

State of New Jersey
Asbestos Abatement Notification
 (Pursuant to NJAC 8:26 and 12:26)

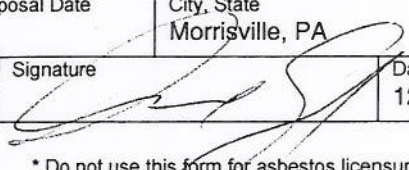
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| | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|
| Date of Notification (1) 12-4-11 | | Name of Building Owner/Owner's Agent (2) City of Atlantic City | |
| Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DCL <input 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 1301 Bachmanack Blvd City Hall Suite 306 | City, State, Zip Code Atlantic City NJ 08401-1605 |
| | | Name of Contact Anthony C. Director | Telephone Number 609-347-5290 |
| FACILITY INFORMATION | | | |
| Name of Facility Where Abatement is Taking Place (3) Residents | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | |
| Street Address 122/24 Bay Ave | | Square Feet 3000 | Building Age 90 |
| City (5) Atlantic City NJ | County (6) Atlantic | Country Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Resident |
| Name of Monitoring Firm Hired by Building Owner (8) | | ASCM No. | Name of Abatement Contractor (9) ARI JOE LLC |
| Street Address | | Street Address 1212 Burlington Ave | |
| City, State, Zip Code | | City, State, Zip Code DELANCO NJ 08075 | |
| Project Manager for Monitoring Firm | | Telephone No. 856 824 0971 | License No. 01070 |
| Start Date (10) 12-5-11 | Scheduled Completion Date (11) 12-15-11 | Name of OSHA Monitor | |
| 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 checked="" type="checkbox"/> ≥ 5 sf or ≥ 3 ft <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 ft | | <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Gloving Procedure <input checked="" type="checkbox"/> Non-Encapsulated (7) and Non-Fabric 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) |
| | Yes | No | |
| OUTSIDE | | | Siding |
| | | | 2500 SFT |
| Name of Registered Waste Hauler J. Robinson Waste | | NJ DEP Waste Hauler ID No. 18389 | Cubic Yards of Waste 5cy |
| City, State Bellmawr NJ | | Disposal Date TBD | Name of Registered Landfill WM of Pa. |
| City, State Bellmawr NJ | | City, State Tullytown Pa | |
| Completed by J Hall | Title VP | Signature JH | Date 12-4-11 |

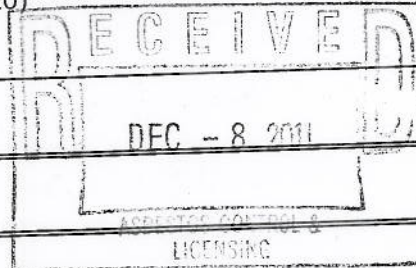
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

| | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|----------------------------------|
| Date of Notification (1) 12/05/2011 | | Name of Building Owner/Operator (2) Gretchen Rose | |
| Agencies Notified | Type Notification | Street Address 134 Grove Ave | |
| <input type="checkbox"/> EPA <input checked="" 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 Woodbridge, NJ | |
| | | Name of Contact Gretchen Rose | Telephone Number 732-636-4101 |

RECEIVED
DEC 8 2011
ASBESTOS CONTROL & LICENSING

| FACILITY INFORMATION | | | | | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|---------------------------|----------------|--------|-------------|-----------|
| Name of Facility Where Abatement is Taking Place (3) Private 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 134 Grove Ave | | Square Feet 2500 | # of Floors 2 | | | | | | |
| City (5) Woodbridge, NJ | | Bldg. Age 70 | | | | | | | |
| County (6) Middlesex County | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | ASCM No. | Name of Abatement Contractor (9) Pyramid Contracting Corp. | | | | | | | |
| Street Address | | Street Address 78 Fenner Ave | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Clifton, NJ 07013 | | | | | | | |
| Project Manager for Monitoring Firm | Telephone No. | Telephone No. 973-689-6281 | License No. 01099 | | | | | | |
| Start Date (10) 12/15/2011 | Scheduled Completion Date (11) 12/16/2011 | 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: 8:00am - 4:00pm | | Street Address | | | | | | | |
| | | City, State, Zip Code | | | | | | | |
| Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Basement | | x | | Pipe Insulation | 100 LF | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Pyramid Contracting Corp | | NJDEP Waste Hauler ID No. 32613 | Cubic Yards of Waste 1 | Name of Registered Landfill GROWS | | | | | |
| City, State Clifton, NJ 07013 | | | Disposal Date | City, State Morrisville, PA | | | | | |
| Completed by Dimo Golcev | | Title V. President | Signature  | Date 12/05/2011 | | | | | |

D&S Proj. #: MS 12-01

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

| | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------|--|
| Date of Notification (1) 12/10/11 | | Name of Building Owner/Operator (2) DIANE YERMACK | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | | Street Address 130 CENTRAL AVENUE | |
| Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | City, State, Zip Code MONTCLAIR, NJ 07042 | |
| | | Name of Contact DIANE YERMACK | |
| | | Telephone Number 973-509-2183 | |

FACILITY INFORMATION

| | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Name of facility where abatement is taking place (3) DIANE YERMACK | | | 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 130 CENTRAL AVENUE | | | Square Feet | | |
| City (5) MONTCLAIR | | | # of Floors | | |
| County (6) ESSEX | | | Bldg. Age | | |
| County Code (7) (State use only) | | | Current Use (Prior if being demolished) | | |
| Name of Monitoring Firm Hired by Bldg. Owner (8) | | | Name of Abatement Contractor (9) D & S RESTORATION, INC. | | |
| Street Address | | | Street Address 20 California Ave. | | |
| City, State, Zip Code | | | City, State, Zip Code Paterson, NJ 07503 | | |
| Project Manager for Monitoring Firm | | | Telephone Number 973-345-8020 | | |
| Phone Number | | | License Number 00159 | | |
| Start Date (10) 01/04/12 | | | Name of OSHA Monitor D & S Restoration, Inc. | | |
| Sched. Completion Date (11) 01/13/12 | | | Street Address 20 California Avenue | | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS | | | City, State, Zip Code Paterson, NJ 07503 | | |

Scope of Work (check all that apply)

- ☒ >3 sf or >3 lf ☒ Renovation
☐ ≥160 sf or ≥260 lf ☐ Demolition

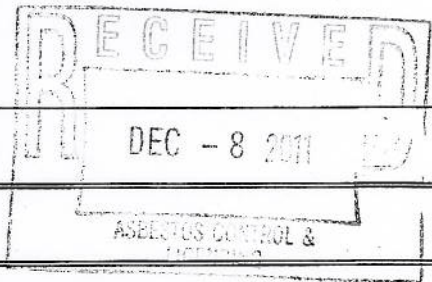
- ☐ Full Containment w/negative pressure
☐ Mini-enclosure
☒ Glovebag procedure
☐ Non-Exempted (*) and Non-friable procedure

| Location of asbestos-containing material (acm) to be abated in facility (13) | Is location normally used solely by maintenance/custodial staff(12) | | | Description of asbestos-containing material (ACM) | 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"/> | | BARE HEATING PIPES | 136 L FT | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| ATTIC | | <input checked="" type="checkbox"/> | | PIPE INSULATION | <3 L FT | <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"/> |

| | | | |
|----------------------------------------------------|---------------------------|------------------------------|-------------------------------------------------------------|
| Registered Waste Hauler D & S RESTORATION, INC. | NJDEP Hauler ID# 13506 | Cubic Yards of Waste 1 YD | Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY |
| City, State PATERSON, NJ 07503 | Disposal Date 01/05/12 | City, State TULLYTOWN, PA | Date 12/05/11 |
| Completed by (Print or Type) BOGDAN JOLDZIC | Title PRESIDENT | Signature | |

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

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



| | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|----------------------------------|
| Date of Notification (1) 12/10/11 | | Name of Building Owner/Operator (2) SUE O'NEIL | |
| 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 22-18 ARCADIA ROAD City, State, Zip Code FAIR LAWN, NJ 07410 | |
| | | Name of Contact SUE O'NEIL | Telephone Number 973-684-6292 |

FACILITY INFORMATION

| | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-----------|
| Name of facility where abatement is taking place (3) SUE O'NEIL | | | 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 22-18 ARCADIA ROAD | | | Square Feet | | |
| City (5) FAIR LAWN | | | County (6) BERGEN | County Code (7) (State use only) | Bldg. Age |
| Name of Monitoring Firm Hired by Bldg. Owner (8) | | | Current Use (Prior if being demolished) | | |
| Street Address | | | Name of Abatement Contractor (9) D & S RESTORATION, INC. | | |
| City, State, Zip Code | | | Street Address 20 California Ave. | | |
| Project Manager for Monitoring Firm | | | City, State, Zip Code Paterson, NJ 07503 | | |
| Phone Number | | | Telephone Number 973-345-8020 | | |
| Start Date (10) 12/16/11 | | | License Number 00159 | | |
| Sched. Completion Date (11) 12/23/11 | | | Name of OSHA Monitor D & S Restoration, 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: NORMAL HOURS | | | Street Address 20 California Avenue | | |
| | | | City, State, Zip Code Paterson, NJ 07503 | | |

Scope of Work (check all that apply)

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

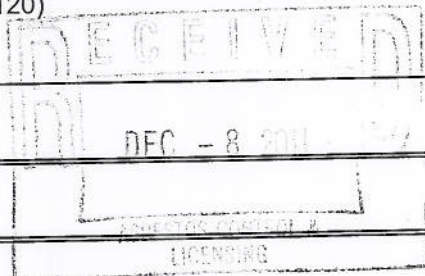
| Location of asbestos-containing material (acm) to be abated in facility (13) | Is location normally used solely by maintenance/custodial staff (12) | | | Description of asbestos-containing material (ACM) | Amount (Specify SF or LF) | R e m o v e | R e p a i r | E n c a p | E n c l |
|------------------------------------------------------------------------------|----------------------------------------------------------------------|-------------------------------------|-----|---------------------------------------------------|---------------------------|-------------------------------------|----------------------------|--------------------------|--------------------------|
| | Yes | No | N/A | | | | | | |
| BASEMENT | | <input checked="" type="checkbox"/> | | PIPE INSULATION | 70 L FT | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| BASEMENT | | <input checked="" type="checkbox"/> | | BARE HEATING PIPES | 24 L FT | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | |
|----------------------------------------------------|---------------------------|------------------------------|-------------------------------------------------------------|
| Registered Waste Hauler D & S RESTORATION, INC. | NJDEP Hauler ID# 13506 | Cubic Yards of Waste 1 YD | Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY |
| City, State PATERSON, NJ 07503 | Disposal Date 12/19/11 | City, State TULLYTOWN, PA | |
| Completed by (Print or Type) BOGDAN JOLDZIC | Title PRESIDENT | Signature | Date 12/05/11 |

4057

D&S Proj. #: MS 11-492

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



| | | | |
|-----------------------------------------|--------------------------------------------------------------|--------------------------------------------------------|--|
| Date of Notification (1) 11/10/11 | | Name of Building Owner/Operator (2) WERNER DOERFLER | |
| Agencies Notified | Type Notification | Street Address 260 SYLVAN ROAD | |
| <input type="checkbox"/> EPA | <input checked="" type="checkbox"/> Initial | City, State, Zip Code BLOOMFIELD, NJ 07003 | |
| <input type="checkbox"/> DEP | <input type="checkbox"/> Amended | Name of Contact SERNER DOERFLER | |
| <input checked="" type="checkbox"/> DOL | Amendment #: | Telephone Number 973-338-9058 | |
| <input checked="" type="checkbox"/> DOH | <input type="checkbox"/> Emergency (including justification) | | |
| <input type="checkbox"/> DCA | <input type="checkbox"/> Cancellation | | |

FACILITY INFORMATION

| | | | | | |
|--------------------------------------------------------------------------|--|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Name of facility where abatement is taking place (3) WERENER DOERFLER | | | 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 260 SYLVAN ROAD | | | Square Feet | | |
| City (5) BLOOMFIELD | | | # of Floors | | |
| County (6) ESSEX | | | Bldg. Age | | |
| County Code (7) (State use only) | | | Current Use (Prior if being demolished) | | |

| | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------|--|-------------------------------------------------------------|--|
| Name of Monitoring Firm Hired by Bldg. Owner (8) | | ASCM No. | | Name of Abatement Contractor (9) D & S RESTORATION, INC. | |
| Street Address | | | | Street Address 20 California Ave. | |
| City, State, Zip Code | | | | City, State, Zip Code Paterson, NJ 07503 | |
| Project Manager for Monitoring Firm | | Phone Number | | Telephone Number 973-345-8020 | |
| Start Date (10) 12/27/11 | | Sched. Completion Date (11) 12/30/11 | | License Number 00159 | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS | | | | Name of OSHA Monitor D & S Restoration, Inc. | |
| | | | | Street Address 20 California Avenue | |
| | | | | City, State, Zip Code Paterson, NJ 07503 | |

Scope of Work (check all that apply)

- ☒ >3 sf or >3 lf ☒ Renovation
☐ ≥160 sf or ≥260 lf ☐ Demolition

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

| Location of asbestos-containing material (acm) to be abated in facility (13) | Is location normally used solely by maintenance/custodial staff(12) | | | Description of asbestos-containing material (ACM) | 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 | 20 L FT | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| BASEMENT BOILER | | <input checked="" type="checkbox"/> | | BOILER INSULATION | 40 SQ FT | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | |
|----------------------------------------------------|---------------------------|------------------------------|-------------------------------------------------------------|
| Registered Waste Hauler D & S RESTORATION, INC. | NJDEP Hauler ID# 13506 | Cubic Yards of Waste 1 YD | Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY |
| City, State PATERSON, NJ 07503 | Disposal Date 12/27/11 | City, State TULLYTOWN, PA | |
| Completed by (Print or Type) BOGDAN JOLDZIC | Title PRESIDENT | Signature | Date 12/05/11 |

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

State of NJ

Notification of Asbestos Abatement

MAIL IN HARD COPY pursuant to NJAC 8:60 and 12:120

4054

RECEIVED
DEC - 10 DAY
DEC - 3 2011
DEPT. OF HEALTH
ASBESTOS CONTROL & LICENSING
WAIVER APPROVED

| | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Date of Notification (1) 11/12/10 12/11/11 | | Name of Building Owner/Operator (2) LINDA LLOYD JONES | |
| 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 11 MELMA TERRACE | | City, State, Zip Code MAPLEWOOD, NJ 07040 | |
| Name of Contact LINDA LLOYD JONES | | Telephone Number 973-313-9029 | |

FACILITY INFORMATION

| | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Name of facility where abatement is taking place (3) LINDA LLOYD JONES | | | 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 11 MELMA TERRACE | | | Square Feet # of Floors Bldg. Age | | |
| City (5) MAPLEWOOD | County (6) ESSEX | County Code (7) (State use only) | Current Use (Prior if being demolished) | | |
| Name of Monitoring Firm Hired by Bldg. Owner (8) | | ASCM No. | Name of Abatement Contractor (9) D & S RESTORATION, INC. | | |
| Street Address | | | Street Address 20 California Ave. | | |
| City, State, Zip Code | | | City, State, Zip Code Paterson, NJ 07503 | | |
| Project Manager for Monitoring Firm | | Phone Number | Telephone Number 973-345-8020 | | |
| Start Date (10) 12/05/11 | | Sched. Completion Date (11) 12/09/11 | License Number 00159 | | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS | | | Name of OSHA Monitor D & S Restoration, Inc. | | |
| | | | Street Address 20 California Avenue | | |
| | | | City, State, Zip Code Paterson, NJ 07503 | | |

Scope of Work (check all that apply)

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

- ☒ Renovation
☐ Demolition

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

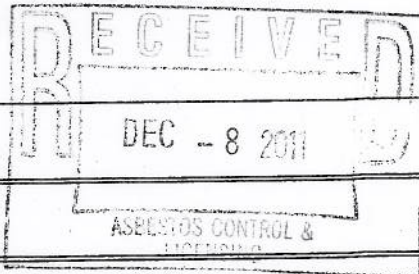
| Location of asbestos-containing material (acm) to be abated in facility (13) | Is location normally used solely by maintenance/custodial staff (12) | | | Description of asbestos-containing material (ACM) | Amount (Specify SF or LF) | R e m o v e | R e p a i r | E n c a p | E n c l |
|------------------------------------------------------------------------------|----------------------------------------------------------------------|-------------------------------------|-----|---------------------------------------------------|---------------------------|-------------------------------------|----------------------------|--------------------------|--------------------------|
| | Yes | No | N/A | | | | | | |
| BASEMENT | | <input checked="" type="checkbox"/> | | BOILER INSULATION | 40 SQ FT | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | |
|----------------------------------------------------|---------------------------|------------------------------|-------------------------------------------------------------|
| Registered Waste Hauler D & S RESTORATION, INC. | NJDEP Hauler ID# 13506 | Cubic Yards of Waste 1 YD | Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY |
| City, State PATERSON, NJ 07503 | Disposal Date 12/06/11 | City, State TULLYTOWN, PA | |
| Completed by (Print or Type) BOGDAN JOLDZIC | Title PRESIDENT | Signature | Date 02/02/11 |

ASB-41

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

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



| | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Date of Notification (1) 12/10/11 | | Name of Building Owner/Operator (2) CARMEN TWYMAN | |
| 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 type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | |
| Street Address 8 SOUTH HARDING DRIVE | | City, State, Zip Code SO. ORANGE, NJ 07079 | |
| Name of Contact CARMEN TWYMAN | | Telephone Number 973-762-7754 | |

FACILITY INFORMATION

| | | | | | |
|-----------------------------------------------------------------------|---------------------|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Name of facility where abatement is taking place (3) CARMEN TWYMAN | | | 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 8 SOUTH HARDING DRIVE | | | Square Feet # of Floors Bldg. Age | | |
| City (5) SO. ORANGE | County (6) ESSEX | County Code (7) (State use only) | Current Use (Prior if being demolished) | | |

| | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Name of Monitoring Firm Hired by Bldg. Owner (8) Street Address City, State, Zip Code | | ASCM No. | Name of Abatement Contractor (9) D & S RESTORATION, INC. Street Address 20 California Ave. City, State, Zip Code Paterson, NJ 07503 | |
| Project Manager for Monitoring Firm | Phone Number | Telephone Number 973-345-8020 | License Number 00159 | |
| Start Date (10) 12/06/11 | Sched. Completion Date (11) 12/16/11 | Name of OSHA Monitor D & S Restoration, Inc. Street Address 20 California Avenue City, State, Zip Code Paterson, NJ 07503 | | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS | | | | |

Scope of Work (check all that apply)

☒ >3 sf or >3 lf ☒ Renovation ☐ Full Containment w/negative pressure

☐ ≥160 sf or ≥260 lf ☐ Demolition ☒ Glovebag procedure

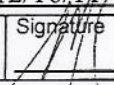
☐ Non-Exempted (*) and Non-friable procedure

| Location of asbestos-containing material (acm) to be abated in facility (13) | Is location normally used solely by maintenance/custodial staff (12) | | | Description of asbestos-containing material (ACM) | 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 6 ROOMS | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | PIPE INSULATION | 92 L FT | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| GARAGE | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | PIPE INSULATION | 36 L F | <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"/> |

| | | | |
|----------------------------------------------------|---------------------------|-------------------------------|-------------------------------------------------------------|
| Registered Waste Hauler D & S RESTORATION, INC. | NJDEP Hauler ID# 13506 | Cubic Yards of Waste 2 YDS | Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY |
| City, State PATERSON, NJ 07503 | Disposal Date 12/07/11 | City, State TULLYTOWN, PA | |
| Completed by (Print or Type) BOGDAN JOLDZIC | Title PRESIDENT | Signature | Date 12/05/11 |

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

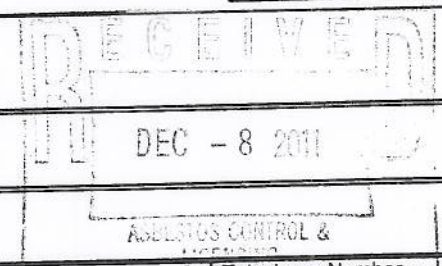
STEVENS ENVIRONMENTAL
SERVICES INC.
CHECK #24571
RECEIVED
DEC - 8 2011
ASBESTOS CONTROL &

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|
| Date of Notification (1) <u>12/6/11</u> | | Name of Building Owner/Operator (2) <u>Steve Moore</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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address <u>P.O. Box 197</u> | |
| | | City, State, Zip Code <u>Port Morris, NJ 08349</u> | |
| | | Name of Contact <u>Steve Moore</u> Telephone Number <u>(856) 785-0532</u> | |
| FACILITY INFORMATION | | | |
| Name of Facility Where Abatement is Taking Place (3) <u>Residence</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>1612 Main Street</u> | | Square Feet | # of Floors |
| City (5) <u>Port Norris</u> | | Bldg. Age | |
| County (6) <u>Cumberland</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>MECS</u> | | Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u> | |
| Street Address <u>PO Box 341</u> | | Street Address <u>PO Box 322</u> | |
| City, State, Zip Code <u>Crosswicks, NJ 08515</u> | | City, State, Zip Code <u>Allentown, NJ 08501</u> | |
| Project Manager for Monitoring Firm <u>William Weisgarber Jr.</u> | | Telephone No. <u>(609) 298-4070</u> | License No. <u>00493</u> |
| Start Date (10) <u>12/15/11</u> | Scheduled Completion Date (11) <u>12/16/11</u> | Name of OSHA Monitor <u>MECS</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 checked="" type="checkbox"/> Other - Describe: <u>8AM - 4:30PM</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 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 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) |
| | Yes | No | |
| <u>basement/crawlspace</u> | | <input checked="" type="checkbox"/> | <u>pipe insulation</u> |
| | | | <u>146 LF</u> |
| | | | |
| | | | |
| Name of Registered Waste Hauler <u>Stevens Environmental Services Inc.</u> | | NJDEP Waste Hauler ID No. <u>18292</u> | Cubic Yards of Waste <u>2 CU</u> |
| City, State <u>Allentown, NJ</u> | | Name of Registered Landfill <u>T.R.R.F., Inc.</u> | |
| | | Disposal Date <u>12/16/11</u> | City, State <u>Tullytown, PA</u> |
| Completed By <u>Mahlon E. Stevens</u> | Title <u>Project Manager</u> | Signature  | Date <u>12/6/11</u> |

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

B & G proj. #: 2011-249

Check # 4934

| | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------|--|------------------------------------------------------------------------------------|
| Date of Notification (1) <u>12/1/10</u> | | Name of Building Owner/Operator (2) <u>Anastasia Zelizo</u> | |  |
| Agencies Notified | | Street Address | | |
| <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | | <u>18 Marshall Street</u> | | |
| Type Notification | | City, State, Zip Code | | |
| <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation | | <u>West Caldwell, NJ 07006</u> | | |
| | | Name of Contact | | Telephone Number |
| | | <u>Anastasia Zelizo</u> | | <u>973-228-1631</u> |

FACILITY INFORMATION

| | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------|
| Name of facility where abatement is taking place (3) <u>Anastasia Zelizo</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>18 Marshall Street</u> | | | | | |
| City (5) <u>West Caldwell, NJ 07006</u> | County (6) <u>Essex</u> | County Code (7) (State use only) | Square Feet | # of Floors | Bldg. Age |
| Name of Monitoring Firm Hired by Bldg. Owner (8) <u>n/a</u> | | | Current Use (Prior if being demolished) <u>residential</u> | | |
| Name of Abatement Contractor (9) <u>B & G Restoration, Inc.</u> | | | | | |
| Street Address <u>105 Ryerson Road</u> | | | | | |
| City, State, Zip Code <u>Lincoln Park, NJ 07035</u> | | | | | |
| Telephone Number <u>973-696-6869</u> | | | License Number <u>0378</u> | | |
| Name of OSHA Monitor <u>B & G Restoration, Inc.</u> | | | | | |
| Street Address <u>105 Ryerson Road</u> | | | | | |
| City, State, Zip Code <u>Lincoln Park, NJ 07035</u> | | | | | |
| Scheduled Start Date (10) <u>12/16/2011</u> | | | Sched. Completion Date (11) <u>12/16/2011</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: _____ | | | | | |

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 | 140 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 yard</u> | Name of Registered Landfill <u>Tullytown Resource & Recovery Center</u> | |
| City, State <u>Lincoln Park, NJ 07035</u> | | Disposal Date <u>12/19/2011</u> | | City, State <u>Tullytown, PA</u> | |
| Completed by (Print or Type) <u>Gordana Luna</u> | Title <u>Treasurer</u> | Signature <u>Gordana Luna</u> | | | Date <u>12/6/2011</u> |

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

Check # 8056

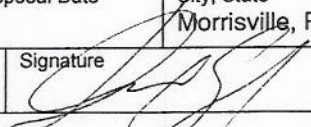
| | | | | | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|------------------------|--------|-------------|-----------|
| Date of Notification (1) 12-6-11 | | Name of Building Owner/Operator (2) Peter N Laub jr. Assoc. | | | | | | | |
| 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 1020 Route 202 South - 8 2011 City, State, Zip Code Branchburg NJ 08876 Name of Contact Peter N Laub jr. Telephone Number 908-725-9130 | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Estate of Joseph Mone | | 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 1195 Washington Valley Road | | Square Feet 1 | | | | | | | |
| City (5) Bridgewater NJ 08807 | | # of Floors 1 | | | | | | | |
| County (6) Somerset | | Bldg. Age 100+ | | | | | | | |
| County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) EPC TECHNOLOGIES, INC | | ASCM No. N/A | | | | | | | |
| Street Address P.O. BOX 337 | | Name of Abatement Contractor (9) EPC TECHNOLOGIES, INC | | | | | | | |
| City, State, Zip Code NEW EGYPT, NJ 08533 | | Street Address P.O. BOX 337 | | | | | | | |
| Project Manager for Monitoring Firm STEVE SCHENKER | | City, State, Zip Code NEW EGYPT, NJ 08533 | | | | | | | |
| Telephone No. 609-758-3365 | | Telephone No. 609-758-3365 | | | | | | | |
| License No. 00394 | | Name of OSHA Monitor EPC TECHNOLOGIES, INC | | | | | | | |
| Start Date (10) 12-16-11 | | Scheduled Completion Date (11) 12-19-11 | | | | | | | |
| 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 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 type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Kitchen | | X | | 12"x12" Floor Tiles | 120 SF | X | | | |
| Bathroom | | X | | Linoleum Flooring | 80 SF | X | | | |
| Basement/Crawlspace | X | | | Pipe Insulation | 50 LF | X | | | |
| Name of Registered Waste Hauler EPC TECHNOLOGIES, INC | | NJDEP Waste Hauler ID No. 17000 | | Cubic Yards of Waste 3 | Name of Registered Landfill WASTE MANAGEMENT OF PA | | | | |
| City, State NEW EGYPT, NJ 08533 | | Disposal Date 12-19-11 | | City, State MORRISVILLE, PA | | | | | |
| Completed by STEVE SCHENKER | | Title PRESIDENT | | Signature <i>Steve Schenker</i> | | Date 12-6-11 | | | |

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

Check # 8057

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|----------------|--------|-------------|-----------|----------|--|
| Date of Notification (1) 12-6-11 | | Name of Building Owner/Operator (2) Chuck Ross | | | | | | | | | |
| 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 28 Cypress Street | | | | | | | | |
| | | | City, State, Zip Code Millburn NJ 07041 | | | | | | | | |
| | | | Name of Contact Chuck Ross | | | | | | | | |
| Telephone Number 917-273-2569 | | | | | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Single family Dwelling | | 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 Cypress Street | | Square Feet | # of Floors 2 | | | | | | | | |
| City (5) Millburn NJ 07041 | | Bldg. Age 80+ | | | | | | | | | |
| County (6) Essex | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) | | | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) EPC TECHNOLOGIES, INC | | 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) 12-19-11 | Scheduled Completion Date (11) 12-20-11 | 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 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 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) Basement | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A X | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Pipe Insulation | Amount (Specify SF or LF) 60 LF | Abatement Type | | | | | |
| | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Removal</td> <td>Repair</td> <td>Encapsulate</td> <td>Enclosure</td> </tr> <tr> <td align="center">X</td> <td></td> <td></td> <td></td> </tr> </table> | | | | | Removal | Repair | Encapsulate | Enclosure | X | |
| Removal | Repair | Encapsulate | Enclosure | | | | | | | | |
| X | | | | | | | | | | | |
| Name of Registered Waste Hauler EPC TECHNOLOGIES, INC | | NJDEP Waste Hauler ID No. 17000 | Cubic Yards of Waste 2 | Name of Registered Landfill WASTE MANAGEMENT OF PA | | | | | | | |
| City, State NEW EGYPT, NJ 08533 | | Disposal Date 12-20-11 | City, State MORRISVILLE, PA | | | | | | | | |
| Completed by STEVE SCHENKER | | Title PRESIDENT | Signature Steve Schenker | Date 12-6-11 | | | | | | | |

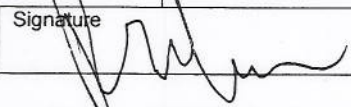
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

| Date of Notification (1) 12/05/2011 | | Name of Building Owner/Operator (2) Anne Cecile Heibel | | <div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED DEC 8 2011 ASBESTOS CONTROL UNIT 908-654-1417 </div> | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|----------------------------------------------|--------|-------------|-----------|
| Agencies Notified | | Type Notification | | | | Street Address 1509 Pine Grove Ave | | | |
| <input type="checkbox"/> EPA <input checked="" 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 Westfield, NJ 07013 | | | |
| | | | | | | Name of Contact Anne Cecile Heibel | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Private Residence | | | | Type of Facility (4) | | | | | |
| Street Address 1509 Pine Grove Ave | | | | <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) Westfield, NJ 07013 | | | | Square Feet 2500 | # of Floors 2 | | | | |
| County (6) Union County | | County Code (7) (STATE USE ONLY) _____ | | Bldg. Age 70 | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | | ASCM No. | Name of Abatement Contractor (9) Pyramid Contracting Corp. | | | | | |
| Street Address | | | Street Address 78 Fenner Ave | | | | | | |
| City, State, Zip Code | | | City, State, Zip Code Clifton, NJ 07013 | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. | | Telephone No. 973-689-6281 | License No. 01099 | | | | |
| Start Date (10) 12/14/2011 | | Scheduled Completion Date (11) 12/15/2011 | | Name of OSHA Monitor | | | | | |
| Occupancy Status During Abatement (Check Only One) | | | | Street Address | | | | | |
| <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: 8:00am - 4:00pm | | | | 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 checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Basement | | X | | Pipe Insulation | 80 LF | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Pyramid Contracting Corp | | NJDEP Waste Hauler ID No. 32613 | | Cubic Yards of Waste 1 | Name of Registered Landfill GROWS | | | | |
| City, State Clifton, NJ 07013 | | | | Disposal Date | City, State Morrisville, PA | | | | |
| Completed by Dimo Golcev | | | Title V. President | Signature  | Date 12/05/2011 | | | | |

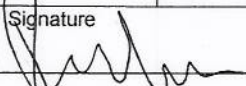
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

| | | | | | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1) 11 / 14 / 11 | | Name of Building Owner/Operator (2) Cape Regional Health System, Inc | | | | | | | |
| 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 2 Stone Harbor Blvd | | | | | | | |
| | | City, State, Zip Code Cape May Courthouse, NJ | | | | | | | |
| | | Name of Contact Mark Elberfeld | Telephone Number 609-463-2000 | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Cape Regional Medical Center | | 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 2 Stone Harbor Blvd | | | | | | | | | |
| City (5) Cape May Courthouse | | Square Feet 50,000 | # of Floors 2 | | | | | | |
| | | Bldg. Age 40+ | | | | | | | |
| County (6) Cape May | County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Criterion Labs, Inc | | ASCM No. | Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC. | | | | | | |
| Street Address 3370 Progress Dr | | Street Address 1123 BEAVER STREET | | | | | | | |
| City, State, Zip Code Bensalem, PA 19020 | | City, State, Zip Code BRISTOL, PA 19007 | | | | | | | |
| Project Manager for Monitoring Firm Mike Panapresso | Telephone No. 215-244-1300 | Telephone No. 215-788-6040 | License No. 00509 | | | | | | |
| Start Date (10) 11 / 28 / 11 | Scheduled Completion Date (11) 12 / 2 / 11 | Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC. | | | | | | | |
| 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 - Describe Time of Abatement: _____ AM- _____ PM/5:00PM-1:30AM | | Street Address 1123 BEAVER STREET | | | | | | | |
| | | City, State, Zip Code BRISTOL, PA 19007 | | | | | | | |
| 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) <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 |
| 2 nd Floor Finance Room | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Pipe Insulation and fittings | 255 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1 st Floor Medical Records | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Pipe fittings | 8 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"/> |
| Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC. | | NJDEP Waste Hauler ID No. 20990 | Cubic Yards of Waste | Name of Registered Landfill MINERVA LANDFILL | | | | | |
| City, State NEW CASTLE, DE 19720 | | | Disposal Date | City, State WAYNESBURG, OH 44688 | | | | | |
| Completed By (Print or Type) Brian Scafiro | Title Estimator | Signature <i>Brian Scafiro / jf</i> | | | | Date 11/14/11 | | | |

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

| | | | | | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|-------------------|--|--|--|
| Date of Notification (1) 12/5/2011 | | Name of Building Owner/Operator (2) INTERNATIONAL PAPER GEORGIA PACIFIC | | | | | | | |
| 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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>7</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | Street Address 6400 POPLAR AVE. City, State, Zip Code MEMPHIS, TN 38197 Name of Contact Roger SchumerlIP, Paul Montney/GP Telephone Number 901.418.3957, 908.672.4008 | | | | | | |
| | City, State, Zip Code NEWARK, NJ 07105 | | | | | | | | |
| | Name of Facility Where Abatement is Taking Place (3) CURTIS SPECIALITY PAPER Street Address 404 FRENCHTOWN RD. City (5) MILFORD County (6) Hunterdon County Code (7) (STATE USE ONLY) _____ Current Use (Prior if being demolished) Paper Manufacturing | | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) ARCADIS US Street Address 35 COLUMBIA RD City, State, Zip Code BRANCHBURG, NJ 08876 Project Manager for Monitoring Firm William C. Mener Telephone No. 908.526.1000 | | Name of Abatement Contractor (9) ROYAL ENVIRONMENTAL, INC Street Address 720 LEXINGTON AVENUE City, State, Zip Code ROCHESTER, NY 14613 Telephone No. 585-254-1840 License No. 01068 | | | | | | | |
| Start Date (10) 5/16/2011 Scheduled Completion Date (11) 1/27/2012 | | Name of OSHA Monitor HEALTH AND SAFETY SERVICES | | | | | | | |
| 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 318 12TH ST. City, State, Zip Code HAMMONTON, NJ 08037 | | | | | | | |
| 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 checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Removal | Repair | Encapsulate | | | Enclosure | | | |
| THROUGHOUT FACILITY | | | X | PIPE | 39500 LF | X | | | |
| | | | | THERMAL SYSTEMS | 45400 SF | X | | | |
| | | | | TRANSITE | 46300 SF | X | | | |
| | | | | GALBESTOS | 28500 SF | X | | | |
| Name of Registered Waste Hauler R&B DEBRIS LLC City, State HAINSEPORT NJ | | NJDEP Waste Hauler ID No. NJ-801 | | Cubic Yards of Waste 3500 | Name of Registered Landfill GROWS LANDFILL City, State MORRISVILLE, PA | | | | |
| Completed by PETER BREEN | | Title PROJECT MANAGER | | Signature  | | Date 12/5/2011 | | | |

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

| | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| Date of Notification (1) 12/5/2011 | | Name of Building Owner/Operator (2) INTERNATIONAL PAPER | | GEORGIA PACIFIC | |
| 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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>7</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | Street Address 6400 POPLAR AVE. City, State, Zip Code MEMPHIS, TN 38197 Name of Contact Roger Schumer/IP, Paul Montney/GP | |
| | | | | DEC - 8 2011 297 FURG ST. NEWARK, NJ 07105 Telephone Number 901.418.3957, 908.672.4008 | |
| FACILITY INFORMATION | | | | | |
| Name of Facility Where Abatement is Taking Place (3) CURTIS SPECIALITY PAPER | | | | 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 404 FRENCHTOWN RD. | | | | Square Feet 500,000 | |
| City (5) MILFORD | | | | # of Floors 2 | |
| County (6) Hunterdon | | | | Bldg. Age 100 years | |
| County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) Paper Manufacturing | | | |
| Name of Monitoring Firm Hired by Building Owner (8) ARCADIS US | | ASCM No. 000141 | | Name of Abatement Contractor (9) ROYAL ENVIRONMENTAL, INC | |
| Street Address 35 COLUMBIA RD | | Street Address 720 LEXINGTON AVENUE | | | |
| City, State, Zip Code BRANCHBURG, NJ 08876 | | City, State, Zip Code ROCHESTER, NY 14613 | | | |
| Project Manager for Monitoring Firm William C. Mener | | Telephone No. 908.526.1000 | | License No. 01068 | |
| Start Date (10) 5/16/2011 | | Scheduled Completion Date (11) 1/27/2012 | | Name of OSHA Monitor HEALTH AND SAFETY SERVICES | |
| 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 318 12TH ST. | |
| | | | | City, State, Zip Code HAMMONTON, NJ 08037 | |
| 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 checked="" type="checkbox"/> Demolition | | <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | |
| Location of Asbestos-Containing Material (ACM) <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) |
| | Yes | No | N/A | | |
| THROUGHOUT FACILITY | | | X | VAT | 56000 SF |
| | | | | MISCELLANEOUS | 13000 SF |
| | | | | | |
| | | | | | |
| Name of Registered Waste Hauler R&B DEBRIS LLC | | NJDEP Waste Hauler ID No. NJ-801 | | Cubic Yards of Waste 3500 | |
| City, State HAINSEPORT NJ | | Disposal Date VARIOUS | | Name of Registered Landfill GROWS LANDFILL | |
| City, State MORRISVILLE, PA | | | | | |
| Completed by PETER BREEN | | Title PROJECT MANAGER | | Signature  | |
| | | | | Date 12/5/2011 | |

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

Check 6027

| Date of Notification (1) December 5, 2011 | | Name of Building Owner / Operator (2) White Castle Management Company | | | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------------------------------------------------------------------------------------------------|---------------------------|----------------------------------|--------|-------------|-----------|
| 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"/> Cancellation | Street Address 555 West Goodale Street City, State & Zip Code Columbus, OH 43215 Name of Contact Jeff Miller | | | | | | | |
| | | <div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED DEC - 8 2011 ASBESTOS CONTROL & LICENSING </div> | | | | | | | |
| | | Telephone Number 732-381-4343 | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) White Castle System, Inc. | | 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, home, etc.) | | | | | | | |
| Street Address 245 E. Inman Avenue | | Square Feet 5,576 | # of Floors 1 | | | | | | |
| City (5) Rahway | | Bldg. Age 50 | | | | | | | |
| County (6) Union | | Current Use (Prior if being demolished) | | | | | | | |
| County Code (7) USE ONLY | | | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Arcadis U.S., Inc. | | Name of Abatement Contractor (9) Synatech, Inc. | | | | | | | |
| Street Address 35 Columbia Road | | Street Address 829 Radio Road | | | | | | | |
| City, State & Zip Code Branchburg, NJ 08676 | | City, State & Zip Code Little Egg Harbor, NJ 08087 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone Number 908-526-1000 | License Number 00817 | | | | | | |
| Scheduled Start Date (10) December 15, 2011 | Scheduled Completion Date (11) December 19, 2011 | Name of OSHA Monitor Synatech, 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 Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement | | Street Address 829 Radio Road City, State & Zip Code Little Egg Harbor, NJ 08087 | | | | | | | |
| Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 10 LF or ≥ 25 sf <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 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 or 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 |
| Main Retail Area | | | X | <i>Floor Tile and Associated Mastic</i> | 675 SF | X | | | |
| Back Area | | | X | <i>Floor Tile and Associated Mastic</i> | 2,720 SF | X | | | |
| Name of Registered Waste Hauler Synatech, Inc. | | NJDEP Waste Hauler ID No. 27429 | Cubic Yards of Waste 17 | Name of Registered Landfill Grows Landfill | | | | | |
| City, State Little Egg Harbor, NJ 08087 | | Disposal Date December 20, 2011 | | City, State Morrisville, PA | | | | | |
| Completed By Diane Aloia | | Title Executive Administrator | Signature <i>Diane Aloia</i> | | | Date December 15, 2011 | | | |

| | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Date of Notification (1) 11/30/11 | | Name of Building Owner/Operator (2) Newark Public Schools | |
| 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 Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation | |
| Street Address 2 Cedar Street | | City, State, Zip Code Newark, NJ 07102 | |
| Name of Contact Benjamin Olagadeyo, Bus. Admin. | | Telephone Number 973-332-4012 | |

FACILITY INFORMATION

| | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Name of Facility Where Abatement is Taking Place (3) South Street School | | | Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) | | |
| Street Address 151 South Street | | | Square Feet 6500 | | |
| City (5) Newark, NJ 07114 | | | # of Floors 1 | | |
| County (6) Essex | | | Bldg. Age 64 | | |
| County Code (7) (STATE USE ONLY) | | | Current Use (Prior if being demolished) School | | |
| Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Inc. | | | Name of Abatement Contractor (9) Four Strong Builders, Inc. | | |
| ASCM No. 00003 | | | Street Address 180 Sargeant Avenue | | |
| Street Address 1253 North Church Street | | | City, State, Zip Code Clifton, NJ 07013-1935 | | |
| City, State, Zip Code Moorestown, NJ 08057 | | | Telephone Number 973-614-0377 | | |
| Project Manager for Monitoring Firm Jim Guillard | | | License Number 00807 | | |
| Telephone Number 856-840-8800 | | | Name of OSHA Monitor Four Strong Builders, Inc. | | |
| Scheduled Start Date (10) 11/2/03 | | | Street Address 180 Sargeant Avenue | | |
| Sched. Completion Date (11) 11/2/05 | | | City, State, Zip Code Clifton, NJ 07013 | | |
| 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: | | | | | |

Scope of Work (Check all that apply)

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

☒ Renovation

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

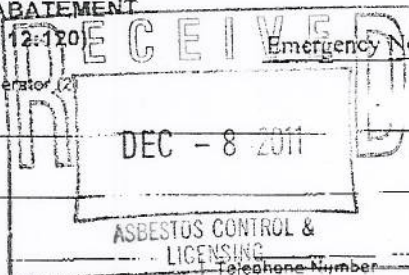
| Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff (12) Yes No N/A | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | | |
|------------------------------------------------------------------------------|------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------------------|-------------|-----------------|-------------------|--|
| | | | | R E M O V A L | R E P A I R | E N C A P S U L | E N C I O S U R E | |
| Ground Floor Teacher's Lounge | <input checked="" type="checkbox"/> | Pipe Insulation | 35 LF | <input checked="" type="checkbox"/> | | | | |
| | | | | | | | | |
| | | | | | | | | |

| | | | | | |
|---------------------------------------------------------------|--|------------------------------------|----------------------|-------------------------------------------------|--|
| Name of Registered Waste Hauler Four Strong Builders, Inc. | | NJDEP Waste Hauler ID No. 12609 | Cubic Yards of Waste | Name of Registered Landfill G.R.O.W.S., Inc. | |
| City, State Clifton, NJ | | Disposal Date | | City, State Tullytown, PA | |
| Completed By (Print or Type) Bilyana Kulakovska | | Title Office Administrator | | Signature <i>B. Kulakovska</i> | |
| | | | | Date 11/30/11 | |

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

Check # 1247

| | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------|--|
| Date of Notification (1) 12/05/2011 | | Name of Building Owner/Operator (2) Diane Murray | |
| Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | | Street Address 102 Bailey Avenue | |
| Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | City, State, Zip Code Hillside, NJ 07205 | |
| | | Name of Contact Diane Murray | |
| | | Telephone Number 908-447-0209 | |

**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 S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | |
| Street Address 102 Bailey Avenue | | Square Feet | # of Floors |
| City (5) Hillside, NJ 07205 | | Bldg. Age | |
| County (6) | | Current Use (Prior to being demolished) | |
| Union | | County Code (7) (STATE USE ONLY) | |
| Name of Monitoring Firm Hired by Building Owner (8) | | Name of Abatement Contractor (9) | |
| Gr Tech LLC | | Gr Tech LLC | |
| Street Address | | Street Address | |
| 576 Valley Rd #283 | | 576 Valley Rd #283 | |
| City, State, Zip Code | | City, State, Zip Code | |
| Wayne, NJ 07470 | | Wayne, NJ 07470 | |
| Project Manager for Monitoring Firm | | Telephone No. | License No. |
| | | 973-638-1777 | 01127 |
| Start Date (10) 12/06/2011 | Scheduled Completion Date (11) 12/07/2011 | Name of OSHA Monitor | |
| 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: | | Envirovision Consultants, Inc. | |
| | | Street Address | |
| | | 20-21 Wagaraw Road, Bldg. # 34A | |
| | | City, State, Zip Code | |
| | | Fair Lawn, NJ 07410 | |

| 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 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 |
| Basement | | | X | Pipe insulation | 45 LF | X | | |
| | | | | | | | | |
| | | | | | | | | |

| | | | | |
|------------------------------------------------|----------------|--------------------------------------|------------------------------|----------------------------------------------|
| Name of Registered Waste Hauler Gr Tech LLC | | NJDEP Waste Hauler ID No. 0033785 | Cubic Yards of Waste | Name of Registered Landfill T.R.R.E. Inc. |
| City, State Wayne, NJ 07470 | | Disposal Date | City, State Tullytown, PA | |
| Completed by N. Jovicic | Title Owner | Signature <i>N. Jovicic</i> | Date 12/05/2011 | |

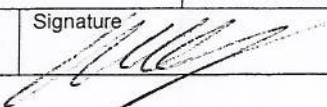
* Do not use this form for asbestos licensure exempted activities.

44728

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

| | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| Date of Notification (1) 12/2/11 Type Notification | | Name of Building Owner / Operator (2) RRI-Energy Mid-Atlantic Power Holdings | | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH DCA | | Street Address PO Box 3795 City, State & Zip Code Houston, TX 77253 Name of Contact Frank Meichur | | |
| Emergency Notification Initial Notification Amended Notification Cancellation | | ASBESTOS CONTROL & LICENSING Telephone Number 908-995-6900 | | |
| FACILITY INFORMATION | | | | |
| Name of Facility Where Abatement is Taking Place (3) Storage Building | | | Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) | |
| Street Address 315 Riegelsville Rd | | | Square Feet 500 | # of Floors 1 |
| City (5) Milford | County (6) Hunterdon | County Code (7) | Bldg. Age 60 | |
| Current Use (Prior if being demolished) Storage Shed | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics, Inc | | ASCM No. | Name of Abatement Contractor (9) Global Abatement Services, LLC | |
| Street Address 64 Broad Street | | Street Address 443 Schoolhouse Road | | |
| City, State & Zip Code Matawan, NJ 07747 | | City, State & Zip Code Monroe Township, NJ 08831 | | |
| Project Manager for Monitoring Firm Tom Geiger | | Telephone Number 732-290-2217 | Telephone Number 732-605-9062 | License Number 00714 |
| Scheduled Start Date (10) 12/12/11 | Scheduled Completion Date (11) 12/23/11 | | Name of OSHA Monitor Global Abatement Services, LLC | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: Area Isolated During Abatement Other - Describe: | | | Street Address 443 Schoolhouse Road | |
| | | | City, State & Zip Code Monroe Township, NJ 08831 | |
| Scope of Work (Check all that apply) | | | | |
| <input checked="" type="checkbox"/> Demolition Renovation Large Project Quantity is ≥ 3 SF or ≥ 3 LF ACM <input checked="" type="checkbox"/> Quantity is ≥ 160 SF or ≥ 260 LF ACM | | | | |
| Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure <input checked="" type="checkbox"/> Other: Non-Friable | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) | Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) | Amount (Specify Square Feet or Linear Feet) | Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure) |
| Storage panels | N/A | Paint | 1500 sf | Removal |
| Name of Registered Waste Hauler Global Abatement Services, LLC | | | | |
| NJDEP Waste Hauler ID # S32401 | | Cu. Yds. of Waste 30 | Name of Registered Landfill TRRF | |
| City, State Monroe Twp, NJ 08831 | | Disposal Date 12/23/11 | City, State Tullytown, Pa | |
| Completed By (Print or Type) Dominick Tringali | Title Pres. | Signature <i>Dominick Tringali</i> | | Date 12/2/11 |

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

| Date of Notification (1) 12-5-11 | | Name of Building Owner/Operator (2) Fritz Reuter Lifecare Retirement Community | | | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|---------------------------|----------------|-----------------|-------------|-----------|
| 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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 3161 Kennedy Blvd. | | | | | | | |
| | | City, State, Zip Code North Bergen, NJ 07047 | | | | | | | |
| | | Name of Contact David Kolk | | | | | | | |
| | | Telephone Number 201-867-3585 | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Fritz Reuter Lifecare Retirement Community | | 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 3161 Kennedy Blvd. | | Square Feet 100,000 | # of Floors 3 | | | | | | |
| City (5) North Bergen | | Bldg. Age 112 yrs. | | | | | | | |
| County (6) Hudson | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) retirement community | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) EHS Environmental Inc. | | ASCM No. _____ | Name of Abatement Contractor (9) Plymouth Environmental Co., Inc. | | | | | | |
| Street Address 411 Southgate Court | | Street Address 923 Haws Avenue | | | | | | | |
| City, State, Zip Code Mickleton, NJ 08056 | | City, State, Zip Code Norristown, PA 19401 | | | | | | | |
| Project Manager for Monitoring Firm Jack Carney | | Telephone No. 856-224-0080 | Telephone No. 610-239-9920 | | | | | | |
| | | License No. 00398 | | | | | | | |
| Start Date (10) 12/19/11 | Scheduled Completion Date (11) 1/9/12 | Name of OSHA Monitor Plymouth Environmental Co. 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 <input checked="" type="checkbox"/> Other - Describe: <u>occupied</u> | | Street Address 923 Haws Avenue | | | | | | | |
| | | City, State, Zip Code Norristown, PA 19401 | | | | | | | |
| Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <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 |
| boiler room | x | | | boiler insulation | 250 SF | x | | | |
| boiler room | x | | | pipe insulation | 50 LF | x | | | |
| boiler room | x | | | breeching insulation | 50 SF | x | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Newark Carting | | NJDEP Waste Hauler ID No. 4509 | Cubic Yards of Waste 10 | Name of Registered Landfill Cumberland County Landfill | | | | | |
| City, State Newark, NJ | | Disposal Date 1-9-12 | | City, State Newburg, PA | | | | | |
| Completed by James M. Kelly | | Title Project Manager | | Signature  | | | Date 12-5-11 | | |

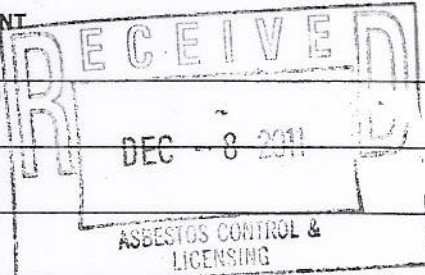
State of New Jersey - Notification of Asbestos Abatement

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

| | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <u>Date of Notification (1)</u> December 5, 2011 | | | <u>Name of Building Owner/Operator (2)</u> Dover Blackwell Realty, Inc. | | |
| <u>Agencies Notified</u> x EPA x DCA x DOL x DEP x DOH | | <u>Notification Type</u> <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled | | <u>Street Address</u> 64 East Midland Avenue | |
| | | | | <u>City, State, Zip Code</u> Paramus, New Jersey 07652 | |
| | | <u>Name of Contact</u> Tom Allesandrello | | <u>Telephone Number</u> 201-615-2401 | |
| FACILITY INFORMATION | | | | | |
| <u>Name of Facility Where Abatement is Taking Place (3)</u> Commercial Building | | | <u>Type of Facility (4)</u> <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (other than K-12) Other (i.e. private & commercial buildings, homes, etc.) <u>Sq. Feet:</u> Unknown <u># of Floors:</u> 2 <u>Bldg. Age:</u> 70 years | | |
| <u>Street Address</u> 1-5 Blackwell Avenue | | | <u>Current Use (prior if being demolished):</u> | | |
| <u>City (5)</u> Dover | <u>County (6)</u> Morris | <u>County Code (7)</u> (State Use Only) | | | |
| <u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u> EnviroVision Consultants inc. | | <u>ASCM No.</u> 00079 | <u>Name of Contractor (9)</u> GREENWOOD ABATEMENT CONSULTANTS, INC. | | |
| <u>Street Address</u> 20-21 Wagaraw Road, Bldg # 34A | | | <u>Street Address</u> 268 MAIN STREET | | |
| <u>City, State, Zip Code</u> Fairlawn, NJ 07410 | | | <u>City, State, Zip Code</u> Butler, NJ 07405 | | |
| <u>Project Manager for Monitoring Firm</u> Fred Larson | | <u>Telephone Number</u> 973-636-9145 | <u>Telephone Number</u> 973-492-0477 | <u>License Number</u> 00840 | |
| <u>Scheduled Start Date (10)</u> December 17, 2011 | | <u>Scheduled Completion Date (11)</u> December 23, 2011 | | <u>Name of OSHA Monitor</u> EMSL inc. | |
| <u>Occupancy Status During Abatement (Check only one)</u> <input 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: | | | <u>Street Address</u> 1056 Stelton Road <u>City, State, Zip Code</u> Piscataway, NJ 08854 | | |
| <u>Source of Work (Check all that apply)</u> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 </div> <div> Renovation Demolition </div> <div> Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure </div> </div> | | | | | |
| <u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u> 1st Floor | <u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u> YES NO NA | <u>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</u> VAT & Mastic | <u>Amount (Specify SF or LF)</u> 3,000 SF | <u>Abatement Type</u> <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Repair <input type="checkbox"/> Encap <input type="checkbox"/> Enclose | |
| <u>Name of Reg. Waste Hauler</u> See Hauler Below # 1 & 2 | | <u>NJDEP Waste Hauler ID #</u> See Below | <u>Cubic Yards of Waste:</u> 30 | <u>Name of Registered Landfill</u> Meadowfill Landfill | |
| <u>Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405</u> NJ DEP # 12561 | | | <u>Disposal Date</u> December 23, 2011 | <u>City, State</u> Route 2, Box 68 Bridgeport, WVA 304-842-2784 | |
| <u>Hauler #2) Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551</u> | | | | | |
| <u>Completed by (Print or Type)</u> Marin Graure | | <u>Title</u> SENIOR PROJECT MANAGER | <u>Signature</u> <i>Marin Graure</i> | <u>Date</u> December 5, 2011 | |

GAC # 2011-301

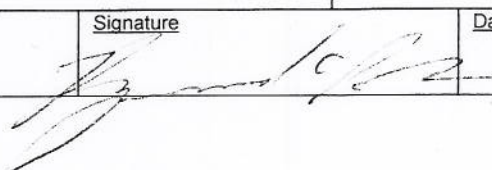
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



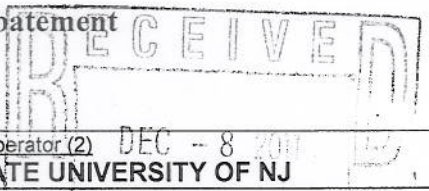
| | | | | | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|---------------------------|----------------|-----------------|-------------|-----------|
| Date of Notification (1) 12/5/11 | | Name of Building Owner/Operator (2) Mackenzie / Residence | | | | | | | |
| Agencies Notified | Type Notification | Street Address 244 West 12 Street | | | | | | | |
| <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ | City, State, Zip Code Ship Bottom NJ 08091 | | | | | | | |
| <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Name of Contact Mike | Telephone Number 609-361-0011 | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Mackenzie / 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 244 West 12 Street | | Square Feet 1000 + | # of Floors 2 | | | | | | |
| City (5) Ship Bottom NJ 08091 | | Bldg. Age 35+ | | | | | | | |
| County (6) Ocean | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) Residence | | | | | | | |
| 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) 12/15/11 | Scheduled Completion Date (11) 12/21/11 | Name of OSHA Monitor Pernaco 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 PO Box 329 | | | | | | | |
| | | City, State, Zip Code West Berlin NJ 08091 | | | | | | | |
| 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) 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 | 2400 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 12/21/11 | | City, State Morrisville NJ 19067 | | | | | |
| Completed by Anthony T Perna | | Title President | | Signature | | | Date 12/5/11 | | |

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

GAC Project # 060-11
Client Project #

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| <u>Date of Notification (1)</u> December 06, 2011 | | <u>Name of Building Owner/Operator (2)</u> RUTGERS, THE STATE UNIVERSITY OF NJ | |
| <u>Agencies Notified</u> <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 | <u>Notification Type</u> <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled | <u>Street Address</u> ENVIRONMENTAL HEALTH & SAFETY DEPT. 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS | |
| | | <u>City, State, Zip Code</u> PISCATAWAY, NJ 08854 | |
| | | <u>Name of Contact</u> MICHAEL SMITH, ENV. HEALTH & SAFETY | <u>Telephone Number</u> 732-445-2550 |
| FACILITY INFORMATION | | | |
| <u>Name of Facility Where Abatement is Taking Place (3)</u> FACILITIES OFFICE, BLDG# 4117 | | <u>Type of Facility (4)</u> <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>Sq. Feet:</u> N/A <u># of Floors:</u> 1 <u>Bldg. Age:</u> 80+ years | |
| <u>Street Address</u> LIVINGSTON CAMPUS | | <u>Current Use (prior if being demolished):</u> ACADEMIC | |
| <u>City (5)</u> PISCATAWAY | <u>County (6)</u> MIDDLESEX | <u>County Code (7) (State Use Only)</u> | |
| <u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u> ATC ASSOCIATES | | <u>ASCM No.</u> 0098 | <u>Name of Contractor (9)</u> GREENWOOD ABATEMENT CONSULTANTS, INC. |
| <u>Street Address</u> 3 TERRI LANE | | <u>Street Address</u> 268 MAIN STREET | |
| <u>City, State, Zip Code</u> BURLINGTON, NJ 08016 | | <u>City, State, Zip Code</u> BUTLER, NJ 07405 | |
| <u>Project Manager for Monitoring Firm</u> BRIAN KEARNY | <u>Telephone Number</u> 609-386-8800 | <u>Telephone Number</u> 973-492-0477 | <u>License Number</u> 00840 |
| <u>Scheduled Start Date (10)</u> 12/23/11 | <u>Scheduled Completion Date (11)</u> 12/29/11 | <u>Name of OSHA Monitor</u> 1 ENVIROVISION, INC. | |
| <u>Occupancy Status During Abatement (Check only one)</u> <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: 5 PM THURS TO MON 5 AM (24HR ACCESS AS NECESSARY) | | <u>Street Address</u> 20-21 WARGARAW ROAD | |
| | | <u>City, State, Zip Code</u> FAIRLAWN, NJ | |
| <u>Scope of Work (Check all that apply)</u> <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | |
| <u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u> | <u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u> YES NO NA | <u>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</u> | <u>Amount (Specify SF or LF)</u> |
| 100,101 SUITE | <input checked="" type="checkbox"/> | VAT | 800 SF |
| | | | |
| | | | |
| <u>Name of Reg. Waste Hauler</u> See Hauler Below #1 & 2 | | <u>NJDEP Waste Hauler ID #</u> See Below | <u>Cubic Yards of Waste:</u> 20 CY |
| <u>Name of Registered Landfill</u> G.R.O.W.S. North Landfill | | | |
| <u>Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405</u> NJDEP # 12561 | | <u>Disposal Date</u> 12/29/2011 | <u>City, State</u> 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700 |
| <u>Hauler #2) Newark Carting, Inc., Newark, NJ 04509</u> NJ DEP # 4509 | | | |
| <u>Completed by (Print or Type)</u> RAYMOND C. PEDALINO | <u>Title</u> SENIOR PROJECT MANAGER | <u>Signature</u>  | <u>Date</u> December 06, 2011 |

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



GAC Project # 060-11
Client Project #

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|--------------------------------|
| Date of Notification (1) December 06, 2011 | | | 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 732-445-2550 | |
| FACILITY INFORMATION | | | | | |
| Name of Facility Where Abatement is Taking Place (3) TILLET HALL, BLDG# 4146 | | | 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: 6 Bldg. Age: 60+ years | | |
| Street Address LIVINGSTON CAMPUS | | | Current Use (prior if being demolished): ACADEMIC | | |
| City (5) PISCATAWAY | 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 KEARNY | | Telephone Number 609-386-8800 | Telephone Number 973-492-0477 | | License Number 00840 |
| Scheduled Start Date (10) 12/16/11 | | Scheduled Completion Date (11) 12/23/11 | | 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: 4 PM TO 5 AM (WEEKENDS 24HR ACCESS AS NECESSARY) | | | Street Address 20-21 WARGARAW ROAD | | |
| | | | City, State, Zip Code FAIRLAWN, NJ | | |
| Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 | | | | | |
| <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 checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | |
| Location of Asbestos-Containing Material (ACM) in Facility (13) 249, 257, 259, & 109 | Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/> | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) VAT | Amount (Specify SF or LF) 3200 SF | Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/> | |
| | | | | <input checked="" type="checkbox"/> | |
| | | | | | |
| Name of Reg. Waste Hauler See Hauler Below #1 & 2 | | NJDEP Waste Hauler ID # See Below | Cubic Yards of Waste: 20 CY | Name of Registered Landfill G.R.O.W.S. North Landfill | |
| Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJDEP # 4509 | | | Disposal Date 12/23/2011 | City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700 | |
| Completed by (Print or Type) RAYMOND C. PEDALINO | Title SENIOR PROJECT MANAGER | Signature | Date December 06, 2011 | | |

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

| | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Date of Notification (1) 12/5/11 | | Name of Building Owner/Operator (2) Kirill Gurevich | | <div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED DEC - 8 2011 ASBESTOS CONTROL & LICENSING </div> |
| Agencies Notified | Type Notification | Street Address 200 Old Short Hills Road | | |
| <input 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 Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> EMERGENCY <input type="checkbox"/> Cancellation | City, State, Zip Code Short Hills, NJ 07078 | | |
| | | Name of Contact Kirill Gurevich | | |
| | | Telephone Number 973-216-4722 | | |

FACILITY INFORMATION

| | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------|
| Name of Facility Where Abatement is Taking Place (3) Private | | | 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 21 Meeker Place | | | Square Feet 2500 | | |
| City (5) Millburn | | | County (6) Essex | County Code (7) (STATE USE ONLY) | # of Floors 2 |
| | | | Bldg. Age 80 | | |
| Name of Monitoring Firm hired by Building Owner (8) N/A | | | ASCM No. 67 | | |
| Street Address | | | Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc. | | |
| City, State, Zip Code | | | Street Address 86 Christopher St. | | |
| Project Manager for Monitoring Firm | | | City, State, Zip Code Montclair, NJ 07042 | | |
| Telephone Number N/A | | | Telephone Number (973) 744-8800 | | |
| Sched. Start Date (10) 12/14/11 | | | License Number 00371 | | |
| Sched. Completion Date (11) 12/17/11 | | | Name of OSHA Monitor N/A | | |
| 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: «OffHours Descript» <input type="checkbox"/> Other - Describe: «Other Occupancy Descript» | | | Street Address | | |
| | | | City, State, Zip Code | | |

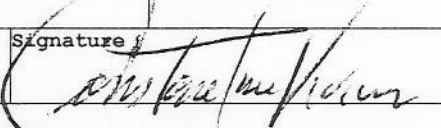
Scope of Work (Check all that apply)

☒ >3 sf or >3 lf
☐ >160 sf or >260 lf

☒ Renovation
☐ Demolition

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

| Location of Asbestos-Containing Material (ACM) <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 | | | 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 |
| Basement | | | X | Pipe Insulation | 110 lf | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | | | | | |
|-------------------------------------------------------------------|---------------------------|---------------------------------------------------------------------------------------------------|---------------------------------------------|--------------------------------------------------|--|
| Name of Registered Waste Hauler AZTECH MANAGEMENT, INC. | | NJDEP Waste Hauler ID No. 17040 | Cubic Yards of Waste 1.0 | Name of Registered Landfill G.R.O.W.S. | |
| City, State Montclair, NJ 07042 | | Disposal Date 12/19/11 | City, State Morrisville, PA 19067 | | |
| Completed By (Print or Type) Constantine Vivian | Title President | Signature  | Date 12/5/11 | | |

APPROVED
TOM VOO RHEES, NJ DOL

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

CB # 2187

| | | | | | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|
| Date of Notification (1) 12/2/11 | | Name of Building Owner / Operator (2) State of NJ Department of Corrections | | <div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED DEC - 8 2011 ASBESTOS CON LICENSIN </div> | | | | | |
| Agencies Notified | Type Notification | Street Address PO Box 11401 | | | | | | | |
| <input 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 <input checked="" type="checkbox"/> Emergency <input type="checkbox"/> Cancellation | City, State & Zip Code Yardville, NJ 08620 | | | | | | | |
| | | Name of Contact Joe Saunders | | | | | | | |
| <div style="text-align: center;">TELEPHONE NUMBER 609-984-6725</div> | | | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Mountainview Correctional - Cottage 2 | | | 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 31 Petticoat Lane | | | Square Feet 20000 | # of Floors 1 | Bldg. Age 30+ | | | | |
| City (5) Annadale | County (6) Hunderton | County Code (7) | Current Use (Prior if being demolished) Correctional | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection | | ASCM No. | Name of Abatement Contractor (9) Bristol Environmental, Inc. | | | | | | |
| Street Address 120 N. Warren St | | Street Address 1123 Beaver Street | | | | | | | |
| City, State & Zip Code Trenton, NJ 08608 | | City, State & Zip Code Bristol, PA 19007 | | | | | | | |
| Project Manager for Monitoring Firm Ryan Broadwater | | Telephone Number 609-392-4200 | Telephone Number (215)788-6040 | License Number 00509 | | | | | |
| Scheduled Start Date (10) 12/5/11 | Scheduled Completion Date (11) 12/7/11 | | Name of OSHA Monitor Bristol Environmental 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 Hours – 7am to 3pm Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement 7AM to 3:30 PM | | | Street Address 1123 Beaver Street | | | | | | |
| | | | City, State & Zip Code Bristol, PA 19007 | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf ≥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"/> Glove Bag Procedures <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 or 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/Mechanical Space | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pipe Insulation | 150 LF | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Basement/Mechanical Space | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pipe Fitting Insulation | 6 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <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 Inc. | | NJDEP Waste Hauler ID No. 20990 | Cubic Yards of Waste 1/2 Cu yd | Name of Registered Landfill Minerva Landfill | | | | | |
| City, State New Castle, DE | | Disposal Date 12/7/11 | | City, State Waynesburg, OH | | | | | |
| Completed By (Print or Type) Gino Pizzigoni | | Title Project Manager | Signature <i>Gino Pizzigoni / jl</i> | | | | Date 12/5/11 | | |

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



| | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|----------------------------------|
| Date of Notification (1) 12/02/2011 | | Name of Building Owner/Operator (2) Mercer County Technical School | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input checked="" 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 1085 Old Trenton Road | |
| | | City, State, Zip Code Hamilton NJ 08690 | |
| | | Name of Contact Mr. Sean Cavalier | Telephone Number 609-586-5594 |

| FACILITY INFORMATION | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| Name of Facility Where Abatement is Taking Place (3) Sypek Center - Building B | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | |
| Street Address 129 Bull Run Road | | Square Feet 43,576 | # of Floors 1 |
| City (5) Pennington | | Bldg. Age 37 | |
| County (6) Mercer | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) Vocational/ Technical School | |
| Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection, Inc. | | ASCM No. 00030 | Name of Abatement Contractor (9) First Phase Group Inc |
| Street Address 120 North Warren Street | | Street Address 567 52nd Street Suite #16 | |
| City, State, Zip Code Trenton, NJ 08608 | | City, State, Zip Code West New York, NJ 07093 | |
| Project Manager for Monitoring Firm Brian Holbig | | Telephone No. 609-392-4200 | License No. 01144 |
| Start Date (10) 12/12/11 | Scheduled Completion Date (11) 12/23/11 | 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: Facility Occupied during abatement | | 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"/> Full Containment with Negative Pressure | |
| <input type="checkbox"/> ≥160 sf or ≥260 lf | <input type="checkbox"/> Demolition | <input type="checkbox"/> Mini-Enclosure | |
| | | <input type="checkbox"/> Glovebag Procedure | |
| | | <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | |

| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|------------------------------------------------------------------------------|-----------------------------------------------------------------------|----|-----|-----------------------------------------------------------------------------------------------------------------------------|---------------------------|----------------|--------|-------------|-----------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Boiler Room | x | | | Boiler Ribs Packing | 242 SF | x | | | |
| Boiler Room | x | | | Boiler Gaskets | 4 SF | x | | | |
| Boiler Room | x | | | Tank Insulation | 250 SF | x | | | |
| | | | | | | | | | |

| | | | | | |
|----------------------------------------------------|--|---------------------------|----------------------|----------------------------------------------------|--|
| Name of Registered Waste Hauler DJM | | NJDEP Waste Hauler ID No. | Cubic Yards of Waste | Name of Registered Landfill Cumberland Landfill | |
| City, State 109-113 Jacobus Ave South Kearny NJ | | | Disposal Date | City, State Morrisville PA | |
| Completed by Edwin Precilla | | Title Project Manager | Signature | Date 12/02/11 | |

REMEMBER - MAIL IN HARD COPY

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:26-12.12)

Print Form

DOL - 10 DAY REVIEW

DEC 5 2011 DEC - 8 2011

| | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|--------------------------------------------|
| Date of Notification (1) 12/02/2011 | | Name of Building Owner/Operator (2) Mercer County Technical School | |
| Agencies Notified | Type Notification | Street Address 1085 Old Trenton Road | City, State, Zip Code Hamilton NJ 08690 |
| <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input checked="" type="checkbox"/> OCA | <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Name of Contact Mr. Sean Cavalier | Telephone Number 609-586-5594 |

WAIVER APPROVED

| | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|
| Name of Facility Where Abatement is Taking Place (3) Sypak Center - Building B | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter B (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | |
| Street Address 129 Bull Run Road | | Square Feet 43,578 | # of Floors 1 |
| City (5) Pennington | | Bldg. Age 37 | |
| County (6) Mercer | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Vocational/ Technical School | |
| Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection, Inc. | | Name of Abatement Contractor (9) First Phase Group Inc | |
| Street Address 120 North Warren Street | | Street Address 567 62nd Street Suite #16 | |
| City, State, Zip Code Trenton, NJ 08608 | | City, State, Zip Code West New York, NJ 07093 | |
| Project Manager for Monitoring Firm Brian Holbig | | Telephone No. 609-392-4200 | Telephone No. 201-785-7158 |
| License No. 01144 | | Name of OSHA Monitor | |
| Start Date (10) 12/12/11 | Scheduled Completion Date (11) 12/23/11 | Street Address | |
| 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: Facility Occupied during abatement | | City, State, Zip Code | |

Scope of Work (Check All That Apply)

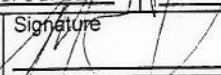
- | | | |
|---------------------------------------------|-------------------------------------|-----------------------------------------------------------------------------|
| <input type="checkbox"/> 23 sf or 23 lf | <input type="checkbox"/> Renovation | <input checked="" type="checkbox"/> Full Containment with Negative Pressure |
| <input type="checkbox"/> ≥160 sf or ≥260 lf | <input type="checkbox"/> Demolition | <input type="checkbox"/> Mini-Enclosure |
| | | <input type="checkbox"/> Glovebag Procedure |
| | | <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |

| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|------------------------------------------------------------------------------|-----------------------------------------------------------------------|----|-----|-----------------------------------------------------------------------------------------------------------------------------|---------------------------|----------------|--------|-------------|-----------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Boiler Room | X | | | Boiler Ribs Packing | 242 SF | X | | | |
| Boiler Room | X | | | Boiler Gaskets | 4 SF | X | | | |
| Boiler Room | X | | | Tank Insulation | 250 SF | X | | | |

| | | | |
|----------------------------------------------------|---------------------------|------------------------------------|----------------------------------------------------|
| Name of Registered Waste Hauler DJM | NJDEP Waste Hauler ID No. | Cubic Yards of Waste | Name of Registered Landfill Cumberland Landfill |
| City, State 109-113 Jacobus Ave South Kearny NJ | Disposal Date | City, State Morrisville PA | |
| Completed by Edwin Precilla | Title Project Manager | Signature <i>Edwin Precilla</i> | Date 12/02/11 |

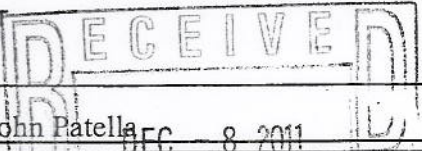
**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)**

RECEIVED
DEC - 8 2011

| | | | | | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|----------------|------------------------|--------|-------------|-----------|
| Date of Notification (1) 11/23/11 | | Name of Building Owner/Operator (2) John Patella | | | | | | | |
| 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 checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 95 North Main Street | | | | | | | |
| | | City, State, Zip Code Cranbury, NJ 08512 | | | | | | | |
| | | Name of Contact John Patella | Telephone Number (609) 395-1474 | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) 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 95 North Main St | | Square Feet 2500 | # of Floors 2 | | | | | | |
| City (5) Cranbury | | Bldg. Age 150 | | | | | | | |
| County (6) Middlesex | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Residence | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) MECS | | Name of Abatement Contractor (9) Stevens Environmental Services, Inc. | | | | | | | |
| Street Address PO Box 341 | | Street Address PO Box 322 | | | | | | | |
| City, State, Zip Code Crosswicks, NJ 08515 | | City, State, Zip Code Allentown, NJ 08501 | | | | | | | |
| Project Manager for Monitoring Firm William Weisgarber Jr. | | Telephone No. (609) 298-4070 | License No. 00493 | | | | | | |
| Start Date (10) 12/6/11 | Scheduled Completion Date (11) 1/11/12 | Name of OSHA Monitor MECS | | | | | | | |
| 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: 8AM - 4:30PM | | Street Address PO Box 341 | | | | | | | |
| | | City, State, Zip Code Crosswicks, NJ 08515 | | | | | | | |
| 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 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/crawlspace | | | X | pipe insulation | 124 LF | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Stevens Environmental Services Inc. | | NJDEP Waste Hauler ID No. 18292 | Cubic Yards of Waste 2 CU | Name of Registered Landfill T.R.R.F., Inc. | | | | | |
| City, State Allentown, NJ | | Disposal Date 1/11/12 | | City, State Tullytown, PA | | | | | |
| Completed By Mahlon E. Stevens | | Title Project Manager | | Signature  | | Date 12/6/11 | | | |

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

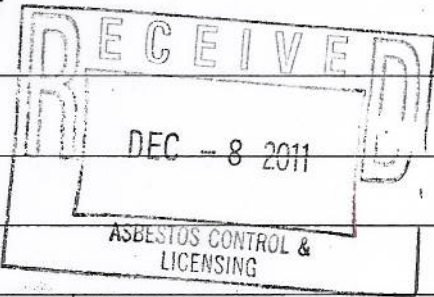
STEVENS ENVIRONMENTAL SERVICES INC. *OK # 24566*



| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|
| Date of Notification (1) <u>11/23/11</u> | | Name of Building Owner/Operator (2) <u>John Patella</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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address <u>95 North Main Street</u> | |
| | | City, State, Zip Code <u>Cranbury, NJ 08511</u> | |
| | | Name of Contact <u>John Patella</u> | |
| | | Telephone Number <u>(609) 395-1474</u> | |
| FACILITY INFORMATION | | | |
| Name of Facility Where Abatement is Taking Place (3) <u>Residence</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>95 North Main St</u> | | Square Feet <u>2500</u> | # of Floors <u>2</u> |
| City (5) <u>Cranbury</u> | | Bldg. Age <u>150</u> | |
| County (6) <u>Middlesex</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>MECS</u> | | Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u> | |
| Street Address <u>PO Box 341</u> | | Street Address <u>PO Box 322</u> | |
| City, State, Zip Code <u>Crosswicks, NJ 08515</u> | | City, State, Zip Code <u>Allentown, NJ 08501</u> | |
| Project Manager for Monitoring Firm <u>William Weisgarber Jr.</u> | | Telephone No. <u>(609) 298-4070</u> | License No. <u>00493</u> |
| Start Date (10) <u>12/6/11</u> | Scheduled Completion Date (11) <u>12/8/11</u> | Name of OSHA Monitor <u>MECS</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 checked="" type="checkbox"/> Other - Describe: <u>8AM - 4:30PM</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 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 checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED IN Facility (13)</u> | 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) |
| | Yes | No | |
| <u>basement/crawlspace</u> | | <input checked="" type="checkbox"/> | <u>pipe insulation</u> |
| | | | <u>124 LF</u> |
| | | | |
| | | | |
| Name of Registered Waste Hauler <u>Stevens Environmental Services Inc.</u> | | NJDEP Waste Hauler ID No. <u>18292</u> | Cubic Yards of Waste <u>2 CU</u> |
| City, State <u>Allentown, NJ</u> | | Name of Registered Landfill <u>T.R.R.F., Inc.</u> | |
| | | Disposal Date <u>12/8/11</u> | City, State <u>Tullytown, PA</u> |
| Completed By <u>Mahlon E. Stevens</u> | Title <u>Project Manager</u> | Signature | Date <u>11/23/11</u> |

No check

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



| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Date of Notification (1) 11 / 14 / 11 | | Name of Building Owner/Operator (2) Cape Regional Health System, Inc | |
| 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 checked="" type="checkbox"/> Amended Amendment #3-12/2/11 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 2 Stone Harbor Blvd City, State, Zip Code Cape May Courthouse, NJ Name of Contact Mark Elberfeld Telephone Number 609-463-2000 | |

FACILITY INFORMATION

| | | | |
|--------------------------------------------------------------------------------------|---------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|
| Name of Facility Where Abatement is Taking Place (3) Cape Regional Medical Center | | 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 2 Stone Harbor Blvd | | | |
| City (5) Cape May Courthouse | Square Feet 50,000 | # of Floors 2 | Bldg. Age 40+ |
| County (6) Cape May | County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) | |

| | | | | |
|----------------------------------------------------------------------------|-------------------------------|--------------------------------------------|-----------------------------------------------------------------|--|
| Name of Monitoring Firm Hired by Building Owner (8) Criterion Labs, Inc | | ASCM No. | Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC. | |
| Street Address 3370 Progress Dr | | Street Address 1123 BEAVER STREET | | |
| City, State, Zip Code Bensalem, PA 19020 | | City, State, Zip Code BRISTOL, PA 19007 | | |
| Project Manager for Monitoring Firm Mike Panapresso | Telephone No. 215-244-1300 | Telephone No. 215-788-6040 | License No. 00509 | |

| | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|------------------------------------------------------------------------------------|--|
| Start Date (10) 11 / 28 / 11 | Scheduled Completion Date (11) 12 / 3 / 11 | Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC. | |
| 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 - Describe Time of Abatement: AM- PM/5:00PM-1:30AM REV #3- 12/2/11 - 5 PM - 12 PM ON 12/3/11 | | Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007 | |

| | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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 |
| 2 nd Floor Finance Room | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Pipe Insulation and fittings | 255 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1 st Floor Medical Records | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Pipe fittings | 220 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"/> |

| | | | | | |
|------------------------------------------------------------------|--------------------|------------------------------------|----------------------|-------------------------------------------------|--|
| Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC. | | NJDEP Waste Hauler ID No. 20990 | Cubic Yards of Waste | Name of Registered Landfill MINERVA LANDFILL | |
| City, State NEW CASTLE, DE 19720 | | Disposal Date | | City, State WAYNESBURG, OH 44688 | |
| Completed By (Print or Type) Brian Scafiro | Title Estimator | Signature Brian Scafiro / jh | | Date 12/2/11 | |

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

Ch # 2182

| | | | | | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1) 11 / 14 / 11 | | Name of Building Owner/Operator (2) Cape Regional Health System, Inc | | | | | | | |
| 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 checked="" type="checkbox"/> Amended Amendment # 2-11/29/11 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 2 Stone Harbor Blvd | | | | | | | |
| | | City, State, Zip Code Cape May Courthouse, NJ | | | | | | | |
| | | Name of Contact Mark Elberfeld | | | | | | | |
| | | Telephone Number 609-463-2000 | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Cape Regional Medical Center | | 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 2 Stone Harbor Blvd | | | | | | | | | |
| City (5) Cape May Courthouse | | Square Feet 50,000 | # of Floors 2 | | | | | | |
| County (6) Cape May | | Bldg. Age 40+ | | | | | | | |
| County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Criterion Labs, Inc | | ASCM No. | Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC. | | | | | | |
| Street Address 3370 Progress Dr | | Street Address 1123 BEAVER STREET | | | | | | | |
| City, State, Zip Code Bensalem, PA 19020 | | City, State, Zip Code BRISTOL, PA 19007 | | | | | | | |
| Project Manager for Monitoring Firm Mike Panapresso | | Telephone No. 215-244-1300 | Telephone No. 215-788-6040 | | | | | | |
| | | License No. 00509 | | | | | | | |
| Start Date (10) 11 / 28 / 11 | Scheduled Completion Date (11) 12 / 3 / 11 | Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC. | | | | | | | |
| 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 - Describe Time of Abatement: AM- PM 5:00PM-1:30AM <i>REV #2 OFF SITE 11/30-12/1; ON SITE 12/2-5PM TO 1:30AM</i> | | Street Address 1123 BEAVER STREET | | | | | | | |
| Scope of Work (Check all that apply) 12/3 - 11AM - 9PM | | City, State, Zip Code BRISTOL, PA 19007 | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | <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 |
| 2nd Floor Finance Room | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Pipe Insulation and fittings | 255 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1st Floor Medical Records | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Pipe fittings | <i>REV #2</i> 220 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"/> |
| Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC. | | NJDEP Waste Hauler ID No. 20990 | Cubic Yards of Waste | Name of Registered Landfill MINERVA LANDFILL | | | | | |
| City, State NEW CASTLE, DE 19720 | | | Disposal Date | City, State WAYNESBURG, OH 44688 | | | | | |
| Completed By (Print or Type) Brian Scafiro | | Title Estimator | Signature <i>Brian Scafiro</i> | | | Date 11/29/11 | | | |

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

RECEIVED
DEC - 8 2011
ASBESTOS CONTROL & LICENSING

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|----------------------------------|
| Date of Notification (1) 11 / 14 / 11 | | Name of Building Owner/Operator (2) Cape Regional Health System, Inc | |
| 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 checked="" type="checkbox"/> Amended Amendment #1-11/22/11 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 2 Stone Harbor Blvd | |
| | | City, State, Zip Code Cape May Courthouse, NJ | |
| | | Name of Contact Mark Elberfeld | Telephone Number 609-463-2000 |

| FACILITY INFORMATION | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|
| Name of Facility Where Abatement is Taking Place (3) Cape Regional Medical Center | | 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 2 Stone Harbor Blvd | | | |
| City (5) Cape May Courthouse | | Square Feet 50,000 | # of Floors 2 |
| County (6) Cape May | County Code (7) (STATE USE ONLY) | Bldg. Age 40+ | |
| Name of Monitoring Firm Hired by Building Owner (8) Criterion Labs, Inc | | Current Use (Prior if being demolished) | |
| Street Address 3370 Progress Dr | | Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC. | |
| City, State, Zip Code Bensalem, PA 19020 | | Street Address 1123 BEAVER STREET | |
| Project Manager for Monitoring Firm Mike Panapresso | | City, State, Zip Code BRISTOL, PA 19007 | |
| Telephone No. 215-244-1300 | Telephone No. 215-788-6040 | License No. 00509 | |
| Start Date (10) 11 / 28 / 11 | Scheduled Completion Date (11) 12 / 2 / 11 | Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC. | |
| 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 - Describe Time of Abatement: 7:00AM-3:30PM/5:00PM-1:30AM REV#1 - STARTING MON. 11/28 - 12/2/11 - 7AM-3:30PM | | Street Address 1123 BEAVER STREET | |
| 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 | | City, State, Zip Code BRISTOL, PA 19007 | |

| 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 |
| 2 nd Floor Finance Room | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Pipe Insulation and fittings | 255 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1 st Floor Medical Records | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Pipe fittings | 8 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"/> |

| | | | |
|------------------------------------------------------------------|------------------------------------|-------------------------------------|-------------------------------------------------|
| Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC. | NJDEP Waste Hauler ID No. 20990 | Cubic Yards of Waste | Name of Registered Landfill MINERVA LANDFILL |
| City, State NEW CASTLE, DE 19720 | Disposal Date | City, State WAYNESBURG, OH 44688 | |
| Completed By (Print or Type) Brian Scaffaro | Title Estimator | Signature Brian Scaffaro | Date 11/29/11 |

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

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|----------------------------------|
| Date of Notification (1) 11 / 14 / 11 | | Name of Building Owner/Operator (2) Cape Regional Health System, Inc | |
| Agencies Notified <input checked="" type="checkbox"/> EPA 8376 <input checked="" type="checkbox"/> DOLWD 8338 <input checked="" type="checkbox"/> DHSS 8369 <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 2 Stone Harbor Blvd | |
| | | City, State, Zip Code Cape May Courthouse, NJ | |
| | | Name of Contact Mark Elberfeld | Telephone Number 609-463-2000 |

FACILITY INFORMATION

| | | | |
|--------------------------------------------------------------------------------------|----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|
| Name of Facility Where Abatement is Taking Place (3) Cape Regional Medical Center | | 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 2 Stone Harbor Blvd | | Square Feet 50,000 | # of Floors 2 |
| City (5) Cape May Courthouse | | Bldg. Age 40+ | |
| County (6) Cape May | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) | |

| | | | | |
|----------------------------------------------------------------------------|-----------------------------------------------|--------------------------------------------|-----------------------------------------------------------------|----------------------|
| Name of Monitoring Firm Hired by Building Owner (8) Criterion Labs, Inc | | ASCM No. | Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC. | |
| Street Address 3370 Progress Dr | | Street Address 1123 BEAVER STREET | | |
| City, State, Zip Code Bensalem, PA 19020 | | City, State, Zip Code BRISTOL, PA 19007 | | |
| Project Manager for Monitoring Firm Mike Panapresso | | Telephone No. 215-244-1300 | Telephone No. 215-788-6040 | License No. 00509 |
| Start Date (10) 11 / 28 / 11 | Scheduled Completion Date (11) 12 / 2 / 11 | | Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC. | |

| | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------|--|
| 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 - Describe Time of Abatement: _____ AM - _____ PM <u>5:00PM-1:30AM</u> | | Street Address 1123 BEAVER STREET | |
| | | City, State, Zip Code BRISTOL, PA 19007 | |

Scope of Work (Check all that apply)

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

☒ Renovation
☐ Demolition

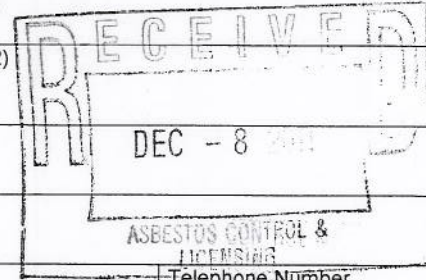
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☒ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|-------------------------------------|--------------------------|------------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| 2 nd Floor Finance Room | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Pipe Insulation and fittings | 255 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1 st Floor Medical Records | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Pipe fittings | 8 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"/> |

| | | | | | |
|------------------------------------------------------------------|--|------------------------------------|----------------------|-------------------------------------------------|--|
| Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC. | | NJDEP Waste Hauler ID No. 20990 | Cubic Yards of Waste | Name of Registered Landfill MINERVA LANDFILL | |
| City, State NEW CASTLE, DE 19720 | | Disposal Date | | City, State WAYNESBURG, OH 44688 | |
| Completed By (Print or Type) | | Title | | Signature | |

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

| | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|-----------------------------------------|
| Date of Notification (1) 12 / 05 / 11 | | Name of Building Owner/Operator (2) Redco Engineering | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DCA (NJAC 5:16) <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 137 Elmer Street | |
| | | City, State, Zip Code Westfield, NJ 07091 | |
| | | Name of Contact Will Jess | Telephone Number 732-522-1142 |



FACILITY INFORMATION

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|
| Name of Facility Where Abatement is Taking Place (3) Courier News | | 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 1201 US Highway 22 West | | | |
| City (5) Bridgewater | | Square Feet 20,000 | # of Floors 2 |
| | | Bldg. Age 30+ | |
| County (6) Somerset | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Vacant | |
| Name of Monitoring Firm Hired by Building Owner (8) National Monitoring Labs | | Name of Abatement Contractor (9) Diamond Huntbach Construction Corporation | |
| Street Address 811 Church Road, Suite 217 | | Street Address 500 East Luzerne Street | |
| City, State, Zip Code Cherry Hill, NJ 08002 | | City, State, Zip Code Philadelphia, PA 19124 | |
| Project Manager for Monitoring Firm Ronen Bakshi | Telephone No. 856-663-9077 | Telephone No. 215-739-8166 | License No. 00646 |
| Start Date (10) 12 / 06 / 11 | Scheduled Completion Date (11) 12 / 15 / 11 | Name of OSHA Monitor SAME AS ABOVE | |
| 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: 7AM-5PM / PM - AM | | 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 type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf | <input checked="" type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Mini-Enclosure |
| | | <input type="checkbox"/> Glovebag Procedure |
| | | <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |

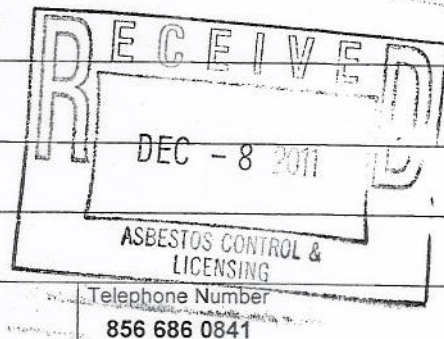
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------|-------------------------------------|--------------------------|------------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Basement Mechanical Room | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Spray-on Fire Proofing | 275 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Now Exterior | <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 Diamond Huntbach Construction | | NJDEP Waste Hauler ID No. 19689 | Cubic Yards of Waste 2 cy | Name of Registered Landfill Minerva Landfill | |
| City, State Philadelphia, PA 19124 | | Disposal Date 12/15/11 | City, State Waynesburg, OH 44688 | | |
| Completed By (Print or Type) Charles F. Imbimbo | Title Project Manager | Signature | Date 12/05/11 | | |

No check sent

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

6849



| | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Date of Notification (1) 11 / 23 / 10 | | Name of Building Owner/Operator (2) Rite Aid Corp | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input type="checkbox"/> DCA (NJAC 5:16) <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 12/3/11 <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 877 Kings Highway Suite 100 City, State, Zip Code West Deptford, NJ 08096 Name of Contact Todd Waltzer Telephone Number 856 686 0841 | |

FACILITY INFORMATION

| | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| Name of Facility Where Abatement is Taking Place (3) Rite Aid Store #748 TRACT #1 Site | | 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 524 Landis Ave | | Square Feet 4400 | |
| City (5) Vineland | | # of Floors 2 | Bldg. Age 120+ |
| County (6) Cumberland | County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) retail space | |
| Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services, Inc | ASCM No. 117 | Name of Abatement Contractor (9) Controlled Environmental Systems | |
| Street Address 318 12 th Street | | Street Address 1121 N. Bethlehem Pike - Suite 60 | |
| City, State, Zip Code Hammonton, NJ 08037 | | City, State, Zip Code Spring House, PA 19477 | |
| Project Manager for Monitoring Firm Jim Proctor | Telephone No. 609-704-8850 | Telephone No. 215-542-7000 | License No. 00847 |
| Start Date (10) 11 / 28 / 11 | Scheduled Completion Date (11) 12 / 31 / 11 | Name of OSHA Monitor CES | |
| 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: 7:00AM-7:00PM/ PM- AM | | Street Address 1121 N. Bethlehem Pike - Suite 60 City, State, Zip Code Spring House, PA 19477 | |

Scope of Work (Check all that apply)

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

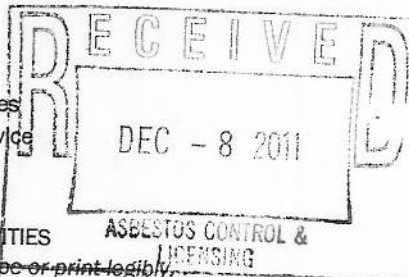
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|------------------------------------------------------------------------------|-----------------------------------------------------------------------|--------------------------|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Roof | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Roofing material | 2400 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| exterior transite siding | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | transite | 200 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| interior 1 st floor | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Floor tile | 2400 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"/> |

| | | | |
|------------------------------------------------|------------------------------------|--------------------------------|-------------------------------------------------|
| Name of Registered Waste Hauler STG | NJDEP Waste Hauler ID No. 20990 | Cubic Yards of Waste 160 CU | Name of Registered Landfill Minerva Landfill |
| City, State New Castle, DE | | Disposal Date 12/19/2011 | City, State Waynesburg, OH 44688 |
| Completed By (Print or Type) Patricia Visco | Title Office Manager | Signature Patricia Visco | Date 11/23/11 |

Patricia Visco 12/5/11

NO
check

New Jersey Department of Health and Senior Services
Consumer, Environmental & Occupational Health Service
PO Box 369, Trenton, NJ 08625-0369
Telephone: 609-826-4950 Fax: 609-826-4975



NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITIES
Must be submitted 10 days prior to the beginning of work. Please type or print legibly.

Type of Notification (check one) and Date Submitted

☒ Initial ☐ Amended ☐ Cancellation ☐ Emergency (must include justification) Date of Notification: 12/2/11

Building Information

Name of Building Owner/Operator: Catherine Lane
Street Address: 36 Dogwood Road City: West Orange State: NJ Zip: 07052
Name of Contact: Catherine Lane Telephone No.: 973-731-5299

Facility Information

Name of Facility Where Work Activity is to Take Place: Residence
Describe Facility Use: Residence
Street Address: 36 Dogwood Rd. City: West Orange State: NJ Zip: 07052
County Name: Essex County Code (state use only):
Scheduled Start Date: 12/12/11 Scheduled Completion Date: 12/15/11

Occupancy Status During Activity (check only one):

- ☒ Facility Closed/Vacated During Entire Activity
☐ Activity Performed Outside Normal Facility Hours—Describe: _____
☐ Other—Describe: _____

Scope of Work (check all that apply):

- ☒ Floor Tile Square Footage: 600 SQ FT Percentage Asbestos: 5%
☐ Mastic Square Footage: _____ Percentage Asbestos: _____
☐ Other: _____ Square Footage: _____ Percentage Asbestos: _____

Contractor Information

Company Name: Aztech Management Telephone No.: 973-744-8800
Street Address: 860 Christopher St. City: Montclair State: NJ Zip: 07042
New Jersey Asbestos License Number (if applicable): 00371
Monitoring Firm (if applicable): _____ Telephone No.: _____

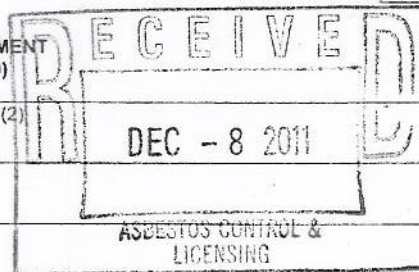
Signature

Completed By (type or print legibly): Constantine Vician Title: President
Signature: [Signature] Date: 12/2/11

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

| | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Date of Notification (1) 11/1/11 | | Name of Building Owner/Operator (2) NJ SDA | |
| Agencies Notified | | Type Notification | |
| <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 # 5 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | |
| Street Address 1 West State Street | | City, State, Zip Code Trenton, NJ 08625 | |
| Name of Contact Bruce Leiblich | | Telephone Number 609.306.5408 | |
| FACILITY INFORMATION | | | |
| Name of Facility Where Abatement is Taking Place (3) Former Bank Building | | 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 391 MLK Drive | | Square Feet 4500 + | |
| City (5) Jersey City, NJ 07305 | | # of Floors 1 | |
| County (6) Hudson | | Bldg. Age 55+ | |
| County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) Abandoned building | |
| Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics, Inc. | | ASCM No. 00045 | |
| Name of Abatement Contractor (9) ALKAT Construction LLC | | Street Address PO Box 603 | |
| City, State, Zip Code Matawan | | City, State, Zip Code Woodland Park, NJ 07424 | |
| Project Manager for Monitoring Firm Tom Geiger | | Telephone No. 973.893.7005 | |
| Start Date (10) 12/12/11 | | License No. 01097 | |
| Scheduled Completion Date (11) 1/12/12 | | Name of OSHA Monitor Angel Ramov | |
| 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 428 McBride Ave. | |
| 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 checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | |
| City, State, Zip Code Paterson, NJ | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | |
| | | Yes No N/A | |
| Main Floor | | X | |
| Main Floor | | X | |
| Mezzanine/combine area | | X | |
| Roof | | X | |
| Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | | Amount (Specify SF or LF) | |
| Ceiling and wall plaster | | 9900 SF | |
| Filer paper | | 200 SF | |
| VAT | | 4235 SF | |
| Roofing material | | 4000 | |
| Abatement Type | | | |
| Removal Repair Encapsulate Enclosure | | | |
| Name of Registered Waste Hauler ATLANTIC CARTING LLC | | NJDEP Waste Hauler ID No. 26085 | |
| Cubic Yards of Waste 40+ | | Name of Registered Landfill IESI Bethlehem, PA | |
| City, State 1141 Rout 23 Wayne, NJ | | Disposal Date City, State Bethlehem, PA | |
| Completed by Uros Spasic | | Title GM | |
| Signature | | Date 12/1/11 | |

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



| Date of Notification (1) 11/1/11 | | Name of Building Owner/Operator (2) NJ SDA | | | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|------------------|--------|-------------|-----------|
| Agencies Notified | Type Notification | Street Address 1 West State Street | | | | | | | |
| <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA | <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>3</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Trenton, NJ 08625 | | | | | | | |
| | | Name of Contact Bruce Leiblich | Telephone Number 609-414-3367 | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Former Train Building <u>TRAIN STATION BUILDING</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 395-397 MLK Drive | | Square Feet 3500 + | # of Floors 1 | | | | | | |
| City (5) Jersey City, NJ 07305 | | Bldg. Age 55+ | | | | | | | |
| County (6) Hudson, NJ | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Abandoned building | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics, Inc. | | ASCM No. 00045 | Name of Abatement Contractor (9) ALKAT Construction, LLC | | | | | | |
| Street Address 64 Broad Street | | Street Address PO Box 603 | | | | | | | |
| City, State, Zip Code Matawan, NJ 07747 | | City, State, Zip Code Woodland Park, NJ 07424 | | | | | | | |
| Project Manager for Monitoring Firm Tom Geiger | | Telephone No. 732.290.2217 | License No. 01097 | | | | | | |
| Start Date (10) 12/26/11 | Scheduled Completion Date (11) 1/27/12 | Name of OSHA Monitor Ratko Nedich | | | | | | | |
| 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 1 Mountain Ave. | | | | | | | |
| | | City, State, Zip Code Montville, NJ 07045 | | | | | | | |
| 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 checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Main Floor | | X | | VAT | 2700 SF | X | | | |
| Main Floor | | X | | Ceiling and wall plaster | 2950 SF | X | | | |
| Basement/crawlspace | | X | | Pipe insulation | 270 LF | X | | | |
| Roof | | X | | Roofing Material | 2400 SF | X | | | |
| Name of Registered Waste Hauler ATLANTIC CARTING LLC | | NJDEP Waste Hauler ID No. 26085 | | Cubic Yards of Waste 40+ | Name of Registered Landfill IESI Bethlehem, PA | | | | |
| City, State 1141 Rout 23 Wayne, NJ | | | | Disposal Date | City, State Bethlehem, PA | | | | |
| Completed by Uros Spasic | | Title GM | | Signature | | Date 12/05/11 | | | |

State of New Jersey - Notification of Asbestos Abatement

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



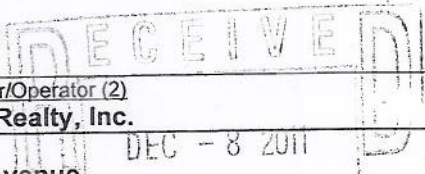
| | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| Date of Notification (1) December 6, 2011 | | Name of Building Owner/Operator (2) Dover Blackwell Realty, Inc. | |
| Agencies Notified EPA DCA x DOL DEP x DOH | | Notification Type Initial Notification <input checked="" type="checkbox"/> Amended Certification # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled | |
| Street Address 64 East Midland Avenue | | City, State, Zip Code Paramus, New Jersey 07652 | |
| Name of Contact Tom Allesandrello | | Telephone Number 201-615-2401 | |
| FACILITY INFORMATION | | | |
| Name of Facility Where Abatement is Taking Place (3) Commercial Building | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (other than K-12) Non-Sub Chapter 8- Non-Friable Other (i.e. private & commercial buildings, homes, etc.) | |
| Street Address 1-5 Blackwell Avenue | | Sg. Feet: Unknown 2 # of Floors: 2 Bldg. Age: 70 years | |
| City (5) Dover | County (6) Morris | 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 # 34A | | 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) December 17, 2011 | | Scheduled Completion Date (11) December 23, 2011 | |
| 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: Non-Sub Chapter 8 | | City, State, Zip Code Piscataway, NJ 08854 | |
| Source of Work (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 </div> <div> Renovation Demolition </div> <div> Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure </div> </div> | | | |
| Location of Asbestos-Containing Material (ACM) in Facility (13) 1st Floor | Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/> NA | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) VAT & Mastic | Amount (Specify SF or LF) 3,000 SF |
| Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/> Remove | | | |
| Name of Reg. Waste Hauler See Hauler Below # 1 & 2 | NJDEP Waste Hauler ID # See Below | Cubic Yards of Waste: 30 | Name of Registered Landfill Meadowfill Landfill |
| Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJ DEP # 12561 | | Disposal Date December 23, 2011 | 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 December 6, 2011 |

GAC # 2011-301

Please Note: Amendment # 1 - Changes: Non-Friable - Non Sub Chapter 8

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) December 5, 2011 | | Name of Building Owner/Operator (2) Dover Blackwell Realty, Inc. | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH | Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled | | Street Address 64 East Midland Avenue City, State, Zip Code Paramus, New Jersey 07652 |
| | | | Name of Contact Tom Allesandrello Telephone Number 201-615-2401 |
| FACILITY INFORMATION | | | |
| Name of Facility Where Abatement is Taking Place (3) Commercial Building | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (other than K-12) Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: Unknown 2 # of Floors: Bldg. Age: 70 years | |
| Street Address 1-5 Blackwell Avenue | | Current Use (prior if being demolished): | |
| City (5) Dover | County (6) Morris | County Code (7) (State Use Only) | |
| Name of Monitoring Firm Hired by Bldg. Owner (8) EnviroVision Consultants inc. | | ASCM No. 00079 | Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC. |
| Street Address 20-21 Wagaraw Road, Bldg # 34A | | Street Address 268 MAIN STREET | |
| City, State, Zip Code Fairlawn, NJ 07410 | | City, State, Zip Code Butler, NJ 07405 | |
| Project Manager for Monitoring Firm Fred Larson | Telephone Number 973-636-9145 | Telephone Number 973-492-0477 | License Number 00840 |
| Scheduled Start Date (10) December 17, 2011 | Scheduled Completion Date (11) December 23, 2011 | Name of OSHA Monitor EMSL inc. | |
| 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: | | Street Address 1056 Stelton Road City, State, Zip Code Piscataway, NJ 08854 | |
| Source of Work (Check all that apply) | | | |
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 | | Renovation Demolition Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure | |
| Location of Asbestos-Containing Material (ACM) in Facility (13) 1st Floor | Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) VAT & Mastic | Amount (Specify SF or LF) 3,000 SF Abatement Type <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| Name of Reg. Waste Hauler See Hauler Below # 1 & 2 | NJDEP Waste Hauler ID # See Below | Cubic Yards of Waste: 30 | Name of Registered Landfill Meadowfill Landfill |
| Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJ DEP # 12561 | | Disposal Date December 23, 2011 | 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 December 5, 2011 |

GAC # 2011-301

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

| Date of Notification (1) 12/6/11 | | Name of Building Owner/Operator (2) CAMILLE COSTANZA | | <div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED DEC - 8 2011 ASBESTOS CONTROL </div> | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------|--------|-------------|-----------|
| Agencies Notified | Type Notification | Street Address 316 CASINO 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 checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code CRANFORD, NJ 07016 | | | | | | | |
| | | Name of Contact CAMILLE COSTANZA | | | | | | | |
| | | | | Telephone Number 908-931-9888 | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) RESIDENCE | | | | Type of Facility (4) | | | | | |
| Street Address 316 CASINO 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) CRANFORD | | | | Square Feet 1500 | # of Floors 2 | | | | |
| County (6) UNION | | | | County Code (7) (STATE USE ONLY) | Bldg. Age 50 +/- | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | ASCM No. | | Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING, INC. | | | | | |
| Street Address | | | | Street Address 250 RUTHERFORD BLVD. | | | | | |
| City, State, Zip Code | | | | City, State, Zip Code CLIFTON, NJ 07014 | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. | | Telephone No. 973-956-8700 | License No. 00494 | | | | |
| Start Date (10) 12/9/2011 | | Scheduled Completion Date (11) 12/12/2011 | | Name of OSHA Monitor SAME AS (9) ABOVE | | | | | |
| Occupancy Status During Abatement (Check Only One) | | | | Street Address | | | | | |
| <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: UNOCCUPIED | | | | 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 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 |
| BASEMENT | | X | | VAT | 400SF | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler TWO BROTHERS CONTRACTING | | NJDEP Waste Hauler ID No. 18743 | | Cubic Yards of Waste 2 | Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S. | | | | |
| City, State CLIFTON, NJ | | | | Disposal Date 12/12/2011 | City, State MORRISVILLE, PA | | | | |
| Completed by MICHELE MLADENOVIC | | Title SECRETARY | | Signature <i>M. Mladenovic</i> | Date 12/6/11 | | | | |

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

| Date of Notification (1) 11/29/11 | | Name of Building Owner/Operator (2) CAMILLE COSTANZA | | | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|---------------------------|----------------|--------------------|-------------|-----------|
| 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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | | | | | | |
| Street Address 316 CASINO AVENUE | | City, State, Zip Code CRANFORD, NJ 07016 | | | | | | | |
| Name of Contact CAMILLE COSTANZA | | Telephone Number 908-931-9888 | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) 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 316 CASINO AVENUE | | Square Feet 1500 | # of Floors 2 | | | | | | |
| City (5) CRANFORD | | Bldg. Age 50 +/- | | | | | | | |
| County (6) UNION | 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) TWO BROTHERS CONTRACTING, INC. | | | | | | |
| Street Address | | Street Address 250 RUTHERFORD BLVD. | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code CLIFTON, NJ 07014 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. 973-956-8700 | License No. 00494 | | | | | | |
| Start Date (10) 12/9/2011 | Scheduled Completion Date (11) 12/12/2011 | Name of OSHA Monitor SAME AS (9) ABOVE | | | | | | | |
| 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: UNOCCUPIED | | 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 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 |
| BASEMENT | | X | | VAT/MASTIC | 640SF | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler TWO BROTHERS CONTRACTING | | NJDEP Waste Hauler ID No. 18743 | Cubic Yards of Waste 2 | Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S. | | | | | |
| City, State CLIFTON, NJ | | Disposal Date 12/12/2011 | | City, State MORRISVILLE, PA | | | | | |
| Completed by MICHELE MLADENOVIC | | Title SECRETARY | | Signature | | | Date 11/29/2011 | | |