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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/11/2013</td>
<td>Freehold Regional High School District</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>11 Pine Street</td>
</tr>
<tr>
<td></td>
<td>Amended</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Amendment #</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Emergency (including justification)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cancellation</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Name of Contact</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Englishtown, NJ 07726</td>
<td>Judy Lawson</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Freehold Township High School</td>
<td>School (K-12)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>281 Elton Adelphia Road</td>
<td>250000</td>
<td>2</td>
<td>42</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>County (6)</th>
<th>County Code (7) (STATE USE ONLY)</th>
<th>Current Use (Prior if being demolished)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monmouth</td>
<td></td>
<td>High School</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Environmental Testing Consultants</td>
<td>AEI2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>413 N. Black Horse Pike</td>
<td>856-482-1311</td>
<td>00689</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
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<tr>
<td>Environmental Testing Consultants</td>
<td>AEI2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/20/2013</td>
<td>12/20/2013</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check Only One)</th>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
<td>AEI2</td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, V&amp;T, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
<th>Encapsulate</th>
<th>Removal</th>
<th>Repair</th>
<th>Endcap/Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>x 3 sq ft or ≥ 3 ft</td>
<td>Main Office X</td>
<td>TSI</td>
<td>12 ft</td>
<td>8 LF</td>
<td>XX</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>≥ 180 sq ft or ≥ 260 ft</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Disposal Systems</td>
<td>GROWS</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lumberton, NJ</td>
<td>12/23/2013</td>
<td>GROWS</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>BERNARD D MCKENNA JR</td>
<td>GENERAL MANAGER</td>
<td>GOVERNOR</td>
<td>12/11/2013</td>
</tr>
</tbody>
</table>

*Do not use this form for asbestos licensure exempted activities.*
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
12/9/13

Name of Building Owner/Operator (2)
MR. & MRS. RUEDA PROPERTY

Agencies Notified
☐ EPA  ☐ DEP  ☐ DOL  ☐ DOH  ☐ DCA
☐ Initial  ☐ Amended
☐ Emergency (including justification)
☐ Amendment #
☐ Cancellation

Street Address
255 PEABODY AVENUE

City, State, Zip Code
LYNDHURST, NJ 07071

Name of Contact
FRANK CRUPI

FACILITY INFORMATION

Current Use (Prior if being demolished)
RESIDENCE

Name of Facility Where Abatement is Taking Place (3)
RUEDA PROPERTY

Street Address
255 PEABODY AVENUE

City (5)
LYNDHURST

County (6)
BERGEN

Square Feet
1250 SF

# of Floors
2

Bldg. Age
55+

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

ASCM No.

Name of Abatement Contractor (9)
Finishing Touch Asbestos Abatement Corp., Inc.

Street Address
580 Broadway, Unit A

City, State, Zip Code
Long Branch, NJ 07740

Project Manager for Monitoring Firm
N/A

Telephone No.
732.222.8372

License No.
00040

License No.

Start Date (10)
12/18/13

Scheduled Completion Date (11)
12/19/13

Name of OSHA Monitor
N/A

Occupancy Status During Abatement (Check Only One)
☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Other – Describe: ABANDONED

Street Address

City, State, Zip Code

Scope of Work (Check All That Apply)
☒ 250 ft or >=
☑ 160 ft or 260 ft
☐ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM)
TO BE ABATED

In Facility

(13)

Is Location Normally Used Solely by Maintenance/Custodial Staff?
(12)

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

1250 SF

EXTERIOR

X

ASBESTOS SIDING

Name of Registered Waste Hauler
Finishing Touch Asbestos Abatement Corp., Inc.

NJDEP Waste Hauler ID No.
12058

Cubic Yards of Waste
10 cy

Name of Registered Landfill
GROWS NORTH LANDFILL

City, State
OCEANPORT, NJ 07757-0400

Disposal Date
12/20/13

City, State
MORRISVILLE, PA

Completed by
JOSEPH P. MILLER
Title
PRESIDENT
Signature

Date
12/10/13
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 12:20/N.J.A.C. 7:26-2.12)

<table>
<thead>
<tr>
<th>Date of Notification (1):</th>
<th>12/06/2013</th>
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</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2):</td>
<td>Newark Public School</td>
</tr>
<tr>
<td>Agencies Notified:</td>
<td></td>
</tr>
<tr>
<td>FPA</td>
<td></td>
</tr>
<tr>
<td>DEP</td>
<td></td>
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<tr>
<td>DPCO</td>
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<tr>
<td>DOH</td>
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<tr>
<td>DEA</td>
<td></td>
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<tr>
<td>Type Notification:</td>
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<tr>
<td>☐ Amended</td>
<td></td>
</tr>
<tr>
<td>☐ Emergency (including justification)</td>
<td></td>
</tr>
<tr>
<td>☐ Cancellation</td>
<td></td>
</tr>
<tr>
<td>Street Address:</td>
<td>2 Cedar Street</td>
</tr>
<tr>
<td>City, State, Zip Code:</td>
<td>Newark, NJ 07102</td>
</tr>
<tr>
<td>Name of Contact:</td>
<td>Mr. Benjamin Olagudeyo</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility</th>
<th>Hawkins Elementary School</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address:</td>
<td>8 Hawkins Street</td>
</tr>
<tr>
<td>City, State, Zip Code:</td>
<td>Newark, NJ 07105</td>
</tr>
</tbody>
</table>

Name of Monitoring Firm Hired by Building Owner: TTI ENVIRONMENTAL, INC.
ASCM No.: 0003

| Street Address: | 1253 North Church Street |
| City, State, Zip Code: | Paramus, NJ 07652 |
| Project Manager for Monitoring Firm: | James A. Guilardi |
| Telephone No.: | 856-840-8800 |
| Start Date (10): | 12/20/13 |
| Scheduled Completion Date (11): | 01/03/14 |
| 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: | |

Scope of Work (Check all that apply):
- ☐ ≥ 3 sf or ≥ 3 ft
- ☐ ≥ 160 sf or ≥ 260 ft
- ☐ Renovation
- ☐ Demolition
- ☐ Full Containment with Negative Pressure
- ☐ Mini-Enclosure
- ☐ Glovebag Procedure
- ☐ Non-Exempted (*) and Non-Friable Procedure

**Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility**

<table>
<thead>
<tr>
<th>Location Normally Used Solely by Maintenance/Custodial/Staff?</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Custodian Room at Entrance of Boiler Room.</td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Pipeline Insulation

250 West 36th Street, Suite 203
City, State, Zip Code: New York, New York, 10018

Name of Registered Waste Hauler: TRI-STATE TRANSFER ASSOC., INC.
NJDEP Waste Hauler ID No.: |
Cubic Yards of Waste: 30
Name of Registered landfill: MINERVA ASSOC., INC.
City, State: Waynesburg, OH 44688
Disposal Date: |
Completed By: Sylvester Ortega
Title: President
Signature: 
Date: 12/06/2013
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:20/N.J.A.C. 7:26-2.12)

<table>
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<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>12/06/2013</td>
<td>Newark Public School</td>
</tr>
</tbody>
</table>

**Agencies Notified**
- [ ] EPA
- [ ] DEP
- [ ] DOH
- [ ] DCA

**Type Notification**
- [ ] Initial
- [ ] Amended
- [ ] Emergency (including justification)
- [ ] Cancellation

<table>
<thead>
<tr>
<th>Street Address:</th>
<th>City, State, Zip Code:</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 Cedar Street</td>
<td>Newark, NJ 07102</td>
</tr>
</tbody>
</table>

**Name of Contact:**
Mr. Benjamin Olagadeyo

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility</th>
<th>Hawkes Elementary School</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address:</td>
<td>8 Hawkes Street</td>
</tr>
<tr>
<td>City/County:</td>
<td>Newark/Essex</td>
</tr>
<tr>
<td>County Code:</td>
<td>07105</td>
</tr>
</tbody>
</table>

**Name of Monitoring Firm Hired by Building Owner:**
TTI ENVIRONMENTAL, INC.

**ASCM No.:**
0003

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

<table>
<thead>
<tr>
<th>Square Feet:</th>
<th># of Floors:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Bldg. Age**

**Current Use:**
School

**Name of Abatement Contractor (9):**
Apex Development, Inc.

**Street Address:**
658 Rutgers Place

**City, State, Zip Code:**
Paramus, NJ 07652

**Name of Project Manager for Monitoring Firm:**
James A Guilardi

**Telephone No.:**
856-840-8800

**Telephone No.:**
(973) 350-0101

**License No.:**
01215

**Name of OSHA Monitor:**
Metro Analytical Laboratories

**Street Address:**
255 West 36th Street, Suite 203

**City, State, Zip Code:**
New York, New York, 10018

**Start Date (10):**
12/20/13

**Scheduled Completion Date (11):**
01/03/14

**Occupancy Status During Abatement (Check only one):**
- [ ] Facility Closed/vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours
- [ ] Other

<table>
<thead>
<tr>
<th>Describe:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

**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) TO BE ABATED IN FACILITY (13):**

<table>
<thead>
<tr>
<th></th>
<th>Is Location Used Solely by Maintenance/Custodial/Staff (12):</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Custodian Room at Entrance of Boiler Room:</th>
</tr>
</thead>
<tbody>
<tr>
<td>X Pipe Insulation</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:**
TRI-STATE TRANSFER ASSOC., INC.

**NIIDP Waste Hauler ID No.:**
Cubic Yards of Waste: 30

**Name of Registered_landfill:**
MINERVA ASSOC., INC.

**City, State:**
Waynesburg, OH 44688

**Disposal Date:**
12/06/2013

**Completed By:**
Sylvestor Oraegbunam

**Title:**
President

**Date:**
12/06/2013
**REQUEST FOR 10 DAY WAIVER**

<table>
<thead>
<tr>
<th>Date</th>
<th>Specification</th>
</tr>
</thead>
<tbody>
<tr>
<td>12-6-13</td>
<td>A. Rubin</td>
</tr>
</tbody>
</table>

**10 LINDEN STREET**

RIDGEWOOD, N.J.

**APPROVED**

**FACILITY INFORMATION**

- **Name:** A. Rubin
- **Address:** 10 LINDEN STREET
- **City:** RIGEWOOD
- **State:** N.J.
- **ZIP:** 07450
- **Phone:** 250-213-103
- **Type:** RESIDENCE

**Removal Services**

- **Company:** Best Removal Inc
- **Address:** 450 S. River St, Hackensack, N.J. 07601
- **Phone:** 301-329-7444

**Dates**

- **From:** 2-11-13
- **To:** 12-12-13

**Other Information**

- **Location of Removal:** RESIDENCE
- **Removal Method:** THERMAL W/EXT.
- **Volume:** 180 CF

**Additional Services**

- **Best Removal Inc**
  - **Address:** Hackensack, N.J. 07601
  - **Phone:** 301-329-7444

**Estimator:** R. Veldman

Date: 12-6-13
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>12/09/2013</th>
<th>Name of Building Owner/Operator (2)</th>
<th>Ibrahim Almimih</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA, DEP, DOL, DOH, DCA</td>
<td>Initial / Amended / Emergency</td>
<td>27 Henry Street</td>
<td>Jersey City, NJ 07306</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>27 Henry Street</td>
<td>School (K-12)</td>
</tr>
<tr>
<td>Jersey City</td>
<td>Other (i.e. private &amp; commercial buildings, homes, etc.)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FACILITY INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>County (6)</td>
</tr>
<tr>
<td>County Code (7)</td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (8)</td>
</tr>
<tr>
<td>CA Environmental</td>
</tr>
<tr>
<td>Street Address</td>
</tr>
<tr>
<td>2200 Paterson Plank Rd #7</td>
</tr>
<tr>
<td>North Bergen, NJ 07047</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
</tr>
<tr>
<td>Carmelo Altomonte</td>
</tr>
<tr>
<td>Telephone No.</td>
</tr>
<tr>
<td>License No.</td>
</tr>
<tr>
<td>Start Date (10)</td>
</tr>
<tr>
<td>12/21/13</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
</tr>
<tr>
<td>Street Address</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check Only One)</th>
<th>Facility Closed/Vacated During Entire Period of Abatement</th>
</tr>
</thead>
</table>
| -  
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Other – Describe:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
<th>Full Containment with Negative Pressure</th>
</tr>
</thead>
<tbody>
<tr>
<td>- x Yes</td>
<td>Mini-Enclosure</td>
</tr>
<tr>
<td>- x Renovation</td>
<td>Glovebag Procedure</td>
</tr>
<tr>
<td>- x Demolition</td>
<td>Non-Exempted (*) and Non-Friable Procedure</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
<th>Is Location Normally Used Solely by Maintenance/ Custodial Staff?</th>
</tr>
</thead>
<tbody>
<tr>
<td>In Facility</td>
<td>(13)</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Basement</td>
<td>x</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJDEP Waste Hauler ID No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Super LLC</td>
<td>034893</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>TBD</td>
</tr>
<tr>
<td>City, State</td>
<td>Paramus, NJ</td>
</tr>
<tr>
<td>Completed by</td>
<td>Tailor Dominguez</td>
</tr>
<tr>
<td>Title</td>
<td>Project Manager</td>
</tr>
<tr>
<td>Signature</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>12/09/13</td>
</tr>
</tbody>
</table>

*Do not use this form for asbestos licensure exempted activities.*
# State of New Jersey - Notification of Asbestos Abatement

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

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>Agency Name</th>
<th>Notification Type</th>
<th>Name of Building Owner/Operator</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>December 6, 2013</td>
<td>X EPA</td>
<td>Initial Notification</td>
<td>Estate of John A. Talbot / Henry A. Talbot Executor</td>
<td>8 Talbot Drive</td>
<td>Kinnelon, NJ 07405</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place</th>
<th>Type of Facility</th>
<th>Sq. Feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residence</td>
<td>Other (i.e. private &amp; commercial buildings, homes, etc.)</td>
<td>10,000</td>
<td>3</td>
<td>150 years</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Bldg. Owner</th>
<th>Name of Contractor</th>
<th>Street Address</th>
<th>Telephone Number</th>
<th>License Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>EnviroVision Consultants inc.</td>
<td>GREENWOOD ABATEMENT CONSULTANTS, INC.</td>
<td>268 MAIN STREET, Butler, NJ 07405</td>
<td>973-492-0477</td>
<td>00840</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone Number</th>
<th>License Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fred Larson</td>
<td>973-636-9145</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
<th>Location of Asbestos-Containing Material (ACM) in Facility (Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement Performed Outside of Normal Facility Hours - Describe</td>
<td>Basement</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Source of Work (Check all that apply)</th>
<th>Renovation</th>
<th>Demolition</th>
<th>Non-Exempted (*) and Non-Friable Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥ 3 sf or ≥ 3 ft</td>
<td>YES</td>
<td>NO</td>
<td>x Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>≥ 180 sf or ≥ 260</td>
<td>NO</td>
<td>YES</td>
<td>x Mini-Enclosure</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>900 LF</td>
<td>x Glovebag Procedure</td>
</tr>
<tr>
<td>NO</td>
<td>50 sf</td>
<td>Remove, Repair, Encap, Enclose</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Reg. Waste Hauler</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>See Hauler Below # 1 &amp; 2</td>
<td>Meadowfill Landfill</td>
</tr>
<tr>
<td>NUDEP Waste Hauler ID #</td>
<td>G.R.O.W.S.</td>
</tr>
<tr>
<td>See Below</td>
<td>Minerva Ent. Ohio</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hauler #1</th>
<th>Disposal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greenwood Abatement Consultants, Inc. - Butler, NJ 07405</td>
<td>December 14, 2013</td>
</tr>
<tr>
<td>NJ DEP # 12561 NY DEP #</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hauler #2</th>
<th>Disposal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551</td>
<td>December 14, 2013</td>
</tr>
<tr>
<td>NJ DEP # 19551</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hauler #3</th>
<th>Disposal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tri State-Bronx NY DEP # 10474 - NJ DEP # 19591</td>
<td>December 14, 2013</td>
</tr>
<tr>
<td>NJ DEP # 19591</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by (Print or Type)</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marin Graue</td>
<td>SENIOR PROJECT MANAGER</td>
<td>Marin Graue</td>
<td>December 6, 2013</td>
</tr>
</tbody>
</table>

GAC # 2013-419
# State of New Jersey - Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:60-7 and 12:129-7)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>December 6, 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Manager of Record</td>
<td>Estate of John A. Talbot / Henry A. Talbot</td>
</tr>
<tr>
<td>Address</td>
<td>8 Talbot Drive</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Kinnelon, NJ 07405</td>
</tr>
<tr>
<td>Name of Contractor</td>
<td>GREENWOOD ABATEMENT CONSULTANTS, INC.</td>
</tr>
<tr>
<td>Address</td>
<td>P.O. Box 3, Main Street, Butler, NJ 07405</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>663-0050</td>
</tr>
<tr>
<td>License Number</td>
<td>08549</td>
</tr>
<tr>
<td>Name of OSHA Firm</td>
<td>Envirosafe, Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td>1969 Steffon Road, Parsippany, NJ 08054</td>
</tr>
<tr>
<td>County Code</td>
<td>039</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Facility Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Facility Where Abatement Is Taking Place (1)</td>
</tr>
<tr>
<td>Address</td>
</tr>
<tr>
<td>Enviro Vision Consultants Inc.</td>
</tr>
<tr>
<td>ENSO, Inc.</td>
</tr>
<tr>
<td>Street Address</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
</tr>
<tr>
<td>Phone Number</td>
</tr>
<tr>
<td>License Number</td>
</tr>
<tr>
<td>Name of OSHA Firm</td>
</tr>
<tr>
<td>Street Address</td>
</tr>
<tr>
<td>County Code</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check one or more)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>☐ Abatement Performed Outside of Normal Facility Hours -</td>
</tr>
<tr>
<td>☐ Other - Describe:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Source of Waste (Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ 20 yd. or 25 yd. l</td>
</tr>
<tr>
<td>☐ 30 yd. or 260 ft. l</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Renovation</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Demolition</td>
</tr>
<tr>
<td>☐ Full Containment with Negative Pressure</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) in Building</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Basement</td>
</tr>
<tr>
<td>☐ Sea Hauler Below # 1 &amp; 2</td>
</tr>
</tbody>
</table>

| Name of OSHA Firm | Envirosafe, Inc. |
| Street Address | 1969 Steffon Road, Parsippany, NJ 08054 |
| County Code | 039 |

<table>
<thead>
<tr>
<th>Name of Onsite Worker Hauler</th>
<th>☐ No one</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Onsite Worker Hauler</td>
<td>Sea Hauler Below # 1 &amp; 2</td>
</tr>
<tr>
<td>Address</td>
<td>29-21 Watson Road, Bldg. # SAA</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Butler, NJ 07405</td>
</tr>
<tr>
<td>Hauler #1</td>
<td>Greenwood Abatement Consultants, Inc. - Butler, NJ 07405</td>
</tr>
<tr>
<td>NJ DEP #</td>
<td>19693</td>
</tr>
<tr>
<td>Hauler #2</td>
<td>Newark Carting, Inc. - Newark, NJ 07105</td>
</tr>
<tr>
<td>NJ DEP #</td>
<td>5552</td>
</tr>
<tr>
<td>Hauler #3</td>
<td>T.I. Carting - Newark, NJ 07105</td>
</tr>
<tr>
<td>NJ DEP #</td>
<td>5553</td>
</tr>
</tbody>
</table>

| Disposal Date | December 14, 2013 |
| City, State, Zip Code | Route 2, Box 88, Bridgewater, WVA 25234 |
| Phone Number | 304-642-2704 |
| Address | 9000 Mano Road, Wayne, NJ 07470 |
| Telephone Number | 673-636-6146 |
| License Number | 08549 |
| Name of OSHA Firm | Envirosafe, Inc. |
| Street Address | 1969 Steffon Road, Parsippany, NJ 08054 |
| County Code | 039 |

<table>
<thead>
<tr>
<th>Name of Responsible Landfill</th>
<th>Meadow Hill Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>G.R.O.V.S.</td>
<td>Minerva Ent., Ohio</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>GAC #</th>
<th>2013-419</th>
</tr>
</thead>
<tbody>
<tr>
<td>Confirmed By/Printed or Typed</td>
<td>MARLA GRAFSTEIN</td>
</tr>
<tr>
<td>Senior Project Manager</td>
<td>MARLA GRAFSTEIN</td>
</tr>
<tr>
<td>Signature</td>
<td>MARLA GRAFSTEIN</td>
</tr>
<tr>
<td>Date</td>
<td>December 6, 2013</td>
</tr>
</tbody>
</table>
# State of New Jersey
## NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

**CHECK # 20591/20661**

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>12-05-13</td>
<td>RTL Services, Kearny Point Industrial Park</td>
</tr>
</tbody>
</table>

### Agencies Notified
- [ ] EPA
- [ ] DEP
- [x] DOL
- [x] DOH
- [ ] DCA

### Type Notification
- [ ] Initial
- [x] Amended
- [ ] Amendment #2
- [ ] Emergency (including justification)
- [ ] Cancellation

### Street Address
9 Basin Drive, Suite 120

### City, State, Zip Code
Kearny, NJ 07032

### Name of Contact
Jay Zimmern

### Name of Facility Where Abatement is Taking Place (3)
**Building 160**

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

### Square Feet
54,000

### # of Floors
1

### Bidg. Age
1

### County Code (7)

### Current Use (Prior if being demolished)
Commercial

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

### ASCM No.

### Name of Abatement Contractor (9)
Pinnacle Environmental Corp.

### Street Address
200 Broad Street

### City, State, Zip Code
Carlstadt, NJ 07072

### Telephone No.
201-939-6565

### License No.
00756

### Project Manager for Monitoring Firm
Even-Air Inc.

### Start Date (10)
(2)12-10-13

### Scheduled Completion Date (11)
12-31-13

### Name of OSHA Monitor

### Street Address
10-59 Jackson Avenue

### City, State, Zip Code
Long Island City, NY 11101

### Scope of Work (Check All That Apply)
- [x] ≥3 sf or ≥3lf
- [ ] ≥160 sf or ≥260 lf
- [ ] Renovation
- [x] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Rifiable Procedure

### Location of Asbestos-Containing Material (ACM) TO BE ABATED

<table>
<thead>
<tr>
<th>Environment</th>
<th>Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>In Facility (13)</td>
<td>Normal Use By Maintenance/Custodial Staff? (12)</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Roof</td>
<td>x</td>
</tr>
</tbody>
</table>

### Built Up Roofing

### Description of Asbestos Containing Material (ACM)
(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)

### Amount (Specify SF or LF)
54,000SF

### Abatement Type
- [ ] Removal
- [x] Repair
- [ ] Encapsulate
- [ ] Enclose

### Name of Registered Waste Hauler
NJ/DEP Waste Hauler ID No. 24310

### Cubic Yards of Waste
TBD

### Minerva Enterprises

### City, State
Waynesburg, OH 44688

### Disposal Date
TBD

### Completed by
John Tancredi

### Title
Project Manager

### Signature

### Date
12-05-13

---

* 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)

Date of Notification (1) 12/6/13

Name of Building Owner/Operator (2) Kathleen Daniel Private Home

Agencies Notified Type Notification
EPA Initial
DEP Amended
DOL Amendment #
DOH Emergency (Including justification)
DCA Cancellation

Street Address 223 2nd Street
City, State, Zip Code Beach Haven NJ 08008

Name of Contact Kathleen

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Kathleen Daniel Private Home

Street Address 223 2nd Street
City Beach Haven NJ 08008
County Ocean

County Code (7) (STATE USE ONLY) 

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

Square Feet 700
# of Floors 1
Bldg. Age 35

Current Use (Prior to being demolished) garage on the house

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

ASCM No.

Name of Abatement Contractor (9) Pernaco Inc.

Street Address PO Box 329
City, State, Zip Code West Berlin NJ 08091

Project Manager for Monitoring Firm Telephone No. 856-753-9800
City, State, Zip Code

License No. 00727

Start Date (10) 12/9/13
Scheduled Completion Date (11) 12/13/13

Name of OSHA Monitor Same

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)

≥3 sf or ≥3 ft
≥160 sf or ≥260 if
Renovation
Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility

Exterior Siding

Exterior Siding

700 SF

Name of Registered Waste Hauler United Containers

NJDEP Waste Hauler ID No. 22459

Cubic Yards of Waste 1

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

City, State Elm NJ

Disposal Date 12/13/13

City, State Morrisville PA 19067

Completed by Anthony T Perna Title President

Signature Date 12/6/13

* Do not use this form for asbestos licensure exempted activities.
**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:60 and 12:120)

**State of New Jersey**

**Name of Building Owner/Operator:** John Bender Private Home

**Name of Contact:** John

**Name of Facility Where Abatement Is Taking Place:**
John Bender Private Home

**Street Address:** 403 Morris Blvd

**City, State, Zip Code:** Manahawkin NJ 08050

**Square Feet:** 1000+

**Building Age:** 35+

**Type of Facility:**
- [X] Subchapter 8 (Other than K-12)
- [ ] Other (i.e. private & commercial buildings, homes, etc.)

**County Code:** 08050

**County Code (State Use Only):** Ocean

**Name of Monitoring Firm Hired by Building Owner:** N/A

**ASCM No.:**

**Name of Abatement Contractor:** Pernaco Inc.

**Street Address:** PO Box 329

**City, State, Zip Code:** West Berlin NJ 08091

**Telephone No.:** 856-753-9900

**License No.:** 00727

**Start Date:** 12/9/13

**Scheduled Completion Date:** 12/13/13

**Occupancy Status During Abatement:**
- [X] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Inside of Normal Facility Hours

**Scope of Work:**
- [X] Renovation
  - Demolition

**Location of Asbestos-Containing Material:**

- Exterior Siding
  - 1200 SF

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

**Disposal Date:** 12/13/13

**City, State:** Morrisville PA 19067

**Completed by:**

**Anthony T Perna**

**Title:** President

**Signature:**

**Date:** 12/6/13

---

*Do not use this form for asbestos licensure exempted activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:80 and 12:120)

Date of Notification (1)
12/6/13

Name of Building Owner/Operator (2)
Glenn Petersen Private Home

Agencies Notified
EPA
DEP
DOL
DOH
DCA

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

Street Address
8 East 18th Street

City, State, Zip Code
Long Beach Twp NJ 08008

Name of Contact
Glen

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Glenn Petersen Private Home

Street Address
8 East 18th Street

City
Long Beach Twp

County
Ocean

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

Square Feet
1000+

# of Floors
1

Bldg. Age
35+

Current Use (Prior if being demolished)
Home

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

Name of Abatement Contractor (9)
Pernaco Inc.

Street Address
PO Box 329

City, State, Zip Code
West Berlin NJ 08091

Project Manager for Monitoring Firm

Telephone No.

License No.
00727

Start Date (10)
12/9/13

Scheduled Completion Date (11)
12/13/13

Name of OSHA Monitor
Same

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)

≥ 23 sq ft or ≥ 3 if
≥ 160 sq ft or ≥ 260 if
Renovation
Demolition

Location of Asbestos-Containing Material (ACM) TO BE ABATED

In Facility

Location Normally Used Solely by Maintenance/Custodial Staff

Yes
No
N/A

Is Location Normally Used Solely by Maintenance/Custodial Staff?

Description of Asbestos Containing Material (ACM)
(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)

Amount (Specify SF or LF)
Full Containment with Negative Pressure
Mini-Enclosure
Glovebag Procedure
Non-Exempted (*) and Non-Friable Procedure

Abatement Type
Removal
Repair
Encapsulate
Endorse

Exterior Siding

Floor Tile

Name of Registered Waste Hauler
United Containers

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

City, State
Elm NJ

Disposal Date
12/13/13

City, State
Morrisville PA 19067

Completed by
Anthony T Perna

Title
President

Signature

Date
12/6/13

* 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)

Date of Notification (1): 12/10/13

Name of Building Owner/Operator: Demetrius Constantino

Type of Facility: NOT APPLICABLE

Facility Information:
- Name of Facility Where Abatement is Taking Place: Residence
- Site Address: 754th Street
- City: Ocean City
- County: Cape May
- Name of Abatement Contractor: Klemco Inc.
- Site Address: 369 S. Spruce Ave.
- City: Maple Shade
- County Code: N/A
- License No: 200001

Project Manager for Monitoring Firm: N/A

Sign Date: 12/20/13

Scheduled Completion Date: 12/27/13

Occupancy Status During Abatement: Vacant

Facility Closed: Yes

Abatement Performed Outside of Normal Facility Hours: No

Type of Work: Renovation/Remodel

Location of Asbestos Containing Material (ACM) to Be Abated:

<table>
<thead>
<tr>
<th>Type No</th>
<th>Description</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>Transite</td>
<td>2000 sq ft</td>
</tr>
</tbody>
</table>

Name of Registered Waste Handler: Klemco Inc.

Name of Owner: Joseph Klemm

Name of Registered Landfill: C.M.C., M.U.A.

Cubic Yards of Waste: 5

Disposal Date: 12/10/13

City, State: Woodbine, N.J.

Signature: Joseph Klemm

Date: 12/10/13

*Do not use this form for asbestos licensure exempted activities*
State of New Jersey
NOTIFICATION OF ABSESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

CK 3773

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>12/9/13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>John Stanton Private Home</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>EPA, DEP, DOL, DOH</td>
</tr>
<tr>
<td>Type Notification</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>Street Address</td>
<td>103 East Raritan</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Tuckerton NJ 08087</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>Pernaco Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td>PO Box 329</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>West Berlin NJ 08091</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>Same</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>12/10/13</td>
</tr>
<tr>
<td>Schediled Completion Date (11)</td>
<td>12/16/13</td>
</tr>
<tr>
<td>Scope of Work (Check All That Apply)</td>
<td>X Renovation, Demolition</td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED</td>
<td>Exterior Siding</td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</td>
<td>X No</td>
</tr>
<tr>
<td>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td>Exterior Siding 1200 SF</td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td></td>
</tr>
<tr>
<td>Abatement Type</td>
<td></td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>United Containers</td>
</tr>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
<td>22459</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>3</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>G.R.O.W.S.</td>
</tr>
<tr>
<td>City, State</td>
<td>Morrisville PA 19067</td>
</tr>
<tr>
<td>Completed by</td>
<td>Anthony T Perna</td>
</tr>
<tr>
<td>Title</td>
<td>President</td>
</tr>
<tr>
<td>Signature</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>12/9/13</td>
</tr>
</tbody>
</table>

* Do not use this form for asbestos licensure exempted activities.
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:20/N.J.A.C. 7:26-2.12)

<table>
<thead>
<tr>
<th>Date of Notification (1):</th>
<th>12/06/2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2):</td>
<td>Newark Public School</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Street Address:</th>
<th>2 Cedar Street</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ EPA</td>
<td>□ Initial</td>
<td>City, State, Zip Code:</td>
<td>Newark, NJ 07102</td>
</tr>
<tr>
<td>□ DEP</td>
<td>□ Amended</td>
<td>Name of Contact:</td>
<td>Mr. Benjamin Olagadeyo</td>
</tr>
<tr>
<td>□ COOL</td>
<td>□ Emergency</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(including justification)</td>
<td>□ Cancellation</td>
<td></td>
<td></td>
</tr>
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</table>

### FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility</th>
<th>Barnet Street School</th>
</tr>
</thead>
<tbody>
<tr>
<td>City (5)</td>
<td>Newark</td>
</tr>
<tr>
<td>County (6):</td>
<td>Essex</td>
</tr>
<tr>
<td>County Code (7):</td>
<td>07102</td>
</tr>
</tbody>
</table>

Name of Monitoring Firm Hired by Building Owner: TTI ENVIRONMENTAL, INC.

<table>
<thead>
<tr>
<th>ASCM No.:</th>
<th>0003</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm:</th>
<th>James A. Guildi</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone No.:</td>
<td>856-840-8800</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10):</th>
<th>12/27/13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scheduled Completion Date (11):</td>
<td>01/10/14</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one):</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Facility Closed/vacated During Entire Period of Abatement</td>
<td></td>
</tr>
<tr>
<td>□ Abatement Performed Outside of Normal Facility Hours Describe:</td>
<td></td>
</tr>
<tr>
<td>□ Other Describe:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply):</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>□ ≥ 3 sf or ≥ 3 ltrs</td>
<td>Removation</td>
</tr>
<tr>
<td>□ ≥ 160 sf or ≥ 260 ltrs</td>
<td>Demolition</td>
</tr>
<tr>
<td>□ Full Containment with Negative Pressure</td>
<td></td>
</tr>
<tr>
<td>□ Mini-Enclosure</td>
<td></td>
</tr>
<tr>
<td>□ Glovebag Procedure</td>
<td></td>
</tr>
<tr>
<td>□ Non-Exempted (*) and Non-Friable Procedure</td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial/Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boiler Room</td>
<td>X</td>
<td>Pipe Insulation</td>
<td>50 LF</td>
<td></td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler: TRI-STATE TRANSFER ASSOC., INC.

<table>
<thead>
<tr>
<th>NJDEP Waste Hauler ID No.:</th>
<th>Cubic Yards of Waste: 50</th>
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</thead>
</table>

Name of Registered landfill: MINERVA ASSOC., INC.

<table>
<thead>
<tr>
<th>City, State:</th>
<th>Bronx, NY 10474</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disposal Date:</td>
<td></td>
</tr>
</tbody>
</table>

Completed By: Sylvester Oziegbunam

Title: President

Signature: [Signature]

Date: 12/06/2013
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:20/N.J.A.C. 7:26-2.12)

**State of New Jersey**

<table>
<thead>
<tr>
<th>Date of Notification (1):</th>
<th>12/06/2013</th>
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</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2):</td>
<td>Newark Public School</td>
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<tr>
<td>Agencies Notified:</td>
<td></td>
</tr>
<tr>
<td>OEP</td>
<td>Type Notification:</td>
</tr>
<tr>
<td>ODEP</td>
<td></td>
</tr>
<tr>
<td>O DOL</td>
<td>Amendment#:</td>
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<td>O OSH</td>
<td>Emergency: (including justification):</td>
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<tr>
<td>O DCA</td>
<td>□ Cancellation</td>
</tr>
<tr>
<td>Street Address:</td>
<td>2 Cedar Street</td>
</tr>
<tr>
<td>City, State, Zip Code:</td>
<td>Newark, NJ 07102</td>
</tr>
<tr>
<td>Name of Contact:</td>
<td>Mr. Benjamin Olagadceyo</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility:</th>
<th>Burnet Street School</th>
</tr>
</thead>
<tbody>
<tr>
<td>City/State/Zip:</td>
<td>Newark, Essex, 07102</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner:</td>
<td>TTI ENVIRONMENTAL, INC.</td>
</tr>
<tr>
<td>ASCM No.:</td>
<td>0003</td>
</tr>
<tr>
<td>Street Address:</td>
<td>1253 North Church Street</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm:</td>
<td>James A. Guiardi</td>
</tr>
<tr>
<td>Telephone No.:</td>
<td>856-840-8800</td>
</tr>
<tr>
<td>Start Date (10):</td>
<td>12/27/13</td>
</tr>
<tr>
<td>Scheduled Completion Date (11):</td>
<td>01/10/14</td>
</tr>
<tr>
<td>□ Other:</td>
<td></td>
</tr>
<tr>
<td>Name of Abatement Contractor (9):</td>
<td>Apex Development, Inc.</td>
</tr>
<tr>
<td>Street Address:</td>
<td>658 Rutgers Place</td>
</tr>
<tr>
<td>City, State, Zip Code:</td>
<td>Paramus, NJ 07652</td>
</tr>
<tr>
<td>Telephone No.:</td>
<td>(973) 350-0101</td>
</tr>
<tr>
<td>License No.:</td>
<td>01215</td>
</tr>
<tr>
<td>街上:</td>
<td></td>
</tr>
<tr>
<td>Name of OSHA Monitor:</td>
<td>Metro Analytical Laboratories</td>
</tr>
<tr>
<td>Street Address:</td>
<td>255 West 36th Street, Suite 203</td>
</tr>
<tr>
<td>City, State, Zip Code:</td>
<td>New York, New York, 10018</td>
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**Location of Asbestos-Containing Material (ACM) TO BE ABATED**

<table>
<thead>
<tr>
<th>Boiler Room</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pipe Insulation</td>
<td>50 LF</td>
</tr>
</tbody>
</table>

**Location of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)***

<table>
<thead>
<tr>
<th>Location</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boiler Room</td>
<td>50 LF</td>
</tr>
</tbody>
</table>

**Abatement Type**

- **Removal**
- **Repair**
- **Encapsulation**
- **Enclosure**

**Name of Registered Waste Hauler:**

TRI-STATE TRANSFER ASSOC., INC.

**NJDEP Waste Hauler ID No.:**

Cubic Yards of Waste: 30

**Name of Registered Landfill:**

MINERYA ASSOC, INC.

**City, State:**

Bronx, NY 10474

**Disposal Date:**

City, State: Wayneburg, OH 44688

Completed By: Sylvester Oraegbunam

Title: President

Signature: [Signature]

Date: 12/06/2013
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60-7 and 12:120-7)  

Date of Notification (1)  12-9-13  

Name of Building Owner/Operator (2)  Bill & Catherine McGough  

Agencies Notified  
[X] EPA  
[X] DOH  
[X] DOA  
[ ] DOL  
[ ] DEP  
[ ] DCA  

Type Notification  
[X] Initial Notification  
[ ] Amended Notification  
[ ] Emergency  
[ ] Cancellation  

FACILITY INFORMATION  

Name of Facility Where Abatement is Taking Place (3)  Same as above  

Street Address  524 Ridgewood Ave  

City, State, Zip Code  Glen Ridge, NJ 07028  

Name of Contact  Bill & Catherine McGough  

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

Square Feet  2400  

# of Floors  2  

Ridg. Age  75  

Current Use (Prior if being demolished)  

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

ASCM No.  

Name of Abatement Contractor (9)  AZTECH MANAGEMENT, Inc.  

Street Address  86 Christopher St.  

City, State, Zip Code  Montclair, NJ 07042  

Telephone Number  (973) 744-8800  

License Number  00371  

Name of OSHA Monitor  N/A  

Street Address  

City, State, Zip Code  

Project Manager for Monitoring Firm  

Telephone Number  N/A  

Scheduled Start Date (10)  12-18-13  

Sched. Completion Date (11)  12-19-13  

Month  Day  Year  Month  Day  Year  

Occupancy Status During Abatement (check only one)  
[X] Facility Closed/Vacated During Entire Period of Abatement  
[ ] Abatement Performed Outside of Normal Facility Hours - Describe: Other Occupancy Describes  
[ ] Other - Describe: Other Occupancy Describes  

Scope of Work (Check all that apply)  
[X] ≥3 sf or ≥3 LF  
[X] Renovation  
[X] Demolition  
[ ] Pull Containment with Negative Pressure  
[ ] Mini-Enclosure  
[X] Glovebag Procedure  
[ ] Non-Friable Procedure  

Location of Asbestos-Containing Material (ACM) TO BE ABATED  

In Facility (13)  

Basement  X  Duct Insulation  51lx12 x sf  

Name of Registered Waste Hauler  AZTECH MANAGEMENT, INC.  

NJDEP Waste Hauler ID No.  17040  

Cubic Yards of Waste  1.5  

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

City, State  Morrisville, PA 19067  

Disposal Date  12-20-13  

Completed By (Print or Type)  Constantine Vivian  

Title  President  

Signature  

Date  12-9-13
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 5:16)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>12 / 05 / 13</th>
<th>Name of Building Owner/Operator (2)</th>
<th>Township of Little Falls</th>
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</thead>
<tbody>
<tr>
<td>Agencie(s) Notified</td>
<td></td>
<td>Street Address</td>
<td>225 Main Street</td>
</tr>
<tr>
<td>EPA</td>
<td></td>
<td>City, State, Zip Code</td>
<td>Little Falls, NJ 07424</td>
</tr>
<tr>
<td>DOLWD</td>
<td></td>
<td>Name of Contact</td>
<td>Phillip H. Simone, C.P.W.M</td>
</tr>
<tr>
<td>DOH</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DCA</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(NJAC 5:23-6)</td>
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<td></td>
<td></td>
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<tr>
<td>Type Notification</td>
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<tr>
<td>Amended Amendment #</td>
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<tr>
<td>Emergency (including</td>
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<tr>
<td>Justification</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Cancellation</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
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FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
Private House

<table>
<thead>
<tr>
<th>Street Address</th>
<th>48 Riverview Circle</th>
</tr>
</thead>
<tbody>
<tr>
<td>City (5)</td>
<td>Little Falls, NJ 07424</td>
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<tr>
<td>County (6)</td>
<td>Passaic</td>
</tr>
<tr>
<td>County Code (7) (STATE USE ONLY)</td>
<td></td>
</tr>
<tr>
<td>Current Use (Prior if being demolished)</td>
<td></td>
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<tr>
<td>Type of Facility (4)</td>
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<tr>
<td>School (K-12)</td>
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</tr>
<tr>
<td>Subchapter 8 (Other than K-12)</td>
<td></td>
</tr>
<tr>
<td>Other (i.e., private and commercial buildings, homes, etc.)</td>
<td></td>
</tr>
<tr>
<td>Square Feet</td>
<td>1600</td>
</tr>
<tr>
<td># of Floors</td>
<td>3</td>
</tr>
<tr>
<td>Bldg. Age</td>
<td>55+</td>
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Name of Monitor Firm Hired by Building Owner (7)  
Detail Associates, Inc

<table>
<thead>
<tr>
<th>ASCM No.</th>
<th>00012</th>
</tr>
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<tbody>
<tr>
<td>Street Address</td>
<td>300 Grand Avenue</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Englewood, NJ 07631</td>
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</table>

Project Manager for Monitoring Firm  
Tony V

<table>
<thead>
<tr>
<th>Telephone No.</th>
<th>(201) 589-6708</th>
</tr>
</thead>
<tbody>
<tr>
<td>License No.</td>
<td>973.893.7005</td>
</tr>
</tbody>
</table>

Start Date (10)  
12 / 20 / 13

Scheduled Completion Date (11)  
12 / 23 / 13

Name of Abatement Contractor (9)  
ALKAT Construction LLC

<table>
<thead>
<tr>
<th>Street Address</th>
<th>1017 McBride Avenue # 603</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State, Zip Code</td>
<td>Woodland Park, NJ 07424</td>
</tr>
</tbody>
</table>

Name of OSHA Monitor  
Ranko Vukadinovic

<table>
<thead>
<tr>
<th>Street Address</th>
<th>88 Santa Ave.</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State, Zip Code</td>
<td>Garfield, NJ</td>
</tr>
</tbody>
</table>

Restrictions During Abatement (Check only one)  
Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM, PM

Scope of Work (Check all that apply)  
Renovation

Demolition

Full Containment with Negative Pressure

Mini-Enclosure

Glovebag Procedure

Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)

<table>
<thead>
<tr>
<th>Location Normally Used Solely by Maintenance/ Custodial Staff? (12)</th>
<th>Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>Pipe insulation</td>
</tr>
<tr>
<td>- II -</td>
<td>Furnace insulation</td>
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</table>

Name of Registered Waste Hauler  
ATLANTIC Carting

<table>
<thead>
<tr>
<th>NJDEP Waste Hauling Permit No.</th>
<th>Cubic Yards of Waste</th>
</tr>
</thead>
<tbody>
<tr>
<td>Atlantic Carting</td>
<td>9</td>
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</table>

Name of Registered Landfill  
IESI PA BETHLEHEM CORP.

<table>
<thead>
<tr>
<th>City-State</th>
<th>Bethlehem, PA 18015</th>
</tr>
</thead>
</table>

Completed By (Print or Type)  
Uros Spasic

<table>
<thead>
<tr>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>President</td>
<td></td>
</tr>
</tbody>
</table>

Date  
12/05/13

* Do not use this form for asbestos latent or exempt activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:59 and 12:120)

Date of Notification (1) 12-9-2013

Name of Building Owner/Operator (2) Borough of Keansburg

Agencies Notified Type Notification
- EPA Initial
- DEP Amended
- DOL Amendment #
- DOH Emergency (including justification)
- DCA Cancellation

Street Address 29 Church Str.

City, State, Zip Code Keansburg, NJ

Name of Contact Joe G.

FACILITY INFORMATION

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

Street Address 128 Main Str.

City (5) Keansburg

County (6) Monmouth

County Code (7) (STATE USE ONLY) n/a

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

ASCM No. n/a

Name of Abatement Contractor (9) Loznica Management Corporation

Street Address 22 Troy Lane

City, State, Zip Code Lincoln Park, NJ 07035

Telephone No. 973-706-7950

License No. 01193

Name of OSHA Monitor Loznica Management Corporation

Street Address 22 Troy Lane

City, State, Zip Code Lincoln Park, NJ 07035

Start Date (10) 12-10-2013

Scheduled Completion Date (11) 12-17-2013

Occupancy Status During Abatement (Check Only One)

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

Scope of Work (Check All That Apply)

- ≥3 sf or ≥3 ft³
- ≥160 sf or ≥260 ft³
- Demolition
- Renovation
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (12)

Entire House

Is Location Normally Used Solely by Maintenance/Custodial Staff? (13) Yes

Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)

To be disposed of as asbestos materials TBD

Amount (Specify CF or LF) TBD

Abatement Type

Entire House

Name of Registered Waste Hauler Yannuzzi & Sons Demolition

NJDEP Waste Hauler ID No. 33137

Cubic Yards of Waste TBD

Name of Registered Landfill GROWS Landfill

Disposal Date TBD

City, State Morrisville PA 19067

Completed by E. Cirovic

Title Secretary

Signature Date 12-9-2013

* 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)

Date of Notification (1)
12/9/13

Name of Building Owner/Operator (2)
Tom & Alyse Adams  Private Home

Agencies Notified

- EPA
- DEP
- DOL
- DOH
- DCA

Type Notification

- Initial
- Amended
- Amendment
- Emergency (including justification)
- Cancellation

Name of Facility Where Abatement is Taking Place (3)
Tom & Alyse Adams  Private Home

Street Address
38 West Potomac

City (5)
Tuckerton NJ 08087

County (6)
Ocean

County Code (7)

Current Use (Prior if being demolished)
Home

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

ASCM No.

Name of Abatement Contractor (9)
Pernaco Inc.

Street Address
PO Box 329

City, State, Zip Code
West Berlin NJ 08091

Project Manager for Monitoring Firm

Telephone No.
856-753-9800

License No.
00727

Start Date (10)
12/10/13

Scheduled Completion Date (11)
12/16/13

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)

- ≥3 sf or ≥3 lf
- ≥180 sf or ≤2260 sf
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM)

TO BE ABATED

In Facility

(13)

Is Location Normally Used Solely by Maintenance/Custodial Staff?

Yes
No
N/A

(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
Encrustation
Enduse

Exterior Siding

1200 SF

Exterior Siding

Name of Registered Waste Hauler
United Containers

NJDEP Waste Hauler ID No.
22459

Cubic Yards of Waste
3

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

Disposal Date
12/16/13

City, State
Elm NJ

Morrisonville PA 19067

Completed by
Anthony T Perna
Title
President

Signature

Date
12/9/13

* Do not use this form for asbestos licensure exempted activities.
AESP-41 (5-05-08)

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:30 and 42:129)

Ch# 0428

Date of Notification (1)
12-9-2013

Name of Building Owner/Operator (2)
Township of Parsippany

Agency/Project Type Notification
EPA Initial
DEP Amended
DOL Emergency (Including
DOH Justification)
DCA Cancellation

Street Address
1001 Parsippany Blvd.

City, State, Zip Code
Parsippany, NJ 07054

Name of Contact
Phil

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
House for Demo

Street Address
35 Lake Shore Drive

City (6)
Parsippany

County (9)
Morris

County Code (7)
(State Use Only)

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

Name of Abatement Contractor (9)
Loznic Management Corporation

Street Address
22 Troy Lane

City, State, Zip Code
Lincoln Park, NJ 07035

Project Manager for Monitoring Firm
n/a

Telephone No.
n/a

Start Date (10)
12-10-2013

Scheduled Completion Date (11)
12-12-2013

Occupancy Status During Abatement (Check Only One)
A Facility Closed/Vacated During Entire Period of Abatement

Scope of Work (Check All That Apply)
X ≥300 sf or ≥1800 sf
X ≥160 sf or ≥2800 sf

Location of
Asbestos-Containing Material (ACM)
TO BE ABATED
In Facility (12)

Exterior

Is Location Normally Used Solely by Maintenance/Custodial Staff?
Yes No N/A

Description of
Asbestos Containing Material (ACM)
(Ln. thermal systems insulation, surfacing, VAT, or other miscellaneous)

Exterior

Amount (Specify SF or LF)
1,200 SF

Abatement Type
Removal
Repair
Endorsement

Name of Registered Waste Hauler
Loznic Management Corporation

Name of Registered Landfill
GROWS Landfill

City, State
Lincoln Park, NJ 07035

Complied by
E. Citrovic

Title
Secretary

Signature
E. Citrovic

Disposal Date
TBD

TBD

10-07-2013

Do not use this form for asbestos liasueure exempted activities.
# State of New Jersey
## NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>11 / 11 / 13</th>
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<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Verizon</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>Type Notification</td>
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<tr>
<td>EPA 7555</td>
<td>Initial</td>
</tr>
<tr>
<td>DOLWD 7555</td>
<td>Amended</td>
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<tr>
<td>DHSS 7555</td>
<td>Amendment #</td>
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<tr>
<td>DCA 7548 (NJAC 5:23-8)</td>
<td>Emergency (including justification)</td>
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<td>Cancellation</td>
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<tr>
<td>Street Address</td>
<td>15 East Montgomery Place, Lower Level</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Pittsburgh, PA 15212</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Anthony Porta</td>
</tr>
</tbody>
</table>

## FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Verizon Paterson CO</th>
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</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>114 Paterson St</td>
</tr>
<tr>
<td>City (5)</td>
<td>Paterson</td>
</tr>
<tr>
<td>County (6)</td>
<td>Passaic</td>
</tr>
<tr>
<td>Square Feet</td>
<td></td>
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<tr>
<td># of Floors</td>
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</tr>
<tr>
<td>Bidg. Age</td>
<td></td>
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<tr>
<td>County Code (7)</td>
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<tr>
<td>Current Use (Prior if being demolished)</td>
<td>Office</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>TTI Environmental, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASCM No.</td>
<td>Name of Abatement Contractor (9)</td>
</tr>
<tr>
<td>856-840-8800</td>
<td>BRISTOL ENVIRONMENTAL, INC.</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>Telephone No.</td>
</tr>
<tr>
<td>00509</td>
<td>License No.</td>
</tr>
<tr>
<td>Street Address</td>
<td>1123 BEAVER STREET</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>BRISTOL, PA 19007</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Harold Baldwin</th>
</tr>
</thead>
<tbody>
<tr>
<td>Start Date (10)</td>
<td>12 / 2 / 13</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>12 / 6 / 13</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>BRISTOL ENVIRONMENTAL, INC.</td>
</tr>
<tr>
<td>Street Address</td>
<td>1123 BEAVER STREET</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>BRISTOL, PA 19007</td>
</tr>
</tbody>
</table>

## Occupancy Status During Abatement (Check only one)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM PM-AM

## Scope of Work (Check all that apply)
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Encasement Procedure
- Renovation
- Demolition

## Location of Asbestos-Containing Material (ACM) TO BE ABATED

<table>
<thead>
<tr>
<th>Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement corridor</td>
<td>Floor tile and mastic</td>
<td>700 SF</td>
<td></td>
</tr>
<tr>
<td>Basement water meter room</td>
<td>Floor tile and mastic</td>
<td>800 SF</td>
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</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>SERVICE TRANSPORT GROUP, INC.</th>
</tr>
</thead>
<tbody>
<tr>
<td>NJ/DEP Waste Hauler ID No.</td>
<td>20980</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td></td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>MINERVA LANDFILL</td>
</tr>
<tr>
<td>City, State</td>
<td>NEW CASTLE, DE 19720</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>WAYNESBURG, OH 44688</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
<th>Brian Scafiro</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>Estimator</td>
</tr>
<tr>
<td>Signature</td>
<td>Brian Scafiro</td>
</tr>
<tr>
<td>Date</td>
<td>11/1/13</td>
</tr>
</tbody>
</table>

*Do not use this form for asbestos licensure exempted activities.*
Date of Notification (1) 11 / 11 / 13

Name of Building Owner/Operator (2) Verizon

Agencies Notified
- EPA
- DOH
- DOLWD
- DHSS
- DCA (NJAC 5:23-3)

Type Notification
- Initial
- Amended
- Amendment #1-12/6/13
- Emergency (including justification)
- Cancellation

Street Address
15 East Montgomery Place, Lower Level

City, State, Zip Code
Pittsburgh, PA 15212

Name of Contact
Anthony Porta

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Verizon Paterson CO

Street Address
114 Paterson St

City (5)
Paterson

County (6)
Passaic

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished)
Office

Name of Monitoring Firm Hired by Building Owner (8)
TTI Environmental, Inc.

ASCM No.

Name of Abatement Contractor (9)
BRISTOL ENVIRONMENTAL, INC.

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

Project Manager for Monitoring Firm
Harold Baldwin

Street Address
1253 N. Church St

City, State, Zip Code
Mooresville, NJ 08057

Telephone No. 856-840-8800

Telephone No.
215-788-6040

License No. 00509

Start Date (10) 12 / 2 / 13

Scheduled Completion Date (11) 12 / 9 / 13

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL, INC.

Occupancy Status During Abatement (Check only one)

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM__PM--AM

Scope of Work (Check all that apply)

- ≥3 sf or ≥3 if 2
- ≥160 sf or ≥260 if 
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)

Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)

Yes No N/A

Description of AsbestosContaining Material (ACM) (i.e., thermal systems insulation, surfacing, VAC, or other miscellaneous)

Amount (Specify SF or LF)

Abatement Type

- Removal
- Repair
- Encapsulation
- Enclosure

Location of Asbestos-Containing Material (ACM)

Basement Basement corridor

- Floor tile and mastic

700 SF

Name of Registered Waste Hauler
SERVICE TRANSPORT GROUP, INC.

NJDEP Waste Hauler ID No. 20990

Cubic Yards of Waste

Disposal Date

City, State
NEW CASTLE, DE 19720

Name of Registered Landfill
MINERVA LANDFILL

City, State
WAYNESBURG, OH 44688

Completed By (Print or Type)
Brian Scafiro

Title
Estimator

Signature

Date 12/6/13

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

State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:129)

**Date of Notification (1)**: 12/18/13  
**Name of Building Owner/Operator (2)**: Mark Nordstrom  
**Street Address**: 201 5th Ave  
**City, State, Zip Code**: Normandy Beach, New Jersey, 07835

**Name of Facility Where Abatement is Taking Place (3)**: Nordstrom Residence  
**Type of Facility (4)**: Other (i.e. private & commercial buildings, etc.)

**City (5)**: Normandy Beach  
**County (6)**: Ocean  
**Square Feet (7)**: 2300  
**Current Use (Prior if being demolished)**: Residential

**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  
**Telephone No.**: 732-294-1757  
**License No.**: 00029

**Start Date (10)**: 12/18/13  
**Scheduled Completion Date (11)**: 12/18/13

**Occupancy Status During Abatement (Check Only One)**: Facility Closed/Vacated During Entire Period of Abatement  
**Other – Describe**:  
**Scope of Work (Check All That Apply)**: Renovation, Demolition  
**Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)**: Outdoor

**Is Location Normally Used Solely by Maintenance/ Custodial Staff? (14)**: No

**Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)**:  
**Amount (Specify SF or LF)**: 2300 LF

**Name of Registered Waste hauler**: Ace Insulation Co., Inc.  
**NJDEP Waste Hauler ID No.**: 12086  
**Cubic Yards of Waste**: 4  
**Name of Registered Landfill Grows**:  
**Disposal Date**: 12/18/13  
**City, State**: Tullytown, Pa

**Completed by**: George Wuest  
**Title**: President  
**Signature**:  
**Date**: 12/18/13

*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)  

**Date of Notification (1)**  
12/19/13  

**Name of Building Owner/Operator (2)**  
Clatter, Engesser, and Martin  

**Agencies Notified (3)**  
- EPA  
- DEP  
- DOL  
- DHI  
- DCA  

**Type Notification**  
- Initial  
- Amended  
- Amendment #  
- Emergency (Including justification)  
- Cancellation  

**Street Address**  
454 Ocean Ave  
Sea Bright, NJ  

**City, State, Zip Code**  
Sea Bright, NJ  
UT 12  

**Name of Contact**  

**FACILITY INFORMATION**  

**Name of Facility Where Abatement is Taking Place (4)**  
Clatter, Engesser, and Martin Residence  
454 Ocean Ave  
Sea Bright, NJ  

**Type of Facility (5)**  
- School (K-12)  
- Subchapter 8 (Other than K-12)  
- Other (i.e. private & commercial buildings, homes, etc.)  

**Square Feet**  
1320  

**# of Floors**  
2  

**Bldg. Age**  
50+  

**Current Use (Prior to being demolished)**  
Residence  

**Name of Monitoring Firm Hired by Building Owner (6)**  
ASCN No.  
Ace Insulation Co. Inc.  

**Name of Abatement Contractor (7)**  
Ace Insulation Co. Inc.  

**Street Address**  
95 Montrose Road  
Colts Neck, N.J. 07722  

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

**Telephone No.**  
732-294-1757  

**License No.**  
00029  

**Name of OSHA Monitor**  

**Start Date (10)**  
12/19/13  

**Scheduled Completion Date (11)**  
12/23/13  

**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)**  
- 23 sf or 23 sf  
- 160 sf or 260 sf  
- Renovation  
- Demolition  
- Full Containment with Negative Pressure  
- Mini-Enclosure  
- Glovebag Procedure  
- Non-Exempted (*) and Non-Fireable Procedure  

**Type of Abatement Material (ACM)**  

**Location of Asbestos-Containing Material (ACM)**  
- To be Abated  
- In Facility  

**Amount (Spatially SF or LF)**  
1303 sq ft  

**Description of Asbestos Containing Material (ACM)**  
- (I.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  

**Amount (Spatially SF or LF)**  
1303 sq ft  

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

**NJDEP Waste Hauler ID No.**  
12086  

**Cubic Yards of Waste**  
3  

**Name of Registered Landfill Site**  
Grows  

**City, State**  
Colts Neck, New Jersey  

**Disposal Date**  
12/23/13  

**Name of Registered Landfill Site**  
Grows  

**City, State**  
Tullytown, Pa  

**Complied by**  
George Wuest  
Title: President  
Signature:  
Date: 12/19/13  

**ASB-41 (R-06-08)**  

*Do not use this form for asbestos licensure exempted activities.*
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

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<thead>
<tr>
<th>Date of Notification (1)</th>
<th>12/10/13</th>
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<td>Agencies Notified</td>
<td>[ ] EPA</td>
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<tr>
<td>Type Notification</td>
<td>[ ] Initial</td>
</tr>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Act Murphy</td>
</tr>
<tr>
<td>Street Address</td>
<td>417 Essex Ave</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Springfield, New Jersey, 07081</td>
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<tr>
<td>Name of Contact</td>
<td>Stecy</td>
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<tr>
<td>FACILITY INFORMATION</td>
<td></td>
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<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>Act Murphy</td>
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<tr>
<td>Street Address</td>
<td>417 Essex Ave</td>
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<td>City (5)</td>
<td>Springfield</td>
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<tr>
<td>County (6)</td>
<td>Middlesex</td>
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<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>ASCM No.</td>
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<tr>
<td>Name of Abatement Contractor (9)</td>
<td>Ace Insulation Co., Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td>95 Montrose Road</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Colts Neck, N.J. 07722</td>
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<tr>
<td>Project Manager for Monitoring Firm</td>
<td></td>
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<tr>
<td>Telephone No.</td>
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<tr>
<td>License No.</td>
<td>00009</td>
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<td>Start Date (10)</td>
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<td>Scheduled Completion Date (11)</td>
<td>12/21/13</td>
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<td>Occupancy Status During Abatement (Check Only One)</td>
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<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
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<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
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<tr>
<td>Scope of Work (Check All That Apply)</td>
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<tr>
<td>[ ] 33 sf or &lt;33 sf</td>
<td>[ ] 3160 sf or &lt;260 sf</td>
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<tr>
<td>[ ] Renovation</td>
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<tr>
<td>[ ] Demolition</td>
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<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED</td>
<td></td>
</tr>
<tr>
<td>In Facility (13)</td>
<td>[ ] Interior</td>
</tr>
<tr>
<td>[ ] Exterior</td>
<td></td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</td>
<td>No</td>
</tr>
<tr>
<td>Description of Asbestos-Containing Material (ACM)</td>
<td>Transite</td>
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<tr>
<td>[ ] ACM</td>
<td></td>
</tr>
<tr>
<td>[ ] Asbestos paper (3 mil)</td>
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<tr>
<td>Amount (Specify SF or LF)</td>
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<td>Abatement Type</td>
<td>Full Containment with Negative Pressure</td>
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<td></td>
<td>Mini-Enclosure</td>
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<td>Glovebag Procedure</td>
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<tr>
<td></td>
<td>Non-Exempted (*) and Non-Friable Procedure</td>
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<tr>
<td>Name of Registered Waste Hauler</td>
<td>Ace Insulation Co., Inc.</td>
</tr>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
<td>12080</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>1</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>ISESE</td>
</tr>
<tr>
<td>City, State</td>
<td>Colts Neck, New Jersey</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>12/21/13</td>
</tr>
<tr>
<td>City, State</td>
<td>Bethlehem, Pa</td>
</tr>
<tr>
<td>Completed by</td>
<td>George Wuest</td>
</tr>
<tr>
<td>Title</td>
<td>President</td>
</tr>
</tbody>
</table>
| Signature | [Signature]

*Do not use this form for asbestos licensure exempted activities.*
### NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:420)

**Date of Notification (1)**
12/19/13

**Name of Building Owner/Operator (2)**
Shtereh Mustafa

**Street Address (4)**
US Ford Ave

**City, State, Zip Code (5)**
Milltown, NJ 08838

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

**Square Feet (6)**
300

**Current Use (Prior to being demolished)**
Residential

**Occupancy Status During Abatement (Check Only One)**
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours

**Scope of Work (Check All That Apply)**
- Demolition

**Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (19)**
- No

**Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)**
- Other

**Amount (Specify SF or LF)**
40 LF

**Name of Registered Waste Hauler (10)**
Ace Insulation Co., Inc.

**Disposal Date (11)**
12/19/13

**City, State**
Braddock, PA

**Name of Registered Landfill (12)**
IESI

---

*Do not use this form for asbestos licensing exempted activities.*
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:29 and 12:120)

Date of Notification (1)  
12-5-2013

Name of Building Owner/Operator (2)  
Township of Parsippany

Name of Abatement Contractor (9)  
Loznica Management Corporation

EPA  
DEP  
DOL  
DCA

Agency Notified

Type Notification

EPA  
DEP  
DOL  
DCA

Type of Facility (6)

School (K-12)  
Subchapter 9 (Other than K-12)  
Office (i.e. private & commercial buildings, houses, etc.)

Name of Facility Where Abatement Is Taking Place (3)

House for Demo

Street Address

1 Minnehaha Blvd.

City (6)

Parsippany

County (6)

Morris

County Code (6)

STATE USE ONLY

Current Use (Prior to Demolition)

House for Demo

Name of Monitoring Firm Hired by Building Owner (8)

n/a

ASCN No.

n/a

Name of Abatement Contractor (9)

Loznica Management Corporation

Street Address

22 Troy Lane

City, State, Zip Code

Lincoln Park, NJ 07035

Telephone No.

n/a

License No.

973-706-7950  
01193

Project Manager for Monitoring Firm

n/a

Name of CSHA Monitor

Loznica Management Corporation

Start Date (10)

12-9-2013

Scheduled Completion Date (11)

12-10-2013

Facility Closed/Vacated During Entire Period of Abatement

n/a

Occupancy Status During Abatement (Check Only One)

n/a

Abatement Performed Outside of Normal Facility Hours

Primary Method (Check Only One)

n/a

Other - Describe:

n/a

Type of Work (Check All That Apply)

n/a

Renovation  
Demolition

Full Containment with Negative Pressure  
Mini-Enclosure  
Glazing Procedure

Non-Sanitized (*) and Non-Piable Procedure

23 sf or more

X 23 sf or more

Location of Asbestos-Containing Materials (ACM) TO BE ABATED

In Facility

X Living Room

Uncontrollably by Maintenance/Custodial Staff

No

Yes

Description of Asbestos Containing Material (ACM) (i.e. thermal system insulation, surfacing, VAT, or other miscellaneous)

VAT and Mastic

Amount (Specify SF or LF)

200 SF

Abatement Type

Excavation

Endpoints

Removal

Detailed Information:

Name of Registered Waste Hauler

Loznica Management Corporation  
0033137  
TBD  
TBD

City, State  
Lincoln Park, NJ 07035

Disposal Date  
TBD  
GROWS Landfill

City, State  
Morrisville PA 18067

Completed by

E. Citovic  
Secretary

Signature

Date 12-6-2013

* Do not use this form for asbestos related exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 12:120)

Date of Notification (1)
12/9/13

Name of Building Owner/Operator (2)
Mike Minicucci

Agencies Notified
☐ EPA ☐ DEP ☐ DOL ☑ DOH ☐ DCA

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

Street Address
448 Mark Road

City, State, Zip Code
Allendale, NJ 07401

Name of Contact
Mike Minicucci

FACILITY INFORMATION

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

Street Address
3 Albert Road

City (6)
Allendale

County (8)
Bergen

County Code (7)

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

Name of Abatement Contractor (9)
ABS Environmental Services, LLC

Street Address
4 E Gate Drive, PO Box 483

City, State, Zip Code
Glenwood, NJ 07481

Telephone No.
973-764-2276 License No.
703

Start Date (10)
12/20/13

Scheduled Completion Date (11)
1/20/14

Occupancy Status During Abatement (Check Only One)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other – Describe:

Scope of Work (Check All That Apply)
☐ ≥3 sf or ≥3 % ☑ ≥160 sf or ≥260 LF
☐ Renovation ☑ Demolition ☐ Full Containment with Negative Pressure
☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure

Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)
Yes ☐ No ☑ N/A

Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)
exterior siding

Amount (Specify SF or LF)
300 SF

Abatement Type
Removal ☐ Encapsulate ☐ Enclosure

Location of Asbestos-Containing Material (ACM) TO BE ABATED
in Facility (13)

exterior

Name of Registered Waste Hauler
Freehold Cartage

NJDEP Waste Hauler ID No.
159959

Cubic Yards of Waste
10

Name of Registered Landfill
GROWS

City, State
Morrisville, PA

Disposal Date
TBD

Committed by
Andrew Scott Higgins
Title
President

Signature

Date 12/9/13

* Do not use this form for asbestos licensure exempted activities.
Date of Notification (1)
12/9/13

Agencies Notified
☐ EPA
☐ DEP
☐ DOI
☐ DOH
☐ DGA

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

Name of Building Owner/Operator (2)
Mike Minicucci

Street Address
448 Mark Road

City, State, Zip Code
Allendale, NJ 07401

Name of Contact
Mike Minicucci

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Home

Street Address
3 Albert Road

City (5)
Allendale

County (6)
Bergen

County Code (7) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)
ABS Environmental Services, LLC

Street Address
4 E Gate Drive, PO Box 483

City, State, Zip Code
Glenwood, NJ 07481

Project Manager for Monitoring Firm

Telephone No.
973-764-2276

License No.
703

Start Date (10)
12/20/13

Scheduled Completion Date (11)
1/20/14

Occupancy Status During Abatement (Check Only One)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other – Describe:

Scope of Work (Check All That Apply)
☐ ≥3 sf or ≥3 If
☐ ≥150 sf or ≥250 If
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED

In Facility (13)

Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)
☐ Yes
☐ No
☐ N/A

Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)

Amount (Specify SF or LF)

Abatement Type

Removal
Repair
Encapsulate
Endorse

Name of Registered Waste Hauler
Freehold Cartage

NJDEP Waste Hauler ID No.
15559

Cubic Yards of Waste
10

Name of Registered Landfill
GROWS

City, State
Freehold, NJ

Disposal Date
TBD

City, State
Morrisville, PA

Completed by
Andrew Scott Higgins
Title
President

Signature

Date
12/9/13

* 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)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>12/19/13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>MATT NAZZA RO</td>
</tr>
<tr>
<td>Agency Notified</td>
<td>EPA, DEP, DOH, DCA</td>
</tr>
<tr>
<td>Type Notification</td>
<td>Initial</td>
</tr>
<tr>
<td>Street Address</td>
<td>A SAMOSET RD</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>MATT NAZZARO</td>
</tr>
</tbody>
</table>

FACILITY INFORMATION

| Name of Facility Where Abatement is Taking Place (3) | MATT NAZZARO |
| Street Address | A SAMOSET RD |
| City (5) | CRANFORD |
| County (5) | UNION |
| Name of Monitoring Firm Hired by Building Owner (8) | ASCM No. | Name of Abatement Contractor (9) |
| Street Address | 450 S.River St |
| City, State, Zip Code | Hackensack, N.J. 07601 |
| Project Manager for Monitoring Firm | Telephone No. | Telephone No. | License No. |
| Start Date (10) | 12/19/13 |
| Scheduled Completion Date (11) | 12/20/13 |
| Name of OSHA Monitor | Omega Environmental Inc |
| 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 TO 5PM |
| Scope of Work (Check all that apply) | |
| 53 of or ≥ 3 ft |
| ≥ 100 sf or ≥ 260 sf |
| Renovation |
| Demolition |
| Location of Asbestos-Contaminated Material (ACM) TO BE ABATED: |
| Location Normally Used Solely by Maintenance/ Custodial Staff: |
| Description of Asbestos Containing Material (ACM) |
| Amount (Specified SF or LF) |
| Abatement Type |
| Endorsement |
| Name of Registered Waste Hauler |
| Best Removal Inc |
| ID No. | 17109 |
| City, State | CRANFORD, NJ 07010 |
| Disposal Date | 12/20/13 |
| Name of Registered Landfill | Minerva Enterprises |

Completed by:  
J. MAIORANO  
Title: Estimator  
Date: 12/9/13
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) December 9, 2013

Name of Building Owner/Operator (2) Carla Young

Agencies Notified

<table>
<thead>
<tr>
<th>Agency</th>
<th>Type of Notification</th>
</tr>
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<tbody>
<tr>
<td>X</td>
<td>EPA</td>
</tr>
<tr>
<td>]</td>
<td>DEP</td>
</tr>
<tr>
<td>]</td>
<td>DOL</td>
</tr>
<tr>
<td>X</td>
<td>DOH</td>
</tr>
<tr>
<td>]</td>
<td>DCA</td>
</tr>
</tbody>
</table>

Name of Facility Where Abatement is Taking Place (3)

Residence

Street Address 129 N Street

City Seaside Park

County Code (T) (STATE USE ONLY) Ocean

Name of Monitoring Firm Hired by Building Owner (B) ASCM No. N/A

Name of Abatement Contractor (9)

Guardian Contracting, Inc.

Type of Facility (4)

<table>
<thead>
<tr>
<th>Facility</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>School (k-12)</td>
<td>[ ]</td>
</tr>
<tr>
<td>Subchapter 8 (other than k-12)</td>
<td>[ ]</td>
</tr>
<tr>
<td>Other (i.e., private &amp; commercial buildings, homes, etc.)</td>
<td>X</td>
</tr>
</tbody>
</table>

Square feet 1500 sf

# of Floors 1

Bldg. Age 60

Current Use (Prior if being demolished) Residence

Street Address 1889 Route 9, Unit 61

City Toms River, New Jersey

State Zip Code 08755-1271

Name of OSHA Monitor E.M.S.L. Analytical

Street Address 1056 Stelton Road

City Piscataway, New Jersey

State Zip Code 08854

Occupancy Status During Abatement (Check only one)

| Facility Closed/Vacated During Entire Period of Abatement | X |
| Abatement Performed Outside of Normal Facility Hours | ] |
| Other – Describe | ] |

Scope of Work (Check all that apply)

<table>
<thead>
<tr>
<th>Work Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>-</td>
<td>Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>]</td>
<td>Mini-Enclosure</td>
</tr>
<tr>
<td>]</td>
<td>Glovebag Procedure</td>
</tr>
<tr>
<td>X</td>
<td>Non-Exempted (*) and Non-Friable Procedure</td>
</tr>
<tr>
<td>]</td>
<td>Renovation</td>
</tr>
<tr>
<td>X</td>
<td>Demolition</td>
</tr>
</tbody>
</table>

Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility

(13)

<table>
<thead>
<tr>
<th>Location</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exterior-</td>
<td>Asbestos siding</td>
</tr>
<tr>
<td>YES</td>
<td>X</td>
</tr>
</tbody>
</table>

Amount (Specify SF or LF) 1250 sf

Abatement Type

<table>
<thead>
<tr>
<th>Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
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</tbody>
</table>
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>December 9, 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>East Coast Construction</td>
</tr>
<tr>
<td>Street Address</td>
<td>520 Toms River Road</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Jackson, NJ 08527</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Brad Lebbing</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Residence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>1414 Lake Avenue</td>
</tr>
<tr>
<td>City</td>
<td>Seaside Park</td>
</tr>
<tr>
<td>County (6)</td>
<td>Ocean</td>
</tr>
<tr>
<td>County Code (7) (STATE USE ONLY)</td>
<td>ASCM No.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASCM No.</td>
<td>Guardian Contracting, Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td>1889 Route 9, Unit 61</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Toms River, New Jersey 08755-1271</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>732-349-9932</td>
</tr>
<tr>
<td>License Number</td>
<td>00624</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>E.M.S.L. Analytical</td>
</tr>
<tr>
<td>Street Address</td>
<td>1056 Stelton Road</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Piscataway, New Jersey 08854</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>[x] Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>[ ] Abatement Performed Outside of Normal Facility Hours</td>
</tr>
<tr>
<td>[ ] Other - Describe</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] &gt;3 sf or ≥3 lF</td>
</tr>
<tr>
<td>[x] ≥160 sf or ≥250 lF</td>
</tr>
<tr>
<td>[ ] Renovation</td>
</tr>
<tr>
<td>[x] Demolition</td>
</tr>
<tr>
<td>[x] Non-Exempted (*) and Non-Friable Procedure</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>TO BE ABATED in facility (13)</td>
</tr>
<tr>
<td>Is Location Normally used Solely by Maintenance/Custodial Staff (12)</td>
</tr>
<tr>
<td>YES NO N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exterior X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Abatement Type</th>
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</thead>
<tbody>
<tr>
<td>REMOVAL</td>
</tr>
<tr>
<td>REPAIR</td>
</tr>
<tr>
<td>ENCAPSULE</td>
</tr>
<tr>
<td>ENCLOSURE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Guardian Contracting, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
<td>20223</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>3</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>T.R.R.F.</td>
</tr>
<tr>
<td>City, State</td>
<td>Toms River, New Jersey</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>12/13/13</td>
</tr>
<tr>
<td>Completed by (Print or Type)</td>
<td>Nicholas Fernicola</td>
</tr>
<tr>
<td>Title</td>
<td>Project Manager</td>
</tr>
<tr>
<td>Signature</td>
<td>Date 12/9/13</td>
</tr>
</tbody>
</table>

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