

C/A/E/C #  
3565

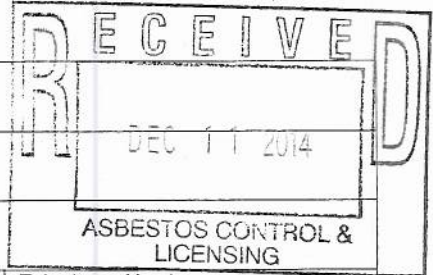
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED  
DEC 11 2014

| Date of Notification (1)<br><u>12/8/14</u>   |  | Name of Building Owner/Operator (2)<br><u>PINELANDS CONSTRUCTION</u>  |                                      |  |                           |                |          |
|--|--|---|--------------------------------------|--|---------------------------|----------------|----------|
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input type="checkbox"/> DOH<br><input type="checkbox"/> DCA   | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><u>300 77TH ST. LICENSING</u>   |                                      |  |                           |                |          |
|  |  | City, State, Zip Code<br><u>SEA ISLE CITY, N.J., 08243</u>  |                                      |  |                           |                |          |
|  |  | Name of Contact<br><u>FRANK EDUARDI</u>   | Telephone Number                     |  |                           |                |          |
| FACILITY INFORMATION   |  |   |                                      |  |                           |                |          |
| Name of Facility Where Abatement is Taking Place (3)<br><u>RESIDENCE</u>   |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)        |                                      |  |                           |                |          |
| Street Address<br><u>7104 LANDIS AVE.</u>  |  | Square Feet   | # of Floors                          |  |                           |                |          |
| City (5)<br><u>SEA ISLE CITY</u>   |  | Blgd. A.  |                                      |  |                           |                |          |
| County (6)<br><u>CAPE MAY</u>  | County Code (7) (STATE USE ONLY)   | Current Use (Prior if being demolished)<br><u>VACANT</u>  |                                      |  |                           |                |          |
| Name of Monitoring Firm Hired by Building Owner (8)<br><u>N/A</u>  | ASCM No.   | Name of Abatement Contractor (9)<br><u>KLEMMCO INC.</u>   |                                      |  |                           |                |          |
| Street Address   |  | Street Address<br><u>369 S. SPRUCE AVE.</u>   |                                      |  |                           |                |          |
| City, State, Zip Code  |  | City, State, Zip Code<br><u>MAPLE SHADE, N.J., 08057</u>  |                                      |  |                           |                |          |
| Project Manager for Monitoring Firm  |  | Telephone No.<br><u>856-779-0472</u>  | License No.<br><u>00444</u>          |  |                           |                |          |
| Start Date (10)<br><u>12/18/14</u>   | Scheduled Completion Date (11)<br><u>12/25/14</u>  | Name of OSHA Monitor<br><u>JOSEPH KLEMM</u>   |                                      |  |                           |                |          |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____ |  | Street Address<br><u>369 S. SPRUCE AVE.</u>   |                                      |  |                           |                |          |
|  |  | City, State, Zip Code<br><u>MAPLE SHADE, N.J. 08</u>  |                                      |  |                           |                |          |
| Scope of Work (Check all that apply)   |  |   |                                      |  |                           |                |          |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input type="checkbox"/> ≥160 sf or ≥260 lf   |  | <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                                      |  |                           |                |          |
| <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition  |  |   |                                      |  |                           |                |          |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)   | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)  |   |                                      | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |          |
|  | Yes  | No  | N/A                                  |  |                           | Removal        | Repair   |
| <u>SIDING</u>  |  |   | <u>X</u>                             | <u>TRANSITE</u>  | <u>3000 LF</u>            |                | <u>X</u> |
|  |  |   |                                      |  |                           |                |          |
|  |  |   |                                      |  |                           |                |          |
| Name of Registered Waste Hauler<br><u>KLEMMCO INC.</u>   |  | NJDEP Waste Hauler ID No.<br><u>17904</u>   | Cubic Yards of Waste                 | Name of Registered Landfill<br><u>C.M.C.M.V.A.</u>   |                           |                |          |
| City, State<br><u>MAPLE SHADE, N.J.</u>  |  | Disposal Date   | City, State<br><u>WOODBINE, N.J.</u> |  |                           |                |          |
| Completed By<br><u>JOSEPH KLEMM</u>  | Title<br><u>VIP</u>  | Signature<br><u>Joseph Klemm</u>  | Date<br><u>12/18/14</u>              |  |                           |                |          |

OK 2201

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



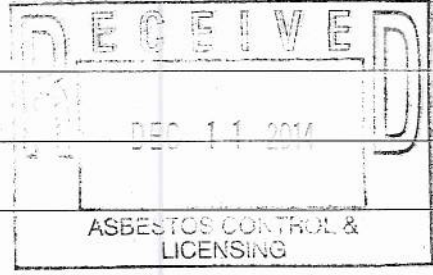
| Date of Notification ( )<br>12/8/14  |   | Name of Building Owner/Operator (2)<br>Somerville Board of Education |   |  |  |                                  |        |             |           |
|--|---|--|---|--|--|----------------------------------|--------|-------------|-----------|
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input checked="" type="checkbox"/> DCA  | Type Notification<br><input checked="" type="checkbox"/> Initial<br>Amended<br>Amendment # _____<br>Emergency (including justification)<br>Cancellation | Street Address<br>51 West Cliff St.                                  |   | City, State, Zip Code<br>Somerville, N.J. 08876  |  |                                  |        |             |           |
|  |   | Name of Contact Sal Gambino  |   | Telephone Number   |  |                                  |        |             |           |
| <b>FACILITY INFORMATION</b>  |   |  |   |  |  |                                  |        |             |           |
| name of Facility Where Abatement is Taking Place (3)<br>Somerville Middle School   |   |  | Type of Facility (4)<br>School (K-12)<br><input checked="" type="checkbox"/> Subchapter 8 (Other than K-12)<br>Other (i.e. private & commercial buildings, homes, etc.) |  |  |                                  |        |             |           |
| Street Address<br>51 Cliff St.   |   | City (5)<br>Somerville   |   | Square Feet  | # of Floors                                |                                  |        |             |           |
| County (6)<br>Somerset   |   | County Code (7)<br>(STATE USE ONLY) _____                            |   | Bldg. Age<br>100 +   |  |                                  |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>New Wave Group  |   | ASCM No.<br>00012  |   | Name of Abatement Contractor (9)<br>Tricon Enterprises Inc   |  |                                  |        |             |           |
| Street Address<br>49 Lincoln Rd.   |   | City, State, Zip Code<br>Butler, N.J. 07405                          |   | Street Address<br>322 Beers St.<br>City, State, Zip Code<br>Keyport N.J. 07735   |  |                                  |        |             |           |
| Project Manager for Monitoring Firm<br>Nadine Bello  |   | Telephone No.<br>973 616 4601  |   | Telephone No.<br>732-739-1200<br>License No.<br>01095  |  |                                  |        |             |           |
| Start Date (10)<br>12/23/14  |   | Scheduled Completion Date (11)<br>1/5/15                             |   | Name of OSHA Monitor<br>n/a  |  |                                  |        |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br>Abatement Performed Outside of Normal Facility Hours<br>Other - Describe: _____ |   |  | Street Address  |  |  |                                  |        |             |           |
|  |   |  | City, State, Zip Code   |  |  |                                  |        |             |           |
| Scope of Work (Check All That Apply)   |   |  |   |  |  |                                  |        |             |           |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf  |   | <input checked="" type="checkbox"/> Renovation<br>Demolition         |   | <input checked="" type="checkbox"/> Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br>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 |
| Main floor- shower area  |   |  | x   | Pipe fittings  | 14 lf                                      | x                                |        |             |           |
| Old health office  |   |  | x   | Pipe fittings  | 2 lf                                       | x                                |        |             |           |
| Back hallway   |   |  | x   | Drop ceiling   | 200 sf                                     | x                                |        |             |           |
| Lower level - under stairs   |   |  | x   | Pipe elbows  | 14 lf                                      | x                                |        |             |           |
| Name of Registered Waste Hauler<br>Century waste   |   | NJDEP Waste Hauler ID No.<br>32797                                   |   | Cubic Yards of Waste<br>30   | Name of Registered Landfill<br>Grows north |                                  |        |             |           |
| City, State<br>Elizabeth, N.J.   |   |  |   | Disposal Date<br>1/10/15   |  | City, State<br>Morrisville, P.A. |        |             |           |
| Completed by<br>James Mahoney  |   | Title<br>Project manager   |   | Signature<br><i>James Mahoney</i>  |  | Date<br>12/8/14                  |        |             |           |

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



OK 2200

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



|   |   |  |                  |
|---|---|--|------------------|
| Date of Notification ( )<br>12/8/14   |   | Name of Building Owner/Operator (2)<br>Somerville Board of Education |                  |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br>DCA | Type Notification<br><input checked="" type="checkbox"/> Initial<br>Amended<br>Amendment # _____<br>Emergency (including justification)<br>Cancellation | Street Address<br>51 West Cliff St.                                  |                  |
|   |   | City, State, Zip Code<br>Somerville, N.J. 08876                      |                  |
|   |   | Name of Contact<br>Sal Gambino                                       | Telephone Number |

FACILITY INFORMATION

|  |   |   |  |
|--|---|---|--|
| name of Facility Where Abatement is Taking Place (3)<br>Somerville Middle School   |   | Type of Facility (4)<br><input checked="" type="checkbox"/> School (K-12)<br>Subchapter 8 (Other than K-12)<br>Other (i.e. private & commercial buildings, homes, etc.) |  |
| Street Address<br>51 Cliff St.   |   | Square Feet   | # of Floors  |
| City (5)<br>Somerville   |   | Bldg. Age<br>100 +  |  |
| County (6)<br>Somerset   | County Code (7)<br>(STATE USE ONLY) _____ | Current Use (Prior if being demolished)<br>Residence  |  |
| Name of Monitoring Firm Hired by Building Owner (8)<br>New Wave Group  |   | ASCM No.<br>00012   | Name of Abatement Contractor (9)<br>Tricon Enterprises Inc |
| Street Address<br>49 Lincoln Rd.   |   | Street Address<br>322 Beers St  |  |
| City, State, Zip Code<br>Butler, N.J. 07405  |   | City, State, Zip Code<br>Keyport N.J. 07735   |  |
| Project Manager for Monitoring Firm<br>Nadine Bello  |   | Telephone No.<br>973 616 4601   | Telephone No.<br>732-739-1200                              |
|  |   |   | License No.<br>01095                                       |
| Start Date (10)<br>12/23/14  | Scheduled Completion Date (11)<br>1/5/15  | Name of OSHA Monitor<br>n/a   |  |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br>Abatement Performed Outside of Normal Facility Hours<br>Other - Describe: _____ |   | Street Address  |  |
|  |   | City, State, Zip Code   |  |

Scope of Work (Check All That Apply)

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

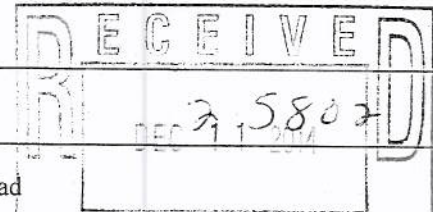
Renovation  
 Demolition

Containment with Negative Pressure  
 Mini-Enclosure  
 Glovebag Procedure  
 Non-Exempted ( ) and Non-Friable Procedure

| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility<br>(13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |    |     | Description of Asbestos Containing Material (ACM)<br>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |        |             |           |
|--|---|----|-----|--|---------------------------|----------------|--------|-------------|-----------|
|  | Yes   | No | N/A |  |                           | Removal        | Repair | Encapsulate | Enclosure |
| Main floor   |   |    | x   | VAT&Mastic   | 200 sf                    | x              |        |             |           |
| Lower level  |   |    | x   | VAT& Mastic  | 400 sf                    | x              |        |             |           |
|  |   |    |     |  |                           | x              |        |             |           |
|  |   |    |     |  |                           | x              |        |             |           |

|  |                                    |                                   |  |
|--|------------------------------------|-----------------------------------|--|
| Name of Registered Waste Hauler<br>Century waste | NJDEP Waste Hauler ID No.<br>32797 | Cubic Yards of Waste<br>30        | Name of Registered Landfill<br>Grows north |
| City, State<br>Elizabeth, N.J.                   |                                    | Disposal Date<br>1/10/15          | City, State<br>Morrisville, P.A.           |
| Completed by<br>James Mahoney                    | Title<br>Project manager           | Signature<br><i>James Mahoney</i> | Date<br>12/8/14                            |

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



|  |  |   |   |
|--|--|---|---|
| Date of Notification (1)<br>December 8, 2014   |  | Name of Building Owner/Operator (2)<br>DnA Demolition |   |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA | Type of Notification<br><input type="checkbox"/> Initial Notification<br><input type="checkbox"/> Amended Notification Amendment # _____<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |   | Street Address<br>2156 Camplain Road            |
|  |  |   | City, State, Zip Code<br>Hillsborough, NJ 08844 |
|  |  |   | Name of Contact<br>Antonio Dimuzio              |

**FACILITY INFORMATION**

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| Name of Facility Where Abatement is Taking Place (3)<br>Residence   |  |  | Type of Facility (4)<br><input type="checkbox"/> School (k-12)<br><input type="checkbox"/> Subchapter 8 (other than k-12)<br><input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) |  |  |
| Street Address<br>10 Ritchie Court  |  |  | Square feet<br>1500 sf   |  |  |
| City<br>Brick   |  |  | # of Floors<br>1   |  |  |
| County (6)<br>Ocean   |  | County Code (7)<br>(STATE USE ONLY)            |  | Bldg. Age<br>60  |  |
| Name of Monitoring Firm Hired by Building Owner (8)<br>N/A  |  |  | Name of Abatement Contractor (9)<br>Guardian Contracting, Inc.   |  |  |
| Street Address  |  |  | Street Address<br>1889 Route 9, Unit 61  |  |  |
| City, State, Zip Code   |  |  | City, State, Zip Code<br>Toms River, New Jersey 08755-1271   |  |  |
| Project Manager for Monitoring Firm   |  | Telephone Number                               |  | Telephone Number<br>732-349-9932   |  |
| Scheduled Start Date (10)<br>12/8/14  |  | Scheduled Completion Date (11)<br>12/9/14      |  | License Number<br>00624  |  |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe _____ |  |  | Name of OSHA Monitor<br>E.M.S.L. Analytical  |  |  |
|   |  |  | Street Address<br>1056 Stelton Road  |  |  |
|   |  |  | City, State, Zip Code<br>Piscataway, New Jersey 08854  |  |  |
| Scope of Work (Check all that apply)  |  |  |  |  |  |
| <input type="checkbox"/> >3 sf or ≥3 lf   |  | <input type="checkbox"/> Renovation            |  | <input type="checkbox"/> Full Containment with Negative Pressure               |  |
| <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf  |  | <input checked="" type="checkbox"/> Demolition |  | <input type="checkbox"/> Mini-Enclosure  |  |
|   |  |  |  | <input type="checkbox"/> Glovebag Procedure                                    |  |
|   |  |  |  | <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |

| Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13) | Is Location Normally used Solely by Maintenance/Custodial Staff (12) |    |     | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type                  |                            |   |   |
|--|--|----|-----|--|---------------------------|---------------------------------|----------------------------|---|---|
|  | YES  | NO | N/A |  |                           | R<br>E<br>M<br>O<br>V<br>E<br>L | R<br>E<br>P<br>A<br>I<br>R | E<br>N<br>C<br>A<br>P<br>S<br>U<br>L<br>E | E<br>N<br>C<br>L<br>O<br>S<br>U<br>R<br>E |
| Exterior   |  | X  |     | Asbestos siding  | 1350 sf                   | X                               |                            |   |   |
|  |  |    |     |  |                           |                                 |                            |   |   |
|  |  |    |     |  |                           |                                 |                            |   |   |

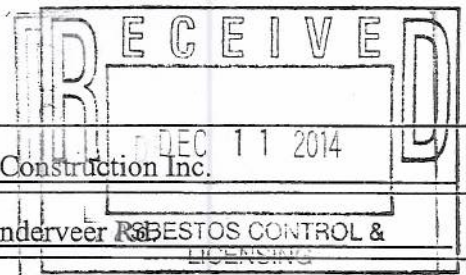
|   |  |                                    |                           |  |  |   |  |
|---|--|------------------------------------|---------------------------|--|--|---|--|
| Name of Registered Waste Hauler<br>Guardian Contracting, Inc. |  | NJDEP Waste Hauler ID No.<br>20223 |                           | Cubic Yards of Waste<br>3              |  | Name of Registered Landfill<br>T.R.R.F. |  |
| City, State<br>Toms River, New Jersey                         |  |                                    | Disposal Date<br>12/10/14 |  | City, State<br>Tullytown, Pennsylvania |   |  |
| Completed by (Print or Type)<br>Nicholas Fernicola            |  | Title<br>Project Manager           |                           | Signature<br><i>Nicholas Fernicola</i> |  | Date<br>12/8/2014                       |  |

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



CK# 24682

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



|  |   |  |                           |
|--|---|--|---------------------------|
| Date of Notification (1)<br><u>12/8/14</u>   |   | Name of Building Owner/Operator (2)<br><u>Wellauer Construction Inc.</u> |                           |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA | Type Notification<br><input type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment #<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><u>63 Vanderveer Rd</u>                                |                           |
|  |   | City, State, Zip Code<br><u>Freehold, NJ 07728</u>                       |                           |
|  |   | Name of Contact<br><u>Mr. Marc Wellauer</u>                              | Telephone Number<br>_____ |

**FACILITY INFORMATION**

|  |   |  |                             |
|--|---|--|-----------------------------|
| Name of Facility Where Abatement is Taking Place (3)<br><u>Residential</u>   |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) |                             |
| Street Address<br><u>1171 Ocean Ave.</u>   |   | Square Feet<br><u>900</u>  | # of Floors<br><u>1</u>     |
| City (5)<br><u>Sea Bright, NJ</u>  |   | Bldg. Age<br><u>80+/-</u>  |                             |
| County (6)<br><u>Monmouth</u>  | County Code (7) (STATE USE ONLY)                  | Current Use (Prior if being demolished)<br><u>Residential</u>  |                             |
| Name of Monitoring Firm Hired by Building Owner (8)<br><u>DB Environmental</u>   | ASCM No.  | Name of Abatement Contractor (9)<br><u>Stevens Environmental Services, Inc.</u>  |                             |
| Street Address<br><u>4 Berkeley Place</u>  |   | Street Address<br><u>PO Box 322</u>  |                             |
| City, State, Zip Code<br><u>Freehold, NJ 07728</u>   |   | City, State, Zip Code<br><u>Allentown, NJ 08501</u>  |                             |
| Project Manager for Monitoring Firm<br><u>Dave Bunocore</u>  | Telephone No.<br><u>(732) 740-8408</u>            | Telephone No.<br><u>(609) 259-9688</u>   | License No.<br><u>00493</u> |
| Start Date (10)<br><u>12/9/14</u>  | Scheduled Completion Date (11)<br><u>12/11/14</u> | Name of OSHA Monitor<br><u>MECS</u>  |                             |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____ |   | Street Address<br><u>PO Box 341</u>  |                             |
|  |   | City, State, Zip Code<br><u>Crosswicks, NJ 08515</u>   |                             |

Scope of Work (Check all that apply)

|  |  |   |
|--|--|---|
| <input type="checkbox"/> >3 sf or ≥3 lf                | <input type="checkbox"/> Renovation            | <input checked="" type="checkbox"/> 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 type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure         |

| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |                                     |     | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type                      |        |             |           |
|--|---|-------------------------------------|-----|--|---------------------------|-------------------------------------|--------|-------------|-----------|
|  | Yes   | No                                  | N/A |  |                           | Removal                             | Repair | Encapsulate | Enclosure |
| <u>Living Room</u>   |   | <input checked="" type="checkbox"/> |     | <u>VAT</u>   | <u>150 SF</u>             | <input checked="" type="checkbox"/> |        |             |           |
| <u>Kitchen</u>   |   |                                     |     | <u>VAT</u>   | <u>90 SF</u>              | <input checked="" type="checkbox"/> |        |             |           |
|  |   |                                     |     |  |                           |                                     |        |             |           |

|  |   |                                     |  |
|--|---|-------------------------------------|--|
| Name of Registered Waste Hauler<br><u>Stevens Environmental Services, Inc.</u> | NJDEP Waste Hauler ID No.<br><u>18292</u> | Cubic Yards of Waste<br><u>2 CU</u> | Name of Registered Landfill<br><u>GROWS Landfill</u> |
| City, State<br><u>Allentown, NJ</u>  |   | Disposal Date<br><u>12/11/14</u>    | City, State<br><u>Morrisville, PA</u>                |
| Completed By<br><u>Mahlon E. Stevens</u>                                       | Title<br><u>Project Manager</u>           | Signature<br>                       | Date<br><u>12/8/14</u>                               |

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



12/09/2014 11:30AM FAX

**RECEIVED**

0004/0005  
**CF 24682**

DEC 11 DOL - 10 DAY

**State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 8:18)**

|  |  |  |   |
|--|--|--|---|
| Date of Notification (1)<br><u>12/8/14</u>   |  | Name of Building Owner/Operator (2)<br><u>Wellauer Construction Inc.</u>   |   |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA   | Type Notification<br><input type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input checked="" type="checkbox"/> Amendment #<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |  | Street Address<br><u>63 Vanderveer Rd.</u>                    |
|  | City, State, Zip Code<br><u>Freehold, NJ 07728</u>   |  | Name of Contact<br><u>Mr. Marc Wellauer</u>                   |
|  |  |  | Telephone Number<br>_____                                     |
| <b>FACILITY INFORMATION</b>  |  |  |   |
| Name of Facility Where Abatement is Taking Place (3)<br><u>Residential</u>   |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) |   |
| Street Address<br><u>1171 Ocean Ave.</u>   |  | Square Feet<br><u>900</u>  | # of Floors<br><u>1</u>                                       |
| City (5)<br><u>Sea Bright, NJ</u>  |  | Bldg. Age<br><u>80+/-</u>  | Current Use (Prior if being demolished)<br><u>Residential</u> |
| County (6)<br><u>Monmouth</u>  |  | County Code (7) (STATE USE ONLY)   |   |
| Name of Monitoring Firm Hired by Building Owner (8)<br><u>DB Environmental</u>   |  | Name of Abatement Contractor (9)<br><u>Stevens Environmental Services, Inc.</u>  |   |
| Street Address<br><u>4 Berkeley Place</u>  |  | Street Address<br><u>PO Box 322</u>  |   |
| City, State, Zip Code<br><u>Freehold, NJ 07728</u>   |  | City, State, Zip Code<br><u>Allentown, NJ 08501</u>  |   |
| Project Manager for Monitoring Firm<br><u>Dave Bunocore</u>  |  | Telephone No.<br><u>(732) 740-8408</u>   | Telephone No.<br><u>(609) 259-9688</u>                        |
| License No.<br>_____   |  | License No.<br><u>00493</u>  |   |
| Start Date (10)<br><u>12/9/14</u>  |  | Scheduled Completion Date (11)<br><u>12/11/14</u>  |   |
| Name of OSHA Monitor<br><u>MECS</u>  |  | Street Address<br><u>PO Box 341</u>  |   |
| City, State, Zip Code<br><u>Crosswicks, NJ 08515</u>   |  | City, State, Zip Code<br>_____   |   |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____   |  |  |   |
| Scope of Work (Check all that apply)<br><input type="checkbox"/> $\geq 3$ sf or $\geq 3$ ft<br><input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 280$ ft<br><input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition<br><input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |  |   |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)   |  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)  |   |
|  |  | Yes    No    N/A   |   |
| <u>Living Room</u>   |  | <input checked="" type="checkbox"/>  |   |
| <u>Kitchen</u>   |  | <input checked="" type="checkbox"/>  |   |
|  |  |  |   |
|  |  |  |   |
| Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)   |  | Amount (Specify SF or LF)  |   |
| <u>VAT</u>   |  | <u>150 SF</u>  |   |
| <u>VAT</u>   |  | <u>90 SF</u>   |   |
|  |  |  |   |
|  |  |  |   |
| Name of Registered Waste Hauler<br><u>Stevens Environmental Services, Inc.</u>   |  | NJDEP Waste Hauler ID No.<br><u>18292</u>  | Name of Registered Landfill<br><u>GROWS Landfill</u>          |
| City, State<br><u>Allentown, NJ</u>  |  | Disposal Date<br><u>12/11/14</u>   | City, State<br><u>Morrisville, PA</u>                         |
| Completed By<br><u>Mahlon E. Stevens</u>   |  | Title<br><u>Project Manager</u>  | Date<br><u>12/8/14</u>  |

ABB-61  
MAR 00

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

M-6109



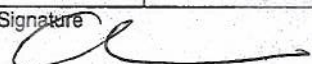




*Emergency*

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

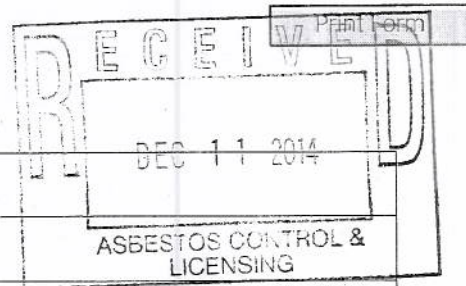
**RECEIVED**  
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**ASBESTOS CONTROL & LICENSING**

| Date of Notification (1)<br>12/8/14  |   | Name of Building Owner/Operator (2)<br>Michael & Pat Hubbard Private Home  |  |   |                           |   |        |             |           |
|--|---|--|--|---|---------------------------|---|--------|-------------|-----------|
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA  | Type Notification<br><input type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment #<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |  | Street Address<br>275 Heron Rd.<br>City, State, Zip Code<br>Tuckerton NJ 08008<br>Name of Contact<br>Berni |   |                           |   |        |             |           |
|  | Telephone Number  |  |  |   |                           |   |        |             |           |
|  | <b>FACILITY INFORMATION</b>   |  |  |   |                           |   |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Michael & Pat Hubbard Private Home   |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)  |  |   |                           |   |        |             |           |
| Street Address<br>275 Heron Rd.  |   | Square Feet<br>1000+   | # of Floors<br>1   |   |                           |   |        |             |           |
| City (5)<br>Tuckerton NJ 08008   |   | Bldg. Age<br>35+   |  |   |                           |   |        |             |           |
| County (6)<br>Ocean  |   | County Code (7)<br>(STATE USE ONLY) _____  |  |   |                           |   |        |             |           |
| Current Use (Prior if being demolished)<br>Home  |   | Name of Monitoring Firm Hired by Building Owner (8)<br>N/A   |  |   |                           |   |        |             |           |
| ASCM No.   |   | Name of Abatement Contractor (9)<br>Pernaco Inc.   |  |   |                           |   |        |             |           |
| Street Address<br>PO Box 329   |   | Street Address<br>PO Box 329   |  |   |                           |   |        |             |           |
| City, State, Zip Code  |   | City, State, Zip Code<br>West Berlin NJ 08091  |  |   |                           |   |        |             |           |
| Project Manager for Monitoring Firm  |   | Telephone No.<br>856-753-9800  | License No.<br>00727   |   |                           |   |        |             |           |
| Start Date (10)<br>12/9/14   |   | Scheduled Completion Date (11)<br>12/12/14   |  |   |                           |   |        |             |           |
| Name of OSHA Monitor<br>Same   |   | Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____ |  |   |                           |   |        |             |           |
| Street Address   |   | City, State, Zip Code  |  |   |                           |   |        |             |           |
| Scope of Work (Check All That Apply)<br><input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf<br><input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |   |  |  |   |                           |   |        |             |           |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)   | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)   |  |  | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type                            |        |             |           |
|  | Yes   | No   | N/A  |   |                           | Removal                                   | Repair | Encapsulate | Enclosure |
| Exterior Siding  |   |  | x  | Exterior Siding   | 1000 SF                   | x   |        |             |           |
|  |   |  |  |   |                           |   |        |             |           |
| Name of Registered Waste Hauler<br>United Containers   |   | NJDEP Waste Hauler ID No.<br>22459   |  | Cubic Yards of Waste<br>3   |                           | Name of Registered Landfill<br>G.R.G.W.S. |        |             |           |
| City, State<br>Elm NJ  |   | Disposal Date<br>12/12/14  |  | City, State<br>Morrisville PA 19067   |                           |   |        |             |           |
| Completed by<br>Anthony T Perna  |   | Title<br>President   |  | Signature<br>                           |                           | Date<br>12/8/14                           |        |             |           |



Check #  
J444

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



|   |   |   |                  |
|---|---|---|------------------|
| Date of Notification (1)<br>12/5/2014   |   | Name of Building Owner/Operator (2)<br>Rowan University |                  |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment #<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br>201 Mullica Hill Road                 |                  |
|   |   | City, State, Zip Code<br>Glassboro, NJ 08028            |                  |
|   |   | Name of Contact<br>Mr. Anthony Gattone                  | Telephone Number |

|  |  |                                     |   |                  |                      |
|--|--|-------------------------------------|---|------------------|----------------------|
| Name of Facility Where Abatement is Taking Place (3)<br>Rowan University (Bole Hall) |  |                                     | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |                  |                      |
| Street Address<br>201 Mullica Hill Road  |  |                                     | Square Feet<br>12,000   | # of Floors<br>1 | Bldg. Age<br>50 yrs. |
| City (5)<br>Glassboro  |  | County Code (7)<br>(STATE USE ONLY) | Current Use (Prior if being demolished)<br>University   |                  |                      |
| County (6)<br>Gloucester   |  |                                     |   |                  |                      |

|  |  |   |  |                      |  |
|--|--|---|--|----------------------|--|
| Name of Monitoring Firm Hired by Building Owner (8)<br>TTI Environmental, Inc. |  | ASCM No.                                    | Name of Abatement Contractor (9)<br>East Coast Haz Mat Removal, Inc. |                      |  |
| Street Address<br>1253 N. Church Street  |  | Street Address<br>494 E. 41st Street        |  |                      |  |
| City, State, Zip Code<br>Moorestown, NJ 08057                                  |  | City, State, Zip Code<br>Paterson, NJ 07504 |  |                      |  |
| Project Manager for Monitoring Firm<br>James Guilardi                          |  | Telephone No.<br>856-840-8800               | Telephone No.<br>973-345-0022  | License No.<br>00507 |  |

|  |  |                                       |  |  |  |
|--|--|---------------------------------------|--|--|--|
| Start Date (10)<br>December 15, 2014   | Scheduled Completion Date (11)<br>January 30, 2015 | Name of OSHA Monitor<br>Same as above |  |  |  |
| Occupancy Status During Abatement (Check Only One)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other - Describe: <u>Unoccupied work area</u> |  | Street Address                        |  |  |  |
|  |  | City, State, Zip Code                 |  |  |  |

Scope of Work (Check All That Apply)

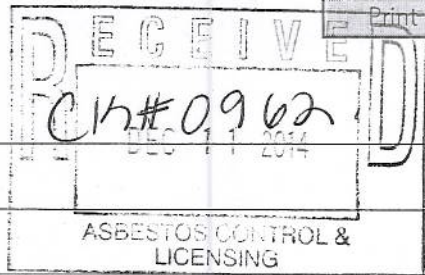
|  |  |  |
|--|--|--|
| <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf                | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure               |
| <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf | <input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

| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |    |     | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |        |             |           |
|--|---|----|-----|---|---------------------------|----------------|--------|-------------|-----------|
|  | Yes   | No | N/A |   |                           | Removal        | Repair | Encapsulate | Enclosure |
| 1st Floor Former Office Space  |   | X  |     | Transite Panels   | 6,500 SF                  | X              |        |             |           |
| 1st Fl. restroom & Basement  |   | X  |     | Pipe Insulation   | 370 LF                    | X              |        |             |           |
| Basement   |   | X  |     | Vibration Collar  | 100 SF                    | X              |        |             |           |
| Rear Back Office   |   | X  |     | window glazing/caulking   | 30 LF                     | X              |        |             |           |

|   |  |                                     |                            |  |  |
|---|--|-------------------------------------|----------------------------|--|--|
| Name of Registered Waste Hauler<br>East Coast Haz Mat Removal, Inc. |  | NJDEP Waste Hauler ID No.<br>NJ 419 | Cubic Yards of Waste<br>40 | Name of Registered Landfill<br>G.R.O.W.S. North Inc. |  |
| City, State<br>Paterson, NJ 07504                                   |  | Disposal Date<br>1/6/2015           |                            | City, State<br>Morrisville, PA                       |  |

|                                |                          |               |                   |
|--------------------------------|--------------------------|---------------|-------------------|
| Completed by<br>James E. Unger | Title<br>Project Manager | Signature<br> | Date<br>12/5/2014 |
|--------------------------------|--------------------------|---------------|-------------------|

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



|   |  |   |                  |
|---|--|---|------------------|
| Date of Notification (1)<br>12-8-2014   |  | Name of Building Owner/Operator (2)<br>Legow Management |                  |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br>160 South Livingston Ave.             |                  |
|   |  | City, State, Zip Code<br>Livingston, NJ 07039           |                  |
|   |  | Name of Contact<br>John                                 | Telephone Number |

FACILITY INFORMATION

|  |   |  |                  |
|--|---|--|------------------|
| Name of Facility Where Abatement is Taking Place (3)<br>Brandywyne East Apt. # 40B |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |                  |
| Street Address<br>Brandywyne East Court  |   | Square Feet  | # of Floors      |
| City (5)<br>Brielle, NJ  |   |  | Bldg. Age<br>50+ |
| County (6)<br>Monmouth   | County Code (7)<br>(STATE USE ONLY) _____ | Current Use (Prior if being demolished)<br>Apartment Unit  |                  |

|  |                      |  |                      |
|--|----------------------|--|----------------------|
| Name of Monitoring Firm Hired by Building Owner (8)<br>n/a | ASCM No.<br>n/a      | Name of Abatement Contractor (9)<br>Loznica Management Corporation |                      |
| Street Address<br>n/a                                      |                      | Street Address<br>22 Troy Lane                                     |                      |
| City, State, Zip Code<br>n/a                               |                      | City, State, Zip Code<br>Lincoln Park, NJ 07035                    |                      |
| Project Manager for Monitoring Firm<br>n/a                 | Telephone No.<br>n/a | Telephone No.<br>973-706-7950                                      | License No.<br>01193 |

|   |  |  |  |
|---|--|--|--|
| Start Date (10)<br>12-18-2014   | Scheduled Completion Date (11)<br>12-19-2014 | Name of OSHA Monitor<br>Loznica Management Corporation |  |
| Occupancy Status During Abatement (Check Only One)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other - Describe: 9am - 5 pm |  | Street Address<br>22 Troy Lane                         |  |
|   |  | City, State, Zip Code<br>Lincoln Park, NJ 07035        |  |

Scope of Work (Check All That Apply)

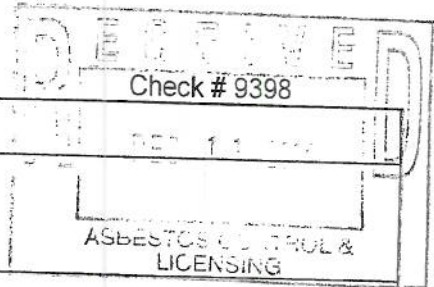
|  |  |  |
|--|--|--|
| <input type="checkbox"/> ≥3 sf or ≥3 lf                | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure               |
| <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | <input type="checkbox"/> Demolition            | <input 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 |
| Throughout Apartment   | x   |    |     | VAT   | 300 SF                    | x              |        |             |           |
|  |   |    |     |   |                           |                |        |             |           |
|  |   |    |     |   |                           |                |        |             |           |

|   |                                    |                             |  |
|---|------------------------------------|-----------------------------|--|
| Name of Registered Waste Hauler<br>Loznica Management Corporation | NJDEP Waste Hauler ID No.<br>33137 | Cubic Yards of Waste<br>TBD | Name of Registered Landfill<br>G.R.O.W.S. Landfill |
| City, State<br>Lincoln Park, NJ 07035                             |                                    | Disposal Date<br>TBD        | City, State<br>Morrisville, PA 19067               |
| Completed by<br>E. Cirovic  | Title<br>Secretary                 | Signature<br>               | Date<br>12-8-20104                                 |



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



|   |   |   |  |                  |
|---|---|---|--|------------------|
| Date of Notification (1)<br><b>December 8, 2014</b>   |   | Name of Building Owner / Operator (2)<br><b>Bank of America</b> |  | Check # 9398     |
| Agencies Notified<br><br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA | Type Notification<br><br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended Amendment #<br><input type="checkbox"/> Cancellation | Street Address<br><b>176 South Street</b>                       |  |                  |
|   |   | City, State & Zip Code<br><b>Newark, NJ 07114</b>               |  |                  |
|   |   | Name of Contact<br><b>Jim Kalafsky</b>                          |  | Telephone Number |

**FACILITY INFORMATION**

|  |   |   |   |                                |
|--|---|---|---|--------------------------------|
| Name of Facility Where Abatement is Taking Place (3)<br><b>Bank of America</b>   |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.) |   |                                |
| Street Address<br><b>176 South Street</b>  |   | Square Feet<br><b>10,000</b>  | # of Floors<br><b>2</b>                                   | Bldg. Age<br><b>65</b>         |
| City (5)<br><b>Newark</b>  |   | Current Use (Prior if being demolished)<br><b>Bank</b>  |   |                                |
| County (6)<br><b>Essex</b>   | County Code (7)<br><i>USE ONLY</i>                        |   |   |                                |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>Environmental Testing Consultants, LLC</b>   |   | ASCM No.  | Name of Abatement Contractor (9)<br><b>Synatech, Inc.</b> |                                |
| Street Address<br><b>413 North Black Horse Pike</b>  |   | Street Address<br><b>829 Radio Road</b>   |   |                                |
| City, State & Zip Code<br><b>Runnemede, NJ 08078</b>   |   | City, State & Zip Code<br><b>Little Egg Harbor, NJ 08087</b>  |   |                                |
| Project Manager for Monitoring Firm<br><b>Howard Zenobi</b>  |   | Telephone Number<br><b>856-482-1311</b>   | Telephone Number<br><b>609-296-6916</b>                   | License Number<br><b>00817</b> |
| Scheduled Start Date (10)<br><b>December 18, 2014</b>  | Scheduled Completion Date (11)<br><b>January 12, 2014</b> |   | Name of OSHA Monitor<br><b>Synatech, Inc.</b>             |                                |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours<br><input type="checkbox"/> Other - Describe:<br><input type="checkbox"/> Facility Occupied During Abatement |   | Street Address<br><b>829 Radio Road</b>   |   |                                |
|  |   | City, State & Zip Code<br><b>Little Egg Harbor, NJ 08087</b>  |   |                                |

Scope of Work (Check all that apply)

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

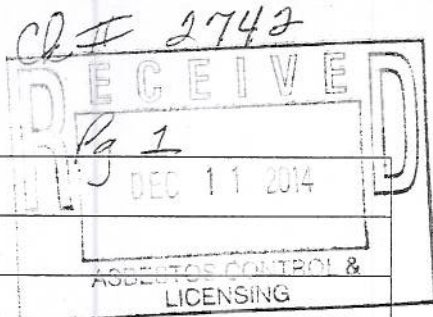
| Location of Asbestos-Containing Material (ACM)<br><b>TO BE ABATED</b><br>IN Facility (13) | Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) |    |     | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |        |             |           |
|---|--|----|-----|---|---------------------------|----------------|--------|-------------|-----------|
|   | Yes  | No | N/A |   |                           | Removal        | Repair | Encapsulate | Enclosure |
| Exterior Basement Windows   |  |    | X   | Window Caulk  | 30 LF                     | X              |        |             |           |
| Exterior Windows - Main Building  |  |    | X   | Window Caulk  | 220 LF                    | X              |        |             |           |

|  |   |  |  |
|--|---|--|--|
| Name of Registered Waste Hauler<br><b>Synatech, Inc.</b> | NJDEP Waste Hauler ID No.<br><b>27429</b> | Cubic Yards of Waste<br><b>5</b>         | Name of Registered Landfill<br><b>Grows Landfill</b> |
| City, State<br><b>Little Egg Harbor, NJ 08087</b>        |   | Disposal Date<br><b>January 13, 2015</b> | City, State<br><b>Morrisville, PA</b>                |
| Completed By<br><b>Diane Aloia</b>                       | Title<br><b>Executive Administrator</b>   | Signature<br><i>Diane Aloia</i>          | Date<br><b>December 8, 2014</b>                      |

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



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



|  |  |  |                  |
|--|--|--|------------------|
| Date of Notification (1)<br><b>11/21/14</b>  |  | Name of Building Owner / Operator (2)<br><b>County of Burlington</b> |                  |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended R#1-12/7/14<br><input type="checkbox"/> Emergency<br><input type="checkbox"/> Cancellation | Street Address<br><b>49 Rancocas Road</b>                            |                  |
|  |  | City, State & Zip Code<br><b>Mt. Holly, NJ 08060</b>                 |                  |
|  |  | Name of Contact<br><b>Steven G. Stypinski</b>                        | Telephone Number |

**FACILITY INFORMATION**

|   |                                 |                 |   |                         |                              |
|---|---------------------------------|-----------------|---|-------------------------|------------------------------|
| Name of Facility Where Abatement is Taking Place (3)<br><b>Burlington County Courthouse</b> |                                 |                 | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |                         |                              |
| Street Address<br><b>49 Rancocas Road</b>   |                                 |                 | Square Feet<br><b>80,000</b>  | # of Floors<br><b>4</b> | Bldg. Age<br><b>60 Years</b> |
| City (5)<br><b>Mt. Holly</b>  | County (6)<br><b>Burlington</b> | County Code (7) | Current Use (Prior if being demolished)<br><b>Courts</b>  |                         |                              |

|   |  |  |  |                                |  |
|---|--|--|--|--------------------------------|--|
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>Environmental Connections</b> |  | ASCM No.   | Name of Abatement Contractor (9)<br><b>Bristol Environmental, Inc.</b> |                                |  |
| Street Address<br><b>120 North Warren Street</b>  |  | Street Address<br><b>1123 Beaver Street</b>        |  |                                |  |
| City, State & Zip Code<br><b>Trenton NJ 08608</b>                                       |  | City, State & Zip Code<br><b>Bristol, PA 19007</b> |  |                                |  |
| Project Manager for Monitoring Firm<br><b>Rollie Jones</b>                              |  | Telephone Number<br><b>609-392-4200</b>            | Telephone Number<br><b>(215)788-6040</b>                               | License Number<br><b>00509</b> |  |

|  |   |   |  |  |  |
|--|---|---|--|--|--|
| Scheduled Start Date (10)<br><b>12/9/14</b>  | Scheduled Completion Date (11)<br><b>January 10, 2015</b> | Name of OSHA Monitor<br><b>Bristol Environmental Inc.</b> |  |  |  |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm<br>Describe:<br><input checked="" type="checkbox"/> Facility Occupied During Abatement |   | Street Address<br><b>1123 Beaver Street</b>               |  |  |  |
|  |   | City, State & Zip Code<br><b>Bristol, PA 19007</b>        |  |  |  |

Scope of Work (Check all that apply)

|   |  |   |
|---|--|---|
| <input 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 ≥260 lf | <input type="checkbox"/> Demolition            | <input type="checkbox"/> Mini-Enclosure                                     |
|   |  | <input checked="" type="checkbox"/> Glove Bag Procedures                    |
|   |  | <input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure  |

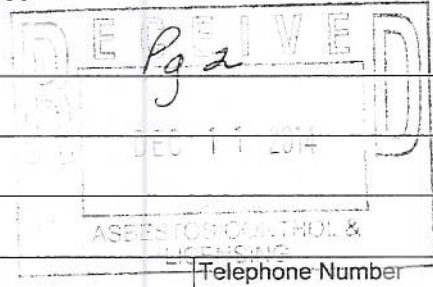
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13) | Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) |                                     |                          | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type                      |                          |                          |                          |
|---|--|-------------------------------------|--------------------------|---|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
|   | Yes  | No                                  | N/A                      |   |                           | Removal                             | Repair                   | Encapsulate              | Enclosure                |
| Board Room and Offices  | <input type="checkbox"/>   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Brown/finish coat plaster   | 1400 SF                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Board Room and Offices  | <input type="checkbox"/>   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Vat/mastic  | 1400 SF                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Board Room and Offices  | <input type="checkbox"/>   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Contaminated 1x1 ceiling tile   | 300 SF                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Board Room and Offices  | <input type="checkbox"/>   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Wall paneling with mastic   | 1800 SF                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Board Room and Offices  | <input type="checkbox"/>   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | FG pipe/acm fitting   | 300 LF                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|   |   |                                   |  |  |                         |
|---|---|-----------------------------------|--|--|-------------------------|
| Name of Registered Waste Hauler<br><b>Service Transport Group, Inc.</b> | NJDEP Waste Hauler ID No.<br><b>20990</b> | Cubic Yards of Waste<br><b>50</b> | Name of Registered Landfill<br><b>Minerva Landfill</b> |  |                         |
| City, State<br><b>New Castle, DE</b>                                    |   | Disposal Date                     | City, State<br><b>Waynesburg, Ohio</b>                 |  |                         |
| Completed By (Print or Type)<br><b>Patrick T. DeCaro</b>                |   | Title<br><b>Estimator</b>         | Signature<br><i>Patrick T. DeCaro</i>                  |  | Date<br><b>11/21/14</b> |



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

*ck# 2742*



|  |  |  |  |
|--|--|--|--|
| Date of Notification (1)<br><b>11/21/14</b>  |  | Name of Building Owner / Operator (2)<br><b>County of Burlington</b> |  |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended R#1-12/7/14<br><input type="checkbox"/> Emergency<br><input type="checkbox"/> Cancellation |  | Street Address<br><b>49 Rancocas Road</b>            |
|  |  |  | City, State & Zip Code<br><b>Mt. Holly, NJ 08060</b> |
|  |  |  | Name of Contact<br><b>Steven G. Stypinski</b>        |
|  |  |  | Telephone Number                                     |

**FACILITY INFORMATION**

|   |                                 |                 |   |                         |                              |
|---|---------------------------------|-----------------|---|-------------------------|------------------------------|
| Name of Facility Where Abatement is Taking Place (3)<br><b>Burlington County Courthouse</b> |                                 |                 | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |                         |                              |
| Street Address<br><b>49 Rancocas Road</b>   |                                 |                 | Square Feet<br><b>80,000</b>  | # of Floors<br><b>4</b> | Bldg. Age<br><b>60 Years</b> |
| City (5)<br><b>Mt. Holly</b>  | County (6)<br><b>Burlington</b> | County Code (7) | Current Use (Prior if being demolished)<br><b>Courts</b>  |                         |                              |

|   |  |  |  |                                |  |
|---|--|--|--|--------------------------------|--|
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>Environmental Connections</b> |  | ASCM No.   | Name of Abatement Contractor (9)<br><b>Bristol Environmental, Inc.</b> |                                |  |
| Street Address<br><b>120 North Warren Street</b>  |  | Street Address<br><b>1123 Beaver Street</b>        |  |                                |  |
| City, State & Zip Code<br><b>Trenton NJ 08608</b>                                       |  | City, State & Zip Code<br><b>Bristol, PA 19007</b> |  |                                |  |
| Project Manager for Monitoring Firm<br><b>Rollie Jones</b>                              |  | Telephone Number<br><b>609-392-4200</b>            | Telephone Number<br><b>(215)788-6040</b>                               | License Number<br><b>00509</b> |  |

|  |   |   |  |  |  |
|--|---|---|--|--|--|
| Scheduled Start Date (10)<br><b>12/9/14</b>  | Scheduled Completion Date (11)<br><b>January 10, 2015</b> | Name of OSHA Monitor<br><b>Bristol Environmental Inc.</b> |  |  |  |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm<br>Describe: <b>WEEKEND WORK</b><br><input type="checkbox"/> Facility Occupied During Abatement |   | Street Address<br><b>1123 Beaver Street</b>               |  |  |  |
|  |   | City, State & Zip Code<br><b>Bristol, PA 19007</b>        |  |  |  |

Scope of Work (Check all that apply)

|   |  |   |
|---|--|---|
| <input 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 ≥260 lf | <input type="checkbox"/> Demolition            | <input type="checkbox"/> Mini-Enclosure                                     |
|   |  | <input checked="" type="checkbox"/> Glove Bag Procedures                    |
|   |  | <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                |
| Basement mechanical chase  | <input checked="" type="checkbox"/>                                      | <input type="checkbox"/> | <input type="checkbox"/> | Fitting insulation  | 2 lf                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| First floor mechanical chase   | <input checked="" type="checkbox"/>                                      | <input type="checkbox"/> | <input type="checkbox"/> | Fitting insulation  | 17 lf                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Second floor mechanical chase  | <input checked="" type="checkbox"/>                                      | <input type="checkbox"/> | <input type="checkbox"/> | Fitting insulation  | 10 lf                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Third floor mechanical chase   | <input checked="" type="checkbox"/>                                      | <input type="checkbox"/> | <input type="checkbox"/> | Fitting insulation  | 1 lf                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Stairwell adjacent bathrooms   | <input checked="" type="checkbox"/>                                      | <input type="checkbox"/> | <input type="checkbox"/> | Fitting insulation  | 20 lf                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |   |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| Name of Registered Waste Hauler<br><b>Service Transport Group, Inc.</b> |  | NJDEP Waste Hauler ID No.<br><b>20990</b> | Cubic Yards of Waste                       | Name of Registered Landfill<br><b>Minerva Landfill</b> |  |
| City, State<br><b>New Castle, DE</b>                                    |  | Disposal Date                             | City, State<br><b>Waynesburg, Ohio</b>     |  |  |
| Completed By (Print or Type)<br><b>Patrick T. DeCaro</b>                |  | Title Estimator                           | Signature<br><i>Patrick T. DeCaro / jk</i> | Date<br><b>11/21/14</b>                                |  |



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

CR # 2742  
Pg 3  
DEC 11 2014  
ASBESTOS CONTROL & LICENSING

|  |  |  |  |
|--|--|--|--|
| Date of Notification (1)<br><b>11/21/14</b>  |  | Name of Building Owner / Operator (2)<br><b>County of Burlington</b> |  |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended R#1-12/7/14<br><input type="checkbox"/> Emergency<br><input type="checkbox"/> Cancellation |  | Street Address<br><b>49 Rancocas Road</b>            |
|  |  |  | City, State & Zip Code<br><b>Mt. Holly, NJ 08060</b> |
|  |  | Name of Contact<br><b>Steven G. Stypinski</b>                        | Telephone Number                                     |

**FACILITY INFORMATION**

|   |  |                                 |   |
|---|--|---------------------------------|---|
| Name of Facility Where Abatement is Taking Place (3)<br><b>Burlington County Courthouse</b> |  |                                 | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |
| Street Address<br><b>49 Rancocas Road</b>   |  |                                 | Square Feet<br><b>80,000</b>  |
| City (5)<br><b>Mt. Holly</b>  |  | County (6)<br><b>Burlington</b> | # of Floors<br><b>4</b>   |
| County Code (7)   |  | Bldg. Age<br><b>60 Years</b>    |   |
| Current Use (Prior if being demolished)<br><b>Courts</b>                                    |  |                                 |   |

|   |  |  |  |                                |
|---|--|--|--|--------------------------------|
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>Environmental connections</b> |  | ASCM No.   | Name of Abatement Contractor (9)<br><b>Bristol Environmental, Inc.</b> |                                |
| Street Address<br><b>120 North Warren Street</b>  |  | Street Address<br><b>1123 Beaver Street</b>        |  |                                |
| City, State & Zip Code<br><b>Trenton NJ 08608</b>                                       |  | City, State & Zip Code<br><b>Bristol, PA 19007</b> |  |                                |
| Project Manager for Monitoring Firm<br><b>Rollie Jones</b>                              |  | Telephone Number<br><b>609-392-4200</b>            | Telephone Number<br><b>(215)788-6040</b>                               | License Number<br><b>00509</b> |

|   |   |   |  |  |
|---|---|---|--|--|
| Scheduled Start Date (10)<br><b>12/9/14</b>   | Scheduled Completion Date (11)<br><b>January 10, 2015</b> | Name of OSHA Monitor<br><b>Bristol Environmental Inc.</b> |  |  |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm Describe:<br><input checked="" type="checkbox"/> Facility Occupied During Abatement |   | Street Address<br><b>1123 Beaver Street</b>               |  |  |
|   |   | City, State & Zip Code<br><b>Bristol, PA 19007</b>        |  |  |

Scope of Work (Check all that apply)

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

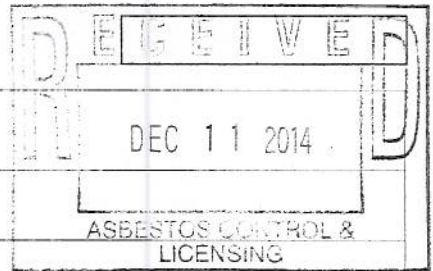
| Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) | Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) |                          |                          | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type                      |                          |                          |                          |
|--|--|--------------------------|--------------------------|---|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
|  | Yes  | No                       | N/A                      |   |                           | Removal                             | Repair                   | Encapsulate              | Enclosure                |
| Offices off board room   | <input checked="" type="checkbox"/>                                      | <input type="checkbox"/> | <input type="checkbox"/> | Vat/mastic  | 650 sf                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Closets in hallway off board room  | <input checked="" type="checkbox"/>                                      | <input type="checkbox"/> | <input type="checkbox"/> | Vat/mastic  | 50 sf                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |   |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |   |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |   |                           | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |   |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|   |   |                           |  |                         |
|---|---|---------------------------|--|-------------------------|
| Name of Registered Waste Hauler<br><b>Service Transport Group, Inc.</b> | NJDEP Waste Hauler ID No.<br><b>20990</b> | Cubic Yards of Waste      | Name of Registered Landfill<br><b>Minerva Landfill</b> |                         |
| City, State<br><b>New Castle, DE</b>                                    |   | Disposal Date             | City, State<br><b>Waynesburg, Ohio</b>                 |                         |
| Completed By (Print or Type)<br><b>Patrick T. DeCaro</b>                |   | Title<br><b>Estimator</b> | Signature<br><i>Patrick T. DeCaro / jf</i>             | Date<br><b>11/21/14</b> |



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

Check#2067



|   |  |  |  |
|---|--|--|--|
| Date of Notification (1)<br>12 / 08 / 14  |  | Name of Building Owner/Operator (2)<br>Conant Doug                               |  |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DHSS<br><input type="checkbox"/> DCA<br>(NJAC 5:23-8) | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br>158 Green Avenue<br>City, State, Zip Code<br>Madison, NJ 07940 |  |
|   |  | Name of Contact<br>Charlie Oldendorp   |  |
|   |  | Telephone Number   |  |

**FACILITY INFORMATION**

|   |                                  |   |             |
|---|----------------------------------|---|-------------|
| Name of Facility Where Abatement is Taking Place (3)<br>Private house |                                  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-1 2)<br><input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) |             |
| Street Address<br>158 Green Avenue                                    |                                  | Square Feet   | # of Floors |
| City (5)<br>Madison, NJ 07940   |                                  | Bldg. Age   |             |
| County (6)<br>Morris  | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished)   |             |

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

|   |  |  |  |
|---|--|--|--|
| Start Date (10)<br>12 / 18 / 14   | Scheduled Completion Date (11)<br>12 / 19 / 14 | Name of OSHA Monitor<br>Envirovision Consultants, Inc  |  |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM |  | Street Address<br>20-21 Wagaraw Road, Bldg. # 35 E<br>City, State, Zip Code<br>Fair Lawn, NJ 07410 |  |

Scope of Work (Check all that apply)

|  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> >3 sf or >3 lf | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Clean up and decontamination with negative pressure |
| <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 type="checkbox"/> Glovebag Procedure                                  |
|  |  | <input type="checkbox"/> Tent with Negative Pressure                         |
|  |  | <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure          |

| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |                          |                                     | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SIF or LF) | Abatement Type                      |                          |                          |                          |
|--|---|--------------------------|-------------------------------------|--|----------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
|  | Yes   | No                       | N/A                                 |  |                            | Removal                             | Repair                   | Encapsulate              | Enclosure                |
| First floor  | <input type="checkbox"/>  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Radiator covers -5 each  | 50 SF                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Second floor   | <input type="checkbox"/>  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Radiator covers -5 each  | 50 SF                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            |  |                            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            |  |                            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

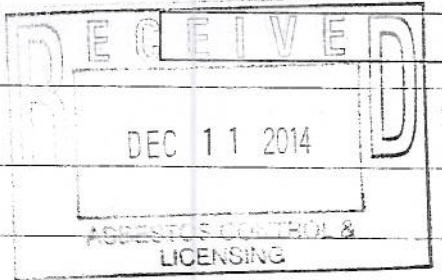
|  |                                      |                               |   |
|--|--------------------------------------|-------------------------------|---|
| Name of Registered Waste Hauler<br>Gr Tech LLC | NJDEP Waste Hauler ID No.<br>0033785 | Cubic Yards of Waste<br>TBD   | Name of Registered Landfill<br>T.R.R.F. Inc |
| City, State<br>Wayne, NJ 07470                 |                                      | Disposal Date<br>TBD          | City, State<br>Tullytown, PA                |
| Completed By (Print or Type)<br>N. Jevtic      | Title<br>Owner                       | Signature<br><i>N. Jevtic</i> | Date<br>12/08/2014                          |

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



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

MO#22302809144



|   |  |  |                  |
|---|--|--|------------------|
| Date of Notification (1)<br>12 / 08 / 14  |  | Name of Building Owner/Operator (2)<br>Dick Austin |                  |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DHSS<br><input type="checkbox"/> DCA<br>(NJAC 5:23-8) | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br>12 Hartshorne Place              |                  |
|   |  | City, State, Zip Code<br>Middletown, NJ 07748      |                  |
|   |  | Name of Contact<br>Dick Austin                     | Telephone Number |

**FACILITY INFORMATION**

|   |                                  |   |             |
|---|----------------------------------|---|-------------|
| Name of Facility Where Abatement is Taking Place (3)<br>Private house |                                  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-1 2)<br><input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) |             |
| Street Address<br>12 Hartshorne Place                                 |                                  | Square Feet   | # of Floors |
| City (5)<br>Middletown, NJ 07748                                      |                                  | Bldg. Age   |             |
| County (6)<br>Monmouth  | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished)   |             |

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

|   |  |   |
|---|--|---|
| Start Date (10)<br>12 / 17 / 14   | Scheduled Completion Date (11)<br>12 / 18 / 14 | Name of OSHA Monitor<br>Envirovision Consultants, Inc |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: _____ AM _____ PM / _____ PM _____ AM |  | Street Address<br>20-21 Wagaraw Road, Bldg. # 35 E    |
|   |  | City, State, Zip Code<br>Fair Lawn, NJ 07410          |

Scope of Work (Check all that apply)

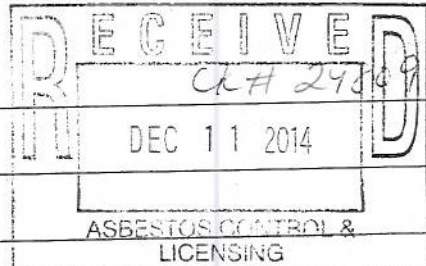
|  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> >3 sf or >3 lf | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Clean up and decontamination with negative pressure |
| <input type="checkbox"/> > 160 sf or >260 lf       | <input type="checkbox"/> Demolition            | <input type="checkbox"/> Full Containment with Negative Pressure             |
|  |  | <input checked="" type="checkbox"/> Mini-Enclosure                           |
|  |  | <input checked="" type="checkbox"/> Glovebag Procedure                       |
|  |  | <input type="checkbox"/> Tent with Negative Pressure                         |
|  |  | <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 SIF or LF) | Abatement Type                      |                          |                          |                          |
|--|---|--------------------------|-------------------------------------|--|----------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
|  | Yes   | No                       | N/A                                 |  |                            | Removal                             | Repair                   | Encapsulate              | Enclosure                |
| Basement   | <input type="checkbox"/>  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Pipe insulation  | 115 LF                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            |  |                            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            |  |                            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            |  |                            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|  |                                      |                               |   |
|--|--------------------------------------|-------------------------------|---|
| Name of Registered Waste Hauler<br>Gr Tech LLC | NJDEP Waste Hauler ID No.<br>0033785 | Cubic Yards of Waste<br>TBD   | Name of Registered Landfill<br>T.R.R.F. Inc |
| City, State<br>Wayne, NJ 07470                 | Disposal Date<br>TBD                 | City, State<br>Tullytown, PA  |   |
| Completed By (Print or Type)<br>N.Jevtic       | Title<br>Owner                       | Signature<br><i>N. Jevtic</i> | Date<br>12/08/2014                          |



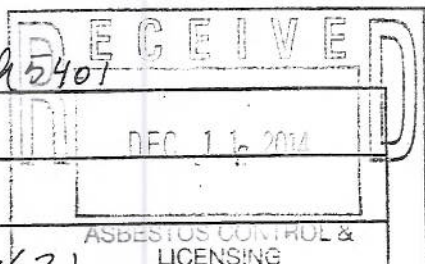
**State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)**



| Date of Notification (1)<br>12/05/14   |  | Name of Building Owner/Operator (2)<br>Elite Properties   |   |   |                           |                |                 |             |           |  |
|--|--|---|---|---|---------------------------|----------------|-----------------|-------------|-----------|--|
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA   | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br>P.O. Box 4449   |   |   |                           |                |                 |             |           |  |
|  |  | City, State, Zip Code<br>Warren, NJ 07059   |   |   |                           |                |                 |             |           |  |
|  |  | Name of Contact<br>Ms. Susan Powers   | Telephone Number  |   |                           |                |                 |             |           |  |
| <b>FACILITY INFORMATION</b>  |  |   |   |   |                           |                |                 |             |           |  |
| Name of Facility Where Abatement is Taking Place (3)<br>Residential  |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |   |   |                           |                |                 |             |           |  |
| Street Address<br>655 Springfield Avenue   |  | Square Feet   | # of Floors<br>1  |   |                           |                |                 |             |           |  |
| City (5)<br>Berkeley Heights   |  | Bldg. Age<br>50 +   |   |   |                           |                |                 |             |           |  |
| County (6)<br>Union  | County Code (7)<br>(STATE USE ONLY) _____  | Current Use (Prior if being demolished)<br>Residence  |   |   |                           |                |                 |             |           |  |
| Name of Monitoring Firm Hired by Building Owner (8)  |  | ASCM No.  | Name of Abatement Contractor (9)<br>J.R. Contracting & Environmental Consulting, Inc.   |   |                           |                |                 |             |           |  |
| Street Address   |  | Street Address<br>1141 Route 23   |   |   |                           |                |                 |             |           |  |
| City, State, Zip Code  |  | City, State, Zip Code<br>Wayne, NJ 07470  |   |   |                           |                |                 |             |           |  |
| Project Manager for Monitoring Firm  |  | Telephone No.<br>973-628-9200   | License No.<br>00408  |   |                           |                |                 |             |           |  |
| Start Date (10)<br>12/17/14  | Scheduled Completion Date (11)<br>12/23/14   | Name of OSHA Monitor<br>Enviro Vision Consultants, Inc.   |   |   |                           |                |                 |             |           |  |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other - Describe: Hours: Mon - Fri - 7:00 a.m. - 3:30 p.m. |  | Street Address<br>20-21 Wagaraw Road, Bldg. #34A  |   |   |                           |                |                 |             |           |  |
|  |  | City, State, Zip Code<br>Fair Lawn, NJ 07410  |   |   |                           |                |                 |             |           |  |
| Scope of Work (Check All That Apply)   |  |   |   |   |                           |                |                 |             |           |  |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf<br><input type="checkbox"/> ≥160 sf or ≥260 lf  |  | <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition   | <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |   |                           |                |                 |             |           |  |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)   | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)  |   |   | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |                 |             |           |  |
|  | Yes  | No  | N/A   |   |                           | Removal        | Repair          | Encapsulate | Enclosure |  |
| Basement   |  |   | X   | Pipe Insulation   | 200 LF                    | X              |                 |             |           |  |
| Exterior   |  |   | X   | Transite Siding   | 100 SF                    | X              |                 |             |           |  |
| Name of Registered Waste Hauler<br>J.R. Contracting & Environmental Consul., Inc   |  | NJDEP Waste Hauler ID No.<br>17819  | Cubic Yards of Waste<br>20  | Name of Registered Landfill<br>G.R.O.W.S. North Landfill  |                           |                |                 |             |           |  |
| City, State<br>Wayne, New Jersey   |  | Disposal Date   |   | City, State<br>Morrisville, Pennsylvania  |                           |                |                 |             |           |  |
| Completed by<br>Jerry Bijelonic  |  | Title<br>Project Manager  |   | Signature<br>   |                           |                | Date<br>12/5/14 |             |           |  |



**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to N.J.A.C. 8:60 and 12:120) *check 5407*



|   |  |  |                 |
|---|--|--|-----------------|
| Date of Notification (1)<br><b>12-8-14</b>  |  | Name of Building Owner/Operator (2)<br><b>E. VELIZ</b> |                 |
| Agency Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment #<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><b>8 LUKE AVENUE</b>                 |                 |
|   |  | City, State, Zip Code<br><b>BERGENFIELD, NJ 07621</b>  |                 |
|   |  | Name of Contact<br><b>E VELIZ</b>                      | Tel./Fax Number |

| FACILITY INFORMATION  |                                  |   |                         |
|---|----------------------------------|---|-------------------------|
| Name of Facility Where Abatement is Taking Place (3)<br><b>E. VELIZ</b> |                                  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |                         |
| Street Address<br><b>8 LUKE AVENUE</b>                                  |                                  | Square Feet<br><b>1400</b>  | # of Floors<br><b>2</b> |
| City (5)<br><b>BERGENFIELD</b>  |                                  | Bldg. Age<br><b>72 yrs</b>  |                         |
| County (6)<br><b>BERGEN</b>   | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished)<br><b>RESIDENCE</b>   |                         |

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

|   |   |   |  |
|---|---|---|--|
| Start Date (10)<br><b>12-18-14</b>  | Scheduled Completion Date (11)<br><b>12-19-14</b> | Name of OSHA Monitor<br><b>Omega Environmental</b>        |  |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other - Describe: <b>8AM 5PM</b> |   | Street Address<br><b>280 Huyler St</b>                    |  |
|   |   | City, State, Zip Code<br><b>S. Hackensack, N.J. 07606</b> |  |

Scope of Work (Check all that apply)

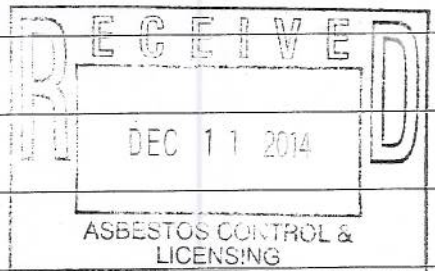
|  |  |   |
|--|--|---|
| <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure    |
| <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf        | <input type="checkbox"/> Demolition            | <input 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 |
| <b>BASEMENT</b>  |   |    | <b>X</b> | <b>THERMAL INSULATION</b>  | <b>85 LF</b>              | <b>X</b>       |        |             |           |
|  |   |    |          |  |                           |                |        |             |           |

|  |   |                                       |  |
|--|---|---------------------------------------|--|
| Name of Registered Waste Hauler<br><b>Best Removal Inc</b> | NJDEP Waste Hauler ID No.<br><b>17109</b> | Cubic Yards of Waste<br><b>1/2 yd</b> | Name of Registered Landfill<br><b>Minerva Enterprises, LLC</b> |
| City, State<br><b>Hackensack, N.J. 07601</b>               |   | Disposal Date<br><b>12-19-14</b>      | City, State<br><b>Waynesburg, Oh, 44688</b>                    |
| Completed by<br><b>R. Veldran</b>                          | Title<br><b>Estimator</b>                 | Signature<br><b>R. Veldran</b>        | Date<br><b>12-8-14</b>   |



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



|  |   |   |  |
|--|---|---|--|
| Date of Notification (1)<br><b>12-5-14</b> |   | Name of Building Owner/Operator (2)<br><b>Maria Caluori Schwind</b> |  |
| Agencies Notified                          | Type Notification                             | Street Address<br><b>2507 Bergenline Ave.</b>                       |  |
| <input type="checkbox"/> EPA               | <input type="checkbox"/> Initial Notification | City, State, Zip Code<br><b>Union City, NJ, 07087</b>               |  |
| <input type="checkbox"/> DEP               | <input type="checkbox"/> Amended Notification | Name of Contact<br><b>Maria Caluori Schwind</b>                     |  |
| <input checked="" type="checkbox"/> DOL    | <input checked="" type="checkbox"/> EMERGENCY | Telephone Number  |  |
| <input checked="" type="checkbox"/> DOH    | <input type="checkbox"/> Cancellation         |   |  |
| <input type="checkbox"/> DCA               |   |   |  |

**FACILITY INFORMATION**

|  |                  |                                     |  |                         |                        |
|--|------------------|-------------------------------------|--|-------------------------|------------------------|
| Name of Facility Where Abatement is Taking Place (3)<br><b>Same as above</b> |                  |                                     | Type of Facility (4)   |                         |                        |
| Street Address   |                  |                                     | <input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) |                         |                        |
| City (5)   | County (6) Essex | County Code (7)<br>(STATE USE ONLY) | Square Feet<br><b>6500</b>   | # of Floors<br><b>3</b> | Bldg. Age<br><b>84</b> |
|  |                  |                                     | Current Use (Prior if being demolished)  |                         |                        |

|   |   |                                |  |                                |  |
|---|---|--------------------------------|--|--------------------------------|--|
| Name of Monitoring Firm hired by Building Owner (8)<br><b>N/A</b>   |   | ASCM No.                       | Name of Abatement Contractor (9)<br><b>AZTECH MANAGEMENT, Inc.</b> |                                |  |
| Street Address  |   |                                | Street Address<br><b>86 Christopher St.</b>                        |                                |  |
| City, State, Zip Code   |   |                                | City, State, Zip Code<br><b>Montclair, NJ 07042</b>                |                                |  |
| Project Manager for Monitoring Firm   |   | Telephone Number<br><b>N/A</b> | Telephone Number<br><b>(973) 744-8800</b>                          | License Number<br><b>00371</b> |  |
| Scheduled Start Date (10)<br><b>12-8-14</b>   | Sched. Completion Date (11)<br><b>12-9-14</b> |                                | Name of OSHA Monitor<br><b>N/A</b>                                 |                                |  |
| Occupancy Status During Abatement (Check only one)  |   | Street Address                 |  |                                |  |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement                 |   | City, State, Zip Code          |  |                                |  |
| <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <OffHours Descript> |   |                                |  |                                |  |
| <input type="checkbox"/> Other - Describe: <Other Occupancy Descript>   |   |                                |  |                                |  |

Scope of Work (Check all that apply)

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

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

|   |   |                                    |  |
|---|---|------------------------------------|--|
| Name of Registered Waste Hauler<br><b>AZTECH MANAGEMENT, INC.</b> | NJDEP Waste Hauler ID No.<br><b>17040</b> | Cubic Yards of Waste<br><b>1.5</b> | Name of Registered Landfill<br><b>G.R.O.W.S.</b> |
| City, State<br><b>Montclair, NJ 07042</b>                         |   | Disposal Date<br><b>12-10-14</b>   | City, State<br><b>Morrisville, PA 19067</b>      |

|   |                           |                             |                        |
|---|---------------------------|-----------------------------|------------------------|
| Completed By (Print or Type)<br><b>Constantine Vivian</b> | Title<br><b>President</b> | Signature<br><i>CVivian</i> | Date<br><b>12-5-14</b> |
|---|---------------------------|-----------------------------|------------------------|



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

|  |  |   |                  |   |
|--|--|---|------------------|---|
| Date of Notification (1)<br><b>12-8-14</b>   |  | Name of Building Owner/Operator (2)<br><b>Patty Spiegel</b> |                  | <div style="border: 2px solid black; padding: 5px; width: fit-content; margin: auto;"> <p style="font-size: 2em; margin: 0;">RECEIVED</p> <p style="font-size: 1.2em; margin: 0;">DEC 11 2014</p> <p style="font-size: 0.8em; margin: 0;">ASBESTOS CONTROL &amp; LICENSING</p> </div> |
| Agencies Notified  | Type Notification  | Street Address<br><b>1311 10th Street</b>                   |                  |   |
| <input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial Notification<br><br><input type="checkbox"/> Amended Notification<br><br><input type="checkbox"/> EMERGENCY<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br><b>North Bergen, NJ, 07047</b>     |                  |   |
|  |  | Name of Contact<br><b>Patty Spiegel</b>                     | Telephone Number |   |

**FACILITY INFORMATION**

|  |                  |                                     |  |             |            |
|--|------------------|-------------------------------------|--|-------------|------------|
| Name of Facility Where Abatement is Taking Place (3)<br><b>Same as above</b> |                  |                                     | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) |             |            |
| Street Address   |                  |                                     | Square Feet  | # of Floors | Bldg. Age  |
| City (5)   | County (6) Essex | County Code (7)<br>(STATE USE ONLY) | <b>2200</b>  | <b>2</b>    | <b>105</b> |
| Current Use (Prior if being demolished)                                      |                  |                                     |  |             |            |

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| Name of Monitoring Firm hired by Building Owner (8)<br><b>N/A</b> |  | ASCM No.  | Name of Abatement Contractor (9)<br><b>AZTECH MANAGEMENT, Inc.</b> |  |  |
| Street Address  |  | Street Address<br><b>86 Christopher St.</b>         |  |  |  |
| City, State, Zip Code   |  | City, State, Zip Code<br><b>Montclair, NJ 07042</b> |  |  |  |

|  |  |   |                                |
|--|--|---|--------------------------------|
| Project Manager for Monitoring Firm          | Telephone Number<br><b>N/A</b>                 | Telephone Number<br><b>(973) 744-8800</b> | License Number<br><b>00371</b> |
| Scheduled Start Date (10)<br><b>12-19-14</b> | Sched. Completion Date (11)<br><b>12-23-14</b> | Name of OSHA Monitor<br><b>N/A</b>        |                                |
| Month Day Year                               | Month Day Year                                 |   |                                |

|   |                       |
|---|-----------------------|
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript»<br><input type="checkbox"/> Other - Describe: «Other Occupancy Descript» | Street Address        |
|   | City, State, Zip Code |

Scope of Work (Check all that apply)

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

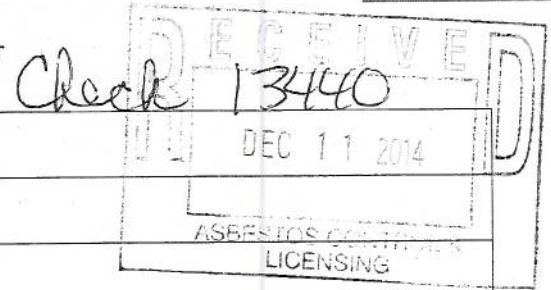
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely By Maintenance/Custodial Staff (12) |    |          | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type                  |                            |                                      |   |
|--|--|----|----------|--|---------------------------|---------------------------------|----------------------------|--------------------------------------|---|
|  | Yes  | No | N/A      |  |                           | R<br>E<br>M<br>O<br>V<br>A<br>L | R<br>E<br>P<br>A<br>I<br>R | E<br>N<br>C<br>A<br>P<br>S<br>U<br>L | E<br>N<br>C<br>L<br>O<br>S<br>U<br>R<br>E |
| Basement   |  |    | <b>X</b> | Pipe Insulation  | 45 lf                     | <b>X</b>                        |                            |                                      |   |
|  |  |    |          |  |                           |                                 |                            |                                      |   |

|   |   |   |  |
|---|---|---|--|
| Name of Registered Waste Hauler<br><b>AZTECH MANAGEMENT, INC.</b> | NJDEP Waste Hauler ID No.<br><b>17040</b> | Cubic Yards of Waste<br><b>1.5</b>          | Name of Registered Landfill<br><b>G.R.O.W.S.</b> |
| City, State<br><b>Montclair, NJ 07042</b>                         | Disposal Date<br><b>12-24-14</b>          | City, State<br><b>Morrisville, PA 19067</b> |  |

|   |                           |  |                        |
|---|---------------------------|--|------------------------|
| Completed By (Print or Type)<br><b>Constantine Vivian</b> | Title<br><b>President</b> | Signature<br><i>Constantine Vivian</i> | Date<br><b>12-8-14</b> |
|---|---------------------------|--|------------------------|



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



|  |   |  |  |
|--|---|--|--|
| Date of Notification (1)<br>12/5/14  |   | Name of Building Owner/Operator (2)<br>Pingry School |  |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |  | Street Address<br>50 Country Day Drive<br>City, State, Zip Code<br>Short Hills, NJ 07078<br>Name of Contact<br>Michael Vizri |
|  |   |  | Telephone Number   |
|  | <b>FACILITY INFORMATION</b>   |  |  |

|   |   |   |                  |
|---|---|---|------------------|
| Name of Facility Where Abatement is Taking Place (3)<br>Pingry School |   | Type of Facility (4)<br><input checked="" type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |                  |
| Street Address<br>50 Country Day Drive                                |   | Square Feet<br>3000   | # of Floors<br>1 |
| City (5)<br>Short Hills   |   | Bldg. Age<br>55   |                  |
| County (6)<br>Essex   | County Code (7)<br>(STATE USE ONLY) _____ | Current Use (Prior if being demolished)   |                  |

|   |               |   |                    |
|---|---------------|---|--------------------|
| Name of Monitoring Firm Hired by Building Owner (8) | ASCM No.      | Name of Abatement Contractor (9)<br>ABS Environmental Services, LLC |                    |
| Street Address                                      |               | Street Address<br>PO Box 483, 4 E Gate Drive                        |                    |
| City, State, Zip Code                               |               | City, State, Zip Code<br>Glenwood, NJ 07418                         |                    |
| Project Manager for Monitoring Firm                 | Telephone No. | Telephone No.<br>973-583-8500                                       | License No.<br>703 |

|  |   |                       |
|--|---|-----------------------|
| Start Date (10)<br>12/22/14  | Scheduled Completion Date (11)<br>1/22/15 | Name of OSHA Monitor  |
| Occupancy Status During Abatement (Check Only One)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____ |   | Street Address        |
|  |   | City, State, Zip Code |

Scope of Work (Check All That Apply)

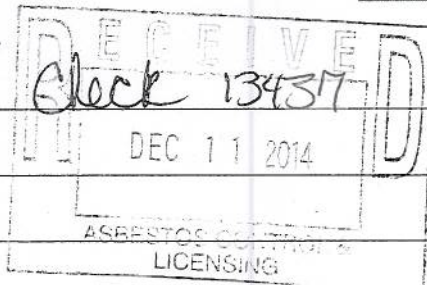
|  |                                     |  |
|--|-------------------------------------|--|
| <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf                | <input type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure               |
| <input checked=""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

| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |    |     | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |        |             |           |
|--|---|----|-----|---|---------------------------|----------------|--------|-------------|-----------|
|  | Yes   | No | N/A |   |                           | Removal        | Repair | Encapsulate | Enclosure |
| exterior   |   |    | x   | trancite soffit   | 150 SF                    | x              |        |             |           |
|  |   |    |     |   |                           |                |        |             |           |
|  |   |    |     |   |                           |                |        |             |           |

|   |                                    |                            |                                    |
|---|------------------------------------|----------------------------|------------------------------------|
| Name of Registered Waste Hauler<br>Freehold Cartage | NJDEP Waste Hauler ID No.<br>15939 | Cubic Yards of Waste<br>10 | Name of Registered Landfill<br>TBD |
| City, State<br>Freehold, NJ                         | Disposal Date<br>TBD               | City, State                |                                    |
| Completed by<br>A. Scott Higgins                    | Title<br>President                 | Signature<br>              | Date<br>12/5/14                    |



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



|  |  |   |                  |
|--|--|---|------------------|
| Date of Notification (1)<br>12/4/14  |  | Name of Building Owner/Operator (2)<br>M & M Mortgage |                  |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br>13380 SW 131st Street               |                  |
|  |  | City, State, Zip Code<br>Miami FL 33186               |                  |
|  |  | Name of Contact<br>Leyla Perez                        | Telephone Number |

**FACILITY INFORMATION**

|   |   |   |                    |
|---|---|---|--------------------|
| Name of Facility Where Abatement is Taking Place (3)<br>Street Address<br>54 E Forest Avenue  |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |                    |
| City (5)<br>Englewood   | Square Feet<br>2200                       | # of Floors<br>2  | Bldg. Age<br>80    |
| County (6)<br>Bergen  | County Code (7)<br>(STATE USE ONLY)       | Current Use (Prior if being demolished)   |                    |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Street Address   |   | ASCM No.  |                    |
| City, State, Zip Code   |   | Name of Abatement Contractor (9)<br>ABS Environmental Services, LLC<br>Street Address<br>4 E Gate Drive, PO Box 483<br>City, State, Zip Code<br>Glenwood, NJ 07418  |                    |
| Project Manager for Monitoring Firm   |   | Telephone No.<br>973-583-8500   | License No.<br>703 |
| Start Date (10)<br>12/15/14   | Scheduled Completion Date (11)<br>1/15/15 | Name of OSHA Monitor  |                    |
| Occupancy Status During Abatement (Check Only One)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other - Describe: vacant |   | Street Address<br>City, State, Zip Code   |                    |

Scope of Work (Check All That Apply)

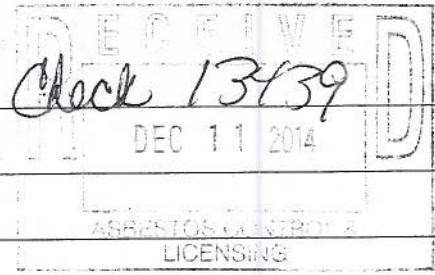
|  |                                     |   |
|--|-------------------------------------|---|
| <input type="checkbox"/> ≥3 sf or ≥3 lf                | <input type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure    |
| <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | <input 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 |
| exterior   |   |    | x   | transite siding   | 950 SF                    | x              |        |             |           |
|  |   |    |     |   |                           |                |        |             |           |
|  |   |    |     |   |                           |                |        |             |           |

|   |  |                                    |                             |                                    |                 |
|---|--|------------------------------------|-----------------------------|------------------------------------|-----------------|
| Name of Registered Waste Hauler<br>Freehold Cartage |  | NJDEP Waste Hauler ID No.<br>15959 | Cubic Yards of Waste<br>TBD | Name of Registered Landfill<br>TBD |                 |
| City, State<br>Freehold, NJ                         |  | Disposal Date<br>TBD               |                             | City, State                        |                 |
| Completed by<br>A. Scott Higgins                    |  | Title<br>President                 | Signature<br>               |                                    | Date<br>12/4/14 |



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



|  |  |  |                  |
|--|--|--|------------------|
| Date of Notification (1)<br>12/5/14  |  | Name of Building Owner/Operator (2)<br>Jaguar Construction |                  |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br>110 West Main Street                     |                  |
|  |  | City, State, Zip Code<br>Bound Brook, NJ 08805             |                  |
|  |  | Name of Contact<br>Rob Bianco                              | Telephone Number |

| FACILITY INFORMATION   |   |   |                 |
|--|---|---|-----------------|
| Name of Facility Where Abatement is Taking Place (3)<br>25-27 Laramie Road |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |                 |
| City (5)<br>Plainfield   | Square Feet<br>2200                       | # of Floors<br>2  | Bldg. Age<br>60 |
| County (6)<br>Union  | County Code (7)<br>(STATE USE ONLY) _____ | Current Use (Prior if being demolished)   |                 |

|   |               |   |                    |
|---|---------------|---|--------------------|
| Name of Monitoring Firm Hired by Building Owner (8) | ASCM No.      | Name of Abatement Contractor (9)<br>ABS Environmental Services, LLC |                    |
| Street Address                                      |               | Street Address<br>4 E Gate Drive, PO Box 483                        |                    |
| City, State, Zip Code                               |               | City, State, Zip Code<br>Glenwood, NJ 07418                         |                    |
| Project Manager for Monitoring Firm                 | Telephone No. | Telephone No.<br>973-583-8500                                       | License No.<br>703 |

|  |   |                       |  |
|--|---|-----------------------|--|
| Start Date (10)<br>12/17/14  | Scheduled Completion Date (11)<br>1/17/15 | Name of OSHA Monitor  |  |
| Occupancy Status During Abatement (Check Only One)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other - Describe: <u>vacant</u> |   | 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 type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Mini-Enclosure                  |
|  |                                     | <input type="checkbox"/> Glovebag Procedure                         |
|  |                                     | <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |

| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |    |     | Description of Asbestos Containing Material (ACM) (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   | 70 LF                     | x              |        |             |           |
|  |   |    |     |   |                           |                |        |             |           |
|  |   |    |     |   |                           |                |        |             |           |

|   |                                    |                             |                                    |
|---|------------------------------------|-----------------------------|------------------------------------|
| Name of Registered Waste Hauler<br>Freehold Cartage | NJDEP Waste Hauler ID No.<br>15959 | Cubic Yards of Waste<br>TBD | Name of Registered Landfill<br>TBD |
| City, State<br>Freehold, NJ                         | Disposal Date<br>TBD               | City, State                 |                                    |
| Completed by<br>A. Scott Higgins                    | Title<br>President                 | Signature<br>               | Date<br>12/5/14                    |



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

Check # 9387

|   |  |   |                  |
|---|--|---|------------------|
| Date of Notification (1)<br><b>December 5, 2014</b>   |  | Name of Building Owner / Operator (2)<br><b>PNC Bank</b>                          |                  |
| Agencies Notified<br><br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA | Type Notification<br><br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Cancellation | Street Address<br><b>Two PNC Plaza, 620 Liberty Avenue, 19<sup>th</sup> Floor</b> |                  |
|   |  | City, State & Zip Code<br><b>Pittsburgh, PA 15222</b>                             |                  |
|   |  | Name of Contact<br><b>Brian Clinton</b>   | Telephone Number |

**2014 DEC 11 PM 10:52**  
**ASBESTOS CONTROL**  
**& LICENSING**

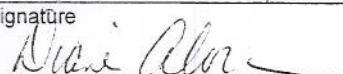
**FACILITY INFORMATION**

|  |   |   |   |
|--|---|---|---|
| Name of Facility Where Abatement is Taking Place (3)<br><b>Vacant Bldg.</b>  |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.) |   |
| Street Address<br><b>813-817 Grove Street</b>  |   | Square Feet<br><b>2,500</b>   | # of Floors<br><b>2 +</b>                                 |
| City (5)<br><b>Jersey City</b>   |   | Bldg. Age<br><b>70</b>  |   |
| County (6)<br><b>Hudson</b>  |   | County Code (7)<br><b>USE ONLY</b>  |   |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>PM Environmental</b>   |   | ASCM No.  | Name of Abatement Contractor (9)<br><b>Synatech, Inc.</b> |
| Street Address<br><b>170 Changebridge Road, Bldg. C5-4</b>   |   | Street Address<br><b>829 Radio Road</b>   |   |
| City, State & Zip Code<br><b>Montville, NJ 07045</b>   |   | City, State & Zip Code<br><b>Little Egg Harbor, NJ 08087</b>  |   |
| Project Manager for Monitoring Firm<br><b>William Mener</b>  | Telephone Number<br><b>877-884-6775</b>                   | Telephone Number<br><b>609-296-6916</b>   | License Number<br><b>00817</b>                            |
| Scheduled Start Date (10)<br><b>December 15, 2014</b>  | Scheduled Completion Date (11)<br><b>January 12, 2015</b> | Name of OSHA Monitor<br><b>Synatech, Inc.</b>   |   |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Hours<br><input type="checkbox"/> Other - Describe:<br><input type="checkbox"/> Facility Occupied During Abatement |   | Street Address<br><b>829 Radio Road</b>   |   |
|  |   | City, State & Zip Code<br><b>Little Egg Harbor, NJ 08087</b>  |   |

Scope of Work (Check all that apply)

|  |                                     |   |
|--|-------------------------------------|---|
| <input type="checkbox"/> $\geq 3$ sf or $\geq 50$ lf               | <input type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure              |
| <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf | <input type="checkbox"/> Demolition | <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)<br><b>TO BE ABATED</b><br>IN Facility (13) | Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) |    |     | Description of Asbestos-Containing Material (ACM)<br>(i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |        |             |           |
|---|--|----|-----|--|---------------------------|----------------|--------|-------------|-----------|
|   | Yes  | No | N/A |  |                           | Removal        | Repair | Encapsulate | Enclosure |
| <b>Main Room</b>  |  |    | X   | <i>Glue Dots</i>   | 300 SF                    | X              |        |             |           |
| <b>Main Room / Kitchen</b>  |  |    | X   | <i>Pipe Insulation</i>   | 200 LF                    | X              |        |             |           |
|   |  |    |     |  |                           |                |        |             |           |

|  |   |   |  |
|--|---|---|--|
| Name of Registered Waste Hauler<br><b>Synatech, Inc.</b> | NJDEP Waste Hauler ID No.<br><b>27429</b> | Cubic Yards of Waste<br><b>12</b>   | Name of Registered Landfill<br><b>Grows Landfill</b> |
| City, State<br><b>Little Egg Harbor, NJ 08087</b>        | Disposal Date<br><b>January 13, 2015</b>  | City, State<br><b>Morrisville, PA</b>   |  |
| Completed By<br><b>Diane Aloia</b>                       | Title<br><b>Executive Administrator</b>   | Signature<br> | Date<br><b>December 5, 2014</b>                      |

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



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

*check 5394*

|   |  |  |   |  |                          |                          |                          |
|---|--|--|---|--|--------------------------|--------------------------|--------------------------|
| Date of Notification (1)<br><b>12-5-2014</b>  |  | Name of Building Owner/Operator (2)<br><b>ESTATE OF RUTH BRADLEY</b>   |   |  |                          |                          |                          |
| Agency Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA   | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment #<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><b>24 ROSE STREET</b>  |   |  |                          |                          |                          |
|   |  | City, State, Zip Code<br><b>WOODRIDGE, NJ 07675</b>  |   |  |                          |                          |                          |
|   |  | Name of Contact<br><b>A. FONTANELLA</b>  |   |  |                          |                          |                          |
| <b>FACILITY INFORMATION</b>   |  |  |   |  |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br><b>ESTATE OF RUTH BRADLEY</b>   |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter S (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)                    |   |  |                          |                          |                          |
| Street Address<br><b>24 ROSE STREET</b>   |  | Square Feet<br><b>1200</b>   | # of Floors<br><b>2</b>                                     |  |                          |                          |                          |
| City (5)<br><b>WOODRIDGE</b>  |  | Bldg. Age<br><b>76 YRS</b>   |   |  |                          |                          |                          |
| County (6)<br><b>BERGEN</b>   |  | County Code (7) (STATE USE ONLY)   | Current Use (Prior if being demolished)<br><b>RESIDENCE</b> |  |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)   |  | ASCM No.   | Name of Abatement Contractor (9)<br><b>Best Removal Inc</b> |  |                          |                          |                          |
| Street Address  |  | Street Address<br><b>450 South River St</b>  |   |  |                          |                          |                          |
| City, State, Zip Code   |  | City, State, Zip Code<br><b>Hackensack, N.J. 07601</b>   |   |  |                          |                          |                          |
| Project Manager for Monitoring Firm   |  | Telephone No.<br><b>201-329-7444</b>   | License No.<br><b>00388</b>                                 |  |                          |                          |                          |
| Start Date (10)<br><b>12-16-2014</b>  | Scheduled Completion Date (11)<br><b>12-17-2014</b>  | Name of OSHA Monitor<br><b>Omega Environmental</b>   |   |  |                          |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other - Describe: <b>8AM - 5PM</b> |  | Street Address<br><b>280 Huyler St</b>   |   |  |                          |                          |                          |
| Scope of Work (Check all that apply)<br><input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf<br><input type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition   |  | <input type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |   |  |                          |                          |                          |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)  | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)   | Amount (Specify SF or LF)                                   | Abatement Type   |                          |                          |                          |
|   |  |  |   | Removal  | Repair                   | Encapsulate              | Enclosure                |
| <b>BASEMENT</b>   | Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/> NA: <input type="checkbox"/>   | <b>THERMAL INSULATION</b>  | <b>120 LF</b>   | <input checked="" type="checkbox"/>                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler<br><b>Best Removal Inc</b>  |  | NJDEP Waste Hauler ID No.<br><b>17109</b>  | Cubic Yards of Waste<br><b>3/4 YD</b>                       | Name of Registered Landfill<br><b>Minerva Enterprises, LLC</b> |                          |                          |                          |
| City, State<br><b>Hackensack, N.J. 07601</b>  |  | Disposal Date<br><b>12-17-14</b>   | City, State<br><b>Waynesburg, Oh, 44688</b>                 |  |                          |                          |                          |
| Completed by<br><b>R. VELDRAAN</b>  | Title<br><b>Estimator</b>  | Signature<br><i>R. Veldraan</i>  | Date<br><b>12-5-14</b>                                      |  |                          |                          |                          |

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



CK#2516

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

RECEIVED

Date of Notification (1)  
12/6/14

Name of Building Owner/Operator (2)  
SDI LLC

Agencies Notified  
 EPA  
 DEP  
 DCL  
 DOH  
 DCA

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

Street Address  
New Horizons Way Suite 111

City, State, Zip Code  
Mt. Laurel, NJ 08051

Name of Contact  
Debbie

Telephone Number  
ASBESTOS CONTROL

Name of Facility Where Abatement is Taking Place (3)  
SDI Property

Street Address  
389 Gantown Rd

City (6)  
Sewell

County (7)  
Gloucester

Type of Facility (4)  
 School (K-12)  
 Subchapter 8 (Other than K-12)  
 Other (i.e. private & commercial buildings, trams, etc.)

Square Feet  
200

# of Floors  
1

Stdg. Age  
60+

Current Use (Prior to being demolished)  
res. dence

Name of Monitoring Firm Hired by Building Owner (8)  
ASCM No.

Name of Abatement Contractor (9)  
Ace Insulation Co., Inc.

Street Address  
95 Montrose Road

City, State, Zip Code  
Colts Neck, N.J. 07722

Project Manager for Monitoring Firm  
Telephone No.  
732-294-1757

License No.  
00029

Start Date (10)  
12/16/14

Scheduled Completion Date (11)  
12/23/14

Name of OSHA Monitor

Street Address

City, State, Zip Code

Occupancy Status During Abatement (Check Only One)  
 Facility Closed/Vacated During Entire Period of Abatement  
 Abatement Performed Outside of Normal Facility Hours  
 Other - Describe: 7am-7pm

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) 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 |
| indoor  |   |    | Y   | Insulation  | 150 LF                    | X              |        |             |           |

Name of Registered Waste Hauler  
Ace Insulation Co., Inc.

NJDEP Waste Hauler ID No.  
12086

Cubic Yards of Waste  
3

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

City, State  
Colts Neck, New Jersey

Disposal Date  
12/23/14

City, State  
Tullytown, PA

Completed by  
Bree McCulire

Title  
Secretary Treasurer

Signature  
Bree McCulire

Date  
12/6/14

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



CHK#2516

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

RECEIVED

| Date of Notification (1)<br>12/6/14  |   | Name of Building Owner/Operator (2)<br>SDF LLC  |                      |   |   |                 |        |             |           |
|--|---|---|----------------------|---|---|-----------------|--------|-------------|-----------|
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA  |   | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment #<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |                      |   |   |                 |        |             |           |
| Street Address<br>1400 Av: Zon Way   |   | City, State, Zip Code<br>Mt Laurel, NJ 08054  |                      |   |   |                 |        |             |           |
| Name of Contact<br>Debbie  |   | Telephone Number  |                      |   |   |                 |        |             |           |
| FACILITY INFORMATION   |   |   |                      |   |   |                 |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Super Fresh  |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)                             |                      |   |   |                 |        |             |           |
| Street Address<br>1377 Blackwood Dr.   |   | Square Feet<br>2000   | # of Floors<br>1     |   |   |                 |        |             |           |
| City (5)<br>Clementon  |   | Bldg. Age<br>55+  |                      |   |   |                 |        |             |           |
| County (6)<br>C Camden   |   | County Code (7) (STATE USE ONLY)  |                      |   |   |                 |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)  |   | ASCM No.  |                      |   |   |                 |        |             |           |
| Street Address   |   | Name of Abatement Contractor (9)<br>Ace Insulation Co., Inc.  |                      |   |   |                 |        |             |           |
| City, State, Zip Code  |   | Street Address<br>95 Montrose Road  |                      |   |   |                 |        |             |           |
| Project Manager for Monitoring Firm  |   | City, State, Zip Code<br>Colts Neck, N.J. 07722   |                      |   |   |                 |        |             |           |
| Telephone No.  |   | Telephone No.<br>732-294-1757   | License No.<br>00029 |   |   |                 |        |             |           |
| Start Date (10)<br>12/17/14  |   | Scheduled Completion Date (11)<br>12/23/14  |                      |   |   |                 |        |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br>Other - Describe: 7am-7pm  |   | Name of OSHA Monitor  |                      |   |   |                 |        |             |           |
| Scope of Work (Check All That Apply)<br><input checked="" type="checkbox"/> ≥3 sf or ≥3 lf<br><input type="checkbox"/> ≥160 sf or ≥260 lf<br><input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |   | Street Address  |                      |   |   |                 |        |             |           |
| City, State, Zip Code  |   | City, State, Zip Code   |                      |   |   |                 |        |             |           |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)   | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |   |                      | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF)                 | Abatement Type  |        |             |           |
|  | Yes   | No  | N/A                  |   |   | Removal         | Repair | Encapsulate | Enclosure |
| Outdoor  |   |   | X                    | flashing  | 150 LF                                    | X               |        |             |           |
| Name of Registered Waste Hauler<br>Ace Insulation Co., Inc.  |   | NJDEP Waste Hauler ID No.<br>12086  |                      | Cubic Yards of Waste<br>2   | Name of Registered Landfill<br>G.R.O.W.S. |                 |        |             |           |
| City, State<br>Colts Neck, New Jersey  |   | Disposal Date<br>12/23/14   |                      | City, State<br>Tullytown, PA  |   |                 |        |             |           |
| Completed by<br>Bree McGuire   |   | Title<br>Secretary Treasurer  |                      | Signature<br><i>Bree McGuire</i>  |   | Date<br>12/6/14 |        |             |           |

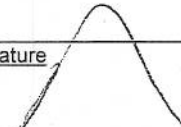


AK 8468

NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to N.J.A.C. 7:26-2.12)

RECEIVED

2014 DEC 11 PM 10:44  
ASBESTOS CONTROL & LICENSING

|   |   |  |   |
|---|---|--|---|
| Date of Notification (1)<br>Dec 2, 2014   |   | Name of Building Owner/Operator (2)<br>MCUA  |   |
| Agencies Notified<br><br>(X) EPA<br>(X) DEP<br>(X) DOL<br>(X) DOH<br>(X) DCA  | Notification Type<br>(X) Initial Notification<br>( ) Amended Certification<br>( ) Cancelled |  | Street Address<br>2571 Main St                                  |
|   |   |  | City, State, Zip Code<br>Sayreville, NJ 08872                   |
|   |   |  | Name of Contact<br>Dan Tanzi                                    |
| FACILITY INFORMATION  |   |  |   |
| Name of Facility Where Abatement is Taking Place (3)<br>Same as Above   |   | Type of Facility (4)<br>( ) School (K-12)<br>( ) Subchapter 8 (other than K-12)<br>(X) Other (i.e. private & commercial bldgs., homes, etc.) |   |
| Street Address  |   | Sq. Feet 236 Acres Floors 1  |   |
| City (5)<br>Sayreville  | County (6)<br>Middlesex   | County Code (7)<br>(State Use Only)  | Bldg. Age 64<br>Current Use (prior if being demolished) Utility |
| Name of Monitoring Firm Hired by Bldg. Owner (8)  |   | ASCM No.   | Name of Contractor (9)<br>Absolut Ace Inc.                      |
| Street Address  |   | Street Address<br>PO BOX 295   |   |
| City, State, Zip Code   |   | City, State, Zip Code<br>FLORHAM PARK, NJ 07932  |   |
| Project Manager for Monitoring Firm   | Telephone Number  | Telephone Number<br>(973) 410-9217   | License Number<br>00225   |
| Scheduled Start Date (10)<br>Dec 4, 2014  | Scheduled Completion Date (11)<br>Dec 8, 2014   |  | Name of OSHA Monitor<br>MECS                                    |
| Occupancy Status During Abatement (Check only one)<br>( x ) Facility Closed/Vacated During Entire Period of Abatement<br>( ) Abatement Performed Outside of Normal Facility Hours -<br><br>Describe _____ MANHOLES IN ROADWAY<br><br>Other - Describe   |   | Street Address<br>5 Linwood Ct<br><br>City, State, Zip Code<br>Hamilton, NJ 08690  |   |
| Source of Work (Check all that apply)<br>(X) Demolition (X) Renovation<br>( ) Large Proj. (>160 SF or >260 LF ACM) (X) SM Proj. (>25<160 SF or >10 <260 LF ACM) ( ) Minor Proj. (<25 SF or <10 LF ACM)<br>( ) Full Containment with Negative Pressure (X) Mini-Enclosure (X) Glovebag Procedure |   |  |   |
| Location of Asbestos-Containing Material (ACM) in Facility (13)   | Is Location Normally Used Solely by Maint./Custodial Staff? (12)<br>YES NO NA               | Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)  | Amount (Specify SF or LF)                                       |
| Manholes in Street  | X   | Debris and Tape  | 10 square feet  |
|   |   |  |   |
|   |   |  |   |
| Name of Reg. Waste Hauler<br>Cali Carting   |   | NJDEP Waste Hauler ID #<br>09330   | Cubic Yards of Waste<br>1                                       |
| City, State<br>Kearny, NJ   |   | Name of Reg. Landfill<br>Grand Central Sanitary  |   |
|   |   | Disp. Date<br>12/8/14  | City, State<br>Penn Argyl PA                                    |
| Completed by (Print or Type)<br>ROBERT GROGAN   | Title<br>VP   | Signature<br>  | Date<br>12/2/14   |



011 week 1033

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

RECEIVED

2014 DEC 11 PM 10:42

ASBESTOS CONTROL & LICENSING

|  |   |   |                  |
|--|---|---|------------------|
| Date of Notification (1)<br>12-3-2014  |   | Name of Building Owner/Operator (2)<br>Private Property |                  |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input type="checkbox"/> DOH<br><input type="checkbox"/> DCA | Type Notification<br><input type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment # _____<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br>29 E Madison St                       |                  |
|  |   | City, State, Zip Code<br>Florham Park NJ 07032          |                  |
|  |   | Name of Contact<br>Robert McEwan                        | Telephone Number |

**FACILITY INFORMATION**

|  |   |   |  |                       |
|--|---|---|--|-----------------------|
| Name of Facility Where Abatement is Taking Place (3)<br>Private Property |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |  |                       |
| Street Address<br>29 E Madison St  |   | Square Feet<br>1000SF   | # of Floors<br>0   | Bldg. Age<br>+50      |
| City (5)<br>Florham Park NJ 07032  |   | Current Use (Prior if being demolished)   |  |                       |
| County (6)<br>Morris County  | County Code (7)<br>(STATE USE ONLY) _____   | Name of Monitoring Firm Hired by Building Owner (8)<br>N/A  |  |                       |
| Name of Monitoring Firm Hired by Building Owner (8)<br>N/A               |   | ASCM No.<br>N/A   | Name of Abatement Contractor (9)<br>Dinago Environment LLC |                       |
| Street Address<br>N/A  |   | Street Address<br>339 Lafayette Street  |  |                       |
| City, State, Zip Code<br>N/A   |   | City, State, Zip Code<br>Newark NJ 07105  |  |                       |
| Project Manager for Monitoring Firm<br>N/A                               |   | Telephone No.<br>N/A  | Telephone No.<br>973-491-0877                              | License No.<br>001240 |
| Start Date (10)<br>12-4-2014   | Scheduled Completion Date (11)<br>12-8-2014 | Name of OSHA Monitor<br>J&S Environmental Corp  |  |                       |

|  |  |   |  |  |
|--|--|---|--|--|
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: 8 Hours |  | Street Address<br>2333 Route 22 west    |  |  |
|  |  | City, State, Zip Code<br>Union NJ 07083 |  |  |

|  |  |  |  |  |
|--|--|--|--|--|
| 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 |
| Exterior   |   |    | x   | asbestos debris   | 100SF                     | x              |        |             |           |
| exerior  |   |    | x   | shingles siding   | 200SF                     | x              |        |             |           |
| exterior   |   |    | x   | 2 -30Yrs contaminated material  | 60 Yrs                    | x              |        |             |           |

|   |  |                                    |                      |  |  |
|---|--|------------------------------------|----------------------|--|--|
| Name of Registered Waste Hauler<br>Tri State Transfer Assoc Inc |  | NJDEP Waste Hauler ID No.<br>19551 | Cubic Yards of Waste | Name of Registered Landfill<br>Minerva Enterprises |  |
| City, State<br>1199 Randall Ave Bronx NY                        |  |                                    | Disposal Date        | City, State<br>Waynesburg OH 44688                 |  |
| Completed by<br>Carlos Gomez                                    |  | Title<br>President                 | Signature<br>        | Date<br>12-3-2014                                  |  |

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



NO 22252816050

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

RECEIVED

DEC 11 PM 10:40

ASBESTOS CONTROL & LICENSING

|  |  |  |   |
|--|--|--|---|
| Date of Notification (1)<br>12/05/14   |  | Name of Building Owner/Operator (2)<br>Tameca Williamson |   |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input checked="" type="checkbox"/> DCA | Type Notification<br><input type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |  | Street Address<br>121 North 12 Street<br>City, State, Zip Code<br>Prospect Park, NJ, 07508<br>Name of Contact<br>Telephone Number |

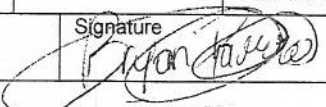
**FACILITY INFORMATION**

|  |   |   |   |
|--|---|---|---|
| Name of Facility Where Abatement is Taking Place (3)<br>Tameca Williamson  |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |   |
| Street Address<br>121 North 12 Street  |   | Square Feet   | # of Floors                                       |
| City (5)<br>Prospect Park  |   | Bldg. Age   |   |
| County (6)<br>Passaic  | County Code (7)<br>(STATE USE ONLY) _____ | Current Use (Prior if being demolished)   |   |
| Name of Monitoring Firm Hired by Building Owner (8)  |   | ASCM No.  | Name of Abatement Contractor (9)<br>Pro Abatement |
| Street Address   |   | Street Address<br>1009 87th Street Suite A4   |   |
| City, State, Zip Code  |   | City, State, Zip Code<br>North Bergen, NJ 07047   |   |
| Project Manager for Monitoring Firm  | Telephone No.                             | Telephone No.<br>201-293-6305   | License No.<br>01223                              |
| Start Date (10)  | Scheduled Completion Date (11)            | Name of OSHA Monitor<br>HILMAMM CONSULTING LLC  |   |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____ |   | Street Address<br>1600 ROUTE EAST SUITE 107<br>City, State, Zip Code<br>UNION NJ 07083  |   |

Scope of Work (Check All That Apply)

|  |  |   |
|--|--|---|
| <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf | <input checked="" type="checkbox"/> Renovation | <input checked="" type="checkbox"/> Full Containment with Negative Pressure |
| <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf        | <input type="checkbox"/> Demolition            | <input type="checkbox"/> Mini-Enclosure                                     |
|  |  | <input type="checkbox"/> Glovebag Procedure                                 |
|  |  | <input 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   |   |    |     | Thermal System Insulation   | 35 LF                     | x              |        |             |           |
|  |   |    |     |   |                           |                |        |             |           |
|  |   |    |     |   |                           |                |        |             |           |

|   |                          |   |                      |  |  |
|---|--------------------------|---|----------------------|--|--|
| Name of Registered Waste Hauler<br>SAN TON SERVICES |                          | NJDEP Waste Hauler ID No.<br>22430  | Cubic Yards of Waste | Name of Registered Landfill<br>MEDOWLANCHES COMMISSION |  |
| City, State<br>KENILWORTH, NJ                       |                          |   | Disposal Date        | City, State<br>KEARNY, NJ                              |  |
| Completed by<br>Bryan Parra                         | Title<br>Project Manager | Signature<br> | Date<br>12/05/14     |  |  |



NO 22252816067

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

RECEIVED

DEC 11 PM 10:51

ASBESTOS CONTROL & LICENSING

|  |   |  |   |
|--|---|--|---|
| Date of Notification (1)<br>12/05/14   |   | Name of Building Owner/Operator (2)<br>Stephen Sidwell |   |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input checked="" type="checkbox"/> DCA | Type Notification<br><input type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment # _____<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |  | Street Address<br>909 Canal Road              |
|  |   |  | City, State, Zip Code<br>Princeton, NJ, 08540 |
|  |   |  | Name of Contact<br>Telephone Number           |

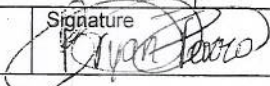
**FACILITY INFORMATION**

|  |   |   |   |
|--|---|---|---|
| Name of Facility Where Abatement is Taking Place (3)<br>Stephen Sidwell  |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |   |
| Street Address<br>909 Canal Road   |   | Square Feet   | # of Floors                                       |
| City (5)<br>Princeton  |   | Bldg. Age   |   |
| County (6)<br>Mercer   | County Code (7)<br>(STATE USE ONLY) _____ | Current Use (Prior if being demolished)   |   |
| Name of Monitoring Firm Hired by Building Owner (8)  |   | ASCM No.  | Name of Abatement Contractor (9)<br>Pro Abatement |
| Street Address   |   | Street Address<br>1009 87th Street Suite A4   |   |
| City, State, Zip Code  |   | City, State, Zip Code<br>North Bergen, NJ 07047   |   |
| Project Manager for Monitoring Firm  |   | Telephone No.   | Telephone No.<br>201-293-6305                     |
|  |   |   | License No.<br>01223                              |
| Start Date (10)  | Scheduled Completion Date (11)            | Name of OSHA Monitor<br>HILMAMM CONSULTING LLC  |   |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____ |   | Street Address<br>1600 ROUTE EAST SUITE 107   |   |
|  |   | City, State, Zip Code<br>UNION NJ 07083   |   |

Scope of Work (Check All That Apply)

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

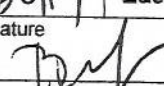
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |    |     | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify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

|   |  |                                    |   |  |  |
|---|--|------------------------------------|---|--|--|
| Name of Registered Waste Hauler<br>SAN TON SERVICES |  | NJDEP Waste Hauler ID No.<br>22430 | Cubic Yards of Waste  | Name of Registered Landfill<br>MEDOWLANCHES COMMISSION |  |
| City, State<br>KENILWORTH, NJ                       |  |                                    | Disposal Date   | City, State<br>KEARNY, NJ                              |  |
| Completed by<br>Bryan Parra                         |  | Title<br>Project Manager           | Signature<br> | Date<br>12/05/14                                       |  |



OK# 2517

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

| Date of Notification (1)<br><b>12/8/14</b>   |   | Name of Building Owner/Operator (2)<br><b>Evan Broadwell</b> <b>2011 DEC 11 PM ID: 39</b>   |   |   |                           |                                     |        |             |           |
|--|---|---|---|---|---------------------------|-------------------------------------|--------|-------------|-----------|
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA  | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |   | Street Address<br><b>1425 Meeting House Rd</b>                      |   |                           |                                     |        |             |           |
|  |   |   | City, State, Zip Code<br><b>Sec 6, NJ 08750</b>                     |   |                           |                                     |        |             |           |
|  |   | Name of Contact<br><b>Doug</b>  | Telephone Number<br>_____   |   |                           |                                     |        |             |           |
| <b>FACILITY INFORMATION</b>  |   |   |   |   |                           |                                     |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Broadwell + Residence/Garage</b>  |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |   |   |                           |                                     |        |             |           |
| Street Address<br><b>2256 Meeting House Rd</b>   |   | Square Feet<br><b>400</b>   | # of Floors<br><b>1</b>   |   |                           |                                     |        |             |           |
| City (5)<br><b>Wall</b>  |   | Bldg. Age<br><b>037</b>   |   |   |                           |                                     |        |             |           |
| County (6)<br><b>Monmouth</b>  |   | County Code (7)<br>(STATE USE ONLY) _____   | Current Use (Prior if being demolished)<br><b>Garage</b>            |   |                           |                                     |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>_____   |   | ASCM No.<br>_____   | Name of Abatement Contractor (9)<br><b>Ace Insulation Co., Inc.</b> |   |                           |                                     |        |             |           |
| Street Address<br>_____  |   | Street Address<br><b>95 Montrose Road</b>   |   |   |                           |                                     |        |             |           |
| City, State, Zip Code<br>_____   |   | City, State, Zip Code<br><b>Colts Neck, N.J. 07722</b>  |   |   |                           |                                     |        |             |           |
| Project Manager for Monitoring Firm<br>_____   |   | Telephone No.<br>_____  | Telephone No.<br><b>732-294-1757</b>                                |   |                           |                                     |        |             |           |
|  |   | License No.<br><b>00029</b>   |   |   |                           |                                     |        |             |           |
| Start Date (10)<br><b>12/17/14</b>   |   | Scheduled Completion Date (11)<br><b>12/20/14</b>   |   |   |                           |                                     |        |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____  |   | Name of OSHA Monitor<br>_____   |   |   |                           |                                     |        |             |           |
|  |   | Street Address<br>_____   |   |   |                           |                                     |        |             |           |
|  |   | City, State, Zip Code<br>_____  |   |   |                           |                                     |        |             |           |
| Scope of Work (Check All That Apply)<br><input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ if $\geq 160$ sf or $\geq 260$ lf<br><input checked="" type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |   |   |   |   |                           |                                     |        |             |           |
| Location of Asbestos-Containing Material (ACM) To Be Abated In Facility (13)   | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)   |   |   | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type                      |        |             |           |
|  | Yes   | No  | N/A   |   |                           | Removal                             | Repair | Encapsulate | Enclosure |
| <b>outside</b>   |   |   |   | <b>siding</b>   | <b>400sf</b>              | <input checked="" type="checkbox"/> |        |             |           |
|  |   |   |   |   |                           |                                     |        |             |           |
| Name of Registered Waste Hauler<br><b>Ace Insulation Co., Inc.</b>   |   | NJDEP Waste Hauler ID No.<br><b>12086</b>   | Cubic Yards of Waste<br><b>1</b>                                    | Name of Registered Landfill<br><b>Chrins</b>  |                           |                                     |        |             |           |
| City, State<br><b>Colts Neck, New Jersey</b>   |   |   | Disposal Date<br><b>12/20/14</b>                                    | City, State<br><b>Easton, PA</b>  |                           |                                     |        |             |           |
| Completed by<br><b>Bree McGuire</b>  |   | Title<br><b>Secretary Treasurer</b>   |   | Signature<br>                           |                           | Date<br><b>12/8/14</b>              |        |             |           |

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



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

**RECEIVED**

|   |  |  |                  |
|---|--|--|------------------|
| Date of Notification (1)<br>12-8-14   |  | Name of Building Owner/Operator (2)<br>Michele Steriti |                  |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA | Type Notification<br><input type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br>1119 Yardley Road                    |                  |
|   |  | City, State, Zip Code<br>Cherry Hill, NJ 08034         |                  |
|   |  | Name of Contact<br>John Zumbo                          | Telephone Number |

**2014 DEC 11 PM 10:43**

**ASBESTOS CONTROL & LICENSING**

**FACILITY INFORMATION**

|   |   |   |  |
|---|---|---|--|
| Name of Facility Where Abatement is Taking Place (3)<br>Residential   |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |  |
| Street Address<br>1119 Yardely Road   |   | Square Feet<br>2000   | # of Floors<br>2   |
| City (5)<br>Cherry Hill   |   | Bldg. Age<br>50   |  |
| County (6)<br>Camden  | County Code (7)<br>(STATE USE ONLY) _____ | Current Use (Prior if being demolished)<br>Residential  |  |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Rick Pellissier  |   | ASCM No.  | Name of Abatement Contractor (9)<br>Assured Environmental Services, Inc. |
| Street Address<br>904 Kings Arms Drive  |   | Street Address<br>570 Clems Run   |  |
| City, State, Zip Code<br>Downingtown, PA 19335  |   | City, State, Zip Code<br>Mullica Hill NJ 08062  |  |
| Project Manager for Monitoring Firm   |   | Telephone No.<br>610-304-4676   | License No.<br>01145   |
| Start Date (10)   | Scheduled Completion Date (11)            | Name of OSHA Monitor<br>EMSL  |  |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br>Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____ |   | Street Address<br>200 Rt 130 North  |  |
|   |   | City, State, Zip Code<br>Cinnaminson, NJ 08077  |  |

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"/> 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 |
| Living Room and Kitchen  |   |    | x   | pop corn ceiling  | 1500 SF                   | x              |        |             |           |
| Basement   |   |    | x   | Floor Tile  | 550                       | x              |        |             |           |
|  |   |    |     |   |                           |                |        |             |           |
|  |   |    |     |   |                           |                |        |             |           |

|  |  |                           |                                |   |                 |
|--|--|---------------------------|--------------------------------|---|-----------------|
| Name of Registered Waste Hauler<br>Assured Environmental |  | NJDEP Waste Hauler ID No. | Cubic Yards of Waste<br>2      | Name of Registered Landfill<br>Minerva Landfill |                 |
| City, State<br>Mullica Hill, NJ                          |  | Disposal Date<br>12-21-14 |                                | City, State<br>Waynesburg, OH                   |                 |
| Completed by<br>John Zumbo                               |  | Title<br>President        | Signature<br><i>John Zumbo</i> |   | Date<br>12-8-14 |



NO CK

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

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ASBESTOS CONTROL & LICENSING

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Date of Notification (1)<br>12/02/2014  |  | Name of Building Owner/Operator (2)<br>PSEG         |                                    |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br>4000 HADLEY ROAD                  |                                    |
|   |  | City, State, Zip Code<br>SOUTH PLAINFIELD, NJ 07080 |                                    |
|   |  | Name of Contact<br>DAVID ROCHE                      | Telephone Number<br>1-201-261-1111 |

|  |                                     |   |                  |
|--|-------------------------------------|---|------------------|
| Name of Facility Where Abatement is Taking Place (3)<br>PSEG BRIDGEWATER SWITCHING STATION |                                     | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |                  |
| Street Address<br>5 POLHEMUS LANE  |                                     | Square Feet<br>2922   | # of Floors<br>1 |
| City (5)<br>BRIDGEWATER  |                                     | Bldg. Age<br>30+  |                  |
| County (6)<br>SOMERSET   | County Code (7)<br>(STATE USE ONLY) | Current Use (Prior if being demolished)<br>SWITCHING CONTROL BLD.   |                  |

|  |               |   |                        |
|--|---------------|---|------------------------|
| Name of Monitoring Firm Hired by Building Owner (8)<br>N/A | ASCM No.      | Name of Abatement Contractor (9)<br>AETNA ROOFING CORPORATION |                        |
| Street Address   |               | Street Address<br>1320 EAST STATE STREET                      |                        |
| City, State, Zip Code                                      |               | City, State, Zip Code<br>TRENTON, NJ 08609                    |                        |
| Project Manager for Monitoring Firm                        | Telephone No. | Telephone No.<br>609-586-3666 ext 166                         | License No.<br>0097229 |

|  |                                |                             |
|--|--------------------------------|-----------------------------|
| Start Date (10)  | Scheduled Completion Date (11) | Name of OSHA Monitor<br>N/A |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____ |                                | Street Address              |
|  |                                | City, State, Zip Code       |

Scope of Work (Check All That Apply)

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

| Location of Asbestos-Containing Material (ACM) 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 CONTROL BUILDING  | X   |    |     | ROOF FLASHINGS  | 300                       | X              |        |             |           |
| SMALL CONTROL BUILDING   | X   |    |     | ROOFING   | 522                       | X              |        |             |           |
|  |   |    |     |   |                           |                |        |             |           |

|   |                                    |                                |   |
|---|------------------------------------|--------------------------------|---|
| Name of Registered Waste Hauler<br>WM of NEW JERSEY | NJDEP Waste Hauler ID No.<br>17273 | Cubic Yards of Waste<br>10     | Name of Registered Landfill<br>GROWS LANDFILL |
| City, State<br>NEWARK, NJ 07114                     | Disposal Date                      | City, State<br>MORRISVILLE, PA |   |
| Completed by<br>JOHN BIASINI                        | Title<br>ESTIMATOR                 | Signature<br>John Biasini      | Date<br>12-2-14                               |

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



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

|  |   |   |                  |
|--|---|---|------------------|
| Date of Notification (1)<br><b>12-4-14</b>                               |   | Name of Building Owner/Operator (2)<br><b>326 Washington Ave. LLC</b> |                  |
| Agencies Notified<br>[ ] EPA<br>[ ] DEP<br>[X] DOL<br>[X] DOH<br>[ ] DCA | Type Notification<br>[X] Initial Notification | Street Address<br><b>326 South Washington Ave.</b>                    |                  |
|  | [ ] Amended Notification                      | City, State, Zip Code<br><b>Bergenfield, NJ, 07621</b>                |                  |
|  | [ ] EMERGENCY                                 | Name of Contact<br><b>326 Washington Ave. LLC</b>                     | Telephone Number |
|  | [ ] Cancellation                              |   |                  |

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ASBESTOS CONTROL & LICENSE INC

FACILITY INFORMATION

|  |                  |                                  |  |                         |                       |
|--|------------------|----------------------------------|--|-------------------------|-----------------------|
| Name of Facility Where Abatement is Taking Place (3)<br><b>Same as above</b> |                  |                                  | Type of Facility (4)<br>[ ] School (K-12)<br>[ ] Subchapter 8 (Other than K-12)<br>[X] Other (i.e., private & commercial buildings, homes, etc.) |                         |                       |
| Street Address   |                  |                                  | Square Feet<br><b>8000</b>   | # of Floors<br><b>2</b> | Bldg. Age<br><b>6</b> |
| City (5)   | County (6) Essex | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished)  |                         |                       |

|   |   |   |  |  |  |
|---|---|---|--|--|--|
| Name of Monitoring Firm hired by Building Owner (8)<br><b>N/A</b>   |   | ASCM No.  | Name of Abatement Contractor (9)<br><b>AZTECH MANAGEMENT, Inc.</b> |  |  |
| Street Address  |   | Street Address<br><b>86 Christopher St.</b>         |  |  |  |
| City, State, Zip Code   |   | City, State, Zip Code<br><b>Montclair, NJ 07042</b> |  |  |  |
| Project Manager for Monitoring Firm   | Telephone Number<br><b>N/A</b>                | Telephone Number<br><b>(973) 744-8800</b>           | License Number<br><b>00371</b>                                     |  |  |
| Scheduled Start Date (10)<br><b>12-13-14</b>  | Sched. Completion Date (11)<br><b>12-1514</b> | Name of OSHA Monitor<br><b>N/A</b>                  |  |  |  |
| Occupancy Status During Abatement (Check only one)<br>[X] Facility Closed/Vacated During Entire Period of Abatement<br>[ ] Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript»<br>[ ] Other - Describe: «Other Occupancy Descript» |   | Street Address                                      |  |  |  |
|   |   | City, State, Zip Code                               |  |  |  |

Scope of Work (Check all that apply)

|                        |                |   |
|------------------------|----------------|---|
| [X] >3 sf or >3 lf     | [X] Renovation | [ ] Full Containment with Negative Pressure |
| [ ] >160 sf or >260 lf | [ ] Demolition | [ ] Mini-Enclosure                          |
|                        |                | [ ] Glovebag Procedure                      |
|                        |                | [X] Non-Friable Procedure                   |

| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely By Maintenance/Custodial Staff (12) |    |     | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type                  |                            |   |   |  |
|--|--|----|-----|--|---------------------------|---------------------------------|----------------------------|---|---|--|
|  | Yes  | No | N/A |  |                           | R<br>E<br>M<br>O<br>V<br>A<br>L | R<br>E<br>P<br>A<br>I<br>R | E<br>N<br>C<br>A<br>P<br>S<br>U<br>L<br>E | E<br>N<br>C<br>L<br>O<br>S<br>U<br>R<br>E |  |
| Roof   |  |    | X   | Roof Flashing  | 460 SF                    | X                               |                            |   |   |  |

|   |   |                                    |  |
|---|---|------------------------------------|--|
| Name of Registered Waste Hauler<br><b>AZTECH MANAGEMENT, INC.</b> | NJDEP Waste Hauler ID No.<br><b>17040</b> | Cubic Yards of Waste<br><b>1.5</b> | Name of Registered Landfill<br><b>G.R.O.W.S.</b> |
| City, State<br><b>Montclair, NJ 07042</b>                         |   | Disposal Date<br><b>12-16-14</b>   | City, State<br><b>Morrisville, PA 19067</b>      |
| Completed By (Print or Type)<br><b>Constantine Vivian</b>         | Title<br><b>President</b>                 | Signature<br><i>CVivian</i>        | Date<br><b>12-4-14</b>                           |



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

|  |   |   |   |
|--|---|---|---|
| Date of Notification (1)<br><b>12-4-14</b>                               |   | Name of Building Owner/Operator (2)<br><b>Adam Moroze</b> |   |
| Agencies Notified<br>[ ] EPA<br>[ ] DEP<br>[X] DOL<br>[X] DOH<br>[ ] DCA | Type Notification<br>[X] Initial Notification | Street Address<br><b>6 Marion Road</b>                    |   |
|  | [ ] Amended Notification                      | City, State, Zip Code<br><b>Upper Montclair, NJ,</b>      |   |
|  | [ ] EMERGENCY<br>[ ] Cancellation             | Name of Contact<br><b>Adam Moroze</b>                     | Telephone Number<br><b>(973) 373-1376</b> |

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ASBESTOS CONTROL

FACILITY INFORMATION

|  |                  |                                     |  |             |           |
|--|------------------|-------------------------------------|--|-------------|-----------|
| Name of Facility Where Abatement is Taking Place (3)<br><b>Same as above</b> |                  |                                     | Type of Facility (4)<br>[ ] School (K-12)<br>[ ] Subchapter 8 (Other than K-12)<br>[X] Other (i.e., private & commercial buildings, homes, etc.) |             |           |
| Street Address   |                  |                                     | Square Feet  | # of Floors | Bldg. Age |
| City (5)   | County (6) Essex | County Code (7)<br>(STATE USE ONLY) | Current Use (Prior if being demolished)  |             |           |

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| Name of Monitoring Firm hired by Building Owner (8)<br><b>N/A</b>   |  | ASCM No.  | Name of Abatement Contractor (9)<br><b>AZTECH MANAGEMENT, Inc.</b> |  |  |
| Street Address  |  | Street Address<br><b>86 Christopher St.</b>         |  |  |  |
| City, State, Zip Code   |  | City, State, Zip Code<br><b>Montclair, NJ 07042</b> |  |  |  |
| Project Manager for Monitoring Firm   | Telephone Number<br><b>N/A</b>                 | Telephone Number<br><b>(973) 744-8800</b>           | License Number<br><b>00371</b>                                     |  |  |
| Scheduled Start Date (10)<br><b>12-16-14</b>  | Sched. Completion Date (11)<br><b>12-17-14</b> |   | Name of OSHA Monitor<br><b>N/A</b>                                 |  |  |
| Occupancy Status During Abatement (Check only one)<br>[X] Facility Closed/Vacated During Entire Period of Abatement |  | Street Address                                      |  |  |  |
| [ ] Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript»                            |  | City, State, Zip Code                               |  |  |  |
| [ ] Other - Describe: «Other Occupancy Descript»  |  |   |  |  |  |

Scope of Work (Check all that apply)

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

| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility (13) | Is Location Normally Used Solely By Maintenance/Custodial Staff (12) |    |     | Description of Asbestos-Containing Material (ACM)<br>(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type                  |                            |                                      |   |
|---|--|----|-----|---|---------------------------|---------------------------------|----------------------------|--------------------------------------|---|
|   | Yes  | No | N/A |   |                           | R<br>E<br>M<br>O<br>V<br>A<br>L | R<br>E<br>P<br>A<br>I<br>R | E<br>N<br>C<br>A<br>P<br>S<br>U<br>L | E<br>N<br>C<br>L<br>O<br>S<br>U<br>R<br>E |
| Basement  |  |    | X   | Duct Insulation   | 30 sf                     | X                               |                            |                                      |   |
|   |  |    |     |   |                           |                                 |                            |                                      |   |

|   |                           |   |   |  |  |
|---|---------------------------|---|---|--|--|
| Name of Registered Waste Hauler<br><b>AZTECH MANAGEMENT, INC.</b> |                           | NJDEP Waste Hauler ID No.<br><b>17040</b> | Cubic Yards of Waste<br><b>1.5</b>          | Name of Registered Landfill<br><b>G.R.O.W.S.</b> |  |
| City, State<br><b>Montclair, NJ 07042</b>                         |                           | Disposal Date<br><b>12-18-14</b>          | City, State<br><b>Morrisville, PA 19067</b> |  |  |
| Completed By (Print or Type)<br><b>Constantine Vivian</b>         | Title<br><b>President</b> | Signature<br><i>CVivian</i>               | Date<br><b>12-4-14</b>                      |  |  |



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

|  |  |  |                  |
|--|--|--|------------------|
| Date of Notification (1)<br><b>12-4-14</b> |  | Name of Building Owner/Operator (2)<br><b>David Fink</b> |                  |
| Agencies Notified                          | Type Notification  | Street Address   |                  |
| <input type="checkbox"/> EPA               | <input checked="" type="checkbox"/> Initial Notification | <b>2 Westover Road</b>                                   |                  |
| <input type="checkbox"/> DEP               | <input type="checkbox"/> Amended Notification            | City, State, Zip Code                                    |                  |
| <input checked="" type="checkbox"/> DOL    | <input type="checkbox"/> EMERGENCY                       | <b>Verona, NJ, 07044</b>                                 |                  |
| <input checked="" type="checkbox"/> DOH    | <input type="checkbox"/> Cancellation                    | Name of Contact  | Telephone Number |
| <input type="checkbox"/> DCA               |  | <b>David Fink</b>  |                  |

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#481G

FACILITY INFORMATION

|  |  |  |   |             |            |
|--|--|--|---|-------------|------------|
| Name of Facility Where Abatement is Taking Place (3)<br><b>Same as above</b> |  |  | Type of Facility (4)  |             |            |
| Street Address   |  |  | <input type="checkbox"/> School (K-12)  |             |            |
| City (5)   |  |  | <input type="checkbox"/> Subchapter 8 (Other than K-12)                                       |             |            |
| County (6) Essex   |  |  | <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) |             |            |
| County Code (7)<br>(STATE USE ONLY)  |  |  | Square Feet   | # of Floors | Bldg. Age  |
|  |  |  | <b>2400</b>   | <b>3</b>    | <b>104</b> |
| Current Use (Prior if being demolished)                                      |  |  |   |             |            |

|   |  |                            |  |  |                |
|---|--|----------------------------|--|--|----------------|
| Name of Monitoring Firm hired by Building Owner (8)<br><b>N/A</b> |  | ASCM No.                   | Name of Abatement Contractor (9)<br><b>AZTECH MANAGEMENT, Inc.</b> |  |                |
| Street Address  |  | Street Address             |  |  |                |
|   |  | <b>86 Christopher St.</b>  |  |  |                |
| City, State, Zip Code   |  | City, State, Zip Code      |  |  |                |
|   |  | <b>Montclair, NJ 07042</b> |  |  |                |
| Project Manager for Monitoring Firm                               |  | Telephone Number           | Telephone Number   |  | License Number |
|   |  | <b>N/A</b>                 | <b>(973) 744-8800</b>  |  | <b>00371</b>   |

|   |      |   |     |                      |  |
|---|------|---|-----|----------------------|--|
| Scheduled Start Date (10)<br><b>12-17-14</b>  |      | Sched. Completion Date (11)<br><b>2-18-14</b> |     | Name of OSHA Monitor |  |
| Month   | Day  | Month   | Day | N/A                  |  |
| Year  | Year | Street Address                                |     |                      |  |
|   |      | City, State, Zip Code                         |     |                      |  |
|   |      |   |     |                      |  |
| 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»   |      |   |     |                      |  |

Scope of Work (Check all that apply)

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

| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely By Maintenance/Custodial Staff (12) |    |     | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type                  |                            |                                      |   |
|--|--|----|-----|--|---------------------------|---------------------------------|----------------------------|--------------------------------------|---|
|  | Yes  | No | N/A |  |                           | R<br>E<br>M<br>O<br>V<br>A<br>L | R<br>E<br>P<br>A<br>I<br>R | E<br>N<br>C<br>A<br>P<br>S<br>U<br>L | E<br>N<br>C<br>L<br>O<br>S<br>U<br>R<br>E |
| Basement   |  |    | X   | Pipe Insulation  | 70 lf                     | X                               |                            |                                      |   |
|  |  |    |     |  |                           |                                 |                            |                                      |   |

|   |  |   |                                    |  |                       |
|---|--|---|------------------------------------|--|-----------------------|
| Name of Registered Waste Hauler<br><b>AZTECH MANAGEMENT, INC.</b> |  | NJDEP Waste Hauler ID No.<br><b>17040</b> | Cubic Yards of Waste<br><b>1.5</b> | Name of Registered Landfill<br><b>G.R.O.W.S.</b> |                       |
| City, State<br><b>Montclair, NJ 07042</b>                         |  | Disposal Date<br><b>12-19-14</b>          |                                    | City, State<br><b>Morrisville, PA 19067</b>      |                       |
| Completed By (Print or Type)<br><b>Constantine Vivian</b>         |  | Title<br><b>President</b>                 | Signature<br><i>CVivian</i>        |  | Date<br><b>12-4-4</b> |



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

|  |  |  |                  |
|--|--|--|------------------|
| Date of Notification (1)<br><b>12-3-14</b> |  | Name of Building Owner/Operator (2)<br><b>Andrew Gutelle</b> |                  |
| Agencies Notified                          | Type Notification  | Street Address   |                  |
| <input type="checkbox"/> EPA               | <input checked="" type="checkbox"/> Initial Notification | <b>61 Christopher Street</b>                                 |                  |
| <input type="checkbox"/> DEP               | <input type="checkbox"/> Amended Notification            | City, State, Zip Code  |                  |
| <input checked="" type="checkbox"/> DOL    | <input type="checkbox"/> EMERGENCY                       | <b>Montclair, NJ, 07042</b>                                  |                  |
| <input checked="" type="checkbox"/> DOH    | <input type="checkbox"/> Cancellation                    | Name of Contact  | Telephone Number |
| <input type="checkbox"/> DCA               |  | <b>Andrew Gutelle</b>  |                  |

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ASBESTOS CONTROL & LICENSES

FACILITY INFORMATION

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

|   |                  |  |                |
|---|------------------|--|----------------|
| Name of Monitoring Firm hired by Building Owner (8)<br><b>N/A</b> | ASCM No.         | Name of Abatement Contractor (9)<br><b>AZTECH MANAGEMENT, Inc.</b> |                |
| Street Address  |                  | Street Address   |                |
|   |                  | <b>86 Christopher St.</b>  |                |
| City, State, Zip Code   |                  | City, State, Zip Code  |                |
|   |                  | <b>Montclair, NJ 07042</b>   |                |
| Project Manager for Monitoring Firm                               | Telephone Number | Telephone Number   | License Number |
|   | <b>N/A</b>       | <b>(973) 744-8800</b>  | <b>00371</b>   |

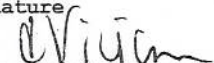
|   |  |                                    |  |
|---|--|------------------------------------|--|
| Scheduled Start Date (10)<br><b>12-17-14</b>  | Sched. Completion Date (11)<br><b>12-18-14</b> | Name of OSHA Monitor<br><b>N/A</b> |  |
| Month Day Year  | Month Day Year                                 |                                    |  |
| Occupancy Status During Abatement (Check only one)  |  | Street Address                     |  |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript»<br><input type="checkbox"/> Other - Describe: «Other Occupancy Descript» |  | City, State, Zip Code              |  |

Scope of Work (Check all that apply)

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

| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely By Maintenance/Custodial Staff (12) |    |     | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type                  |                            |                                      |   |  |
|--|--|----|-----|--|---------------------------|---------------------------------|----------------------------|--------------------------------------|---|--|
|  | Yes  | No | N/A |  |                           | R<br>E<br>M<br>O<br>V<br>A<br>L | R<br>E<br>P<br>A<br>I<br>R | E<br>N<br>C<br>A<br>P<br>S<br>U<br>L | E<br>N<br>C<br>L<br>O<br>S<br>U<br>R<br>E |  |
| Basement   |  |    | X   | Pipe Insulation  | 175 lf                    | X                               |                            |                                      |   |  |

|   |   |   |  |
|---|---|---|--|
| Name of Registered Waste Hauler<br><b>AZTECH MANAGEMENT, INC.</b> | NJDEP Waste Hauler ID No.<br><b>17040</b> | Cubic Yards of Waste<br><b>1.5</b>          | Name of Registered Landfill<br><b>G.R.O.W.S.</b> |
| City, State<br><b>Montclair, NJ 07042</b>                         | Disposal Date<br><b>12-19-14</b>          | City, State<br><b>Morrisville, PA 19067</b> |  |

|   |                           |   |                        |
|---|---------------------------|---|------------------------|
| Completed By (Print or Type)<br><b>Constantine Vivian</b> | Title<br><b>President</b> | Signature<br> | Date<br><b>12-3-14</b> |
|---|---------------------------|---|------------------------|



CK 1754

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

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|  |   |   |                  |
|--|---|---|------------------|
| Date of Notification (1)<br>12/5/14  |   | Name of Building Owner/Operator (2)<br>Aaron Gottlieb |                  |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input type="checkbox"/> DOH<br><input type="checkbox"/> DCA | Type Notification<br><input type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment # _____<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br>84 Sussex Rd.                       |                  |
|  |   | City, State, Zip Code<br>Bergenfield, NJ              |                  |
|  |   | Name of Contact<br>Eric Plachis                       | Telephone Number |

2014 DEC 11 PM 10:41

ASBESTOS CONTROL LICENSING

FACILITY INFORMATION

|  |   |   |   |
|--|---|---|---|
| Name of Facility Where Abatement is Taking Place (3)   |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |   |
| Street Address<br>84 Sussex Rd.  |   | City, State, Zip Code<br>Bergenfield, NJ 07621  |   |
| City (5)<br>Bergenfield, NJ  | Square Feet<br>1228                       | # of Floors<br>2  | Bldg. Age<br>66   |
| County (6)   | County Code (7)<br>(STATE USE ONLY)       | Current Use (Prior if being demolished)<br>Home   |   |
| Name of Monitoring Firm Hired by Building Owner (8)  |   | ASCM No.  | Name of Abatement Contractor (9)<br>Brick Industries Inc. |
| Street Address   |   | Street Address<br>P.O. Box 915  |   |
| City, State, Zip Code  |   | City, State, Zip Code<br>Brick, NJ 08723  |   |
| Project Manager for Monitoring Firm  |   | Telephone No.<br>732-899-7499   | License No.<br>01196                                      |
| Start Date (10)<br>12/9/14   | Scheduled Completion Date (11)<br>12/9/14 | Name of OSHA Monitor  |   |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____ |   | Street Address  |   |
|  |   | City, State, Zip Code   |   |

Scope of Work (Check All That Apply)

|   |  |   |
|---|--|---|
| <input type="checkbox"/> ≥3 sf or ≥3 lf     | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure    |
| <input type="checkbox"/> ≥160 sf or ≥260 lf | <input type="checkbox"/> Demolition            | <input type="checkbox"/> Mini-Enclosure                             |
|   |  | <input 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 |  |  |  |
|  |   |    |     | 4 yards transite siding scraps  |                           |                |        |             |           |  |  |  |
|  |   |    |     |   |                           |                |        |             |           |  |  |  |
|  |   |    |     |   |                           |                |        |             |           |  |  |  |

|  |  |                                    |                           |   |  |
|--|--|------------------------------------|---------------------------|---|--|
| Name of Registered Waste Hauler<br>Brick Industries Inc. |  | NJDEP Waste Hauler ID No.<br>21602 | Cubic Yards of Waste<br>4 | Name of Registered Landfill<br>G.R.O.W.S. |  |
| City, State<br>Brick, NJ                                 |  | Disposal Date<br>12/10/14          | City, State<br>P.A.       |   |  |
| Completed by<br>Eric Plachis                             |  | Title<br>President                 | Signature<br>             | Date<br>12/15/14                          |  |



CHECK #  
3561

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

2014 DEC 11

Notification (1) 12/14/14  
 Name of Building Owner/Operator (2) EARTITECH CONTRACTING  
 Street Address 155 RT. 50  
 City, State, Zip Code GREENFIELD N.J. 08230  
 Name of Contact BRUCE BREWIG Telephone Number 27

ASBESTOS CONTROL & LICENSING  
 DD  
 DDm  
 DCA

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

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) RESIDENCE  
 Street Address 2329 ASBURY AVE.  
 City (5) OCEAN CITY  
 County (5) CAPE MAY County Code (7) STATE USE ONLY  
 Type of Facility (4)  
 School (K-12)  
 Subchapter 8 (Other than K-12; homes, etc.)  
 Other (i.e., private & commercial buildings)  
 Square Foot 1000 # of Floors 2 Bldg Age 40+  
 Current Use (Prior to being demolished) VACANT

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

Start Date (10) 12/18/14 Scheduled Completion Date (11) 12/25/14  
 Name of OSHA Monitor JOSEPH KLEMM  
 Street Address 369 S. SPRUCE AVE.  
 City, State, Zip Code MAPLE SHADE, N.J. 08052

Occupancy Status During Abatement (Check only one)  
 Facility Closed/Vacated During Entire Period of Abatement  
 Abatement Performed Outside of Normal Facility Hours  
 Other - Describe  
 Scope of Work (Check all that apply):  
 2311 or 2317  
 2160.11 or 2260.11  
 Renovation  
 Demolition  
 Full Containment with Negative Pressure  
 Win. Enclosure  
 Glovebag Procedure  
 Non-Exempted ("I") and Non-Frable Procedure

| Location of Asbestos-Containing Material (ACM) in Facility (13) | Is Location Normally Used Solely by Custodial Staff? (12) |    |          | Description of Asbestos-Containing Material (ACM) i.e. normal systems insulation, suspended VAT or other miscellaneous | Amount (Specify SF or LF) | Abatement |               |
|---|---|----|----------|--|---------------------------|-----------|---------------|
|   | YES   | NO | N/A      |  |                           | Removal   | Encapsulation |
| <u>SIDING</u>   |   |    | <u>X</u> | <u>TRANSITE</u>  | <u>2000 SF</u>            | <u>X</u>  |               |

Name of Registered Waste Hauler KLEMCO INC. NJSEP Waste Hauler ID No. 17927 Cubic Yards of Waste 5 Disposal Date  
 Name of Registered Landfill C.M.C. M.U.A. City, State WOODBINE, N.J.  
 On State MAPLE SHADE, N.J. 08052  
 Completed By JOSEPH KLEMM Title OWNER Signature Joseph Klemm Date 12/14/14



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

2014 DEC 17 PM 10:52

ASBESTOS CONTROL  
& LICENSING  
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 DOH  
 DCA

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

Name of Building Owner/Operator (2)  
EARTHTECH CONTRACTING  
Street Address  
155 RT. 50  
City, State, Zip Code  
GREENFIELD N.J 08230  
Name of Contact  
BRUCE BREUNIG  
Telephone Number  
610-411-4114

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
RESIDENCE  
Street Address  
319 OCEAN ROAD  
City (5)  
OCEAN CITY  
County (5)  
CAPE MAY  
Type of Facility (4)  
 School (K-12)  
 Subchapter B (Other than K-12)  
 Other (i.e., private & commercial buildings, homes, etc.)  
Square Foot  
1000  
# of Floors  
2  
Bldg Age  
40 Y  
Current Use (Prior to being demolished)  
VACANT

Name of Monitoring Firm Hired by Building Owner (8)  
N/A  
ASCM No.  
Name of Abatement Contractor (9)  
KLEMMCO INC.  
Street Address  
369 S. SPRUCE AVE.  
City, State, Zip Code  
MAPLE SHADE, N.J 08052  
Telephone No.  
856-779-0422  
License No.  
20444  
Project Manager for Monitoring Firm  
Telephone No.

Start Date (10)  
12/20/14  
Scheduled Completion Date (11)  
12/27/14  
Occupancy Status During Abatement (Check only one):  
 Facility Closed/Vacated During Entire Period of Abatement  
 Abatement Performed Outside of Normal Facility Hours  
 Other - Describe  
Name of OSHA Monitor  
JOSEPH KLEMM  
Street Address  
369 S. SPRUCE AVE.  
City, State, Zip Code  
MAPLE SHADE, N.J. 08052

| Scope of Work (Check all that apply)                             | Renovation  |   |                                     | Demolition                                     |   |   | Full Containment with Negative Pressure                            |                           |          | Abatement |
|--|---|---|-------------------------------------|--|---|---|--|---------------------------|----------|-----------|
|  | <input type="checkbox"/> 23 ft or 23 ft               | <input type="checkbox"/> 24-50 ft or 260 ft | <input type="checkbox"/> Renovation | <input checked="" type="checkbox"/> Demolition | <input type="checkbox"/> Min. Enclosure   | <input type="checkbox"/> Glovebag Procedure | <input type="checkbox"/> Non-Exempted (*) and Non-Frable Procedure | Amount (Specify SF or LF) | Material |           |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED (13) | Location Normally Used Solely by Custodial Staff (12) | YES   | NO                                  | N/A  | Description of Asbestos Containing Material (ACM) (i.e., normal systems insulation, surfacing, VAV, or other miscellaneous) | Amount (Specify SF or LF)                   | Abatement  | Material                  |          |           |
| SIDING   |   |   |                                     | X  | TRANSITE  | 2800 SF                                     | X  |                           |          |           |

Name of Registered Waste Hauler  
KLEMMCO INC.  
NJDEP Waste Hauler ID No  
L7927  
Cubic Yards of Waste  
5  
Disposal Date  
Name of Registered Landfill  
C.M.C. M.U.A.  
City, State  
WOODBINE, N.J.  
Completed By  
JOSEPH KLEMM  
Title  
OWNER  
Signature  
Joseph Klemm  
Date  
12/15/14



PK 100003 0010

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

RECEIVED

Date of Notification (1)  
11/21/14

Name of Building Owner/Operator (2)  
Infineum

Street Address  
1900 EAST LINDEN AVE

City, State, Zip Code  
LINDEN, NJ

Name of Contact  
Mike PUSFORT

Telephone Number

Agencies Notified:  EPA,  DEP,  DOL,  DOH,  DCA

Type Notification:  Initial Notification,  Amended Notification,  Cancellation

DEC 11 AM 1:40  
ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
Infineum Main Bldg

Street Address  
1900 EAST LINDEN AVE

City (5)  
LINDEN

County (6)  
UNION

County Code (7) (STATE USE ONLY)

Type of Facility (4)  
 School (K-12)  
 Subchapter 8 (Other than K-12)  
 Other (i.e., private & commercial buildings, homes, etc.)

Square Feet  
150,000

# of Floors  
4

Bldg. Age  
66

Current Use (Prior if being demolished)  
Research + office

Name of Monitoring Firm Hired by Building Owner (8)  
N/A

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm

Telephone Number

Name of Abatement Contractor (9)  
New STATES Contracting

Street Address  
2400 MAIN ST Extension, Suite 10

City, State, Zip Code  
SPYREVILLE, NJ 08872

Telephone Number  
732 525 0100

License Number  
00749

Scheduled Start Date (10)  
11/21/14

Sched. Completion Date (11)  
11/21/14

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:

Name of OSHA Monitor  
TIGER Environmental

Street Address  
234 20th AVE

City, State, Zip Code  
BRICK, NJ 08724

Scope of Work (Check all that apply)  
 Demolition  
 >3 sf or >3 lf  
 >160 sf of >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)<br>Yes No N/A | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |   |   |   |
|--|--|--|---------------------------|----------------|---|---|---|
|  |  |  |                           | R              | E | N | E |
| 4th Floor Cafeteria  | ✓  | VAT + MASTIC   | 2400 SF                   |                |   |   |   |
|  |  |  |                           |                |   |   |   |
|  |  |  |                           |                |   |   |   |

Name of Registered Waste Hauler  
Freehold CARTAGE

NJDEP Waste Hauler ID No.  
15939

Cubic Yards of Waste  
25

Name of Registered Landfill  
Comberland County Landfill

City, State  
Freehold, NJ

Disposal Date  
12-22-14

City, State  
Newburg, PA

Completed By (Print or Type)  
Rick Baptista

Title  
Vice President

Signature  
*[Signature]*

Date  
12-9-14



26739

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

RECEIVED

DEC 11 AM 1:44

ASBESTOS CONTROL & LICENSING

|  |  |  |  |
|--|--|--|--|
| Date of Notification (1)<br>12 / 10 /14  |  | Name of Building Owner/Operator (2)<br>MERCK & CO.               |  |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA  |  | Street Address<br>126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414 |  |
| Type Notification<br><input checked="" type="checkbox"/> Initial Notification<br><input type="checkbox"/> Amended Notification<br><input type="checkbox"/> Cancellation<br><input type="checkbox"/> On Hold<br><input type="checkbox"/> EMERGENCY NOTIFICATION |  | City, State, Zip Code<br>RAHWAY, NEW JERSEY 07065                |  |
|  |  | Name of Contact<br>THOMAS BLAZOVIC                               |  |
|  |  | Telephone Number   |  |

FACILITY INFORMATION

|  |                     |                                     |  |   |                 |
|--|---------------------|-------------------------------------|--|---|-----------------|
| Name of Facility Where Abatement is Taking Place (3)<br>MERCK & CO.                              |                     |                                     | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.) |   |                 |
| Street Address<br>126 EAST LINCOLN AVENUE -BLDG 5  |                     |                                     | Square Feet<br>10,00   | # of Floors<br>4  | Bldg. Age<br>44 |
| City (5)<br>RAHWAY   | County (6)<br>UNION | County Code (7)<br>(STATE USE ONLY) | Current Use (Prior if being demolished)<br>OFFICE  |   |                 |
| Name of Monitoring Firm Hired by Building Owner (8)<br>ENVIRONMENTAL HEALTH INVESTIGATIONS, INC. |                     |                                     | ASCM No.<br>17   | Name of Abatement Contractor (9)<br>PAR ENVIRONMENTAL CORPORATION |                 |
| Street Address<br>655 WEST SHORE TRAIL   |                     |                                     | Street Address<br>313 SPOOK ROCK ROAD  |   |                 |
| City, State, Zip Code<br>SPARTA, NEW JERSEY 07871  |                     |                                     | City, State, Zip Code<br>SUFFERN, NEW YORK 10901   |   |                 |

|   |  |  |                                  |  |
|---|--|--|----------------------------------|--|
| Project Manager for Monitoring Firm<br>WILLIAM S. KERBEL, CIH |  | Telephone Number<br>973-729-5649         | Telephone Number<br>845-369-7500 | License Number<br>460                                    |
| Expected State Date (10)<br>12 / 20 /14                       |  | Sched. Completion Date (11)<br>4 / 24 15 |                                  | Name of OSHA Monitor<br>AMERISCI LABORATORIES INC #11480 |

|  |  |   |  |
|--|--|---|--|
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe:<br><input checked="" type="checkbox"/> Other - Describe: SATURDAY 7AM-7PM |  | Street Address<br>117 EAST 30TH STREET            |  |
|  |  | City, State, Zip Code<br>NEW YORK, NEW YORK 10016 |  |

|   |  |  |  |                                       |   |   |
|---|--|--|--|---------------------------------------|---|---|
| Scope of Work (Check all that apply)<br><input type="checkbox"/> Demolition<br><input checked="" type="checkbox"/> >3SF OR LF<br><input type="checkbox"/> >160 SF OR 260 LF |  | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure | <input type="checkbox"/> Mini-Encl. , | <input type="checkbox"/> Glovebag Procedure | <input checked="" type="checkbox"/> Non-Friable Procedure |
|---|--|--|--|---------------------------------------|---|---|

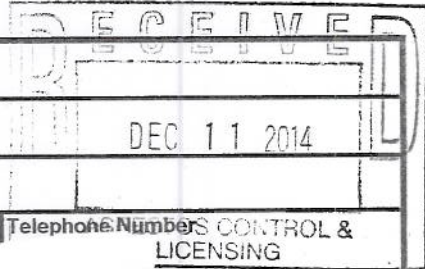
| Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13) | Is Location normally used solely by Maint/Custodial Staff (12) |    |     | Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |        |           |           |
|--|--|----|-----|--|---------------------------|----------------|--------|-----------|-----------|
|  | Yes  | No | N/A |  |                           | REMOVAL        | REPAIR | ENCAPSULE | ENCLOSURE |
| BUILDING #80 P - Area outside loading dock                                   |  | X  |     | Exterior Tar/Mastic  | 35 SF                     | X              |        |           |           |
|  |  |    |     |  |                           |                |        |           |           |
|  |  |    |     |  |                           |                |        |           |           |
|  |  |    |     |  |                           |                |        |           |           |

|   |  |                                      |                           |  |  |
|---|--|--------------------------------------|---------------------------|--|--|
| Name of Registered Waste Hauler<br>FREEHOLD CARTAGE, INC.<br>825 HIGHWAY 33 |  | NJDEP Waste Hauler ID No.<br>15939   | Cubic Yards of Waste<br>5 | Name of Registered Landfill<br>LYCOMING COUNTY RESOURCE MANAGEMENT SERVICE<br>447 ALEXANDER DRIVE/ROUTE 15 |  |
| City, State<br>FREEHOLD, NEW JERSEY   |  | Disposal Date<br>12/20/14 -4/24/2015 |                           | City, State<br>MONTGOMERY, PA 17752  |  |
| Completed by (Print or Type)<br>BENJAMIN SANCHEZ                            |  | Title<br>DIRECTOR OF OPERATIONS      | Signature<br>             | Date<br>12/10/14   |  |



CK 1521

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



|   |  |   |  |
|---|--|---|--|
| Date of Notification (1)<br>12 / 10 / 2014  |  | Name of Building Owner / Operator (2)<br>Jim Wood                             |  |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOH<br><input checked="" type="checkbox"/> DOL<br><input type="checkbox"/>   |  | Street Address<br>6 Urma Street<br>City, State, Zip Code<br>Clifton, NJ 07014 |  |
| Type of Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment #<br><input type="checkbox"/> Emergency w/ justification<br><input type="checkbox"/> Cancellation |  | Name of Contact<br>Jim Wood   |  |
|   |  | Telephone Number<br>AIR CONTROL & LICENSING                                   |  |

FACILITY INFORMATION

|  |  |                 |   |  |                        |
|--|--|-----------------|---|--|------------------------|
| Name of Facility Where Abatement is Taking Place (3)<br>Wood |  |                 | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.) |  |                        |
| Street Address<br>6 Urma Street                              |  |                 | Linear Feet<br>100  |  |                        |
| City (5)<br>Clifton  |  |                 | # Of Floors<br>2  |  | Building Age<br>60 yrs |
| County (6)<br>Passaic  |  | County Code (7) | Current Use (Prior if being demolished)<br>residential  |  |                        |

|   |   |  |   |                        |                        |
|---|---|--|---|------------------------|------------------------|
| Name of Monitoring Firm Hired by Bldg. Owner (8)<br>Steve Rich Environmental Contractors d/b/a OPUS Abatement |   | ASCM NO                                    | Name of Abatement Contractor (9)<br>Steve Rich Environmental Contractors d/b/a OPUS Abatement |                        |                        |
| Street Address<br>222 Delawanna Avenue  |   | Street Address<br>222 Delawanna Avenue     |   |                        |                        |
| City, State, Zip Code<br>Clifton, NJ 07014  |   | City, State, Zip Code<br>Clifton, NJ 07014 |   |                        |                        |
| Project Mngr. For Monitoring Firm<br>Warren Clendenny   |   | Telephone Number<br>973-458-1188           |   | License Number<br>1219 |                        |
| Sched. Start Date (10)<br>12 / 20 / 2014  | Sched. Completion Date (11)<br>12 / 30 / 2014 |  | Telephone Number<br>973-458-1188  |                        | License Number<br>1219 |

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| Occupancy Status During Abatement (Check Only 1)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility<br>Hours - Describe: _____<br><input type="checkbox"/> Other - Describe: _____ |  | Name of OSHA Monitor<br>Steve Rich Environmental Contractors d/b/a OPUS Abatement |  |  |  |
|   |  | Street Address<br>222 Delawanna Avenue  |  |  |  |
|   |  | City, State, Zip Code<br>Clifton, NJ 07014  |  |  |  |

Scope of Work (Check All That Apply)

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

| Location of Asbestos Containing<br><u>TO BE ABATED</u><br>in Facility<br>(13) | Is Location Normally Used Solely by Maintenance/Custodial Staff (12) |                          |                                     | Description of Asbestos - Containing Material (ACM)<br>(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type                      |                            |                                      |                                      |
|---|--|--------------------------|-------------------------------------|---|---------------------------|-------------------------------------|----------------------------|--------------------------------------|--------------------------------------|
|   | YES  | NO                       | N/A                                 |   |                           | R<br>E<br>M<br>O<br>V<br>A<br>L     | R<br>E<br>P<br>A<br>I<br>R | E<br>N<br>C<br>A<br>P<br>S<br>U<br>L | E<br>N<br>C<br>L<br>O<br>S<br>U<br>R |
| basement  | <input type="checkbox"/>   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | pipe insulation   | 100 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<br>Newark Carting |  | NJDEP Waste Hauler ID No.<br>4509 | Cubic Yards of Waste                 | Name of Registered Landfill<br>IESI |                  |  |
| City, State<br>Newark, NJ                         |  | Disposal Date<br>2/22/2014        | City, State<br>Bethlehem, PA         |                                     |                  |  |
| Completed by (Print or Type)<br>Tracey O'Connell  |  | Title<br>Office Manager           | Signature<br><i>Tracey O'Connell</i> |                                     | Date<br>12/10/14 |  |