**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:50 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>Name of Building Owner/Operator</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/29/16</td>
<td>Avalon Development Group</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
<th>Name of Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>2914 Ave Dr</td>
<td>Avalon, NJ, 08721</td>
<td>Chris</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place</th>
<th>Type of Facility</th>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residence</td>
<td></td>
<td>2300</td>
<td>2</td>
<td>70 years</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Current Use (Prior if being demolished)</th>
<th>Name of Monitoring Firm Hired by Building Owner</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residence</td>
<td>ASCM</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
<th>Schedule Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>12/30/16</td>
</tr>
</tbody>
</table>

**Occupancy Status During Abatement**

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

**Location of Asbestos-Containing Material (ACM)**

<table>
<thead>
<tr>
<th>Location Normally Used Solely by Maintenance/Custodial Staff</th>
<th>Description of 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>OUTSIDE</td>
<td>Siding</td>
<td>2300 SF or LF</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NI/DEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Joe Abatement Disposal LLC</td>
<td>20547</td>
<td>5</td>
<td>WM of PA</td>
</tr>
</tbody>
</table>

**Completed by:**

- Joseph H. Hall
- Title: Vice President
- Signature: [Signature]
- Date: 1/29/16

---

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

**Check#2665**

**Date of Notification (1)**: 12 / 09 / 16

**Name of Building Owner/Operator (2)**: Dana Thompson

**Name of Facility Where Abatement is Taking Place (3)**: Private house

**City (5)**: Summit, NJ 07901

**County (8)**: Union

**Type of Facility (4)**:
- Other (i.e., private and commercial buildings, homes, etc.)

**Square Feet**: # of Floors: Bldg. Age:

**Name of Abatement Contractor (9)**: Gr Tech LLC

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

**Name of OSHA Monitor**: Envirovision Consultants, Inc

**Street Address**: 576 Valley Rd #283

**City, State, Zip Code**: Wayne, NJ 07470

**Telephone No.**: 973-638-1777

**License No.**: 01127

**Start Date (10)**: 12 / 19 / 16

**Scheduled Completion Date (11)**: 12 / 20 / 16

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

**Time of Abatement**: AM, PM, AM, PM

**Scope of Work (Check all that apply)**:
- Renovation
- Demolition
- Clean up and decontamination with negative pressure
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Tent with Negative Pressure
- Non-Exempted (7) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Basement</th>
<th>Pipe insulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>35 LF</td>
</tr>
</tbody>
</table>

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

**Amount (Specify SIF or LF)**: 0033785

**Name of Registered Landfill**: T.R.R.F. Inc

**Name of Registered Waste Hauler**: NDEP Waste Hauler ID No.

**Cubic Yards of Waste**: TBD

**Disposal Date**: TBD

**City, State**: Wayne, NJ 07470

**Completed By (Print or Type)**: Owner

**Signature**: 

**Date**: 12/09/16

---

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

Date of Notification (1) 12/16

Name of Building Owner/Operator (2)
County of Passaic

Agencies Notified
☐ EPA
☐ DOLWD
☐ DHSS
☐ DCA (NJAC 5:23-B)

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

Street Address
401 Grand St., Room 524
City, State, Zip Code
Paterson, NJ 07505
Name of Contact
Steve Orsini
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Maintenance Garage

Street Address
309 Pennsylvania Avenue
City (5)
Paterson
County (6)
Essex

Name of Monitoring Firm Hired by Building Owner (8)
Langan Engineering & Env. Services
ASCM No.
N/A

Name of Abatement Contractor (9)
East Coast Haz Mat Removal, Inc.

Square Feet
5,000
# of Floors
2
Bidg. Age
75 yrs.

Current Use (Prior to being demolished)

Name of OSHA Monitor
Same as above

Scope of Work (Check all that apply)
☐ ≥ 3 sq ft or ≥ 25 ft
☐ ≥ 160 sq ft or ≥ 260 ft

Location of Asbestos-Containing Material (ACM)

TO BE ABATED
IN Facility

Location Normally Used Solely by Maintenance/Custodial Staff? (11)
Yes
No
N/A

Description of Asbestos Containing Material (ACM)
(I.e., thermal systems insulation, surfacing, V&T, or other miscellaneous)

Amount
9 LF

Abatement Type

Location of N.W. Garage Area

Pipe Insulation

Name of Registered Waste Hauler
East Coast Haz Mat Removal, Inc.

NJ/DEP Waste Hauler ID No.
419

Cubic Yards of Waste
1

Disposal Date
12-23-16
City, State
Morrisville, PA

Completed By (Print or Type)
James Unger
Title
Sr. Estimator/Project Mgr.
Signature

Date
12-8-16

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

* 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 (2)**
Caroline Fatchett

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

**City, State, Zip Code**
West Orange, NJ 07052

**Telephone Number**

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

**County Code (7)**

**Facility Information**

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

**Square Feet**
N/A

**# of Floors**
N/A

**Bldg. Age**
N/A

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

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

**Name of Abatement Contractor (9)**
D&S Abatement, Inc.

**Street Address**
11 Rosengren Avenue

**City, State, Zip Code**
Totowa, NJ 07512

**Telephone No.**
973-345-8685

**License No.**
01311

**Name of OSHA Monitor**
D&S Abatement, Inc.

**Street Address**
11 Rosengren Avenue

**City, State, Zip Code**
Totowa, NJ 07512

**Start Date (10)**
12/20/2016

**Scheduled Completion Date (11)**
12/21/2016

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

**Scope of Work (Check All That Apply)**
- ≥3 sf or ≥3 lf
- ≥150 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**

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

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

**Abatement Type**

**Name of Registered Waste Hauler**
D&S Abatement, Inc.

**Waste Hauler ID No.**
NJDEP Waste Hauler ID No. 20996

**Cubic Yards of Waste**
TBD

**Name of Registered Landfill**
Waste Management of PA

**City, State**
Totowa, NJ

**Disposal Date**
TBD

**City, State**
Tullytown, NJ

**Completed by**
Oliver Hegedus

**Title**
Project Manager

**Signature**

**Date**
12/07/2016

*Do not use this form for asbestos licensure exempted activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:86 and 12:120)

Date of Notification (1)
12/07/2016

Name of Building Owner/Operator (2)
Audrey Fellenberg

Agencies Notified

- [X] EPA
- [X] DOH
- [X] DOL
- [ ] DEP
- [ ] DCA

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

Street Address

City, State, Zip Code
Berkeley Heights, NJ 07922

Name of Contact
Lynn Boyer

Telephone Number

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

City (5)
Berkeley Heights

County (6)

County Code (7)
N/A

Type of Facility (4)

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

Square Feet
N/A

# of Floors
N/A

Bldg. Age
N/A

Current Use (Prior if being demolished)
House

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

ASCM No.

Name of Abatement Contractor (9)
D&S Abatement, Inc.

Street Address
11 Rosengren Avenue

City, State, Zip Code
Totowa, NJ 07512

Project Manager for Monitoring Firm

Telephone No.
973-345-8685

License No.
01311

Name of OSHA Monitor
D&S Abatement, Inc.

Street Address
11 Rosengren Avenue

City, State, Zip Code
Totowa, NJ 07512

Start Date (10)
12/19/2016

Scheduled Completion Date (11)
12/20/2016

Occupy Status During Abatement (Check Only One)

- [X] Facility Closed/Vacated During Entire Period of Abatement
- [X] Other – Describe: Occupied

Scope of Work (Check All That Apply)

- [X] ≥ 3 sf or ≥ 3 If
- [X] ≥ 160 sf or ≥ 260 If

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

<table>
<thead>
<tr>
<th>Facility (13)</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Is Location Normally Used Solely by Maintenance/Custodial Staff?

<table>
<thead>
<tr>
<th>(12)</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>pipe insulation</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>(14)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>pipe insulation</td>
<td>60 LF</td>
</tr>
</tbody>
</table>

Location of Registered Waste Hauler

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJDEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste Disposal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>D&amp;S Abatement, Inc.</td>
<td>206999</td>
<td>TBD</td>
</tr>
</tbody>
</table>

Name of Registered Landfill

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waste Management of PA</td>
<td>Tullytown, NJ</td>
</tr>
</tbody>
</table>

Completed by
Oliver Hegedus

Title
Project Manager

Signature

Date
12/07/2016

Do not use this form for asbestos licensure exempted activities.
**Date of Notification (1)**
12/8/2016

**Name of Building Owner/Operator (2)**
La Porta Builders

**Street Address**
14 Lauderdale Ave

**City, State, Zip Code**
Metuchen NJ

**Name of Contact**
Jim La Porta

**Telephone Number**
732-347-7499

---

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

**Street Address**
(N/A)

**City**
Piscataway

**County**
Middlesex

**ASCM No.**
N/A

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

**Telephone No.**
N/A

**Start Date (10)**
12/19/2016

**Scheduled Completion Date (11)**
12/23/2016

**Facility Closed/Vacated During Entire Period of Abatement**
X

**Abatement Performed Outside of Normal Facility Hours**
N/A

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

- [x] ±3 ft or ±3' if
- [x] ≥160 sq ft or ≥260 sq ft
- [ ] Renovation
- [ ] Demolition
- [x] Full Containment with Negative Pressure
- [x] Mini-Enclosure
- [x] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

---

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

<table>
<thead>
<tr>
<th>1st Floor middle closet</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

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

**Amount (Specify SF or LF)**
150SF

**Abatement Type**

<table>
<thead>
<tr>
<th>Removal</th>
<th>Repair</th>
<th>Encapsulate</th>
<th>Endorse</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**Name of Registered Waste Hauler**
Newark Carting Inc

**Waste Hauler ID No.**
04509

**Cubic Yards of Waste**

**Name of Registered Landfill**
ISES Bethlehem Rd Landfill

**Disposal Date**
City, State
2335 Applebutter Rd Bethlehem PA

**Completed by**
Marcos Regato

**Title**
President

**Signature**

---

* 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) 11/29/16
Name of Building Owner / Operator (2) Wells Fargo Bank

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

Type Notification
☐ Initial
☒ Amended R#1-12/9/16
☐ Emergency
☐ Cancellation

Street Address
One South Broad Street
City, State & Zip Code
Philadelphia, PA 19107
Name of Contact
Steve Colton
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Wells Fargo
Street Address
451 White Horse Pike
City (5) County (6) County Code (7)
Atco Camden

Environmental Connection

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

Street Address
120 North Warren Street
City, State & Zip Code
Trenton, NJ 08601

Project Manager for Monitoring Firm
Rollie Jones
Telephone Number 609-392-4200

Scheduled Start Date (10) Scheduled Completion Date (11)
ON HOLD

Occupancy Status During Abatement (Check only one)
☐ Facility Closed/Vacated During Entire Period of Abatement
☒ Abatement Performed Outside of Normal Hours - 7am to 3pm
Describe: 6:00 PM - 2:30 AM
☐ Facility Occupied During Abatement

Scope of Work (Check all that apply)
☒ ≥3 sf or ≥3 lf
☐ ≥160 sf ≥260 lf
☐ Renovation
☒ Demolition

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

Is Location Normally Used Solely by Maintenance or 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

Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glove Bag Procedures
☐ Non-Exempted and Non-Friable Procedure

Above Drop Ceiling
☐ ☒ ☐ Yes ☒ No ☐ N/A

Above Drop Ceiling
☐ ☒ ☐ Yes ☒ No ☐ N/A

Name of Registered Waste Hauler
Service Transport Inc.

Cubic Yards of Waste
1/2 CU YD

Name of Registered Landfill
Minerva Landfill

Disposal Date
12/10/16

City, State
Waynesburg, Ohio

Completed By (Print or Type)
Gino Pizzigoni

Title
Project Manager

Signature
Gino Pizzigoni

Date
11/29/16

CT 16/187
**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>11/29/16</th>
</tr>
</thead>
</table>

**Name of Building Owner / Operator (2)**  
Wells Fargo Bank

<table>
<thead>
<tr>
<th>Street Address</th>
<th>One South Broad Street</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City, State &amp; Zip Code</th>
<th>Philadelphia, PA 19107</th>
</tr>
</thead>
</table>

**Name of Contact**  
Steve Colton

<table>
<thead>
<tr>
<th>Telephone Number</th>
<th></th>
</tr>
</thead>
</table>

### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place (3)**  
Wells Fargo

<table>
<thead>
<tr>
<th>Street Address</th>
<th>451 White Horse Pike</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City (5)</th>
<th>Atco</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>County (6)</th>
<th>County Code (7)</th>
<th>Camden</th>
</tr>
</thead>
</table>

#### Environmental Connection

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

<table>
<thead>
<tr>
<th>Street Address</th>
<th>120 North Warren Street</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City, State &amp; Zip Code</th>
<th>Trenton, NJ 08610</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone Number</th>
<th>609-392-4200</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Scheduled Start Date (10)</th>
<th>12/9/16</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Scheduled Completion Date (11)</th>
<th>12/12/16</th>
</tr>
</thead>
</table>

#### Occupancy Status During Abatement (Check only one)

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Hours - 7am to 3pm  
  Describe: 6PM-2:30AM
- Facility Occupied During Abatement

#### Scope of Work (Check all that apply)

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

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

- **Location Normally Used Solely by Maintenance or Custodial Staff?**
  - Yes
  - No
  - N/A

<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plaster</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
<th>10 SF</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>Mini-Enclosure</td>
</tr>
<tr>
<td>Glove Bag Procedures</td>
</tr>
<tr>
<td>Non-Exempted and Non-Friable Procedure</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minerva Landfill</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service Transport Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hauler ID No.</th>
<th>20990</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/2 CU YD</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/10/16</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waynesburg, Ohio</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Manager</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ino Pizzigoni</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
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<tbody>
<tr>
<td>11/29/16</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>215-768-6040</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>License Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>00509</td>
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<table>
<thead>
<tr>
<th>Banking Offices</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bristol Environmental, Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>1123 Beaver Street</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State &amp; Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bristol, PA 19007</td>
</tr>
</tbody>
</table>

---

**RECEIVED**

**Dec 9 2016**
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1) 12/6/2016

Name of Building Owner / Operator (2)
Carmen Betances

Agency Notified Type Notification
- □ EPA
- □ DEP
- □ DOL
- □ DOH
- □ DCA
□ Initial
□ Amended
□ Emergency
□ Cancellation

Street Address
City, State & Zip Code
Trenton NJ
Name of Contact Carmen Betances

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Residence
Street Address

City (5) Trenton
County (6) Mercer
County Code (7)

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

Project Manager for Monitoring Firm
Telephone Number

Scheduled Start Date (10) 12/6/2016
Scheduled Completion Date (11) 12/19/2016

Occupyance Status During Abatement (Check only one)
□ Facility Closed/Vacated During Entire Period of Abatement
□ Abatement Performed Outside of Normal Hours – 7am to 3pm
□ Describe:
□ Facility Occupied During Abatement

Scope of Work (Check all that apply)
□ ≥3 sf or ≥3 lf
□ ≥160 sf or ≥250 lf
□ Renovation
□ Demolition
□ Full Containment with Negative Pressure
□ Mini-Enclosure
□ Glove Bag Procedures
□ 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)
□ Yes
□ No
□ N/A

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

Amount (Specify SF or LF)

Basement

Name of Registered Waste Hauler
NJDEP Waste Hauler ID No. 00033330

ALPHA ENVIRONMENTAL
City, State Trenton, NJ

Completed By (Print or Type)
Rod Richardson

Title
Project Manager
Signature Rod Richardson

Name of Registered Landfill
Grows Landfill

Disposal Date Various
City, State Morrisville, PA

Data 12/6/2016
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
12/9/16

Agencies Notified

☐ EPA
☐ DEP
☒ DOL
☐ DOH
☐ DCA

Type Notification

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

Name of Building Owner/Operator (2)
Lauren Pirrmann

Street Address
[Redacted]

City, State, Zip Code
Wyckoff, NJ 07481

Name of Contact
Lauren Pirrmann

Telephone Number
[Redacted]

FACILITY INFORMATION

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

Street Address

[Redacted]

City (5)
Wyckoff

County Code (6)
Bergen

County Code (7) (STATE USE ONLY)

Square Feet
1500

# of Floors
2

Bldg. Age
65

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

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

Street Address
PO Box 483, 4 E Gate Drive

City, State, Zip Code
Glenwood, NJ 07418

Project Manager for Monitoring Firm

Telephone No.
973-764-2276

License No.
703

Start Date (10)
12/19/16

Scheduled Completion Date (11)
1/19/17

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 ≥3 If
☐ ≥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)

Location Normally Used Solely by Maintenance/Custodial Staff?

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

Location
Removal
Encapsulation
Disposal

north room
joint compound
300 SF
☐

exterior
siding caulk
2 SF
☐

roof
roof caulk
2 SF
☐

Name of Registered Waste Hauler
NJDEP Waste Hauler ID No. 15939

Disposal Date
TBD

Name of Registered Landfill
Western Birks Landfill

City, State
Freehold, NJ

Completed by
A. Scott Higgins

Title
President

Signature
[Signature]

Date
12/9/16

* 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>12-10-16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Brennan Bros. Contractors</td>
</tr>
<tr>
<td>Street Address</td>
<td>28 Maple Street</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Old Bridge, NJ 08857</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Mike Brennan</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement Is Taking Place (3) | Single Family Dwelling (Vacant) |
| Street Address | 50 Brookside Ave |
| City (5) | Sayreville, NJ 08872 |
| County (6) | Middlesex |
| Current Use (Prior To Demolition) | Single Family Dwelling |
| Name of Monitoring Firm Hired by Building Owner (8) | EPC Technologies Inc |
| ASCM No. | N/A |
| Name of Abatement Contractor (9) | EPC Technologies Inc |
| Street Address | P.O. Box 337 |
| City, State, Zip Code | New Egypt, NJ 08533 |
| Telephone No. | 609 758-3365 |
| License No. | 08394 |
| Name of OSHA Monitor | EPC Technologies Inc |
| Street Address | P.O. Box 337 |
| City, State, Zip Code | New Egypt, NJ 08533 |
| Scope of Work (Check All That Apply) | |
| - 33 sf or 33 ft |
| - 160 sf or >260 sf |
| — Renovation Demolition |

| Is Location Normally Used Solely by Maintenance/Custodial Staff? |
| - Yes |
| - No |
| - N/A |
| Description of Asbestos-Containing Material (ACM) |
| - Exterior Walls |
| - Siding Shingles |
| - 2000 SF |
| - Name of Registered Waste Hauler | EPC Technologies |
| - NJDEP Waste Hauler ID No. | 17000 |
| - Cubic Yards of Waste | 12 |
| - Name of Registered Landfill | Waste Management of PA |
| - Disposal Date | 12-30-16 |
| - City, State | Meansville, PA |

*Do not use this form for asbestos license exempted activities.*
**Notices of Asbestos Abatement**

<table>
<thead>
<tr>
<th>Building/Property Name</th>
<th>Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>RESIDENCE</td>
<td>300 Grand Ave</td>
<td>Paramus, NJ 07652</td>
</tr>
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</table>

**Amount Estimated**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>600SF</td>
<td>960SF</td>
</tr>
</tbody>
</table>

**Notification Date**

- 12/07/16
- 12/08/16

**Facility Information**

- **Type of Facility:** Residential
- **Location:** 300 Grand Ave, Paramus, NJ 07652
- **Number of Stories:** 1
- **Number of Lives:** 1
- **Number of Units:** 1
- **Year Built:** 1960
- **Square Footage:** 1,750

**Notice of Abatement**

- By Cessation of Work
- Date of Notice: 12/07/16
- Date of Abatement: 12/08/16

**Notice of Completion**

- Date of Completion: 01/07/17
- Name of Contractor: A. A. M. Contracting Inc.

**Clean-up**

- Yes
- Description: VEGETATION

**Special Notes**

- Full Compliment with Negative Pressure Mini-Enclosure
- General Contractor
- WSC-200000419 and 2014-0036907

**Certification**

- Certified by: Grove Venture, Inc.
- Date: 12/07/16

**Acknowledgement**

- Received by: AMAC

**Acknowledgment**

- Date: 12/08/16
### ABATEMENT REPORT

**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

**Permit No. NJAC 5:7 and 9:1786**

**Name of Building Contractor:**

**Name of Person:**

**Address:**

**City, State, Zip Code:**

**Name of Contact:**

**Name of Residence:**

**Type of Site:**

**Type of Site:**

**Contractor:**

**Address:**

**City, State, Zip Code:**

**Telephone No.:**

**License No.:**

**Name of Owner:**

**Address:**

**City, State, Zip Code:**

**Telephone No.:**

**License No.:**

**Facility Class:**

**Use:**

**Schedule of Project:**

**Schedule of Project:**

**Store:**

**Amount:**

**Location of Asbestos-Containing Material (ACM):**

<table>
<thead>
<tr>
<th>Area</th>
<th>ACM Found (in Facility)</th>
<th>ACM Found (in Facility)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BASEMENT</strong></td>
<td>✔ Pipe Insulation</td>
<td>SDLP</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Handler:**

**Address:**

**City, State:**

**Telephone No.:**

**License No.:**

**Name of Registered Landfill:**

**Address:**

**City, State:**

**Signature:**

**Date:**

---

Not use the form for asbestos fiber insulated activities.
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 12:129)

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>12-10-16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator</td>
<td>Berkshire Hathaway Realtoes</td>
</tr>
<tr>
<td>Street Address</td>
<td>1994 Washington Valley Rd</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Martinsville, NJ 08836</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Connie Radelof</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place</td>
<td>Single Family Dwelling</td>
</tr>
<tr>
<td>Street Address</td>
<td>Middlesex, NJ 08846</td>
</tr>
<tr>
<td>City</td>
<td>Middlesex</td>
</tr>
<tr>
<td>County</td>
<td>Middlesex</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner</td>
<td>EPC Technologies</td>
</tr>
<tr>
<td>ASCM No</td>
<td>N/A</td>
</tr>
<tr>
<td>Name of Abatement Contractor</td>
<td>EPC Technologies Inc</td>
</tr>
<tr>
<td>Street Address</td>
<td>P.O. Box 337</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>New Egypt, NJ 08533</td>
</tr>
<tr>
<td>Telephone No</td>
<td>609 758-3365</td>
</tr>
<tr>
<td>License No</td>
<td>00394</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>EPC Technologies Inc</td>
</tr>
<tr>
<td>Street Address</td>
<td>P.O. Box 337</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>New Egypt, NJ 08533</td>
</tr>
<tr>
<td>Start Date</td>
<td>12-22-16</td>
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<tr>
<td>Scheduled Completion Date</td>
<td>12-22-16</td>
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<tr>
<td>Occuancy Status During Abatement</td>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>Scope of Work</td>
<td></td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility</td>
<td></td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff</td>
<td>Yes, No, N/A</td>
</tr>
<tr>
<td>Description of Asbestos-Containing Material (ACM)</td>
<td>Pipe Insulation</td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td>100 LF</td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Pipe Insulation</th>
</tr>
</thead>
</table>

**Name of Registered Waste Hauler**

| Name of Registered Waste Hauler | EPC Technologies |
| City, State | New Egypt, NJ |
| NJDEP Waste Hauler ID No. | 17000 |
| Cubic Yards of Waste | 3 |
| Name of Registered Landfill | Waste Management of PA |
| City, State | Moonville, PA |
| Disposal Date | 12-33-16 |

**Completed by**

| Completed by | Steve Schenker |
| Title | President |

* 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)
12/9/16

Name of Building Owner/Operator (2)
David Guardino

City, State, Zip Code
Pompton Plains, NJ 07444

Name of Contact
Adam

FACILITY INFORMATION

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

Street Address
[Redacted]

City (5)
Pompton Plains, NJ

County (6)
Morris

Name of Monitoring Firm Hired by Building Owner (8)
Asbestos Testing

Competent Supervisor

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

Square Feet

# of Floors

Bldg. Age

Current Use (Prior if being demolished)

Name of Abatement Contractor (9)
Academy Construction Inc.

Street Address
205 Route 46 West Suite 14

City, State, Zip Code
Totowa, NJ 07512

Project Manager for Monitoring Firm

Telephone No.
973-832-4244

License No.
01155

Start Date (10)
12/9/16

Scheduled Completion Date (11)
12/26/16

Name of OSHA Monitor
Same as Above

Occupancy Status During Abatement (Check Only One)

Street Address

City, State, Zip Code

Scope of Work (Check All That Apply)

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

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

Name of Registered Waste Hauler
Academy Construction Inc

NJDEP Waste Hauler ID No.
034422

Cubic Yards of Waste
3

Name of Registered Landfill
GROW Landfill

City, State
Totowa, NJ

Disposal Date
TBD

City, State
Tullytown, PA

Completed by
John Geleski

Title
PM

Signature

Date
12/9/16

* Do not use this form for asbestos licensure exempted activities.
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 5:16)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>12 / 9 / 16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Michael Bissinger</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>EPA, DOLWD, DOH, DCA (NJAC 5:23-8)</td>
</tr>
<tr>
<td>Type Notification</td>
<td>Initial</td>
</tr>
<tr>
<td>Street Address</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Maplewood, NJ 07040</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Michael Bissinger</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>Bissinger Residence</td>
</tr>
<tr>
<td>Street Address</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>City (5)</td>
<td>Maplewood</td>
</tr>
<tr>
<td>County (5)</td>
<td>Essex</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>Mgmt. &amp; Environmental Consulting Services</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>Shade Environmental, LLC</td>
</tr>
<tr>
<td>Square Feet</td>
<td>1,800</td>
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<tr>
<td># of Floors</td>
<td>3</td>
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<tr>
<td>Bidg. Age</td>
<td>90</td>
</tr>
<tr>
<td>Current Use (Prior to being demolished)</td>
<td>Residence</td>
</tr>
<tr>
<td>Name of Project Manager for Monitoring Firm</td>
<td>Bill Weissgarber</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>609-298-4070</td>
</tr>
<tr>
<td>Street Address</td>
<td>623 Cutler Avenue</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Maple Shade, NJ 08052</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>EMSL Analytical, Inc.</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>856-755-0099</td>
</tr>
<tr>
<td>License No.</td>
<td>00842</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>12 / 19 / 16</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>12 / 20 / 16</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check only one)</td>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>Scope of Work (Check all that apply)</td>
<td>☑ Renovation, ☑ Demolition</td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</td>
<td>☑ Pipe Insulation</td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</td>
<td>Yes, ☑ No, N/A</td>
</tr>
<tr>
<td>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td>☑ Full Containment with Negative Pressure, ☑ Mini-Enclosure, ☑ Glovebag Procedure, ☑ Non-Exempted (*) and Non-Friable Procedure</td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td>95 LF</td>
</tr>
<tr>
<td>Abatement Type</td>
<td>☑ Removal, ☑ Repair, ☑ Encapsulate, ☑ Endorse</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>NUDEP Waste Hauler ID No. 15939</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>1</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>Cumberland County Landfill</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Newburg, PA</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>12/20/2016</td>
</tr>
<tr>
<td>Completed By (Print or Type)</td>
<td>Christina Lynch</td>
</tr>
<tr>
<td>Title</td>
<td>Vice President of Operations</td>
</tr>
<tr>
<td>Signature</td>
<td>[Signature]</td>
</tr>
<tr>
<td>Date</td>
<td>12/4/16</td>
</tr>
</tbody>
</table>

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

---

**State of New Jersey**

**ASS-41**

**JAN 13**
Date of Notification (1) 12 / 9 / 16
Name of Building Owner/Operator (2) Janis Bossert

Agencies Notified
- EPA
- DOLWD
- DOH
- DCA (NJAC 5:23-8)

Type Notification
- Initial
- Amended
- Amendment #
- Emergency (including Justification)
- Cancellation
Street Address [Redacted]
City, State, Zip Code Haddon Township, NJ 08033
Name of Contact Janis Bossert
Telephone Number

Name of Facility Where Abatement is Taking Place (3) Bossert Residence
Street Address [Redacted]
City (5) Haddon Township
County (6) Camden
County Code (7) [STATE USE ONLY]

Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9)
Mgmt. & Environmental Consulting Services Shade Environmental, LLC
Street Address PO Box 341
City, State, Zip Code Chesterfield, NJ 08615
City, State, Zip Code Maple Shade, NJ 08052

Project Manager for Monitoring Firm Bill Weisgarber
Telephone No. 609-298-4070

Start Date (10) 12 / 21 / 16 Scheduled Completion Date (11) 12 / 22 / 16

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: AM PM PM AM

Scope of Work (Check all that apply)
- ≥3 sf or ≥3 If
- ≥180 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)

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/ Custodial Staff?</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>Yes</td>
<td>No</td>
<td>N/A</td>
<td>Full Containment with Negative Pressure</td>
</tr>
</tbody>
</table>

Crawlspace

Pipe Insulation 150 LF

Name of Registered Waste Hauler Freehold Cartage
NJDEP Waste Hauler ID No. 15939

Cubic Yards of Waste 1

Name of Registered Landfill Cumberland County Landfill
City, State Newburg, PA

Signatures [Redacted]

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Initial Non-Friable
Notification / Check #: 6825

Date of Notification (1) 1/2/16
Name of Building Owner/Operator (2)
Township of Long Hill
St. Address 915 Valley Rd.
City, State, Zip Code Gillette, NJ 07933
Telephone Number
Name of Contact Neil Henry, Twp. Administrator

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)
Vacant One Family Residence

City (5) County (6) County Code (7)
Stirling, NJ 07980 Morris

Name of Abatement Contractor (9)
Four Strong Builders, Inc.
Street Address 180 Sargent Avenue
City, State, Zip Code Clifton, NJ 07013-1935
License Number 00807

Square Feet # of Floors Age
2,000 1 50

Vacant One Family Residence

Name of Monitoring Firm for Abatement ASCN No.
Detail Associates
Street Address 300 Grand Ave #104
City, State, Zip Code Clifton, NJ 07013

Name of Registered Waste Hauler

Four Strong Builders, Inc.
City, State Clifton, NJ

Complated By (Print or Type) Title
Bilyana Kulakovska Office Administrator

ASB-11 JUN 95

Location of Asbestos-Containing Material (ACM)
Location Normally Used Solely by Maintenance/Custodial Staff (12)

Yes No N/A VAT and mastic 370 SF

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

Name of Registered Landfill
G.R.O.W.S., Inc.
City, State Tullytown, PA

Cubic Yards of Waste
Disposal Date

NJDEP Waste Hauler ID No.
12609

Account #

Siganture

Date 12/6/16
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJA 8:50 and 8:50a)

Date of Notification (1):
12-08-2016

Name of Building Owner/Operator (2):
Clifton Public schools

Agencies Notified:

<table>
<thead>
<tr>
<th>Agency</th>
<th>Initial</th>
<th>Amended</th>
</tr>
</thead>
<tbody>
<tr>
<td>RPA</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>DEP</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOL</td>
<td></td>
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</tr>
<tr>
<td>DOH</td>
<td></td>
<td></td>
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<tr>
<td>DCA</td>
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</tbody>
</table>

Street Address:
745 Clifton Ave

City, State, Zip Code:
Clifton, NJ 07013

Name of Central Contact:
Al Marchione

Facility Information:

Name of Facility Where Abatement is Taking Place (3):
School # 2

Street Address:
1270 Van Houten Ave

City:
Clifton

County Code:
Passaic

Name of Monitored Firm/Agent by Building Owner (8):
ACCC, Consultants, Inc

ASCM No.:

Name of Abatement Contractor (9):
Lillich Corporation

Street Address:
PO Box 385

City, State, Zip Code:
Oceanville, NJ 08236

Phone No.:
609-652-1933

Scheduling Completion Date (11):
12-11-2016

Facility Status During Abatement (Check Only One):

- Facility Closed/Vacated During Entire Period of Abatement

- Abatement Performed Outside of Normal Facility Hours

- Other - Describe: Start 7:00 AM

Scope of Work (Check All That Apply):

- Demolition

- Renovation

- Partial Demolition

- Full Demolishment with Negative Pressure

- Mini-Enclosure

- Covering Procedure

- Non-Exhausted (1) and Non-Viable Procedure

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>Wall</td>
<td>Insulation</td>
</tr>
</tbody>
</table>

Amount (Specify SF or LF):
9 LF

Abatement Type:
Removal

Name of Registered Waste Hauler:
Lillich Corporation

NJDEP Waste Hauler ID No.:
18724

Cubic Yards of Waste:

Name of Registered Landfill:
GCCWS, Landfill

City, State:
Woodland Park, New Jersey

Disposal Date:
Morristown, PA

Completed by:
Marni Glavatovic
Title:
Vice President
Signature:
Date:
2-06-2016

*Do not use this form for asbestos license 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>12-7-16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>TOM WELSH</td>
</tr>
<tr>
<td>Street Address</td>
<td>661 POMONA AVE</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>HADDONFIELD N.J 08033</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>TOM</td>
</tr>
<tr>
<td>FACILITY INFORMATION</td>
<td></td>
</tr>
<tr>
<td>Name of Facility Where Abatement Is Taking Place (3)</td>
<td>RESIDENCE</td>
</tr>
<tr>
<td>Street Address</td>
<td>369 S SPRUCE AVE</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>MAPLE SHADE N.J 08052</td>
</tr>
<tr>
<td>County Code (7) (STATE USE ONLY)</td>
<td>50</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>KLEMC 0 INC</td>
</tr>
<tr>
<td>Telephone No</td>
<td>856-779-0472</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>KLEMC 0 INC</td>
</tr>
<tr>
<td>Telephone No</td>
<td>856-779-0472</td>
</tr>
<tr>
<td>License No</td>
<td>00441</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>N/A</td>
</tr>
<tr>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>12-7-16</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>12-24-16</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check only one)</td>
<td>N/A</td>
</tr>
<tr>
<td>Scope of Work (Check all that apply)</td>
<td>N/A</td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</td>
<td>SIDING</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>KLEMC 0 INC</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>C.M.C.M.U.A</td>
</tr>
<tr>
<td>Completed By</td>
<td>MICHAEL KLEMM</td>
</tr>
<tr>
<td>Signature</td>
<td>12-7-16</td>
</tr>
</tbody>
</table>

* 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)
12/14/16

Against Notified
PSEG

Type Notification
Initial

Name of Building Owner/Operator (2)
PSEG

Street Address
4000 HADLEY ROAD

City, State, Zip Code
SOUTH PLAINFIELD, NJ 07088

Name of Contact
RICHARD FAMULARO

Facility Information

Name of Facility Where Abatement Is Taking Place (3)
PSEG

Address
7801 TONNELE AVE.

City (4)
NORTH BERGEN

County (5)
HUDSON

Type of Facility
Substation

Square Feet
600

Name of Monitoring Firm Hired by Building Owner (6)
ENVIRONMENTAL TACTICS

County Code (7)
0045

Current Use (Prior if being demolished)
SUBSTATION

Name of Abatement Contractor (9)
UNIQUE SYSTEMS OF AMERICA

Street Address
396 WHITEHEAD AVE.

City, State, Zip Code
SOUTH RIVER, NJ 08882

Project Manager for Monitoring Firm
TOM GEIGER

Telephone No.
732-290-2217

License No.
01111

Start Date (10)
12/14/16

End Date (11)
3/31/2017

Name of OSHA Monitor
UNIQUE SYSTEMS OF AMERICA

Scope of Work (Check All That Apply)

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

ABATEMENT TYPE

- Removal
- Repair
- Extraplate
- Enclosure

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>N.E. of Control House</td>
<td>X</td>
<td>Transite Panels</td>
<td>32 SF</td>
</tr>
<tr>
<td>Control House</td>
<td>X</td>
<td>ACM Cables</td>
<td>40 LF</td>
</tr>
<tr>
<td>Roof</td>
<td>X</td>
<td>Roofing Materials</td>
<td>300 SF</td>
</tr>
<tr>
<td></td>
<td>X</td>
<td>Roof Flashings</td>
<td>300 SF</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
WASTE MANAGEMENT
NJDEP Waste Hauler ID No. 1125

Disposal Date
7/20/16

City, State
ELIZABETH, NJ

Completed by
CAROL RAIMO
Title
OFFICE MGR

Signature
CAROL RAIMO
Date
12/14/16

* Do not use this form for asbestos licensure exempted activities.
<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>
<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>NE. of Control House</td>
<td>X</td>
<td>Transite Plugin</td>
<td>30 SF X</td>
<td>Removal</td>
</tr>
<tr>
<td>Control House</td>
<td>X</td>
<td>ACM Caulk</td>
<td>40 LF X</td>
<td>Encapsulate</td>
</tr>
<tr>
<td>Roof</td>
<td>X</td>
<td>Roofing Materials</td>
<td>300 SF X</td>
<td>Replace</td>
</tr>
<tr>
<td>Roof</td>
<td>X</td>
<td>Roof Flashing</td>
<td>300 SF X</td>
<td>Replace</td>
</tr>
</tbody>
</table>

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

**Name of Contact:** RICHARD FAMULARO

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3):** PSEG

**Street Address:**
- **1801 Tonnelle Ave.**
- **City, State:** NORTH BERGEN, NJ 07108
- **County:** HUDSON

**Current Use (Prior if being demolished):**
- **Square Feet:** Appx 600
- **# of Floors:** 1
- **Bldg. Age:** Appx 60YRS

**Schedule Completion Date (11):** 12/19/16

**Name of OSHA Monitor:**
- **Name:** UNIQUE SYSTEMS OF AMERICA
- **Contact:** 398 WHITEHEAD AVE.

**Location of Registered Waste Hauler:**
- **Name:** GROWS NORTH
- **Address:** MORRISVILLE, PA

**Date of Notification (1):** 11/22/16

**Name of Building Owner/Operator (2):** PSEG

**Street Address:**
- **4000 HADLEY ROAD**
- **City, State, Zip Code:** SOUTH PLAINFIELD, NJ 07080

**Type of Abatement Contracted (9):**
- **Name:** UNIQUE SYSTEMS OF AMERICA
- **License No.:** 01111

**Start Date (10):** 11/13/16

**End Date (11):** 12/19/16

**Date of Notification (1):** 11/22/16
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1):

11/11/16

Name of Building Owner/Operator (2):

PSEG

Address:

4000 HADLEY ROAD

City, State, Zip Code:

SOUTH PLAINFIELD, NJ 07080

Name of Contact:

RICHARD FAMULARO

FACILITY INFORMATION

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

PSEG

Street Address:

7821 TONNELLE AVE.

City (4):

NORTH BERGEN

County (5):

HUDSON

Current Use (Prior if being demolished):

SUBSTATION

Name of Monitoring Firm Hired by Building Owner (6):

ENVIRONMENTAL TACTICS

ASCM No.:

0045

Name of Abatement Contractor (7):

UNIQUE SYSTEMS OF AMERICA

Street Address:

64 BROAD STREET

City, State, Zip Code:

MATAWAN, NJ 07747

Project Manager for Monitoring Firm:

TOM GEIGER

Telephone No.:

732-320-2217

Start Date (10):

11/11/16

Scheduled Completion Date (11):

12/12/16

Occupancy Status During Abatement (Check Only One):

Facility Closed/Vacated During Entire Period of Abatement
Abatement Performed Outside of Normal Facility Hours
Other – Describe: "nnencessary operations only"

Total Square Feet:

APX 600

# of Floors:

1

Bldg. Age:

APX 60YRS

Type of Facility (4):

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

Square Feet:

APX 600

# of Floors:

1

Bldg. Age:

APX 60YRS

Name of OSHA Monitor:

UNIQUE SYSTEMS OF AMERICA

Street Address:

395 WHITEHEAD AVE.

City, State, Zip Code:

SOUTH RIVER, NJ 08882

Scoops of Work (Check All That Apply):

Demolition

Renovation

Full Containment with Negative Pressure
Minimize Exposure
Glovebox Procedure
Non-Exempted (*) and Non-Friable Procedure

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

In Facility (12):

Name of Registered Waste Hauler:

NJDEP Waste

Revenue ID No.:

1125

Date of Waste Hauler:

APX 20

Disposal Date:

1/2/16

Name of Registered Landfill:

GROWS NORTH

City, State:

ELIZABETH, NJ

MORRISVILLE, PA

Signature:

Carol Raimo

Date:

11/11/16

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