of Notification (1) 10/18/12 15/11/14 | | Name of Building Owner/Operator (2) Mary Ellen Bove | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation | |
| Street Address 24 South Pearson Road | | | |
| City, State, Zip Code Maplewood, NJ 7040 | | | |
| Name of Contact Mary Ellen Bove | | Telephone Number | |

FACILITY INFORMATION

| | | | | | |
|---|---------------------|---|--|--|-------------------------|
| Name of facility where abatement is taking place (3) Mary Ellen Bove | | | Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) | | |
| Street Address 24 South Pearson Road | | | Square Feet # of Floors Bldg. Age | | |
| City (5) Maplewood | County (6) Essex | County Code (7) (State use only) | Current Use (Prior if being demolished) residential | | |
| Name of Monitoring Firm Hired by Bldg. Owner (8) | | ASCM No. | Name of Abatement Contractor (9) B & G Restoration, Inc. | | |
| Street Address | | | Street Address 105 Ryerson Road | | |
| City, State, Zip Code | | | City, State, Zip Code Lincoln Park, NJ 07035 | | |
| Project Manager for Monitoring Firm | | Phone Number | Telephone Number (973)696-6869 | | License Number 00378 |
| Scheduled Start Date (10) 09/08/2014 | | Sched. Completion Date (11) 09/09/2014 | | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input type="checkbox"/> Other-Describe: _____ | | | | | |
| Name of OSHA Monitor B & G Restoration, Inc. | | | | | |
| Street Address 105 Ryerson Road | | | | | |
| City, State, Zip Code Lincoln Park, NJ 07035 | | | | | |

Scope of Work (check all that apply)

- | | | | |
|--|--|---|--|
| <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 e m o v e | R e p a i r | E n c a p | E n c l |
|--|--|----|-------------------------------------|---|---------------------------|-------------------------------------|----------------------------|--------------------------|--------------------------|
| | Yes | No | N/A | | | | | | |
| basement boiler room | | | <input checked="" type="checkbox"/> | pipe insulation | 12 lf | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| basement laundry room | | | <input checked="" type="checkbox"/> | pipe insulation | 6 lf | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| basement main room | | | <input checked="" type="checkbox"/> | pipe insulation | 56 lf | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| bathroom | | | <input checked="" type="checkbox"/> | pipe insulation | 6 lf | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| closet | | | <input checked="" type="checkbox"/> | pipe insulation | 2 lf | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | |
|--|------------------------------|----------------------------------|---|
| Registered Waste Hauler B & G Restoration, Inc. | NJDEP Hauler ID# 19563 | Cubic Yards of Waste 1 | Name of Registered Landfill Tullytown Resource & Recovery Center |
| City, State Lincoln Park, NJ | Disposal Date 09/10/2014 | City, State Tullytown, PA | |
| Completed by (Print or Type) Gordana Luna | Title Secretary/Treasurer | Signature <i>Gordana Luna</i> | Date 08/25/2014 |

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

B & G proj. #: 2014-135

Check # 6718

| | | | |
|---|---|---|--|
| Date of Notification (1) <u>08/12/15</u> | | Name of Building Owner/Operator (2) <u>Estate of Agnes Davis</u> | |
| Agencies Notified | Type Notification | Street Address <u>57 N. Western Avenue</u> | |
| <input type="checkbox"/> EPA | <input checked="" type="checkbox"/> Initial | City, State, Zip Code <u>Butler, NJ 07405</u> | |
| <input type="checkbox"/> DEP | <input type="checkbox"/> Amendment | | |
| <input checked="" type="checkbox"/> DOL | <input type="checkbox"/> Cancellation | | |
| <input checked="" type="checkbox"/> DOH | | | |
| <input type="checkbox"/> DCA | | Name of Contact <u>Karen Carney</u> | |
| | | Telephone Number <u></u> | |

FACILITY INFORMATION

| | | | | |
|--|--|-------------------------------------|--|--------------------------------|
| Name of facility where abatement is taking place (3) <u>Estate of Agnes Davis</u> | | | Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) | |
| Street Address <u>57 N. Western Avenue</u> | | | Square Feet | # of Floors |
| City (5) <u>Butler</u> | | | Bldg. Age | |
| County (6) <u>Morris</u> | | County Code (7) (State use only) | Current Use (Prior if being demolished) <u>residential</u> | |
| Name of Monitoring Firm Hired by Bldg. Owner (8) | | ASCM No. | Name of Abatement Contractor (9) <u>B & G Restoration, Inc.</u> | |
| Street Address | | | Street Address <u>105 Ryerson Road</u> | |
| City, State, Zip Code | | | City, State, Zip Code <u>Lincoln Park, NJ 07035</u> | |
| Project Manager for Monitoring Firm | | Phone Number | Telephone Number <u>(973)696-6869</u> | License Number <u>00378</u> |
| Scheduled Start Date (10) <u>09/08/2014</u> | Sched. Completion Date (11) <u>09/09/2014</u> | | Name of OSHA Monitor <u>B & G Restoration, Inc.</u> | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input type="checkbox"/> Other-Describe: _____ | | | Street Address <u>105 Ryerson Road</u> | |
| | | | City, State, Zip Code <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 e m o v e | R e p a i r | E n c a p | E n c l |
|--|--|----|-------------------------------------|---|---------------------------|-------------------------------------|----------------------------|-----------------------|------------------|
| | Yes | No | N/A | | | | | | |
| basement | | | <input checked="" type="checkbox"/> | pipe insulation | 126 lf | <input checked="" type="checkbox"/> | | | |
| | | | | | | | | | |
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|---|--|-------------------------------------|--------------------------------------|--|---------------------------|
| Registered Waste Hauler <u>B & G Restoration, Inc.</u> | | NJDEP Hauler ID# <u>19563</u> | Cubic Yards of Waste <u>1 1/4</u> | Name of Registered Landfill <u>Tullytown Resource & Recovery Center</u> | |
| City, State <u>Lincoln Park, NJ</u> | | Disposal Date <u>09/10/2014</u> | | City, State <u>Tullytown, PA</u> | |
| Completed by (Print or Type) <u>Gordana Luna</u> | | Title <u>Secretary/Treasurer</u> | Signature <u>Gordana Luna</u> | | Date <u>08/25/2014</u> |