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

RECEIVED

2012 DEC 18 PM 2:58

ASBESTOS CONTROL & LICENSE

| | | | |
|--|--|---|--|
| Date of Notification (1) 12-14-12 | | Name of Building Owner/Operator (2) Dupont Nemours Company | |
| Agencies Notified | Notification Type | Street Address Rt 130 South | City, State, Zip Code Deepwater, NJ 08023 Name of Contact Richard Clarke Telephone Number / |
| <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment 4 <input type="checkbox"/> Emergency (Including Justification) <input type="checkbox"/> Cancellation | | |


FACILITY INFORMATION

| | | | |
|--|---|---|-------------------------|
| Name of Facility Where Abatement is Taking Place (3) Chamber Works Plant | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | |
| Street Address Rt 130 South | | Square Feet | # of Floors |
| City (5) Deepwater | | Bldg. Age | |
| County (6) Salem | County Code (7) (STATE USE ONLY) | Current Use (prior if being demolished) | |
| Name of Monitoring Firm Hired by Bldg. Owner (8) Harvard Environmental | ASCM No. | Name of Contractor (9) County Environmental | |
| Street Address 761 Pulaski Hwy | | Street Address 461 New Churchmans Rd. | |
| City, State, Zip Code Bear, De | | City State, Zip Code New Castle, DE 19720 | |
| Project Manager for Monitoring Firm Wesly Morrison | Telephone No. 302-326-2333 | Telephone Number (302) 322-8946 | License Number 00578 |
| Scheduled Start Date (10) 1-2-13 | Scheduled Completion Date (11) 3-31-13 | Name of OSHA Monitor County Environmental (12-003A) | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - <input checked="" type="checkbox"/> Other - Describe: Unoccupied area. | | Street Address 461 New Churchmans Road | |
| | | City, State, Zip Code New Castle, DE 19720 | |

Scope of Work (Check all that apply)

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

| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | |
|--|---|----|-----|--|---------------------------|----------------|--------|-------------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate |
| Thermal Systems | | x | | Thermal coverings throughout area | 22000LF | X | | |
| Thermal Systems | | x | | Thermal coverings throughout area | 2000SF | | X | X |
| Floor Tile /Mastic | | x | | Floor tile and mastic throughout area | 1800SF | X | | |

| | | | |
|---|------------------------------------|---|-----------------------------------|
| Name of Reg. Waste Hauler S&J Transport. | NJDEP Waste Hauler ID No. 03217 | Cubic Yards of Waste >30 | Name of Reg. Landfill Constoga |
| City, State Woodstown, NJ | | Disposal Date TBD | City, State Morgantown, PA |
| Completed by Evelyn Walsh | Title Office Manager | Signature  | Date 12-14-12 |

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

Check 4 28/19

| | | | | |
|---|--|--|---|--|
| Date of Notification (1) 12 / 17 / 12 | | Name of Building Owner / Operator (2) AT&T | | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DCA | | Type of Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation | | |
| Street Address 200 North Warner Ave | | City, State, Zip Code King Of Prussia, PA. 19406 | | |
| Name of Contact Howard Polnow | | Telephone Number | | |
| FACILITY INFORMATION | | | | |
| Name of Facility Where Abatement is Taking Place (3) AT&T | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.) | | |
| Street Address 801 Asbury Avenue | | Square Feet 5,000 | | |
| City (5) Ocean City | County (6) Atlantic | County Code (7) | # Of Floors 6 | |
| Building Age 50+ | | Current Use (Prior if being demolished) Commercial | | |
| Name of Monitoring Firm Hired by Bldg. Owner (8) Acer Associates | | ASCM NO | | |
| Street Address 403 Bloomfield Drive Unit 2 | | Name of Abatement Contractor (9) LVI Environmental Services Inc. | | |
| City, State, Zip Code West Berlin, NJ. 08091 | | Street Address 462 Getty Avenue | | |
| Project Mngr. For Monitoring Firm Matt Depalma | | City, State, Zip Code Clifton, NJ 07011 | | |
| Telephone Number 856 809-1202 | | License Number 00117 | | |
| Schedul Start Date (10) 01 / 03 / 13 | | Sched. Completion Date (11) 01 / 07 / 13 | | |
| Occupancy Status During Abatement (Check Only 1) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: _____ <input type="checkbox"/> Other - Describe: MON-FRI. 7:00AM-3:30PM | | Name of OSHA Monitor LVI Environmental Services Inc. Street Address 462 Getty Avenue City, State, Zip Code Clifton, NJ 07011 | | |
| Scope of Work (Check All That Apply) <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥3sf or ≥3lf <input type="checkbox"/> Mini - Enclosure <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | |
| Location of Asbestos Containing Material (ACM) TO BE ABATED in Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff (12) YES NO N/A | Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type R E M O V A L R E P A I R E N C A P S U L E N C L O S U R |
| Roof Section 1 | <input checked="" type="checkbox"/> | Paint | 4SF | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| Roof Section 2 | <input checked="" type="checkbox"/> | Paint | 4SF | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| Roof Section 3 | <input checked="" type="checkbox"/> | Paint | 4SF | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| Name of Registered Waste Hauler Service Transport Group 58 Pyles Lane | | NJDEP Waste Hauler ID No. SW2117 | Name of Registered Landfill Minerva Landfill | |
| City, State New Castle, DE. | | Disposal Date 1/11/2013 | City, State Waynesburg, OH. 44688 | |
| Completed by (Print or Type) Marc Heim | | Title Project Manager | Signature <i>[Signature]</i> | Date 12/17/12 |

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

| | | | |
|---|--|---|------------------|
| Date of Notification (1) 12/13/2012 | | Name of Building Owner/Operator (2) ONE EXCHANGE JC, LLC | |
| Agencies Notified | Type Notification | Street Address 1410 COMMON OAKS DRIVE | |
| <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code RALEIGH, NC 27614 | |
| | | Name of Contact Christopher Brenner | Telephone Number |

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 ASBESTOS CONTROL & LICENSING

| FACILITY INFORMATION | | | | | | | | | |
|--|---|---|---|---|---------------------------|----------------|--------|-------------|-----------|
| Name of Facility Where Abatement is Taking Place (3) HYATT BUILDING | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address 1 EXCHANGE PLACE | | Square Feet | # of Floors 10 | | | | | | |
| City (5) JERSEY CITY | | Bldg. Age | | | | | | | |
| County (6) HUDSON | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) COMMERCIAL | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) ENVIROVISION | | ASCM No. | Name of Abatement Contractor (9) KIELCZEWSKI CORPORATION | | | | | | |
| Street Address 20-21 WAGARAW RD | | Street Address 235 WATCHUNG AVE | | | | | | | |
| City, State, Zip Code FAIRLAWN NJ 07410 | | City, State, Zip Code WEST ORANGE NJ 07052 | | | | | | | |
| Project Manager for Monitoring Firm WILLIAM MORALES | | Telephone No. 973-636-9145 | Telephone No. 973-243-9872 | | | | | | |
| | | License No. 01171 | | | | | | | |
| Start Date (10) 12/17/2012 | Scheduled Completion Date (11) 02/08/2012 | Name of OSHA Monitor SCHNEIDER LABORATORIES GLOBAL | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____ | | Street Address 2512 W. CARY STREET | | | | | | | |
| | | City, State, Zip Code RICHMOND VA 23220 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition | | | | | | | | | |
| <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Main Building- Ban Vault | | | x | Floor Tiles and Mastic | 240sf | x | | | |
| Bank Side- Basement | | | x | Floor Tile | 100sf | x | | | |
| Basement across bank vault | | | x | Pipe Insulation | 45lf | x | | | |
| 1st Floor Hallway | | | x | Tile and Mastic | 275sf | x | | | |
| Name of Registered Waste Hauler CIRCLE RUBBISH | | NJDEP Waste Hauler ID No. 18816 | Cubic Yards of Waste | Name of Registered Landfill TULLYTOWN RESOURCE FACILITY | | | | | |
| City, State LINDEN NJ | | Disposal Date | City, State MORISVILLE PA | | | | | | |
| Completed by SLAWOMIR KIELCZEWSKI | Title PRESIDENT | Signature <i>Kielczewski</i> | Date 12/13/2012 | | | | | | |

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2020 DEC 18 PM 2:58
LICEN 3101

| Location - Main Building | Material | Quantity of |
|---|--|-------------------------------|
| Basement 3, Boiler Room - Boiler left of center "Betsy" boiler. | (Dark) (Light) Grey / black / brown interior boiler insulation, entire boiler. | 1,900 Square Feet. |
| Basement 3, Boiler Room - On top of boiler left of center "Betsy" boiler. | Grey boiler insulation (cylindrical top on top of large left boiler). | 900 Square Feet (3" Thick). |
| Basement 3, Boiler Room - Behind boiler left of center "Betsy" boiler. | White (top layer) and grey (bottom layer) duct insulation. | 3,800 Square Feet. |
| Basement 3, Boiler Room - Center "Betsy" and boiler right of "Betsy". | (Dark) (Light) Grey / black / brown interior boiler insulation, entire boiler. | 1,800 Square Feet (3" Thick). |
| Basement 3, Boiler Room - On top of boiler left of center "Betsy" boiler. | Grey / brown boiler & wrap insulation (cylindrical top on top of middle "Betsy" & right boiler). | 40 Large / Small Elbows. |
| Basement 3, Boiler Room - Behind center "Betsy" and boiler on right side. | White (top layer) and grey (bottom layer) duct insulation. | 2,865 Linear Feet. |
| Basement 3, Boiler Room - Above all boilers. | Grey / White Elbow Insulation. | 2,400 Square Feet. |
| Basement 3, Boiler Room - Above all boilers. | Grey Pipe Wrap Insulation. | 150 Square Feet. |
| Basement 3, Boiler Room - Above all boilers. | White / Grey Ceiling Insulation. | 180 Square Feet. |
| Basement 3, Boiler Room, next to entrance. | White hot-water-tank (cylinder) wrap insulation. | 540 Linear Feet & 98 Elbows. |
| Basement 3, Main Center Room w/ freight elevator. | White boiler insulation (small boiler). | 160 Linear Feet. |
| Basement 3, Main Center Room w/ freight elevator. | Green, Red & Grey/White Pipe Insulation & Elbow Insulation. | 40 Square Feet. |
| Basement 3, Room Right of Electrical Room. | White / Grey Pipe Insulation. | 415 Linear Feet & 50 Elbows. |
| Sub-Basement, Telephone Equipment Room. | Grey Duct Insulation. | 65 Linear Feet & 7 Elbows. |
| Sub-Basement, Telephone Equipment Room. | White / Grey Pipe Insulation & White / Grey Elbow Insulation. | 60 Linear Feet & 10 Elbows. |
| Small Room, off of stairwell, left of Telephone Equipment Room. | White / Grey Pipe Insulation & White / Grey Elbow Insulation. | 45 Linear Feet & 2 Elbows. |
| Basement, Electrical Room, Room B1, Electrical Room. | White / Grey Pipe Insulation & White / Grey Elbow Insulation. | 25 Square Feet. |
| Basement, Electrical Panel Room. | Off-White Pipe Insulation. | 80 Linear Feet & 12 Elbows. |
| Basement, Electrical Panel Room. | Black Electrical Panels. | 300 Linear Feet & 65 Elbows. |
| Basement, Meter Room (water room). | White / Grey Pipe Insulation & White / Grey Elbow Insulation. | 400 - 500 Square Feet. |
| Basement, Vent Room. | Grey Air-O-Cell Pipe Insulation (inside debris, inside vent itself) & ceiling. | 112 Square Feet. |
| Basement, Vent Room (exterior lining). | White duct vent lining (assume interior also). | |
| Upper Basement Hallway, small room. | Grey Duct Insulation. | |

1 EXCHANGE PLACE, JERSEY CITY, NJ

CONTINUATION SHEET #1

Via O.S. Mail
ch# 1040

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

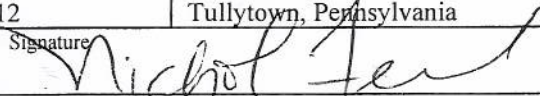
| Date of Notification (1) 12/12/12 | | Name of Building Owner/Operator (2) GRAND LLC. c/o Mr DANNY KAHANE | | | | | | |
|--|--|--|--|--|---------------------------|-------------------------|--------|-------------|
| Agency Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 811 AMBOY AVE | City, State, Zip Code EDISON, N.J. 08817 | | | | | |
| | | Name of Contact Mr KAHANE | Telephone Number | | | | | |
| FACILITY INFORMATION | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) 79 WEST JERSEY ST BLD #1 & #2 | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | |
| Street Address ELIZABETH N.J. | | Square Feet 20,000 | # of Floors 2 | | | | | |
| City (5) | | Bldg. Age 75 | | | | | | |
| County (6) UNION | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) CLOSED BLDGS | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | ASCM No. | Name of Abatement Contractor (9) NOVATECH INC | | | | | | |
| Street Address | | Street Address P.O. Box 814 | | | | | | |
| City, State, Zip Code | | City, State, Zip Code 010 BRIDGE N.J. 08857 | | | | | | |
| Project Manager for Monitoring Firm | Telephone No. | Telephone No. 732 238x7500 | License No. 00806 | | | | | |
| Start Date (10) 12/23/12 | Scheduled Completion Date (11) 1/2/13 | Name of OSHA Monitor NOVATECH INC | | | | | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: | | Street Address P.O. Box 814 | | | | | | |
| | | City, State, Zip Code 010 BRIDGE N.J. 08857 | | | | | | |
| Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate |
| BLD #1 & 2 FLOOR | | | X | FLOOR TILE & ROOF FLASHING | 5,000 SF | X | | |
| BLD #2 & BASEMENT | | | X | FLOOR TILE AND CLEAN-UP | 10,000 SF | X | | |
| Name of Registered Waste Hauler NOVATECH INC | | NJDEP Waste Hauler ID No. 18501 | Cubic Yards of Waste 40 | Name of Registered Landfill G.R.C.W.S | | | | |
| City, State 010 BRIDGE N.J. 08857 | | Disposal Date 01/23/13 | | City, State PA | | Date 12/12/12 | | |
| Completed by CARLOS ALFREIDA | | Title PRESIDENT | | Signature <i>[Signature]</i> | | | | |

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

| | | | |
|---|---|--|--|
| Date of Notification (1) December 13, 2012 | | Name of Building Owner/Operator (2) Matt's Construction | |
| Agencies Notified | Type of Notification | Street Address 14 Irene Court | |
| <input checked="" type="checkbox"/> EPA | <input type="checkbox"/> Initial Notification | City, State, Zip Code Lakewood, NJ 08701 | |
| <input type="checkbox"/> DEP | <input type="checkbox"/> Amended Notification | | |
| <input checked="" type="checkbox"/> DOL | Amendment # _____ | | |
| <input checked="" type="checkbox"/> DOH | <input checked="" type="checkbox"/> Emergency (including justification) | | |
| <input type="checkbox"/> DCA | <input type="checkbox"/> Cancellation | Name of Contact Matt's Construction | |
| | | Telephone Number | |

FACILITY INFORMATION

| | | | | | |
|---|---------------------|--|---|---|-------------------------|
| Name of Facility Where Abatement is Taking Place (3) Residence | | | Type of Facility (4) | | |
| Street Address 50 Carasaljo Drive | | | <input type="checkbox"/> School (k-12) | | |
| | | | <input type="checkbox"/> Subchapter 8 (other than k12) | | |
| | | | <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) | | |
| City Lakewood | County (6) Ocean | County Code (7) (STATE USE ONLY) | Square feet 1500 sf | # of Floors 1 | Bldg. Age 60 |
| | | | Current Use (Prior if being demolished) Residence | | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | ASCM No. | Name of Abatement Contractor (9) Guardian Contracting, Inc. | | |
| Street Address | | | Street Address 1889 Route 9, Unit 61 | | |
| City, State, Zip Code | | | City, State, Zip Code Toms River, New Jersey 08755-1271 | | |
| Project Manager for Monitoring Firm | | Telephone Number | Telephone Number 732-349-9932 | | License Number 00624 |
| Scheduled Start Date (10) 12/14/12 | | Scheduled Completion Date (11) 12/17/12 | | Name of OSHA Monitor E.M.S.L. Analytical | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____ | | | Street Address 1056 Stelton Road | | |
| | | | City, State, Zip Code Piscataway, New Jersey 08854 | | |
| | | | | | |
| | | | | | |
| Scope of Work (Check all that apply) | | | <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and NonFriable Procedure | | |
| <input type="checkbox"/> >3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | | <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition | | |

| Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13) | Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A | | | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|--|--|------------------------------------|--|--|---|---------------------------------|----------------------------|---|---|
| | | | | | | R E M O V A L | R E P A I R | E N C A P S U L E | E N C L O S U R E |
| Exterior | | X | | Asbestos siding | 1150 sf | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Guardian Contracting, Inc. | | NJDEP Waste Hauler ID No. 20223 | | Cubic Yards of Waste 3 | Name of Registered Landfill T.R.R.F. | | | | |
| City, State Toms River, New Jersey | | Disposal Date 12/18/12 | | City, State Tullytown, Pennsylvania | | | | | |
| Completed by (Print or Type) Nicholas Fernicola | | Title Project Manager | | Signature  | | | Date 12/13/2012 | | |

*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) 12/11/12 | | Name of Building Owner/Operator (2) Mr. & Mrs. Joe Chang | |
| Agencies Notified | Type Notification | Street Address 117 Silver Springs Road | |
| <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Short Hills NJ | |
| | | Name of Contact Joe & Christina Chang | Telephone Number |

RECEIVED 11789
 2012 DEC 18 PM 2:58
 ASBESTOS CONTROL & LICENSING

| FACILITY INFORMATION | | | |
|--|--|---|--------------------|
| Name of Facility Where Abatement is Taking Place (3) house | | Type of Facility (4) | |
| Street Address 117 Silver Springs Road | | <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | |
| City (5) Shor Hills | Square Feet 2500 | # of Floors 2 | Bldg. Age 50 |
| County (6) Essex | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) | |
| Name of Monitoring Firm Hired by Building Owner (8) | | Name of Abatement Contractor (9) ABS Environmental Services, LLC | |
| Street Address | | Street Address 4 E Gate Drive, PO Box 483 | |
| City, State, Zip Code | | City, State, Zip Code Glenwood NJ 07418 | |
| Project Manager for Monitoring Firm | | Telephone No. 973-583-8500 | License No. 703 |
| Start Date (10) 12/17/12 | Scheduled Completion Date (11) 12/31/12 | Name of OSHA Monitor | |
| Occupancy Status During Abatement (Check Only One) | | Street Address | |
| <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____ | | City, State, Zip Code | |
| Scope of Work (Check All That Apply) | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition | | | |
| <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | |

| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|--|---|----|-----|---|---------------------------|----------------|--------|-------------|-----------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| lower attic | | | x | vermiculite | 500 SF | x | | | |
| upper attic | | | x | vermiculite | 30 SF | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | | | | | |
|---|--|------------------------------------|----------------------------|---|------------------|
| Name of Registered Waste Hauler Freehold Cartage | | NJDEP Waste Hauler ID No. 15939 | Cubic Yards of Waste 10 | Name of Registered Landfill GROWS N Landfill | |
| City, State Freehold, NJ | | | Disposal Date TBD | City, State Morrisville NJ | |
| Completed by Andrew Scott Higgins | | Title President | Signature | | Date 12/11/12 |

RECEIVED

ASB-41

* 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) 12-13-12 | | Name of Building Owner/Operator (2) Progress Realty LLC | | | | | | |
|---|---|--|------------------------------------|--|---------------------------|-------------------------|--------|-------------|
| Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 331 Tilton Rd Po Box 5 City, State, Zip Code North Field NJ | | | | | | |
| | | Name of Contact Bernard | Telephone Number | | | | | |
| FACILITY INFORMATION | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | |
| Street Address 220 Shore Rd. | | Square Feet 1800 | # of Floors 2 | | | | | |
| City (5) Somer's Point NJ | | Bldg. Age 70 | | | | | | |
| County (6) Atlantic | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Resident. | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | ASCM No. | Name of Abatement Contractor (9) Ami Joe LLC | | | | | | |
| Street Address | | Street Address 1212 Burlington Ave | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Delanco NJ 08015 | | | | | | |
| Project Manager for Monitoring Firm | Telephone No. | Telephone No. 856 824 0911 | License No. 01070 | | | | | |
| Start Date (10) 12-23-12 | Scheduled Completion Date (11) 12-31-12 | Name of OSHA Monitor SAH | | | | | | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: | | Street Address | | | | | | |
| | | City, State, Zip Code | | | | | | |
| Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 of or ≥ 3 ft <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 250 ft <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (?) and Non-Friable Procedure | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | |
| | Yes | No | NA | | | Removal | Repair | Encapsulate |
| OUTSIDE | | | | siding (ACM) | 2200 SF | | | |
| | | | | | | | | |
| | | | | | | | | |
| Name of Registered Waste Hauler J Robinson Waste | | NJDEP Waste Hauler ID No. | Cubic Yards of Waste | Name of Registered Landfill WM of Pa. | | | | |
| City, State Bellmore NJ | Disposal Date TB-D | | City, State Tullytown Pa | | | | | |
| Completed by Joe Hill | Title VP | Signature [Signature] | | | | Date 12-13-12 | | |

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

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1367

2012 DEC 18 PM 2:58

| | | | |
|--|---|--|--|
| Date of Notification (1) 12/3/2012 | | Name of Building Owner / Operator (2) Woolston Contruction | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Emergency <input type="checkbox"/> Cancellation | Street Address PO Box 86 | |
| | | City, State & Zip Code Bordentown, NJ | |
| | | Name of Contact Ritch Woolston | |
| | | Telephone Number | |

FACILITY INFORMATION

| | | | | | |
|--|--|--|---|---|--|
| Name of Facility Where Abatement is Taking Place (3) Springside Apartments | | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | |
| Street Address 1508-Burlington-Mt. Holly Road | | | Square Feet exterior | | |
| City (5) Burlington | | | # of Floors exterior | | |
| County (6) Burlington | | | Bldg. Age exterior | | |
| County Code (7) | | | Current Use (Prior if being demolished) Not in use | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | ASCM No. | | Name of Abatement Contractor (9) Alpha Environmental Services | |
| Street Address | | Street Address 2129 Route 33 | | City, State & Zip Code Hamilton, NJ 08610 | |
| City, State & Zip Code | | Telephone Number 609-847-2956 | | License Number 01091 | |
| Scheduled Start Date (10) 12/5/2012 | | Scheduled Completion Date (11) 12/5/2012 | | Name of OSHA Monitor EMSL Analytical | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: <input type="checkbox"/> Facility Occupied During Abatement | | | Street Address 107 Haddon Ave. | | |
| | | | City, State & Zip Code Westmont, NJ 08108 | | |

| | | | | | |
|--|--|--|--|--|--|
| Scope of Work (Check all that apply) | | | | | |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf | <input type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure | | | |
| <input type="checkbox"/> ≥160 sf ≥260 lf | <input checked="" type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Mini-Enclosure | | | |
| | | <input type="checkbox"/> Glove Bag Procedures | | | |
| | | <input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure | | | |

| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13) | Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) | | | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|---|--|-------------------------------------|--------------------------|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Exterior | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Transite | 40lf | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | | | | |
|---|--|--|--|----------------------------------|--|--|--|
| Name of Registered Waste Hauler ALPHA ENVIRONMENTAL | | NJDEP Waste Hauler ID No. 00033330 | | Cubic Yards of Waste 1 | | Name of Registered Landfill Grows Landfill | |
| City, State Trenton, NJ | | | | Disposal Date various | | City, State Morrisville, PA | |
| Completed By (Print or Type) Rod Richardson | | | | Title Project Manager | | Signature <i>Rod Richardson</i> | |
| | | | | | | Date 12/3/2012 | |

1365

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

RECEIVED

| | | | |
|--|--|---|---|
| Date of Notification (1) 12/5/2012 | | Name of Building Owner / Operator (2) Certainteed | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation | |
| Street Address 262 Watsontown/New Freedom Rd | | City, State & Zip Code Berlin, NJ | |
| Name of Contact Nick Monteleone | | Telephone Number | |
| FACILITY INFORMATION | | | |
| Name of Facility Where Abatement is Taking Place (3) Certainteed | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | |
| Street Address 262 Watsontown/New Freedom Rd | | Square Feet 12000 | |
| City (5) Berlin | | # of Floors 2 | Bldg. Age 100 |
| County (6) Burlington | County Code (7) | Current Use (Prior if being demolished) Hot Side Demolition | |
| Name of Monitoring Firm Hired by Building Owner (8) | | ASCM No. | |
| Street Address | | Name of Abatement Contractor (9) ALPHA ENVIRONMENTAL | |
| City, State & Zip Code | | Street Address 2129 Rt 33 | |
| Project Manager for Monitoring Firm | | City, State & Zip Code Hamilton, NJ | |
| Telephone Number | | Telephone Number 215-295-1004 | License Number 01091 |
| Scheduled Start Date (10) 12/18/2012 | Scheduled Completion Date (11) 12/22/2012 | Name of OSHA Monitor EMSL Analytical | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: <input type="checkbox"/> Facility Occupied During Abatement | | Street Address 107 Haddon Avenue | |
| Scope of Work (Check all that apply) | | City, State & Zip Code Westmont, NJ 08108 | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf ≥260 lf | | <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition | |
| <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedures <input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) | Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) | | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) |
| | Yes | No | |
| Exterior | <input type="checkbox"/> | <input checked="" type="checkbox"/> x | Transite/Galbestos |
| Amount (Specify SF or LF) | Abatement Type | | |
| 6500sf | Removal | Repair | Encapsulate |
| | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler ALPHA ENVIRONMENTAL | NJDEP Waste Hauler ID No. 0033330 | Cubic Yards of Waste 20 | Name of Registered Landfill Grows Landfill |
| City, State Trenton | Disposal Date 12/28/2012 | City, State Morrisville, PA | |
| Completed By (Print or Type) Rod Richardson | Title PM | Signature <i>Rod Richardson</i> | Date 12/05/2012 |

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

| | | | |
|--|--|---|---|
| Date of Notification (1) 12-13-2012 | | Name of Building Owner/Operator (2) George Hughes | |
| Agencies Notified | Type Notification | Street Address | 2012 DEC 18 PM 2:58 ASBESTOS CONTROL & LICENSING |
| <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> EMERGENCY <input type="checkbox"/> Cancellation | 71 Smull Ave. Caldwell, NJ, 07006 | |
| | | City, State, Zip Code Caldwell, NJ, 07006 | |
| | | Name of Contact George Hughes | Telephone Number |

FACILITY INFORMATION

| | | | | | |
|--|----------------------------------|-------------------------------------|--|-------------------------|------------------------|
| Name of Facility Where Abatement is Taking Place (3) Private | | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) | | |
| Street Address 71 Smull Ave. | | | Square Feet 2100 | # of Floors 2 | Bldg. Age 89 |
| City (5) Caldwell | County (6) Essex ESSEX | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) | | |

| | | | | |
|---|--|---|--|--------------------------------|
| Name of Monitoring Firm hired by Building Owner (8) N/A | | ASCM No. | Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc. | |
| Street Address | | Street Address 86 Christopher St. | | |
| City, State, Zip Code | | City, State, Zip Code Montclair, NJ 07042 | | |
| Project Manager for Monitoring Firm | Telephone Number N/A | Telephone Number (973) 744-8800 | | License Number 00371 |
| Scheduled Start Date (10) Month 12 Day 22 Year 2012 | Sched. Completion Date (11) Month 12 Day 24 Year 2012 | Name of OSHA Monitor N/A | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript» <input type="checkbox"/> Other - Describe: «Other Occupancy Descript» | | Street Address | | |
| | | City, State, Zip Code | | |

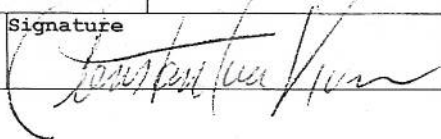
Scope of Work (Check all that apply)

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

☒ Renovation
☐ Demolition

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

| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely By Maintenance/Custodial Staff (12) | | | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | | |
|--|--|----|-----|--|---------------------------|---------------------------------|----------------------------|---|---|--|
| | Yes | No | N/A | | | R E M O V A L | R E P A I R | E N C A P S U L E | E N C L O S U R E | |
| Basement | | | X | Pipe Insulation | 80 lf | X | | | | |
| | | | | | | | | | | |

| | | | | | |
|---|---------------------------|---|---|--|--|
| 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 Montclair, NJ 07042 | | Disposal Date 12-26-12 | City, State Morrisville, PA 19067 | | |
| Completed By (Print or Type) Constantine Vivian | Title President | Signature  | | Date 12-13-2012 | |

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

RECEIVED

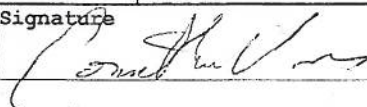
| | | | |
|---|---|---|--|
| Date of Notification (1) 12-11-12 | | Name of Building Owner/Operator (2) David Edmonds | |
| Agencies Notified | Type Notification | Street Address 170 N 16th St. | |
| <input type="checkbox"/> EPA | <input type="checkbox"/> Initial Notification | City, State, Zip Code East Orange, NJ 07017 | |
| <input type="checkbox"/> DEP | <input type="checkbox"/> Amended Notification | Name of Contact David Edmonds | |
| <input checked="" type="checkbox"/> DOL | <input checked="" type="checkbox"/> EMERGENCY | Telephone Number ! | |
| <input type="checkbox"/> DOH | <input type="checkbox"/> Cancellation | | |
| <input type="checkbox"/> DCA | | | |

FACILITY INFORMATION

| | | | | | |
|--|--|--|--|--|--|
| Name of Facility Where Abatement is Taking Place (3) Private | | | Type of Facility (4) <input type="checkbox"/> Type » School (K-12) <input type="checkbox"/> Type » Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) | | |
| Street Address 170 N 16th St. | | | Square Feet 1500 | | |
| City (5) East Orange | | | # of Floors 3 | | |
| County (6) Essex | | | Bldg. Age 75 | | |
| County Code (7) (STATE USE ONLY) | | | Current Use (Prior if being demolished) Residence | | |


| | | | | |
|--|--|---|--|--|
| Name of Monitoring Firm hired by Building Owner (8) N/A | | ASCM No. 67 | Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc. | |
| Street Address | | Street Address 86 Christopher St. | | |
| City, State, Zip Code | | City, State, Zip Code Montclair, NJ 07042 | | |
| Project Manager for Monitoring Firm | | Telephone Number N/A | License Number 00371 | |
| Scheduled Start Date (10) Month 12 Day 12 Year 2012 | Sched. Completion Date (11) Month 12 Day 13 Year 2012 | | Name of OSHA Monitor N/A | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Occupancy » Abatement Performed Outside of Normal Facility Hours - Describe: <input type="checkbox"/> Other - Describe: | | Street Address | | |
| Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> >160 sf or >260 lf | | <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure | | |

| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely By Maintenance/Custodial Staff (12) | | | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|---|--|----|-----|---|---------------------------|--|----------------------------|---|---|
| | Yes | No | N/A | | | R E M O V E M E N T | R E P A I R | E N C A P S U L E | E N C L O S U R E |
| Basement | | | X | pipe insulation | 100lf | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | | | | | |
|---|--|---|---|--|-------------------------|
| 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 Montclair, NJ 07042 | | Disposal Date 12/14/12 | | City, State Morrisville, PA 19067 | |
| Completed By (Print or Type) Constantine Vivian | | Title President | Signature  | | Date 12-11-12 |

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

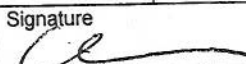
RECEIVED
2012 DEC 18 PM 2:58
ASBESTOS CONTROL
& LICENSING

| | | | | | | | | | |
|--|---|---|--|--|---------------------------|------------------|--------|-------------|-----------|
| Date of Notification (1) 12/14/12 | | Name of Building Owner/Operator (2) Frederick M Mallett / Residence | | | | | | | |
| Agencies Notified | Type Notification | Street Address 1 Forecastle Drive | | | | | | | |
| <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL | <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Tuckerton NJ 08087 | | | | | | | |
| <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | | Name of Contact Fred | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Frederick M Mallett / Residence | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address 1 Forecastle Drive | | | | | | | | | |
| City (5) Tuckerton NJ 08087 | | Square Feet 1000+ | # of Floors 1 Bldg. Age 35+ | | | | | | |
| County (6) Ocean | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) Residence | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | ASCM No. | Name of Abatement Contractor (9) Pernaco Inc | | | | | | |
| Street Address | | Street Address PO Box 329 | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code West Berlin NJ 08091 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. 856-753-9800 | License No. 00727 | | | | | | |
| Start Date (10) 12/15/12 | Scheduled Completion Date (11) 12/18/12 | Name of OSHA Monitor Same | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____ | | Street Address | | | | | | | |
| | | City, State, Zip Code | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition | <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Exterior Siding | | | X | Exterior Siding | 1800 SF | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler United Containers | | NJDEP Waste Hauler ID No. 22459 | Cubic Yards of Waste 3 | Name of Registered Landfill G.R.O.W.S. | | | | | |
| City, State Elm NJ | | | Disposal Date 12/18/12 | City, State Morrisville PA 19067 | | | | | |
| Completed by Anthony T Perna | | Title President | Signature  | | | Date 12/14/12 | | | |

** Emergency **

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

CK 2897

| Date of Notification (1) 12/14/12 | | Name of Building Owner/Operator (2) Michael Hanrahan / Residence | | | | | | | |
|---|--|---|---------------------------|--|---------------------------|----------------|------------------|-------------|-----------|
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 117 East 82 Street | | | | | | | |
| | | City, State, Zip Code Long beach township NJ 08008 | | | | | | | |
| | | Name of Contact Jeff | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Michael Hanrahan / Residence | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address 117 East 82 Street | | Square Feet 1000+ | # of Floors 2 | | | | | | |
| City (5) Long Beach township NJ 08008 | | Bldg. Age 35+ | | | | | | | |
| County (6) Ocean | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) Residence | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | Name of Abatement Contractor (9) Pernaco Inc | | | | | | | |
| Street Address | | Street Address PO Box 329 | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code West Berlin NJ 08091 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. 856-753-9800 | License No. 00727 | | | | | | |
| Start Date (10) 12/15/12 | Scheduled Completion Date (11) 12/17/12 | Name of OSHA Monitor Same | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____ | | Street Address | | | | | | | |
| | | City, State, Zip Code | | | | | | | |
| Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Exterior Siding | | | x | Exterior Siding | 500 Sf | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler United Containers | | NJDEP Waste Hauler ID No. 22459 | Cubic Yards of Waste 2 | Name of Registered Landfill G.R.O.W.S. | | | | | |
| City, State Elm NJ | | Disposal Date 12/18/12 | | City, State Morrisville PA 19067 | | | | | |
| Completed by Anthony T Perna | | Title President | | Signature  | | | Date 12/14/12 | | |

** Emergency **

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

CK 2900
RECEIVED

| | | | | | | | | | |
|--|---|--|---|--|---------------------------|------------------|--------|-------------|-----------|
| Date of Notification (1) 12/14/12 | | Name of Building Owner/Operator (2) Mike Sestanvich / Residence | | | | | | | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 223 Morris Blvd | | | | | | | |
| | | City, State, Zip Code Manahawkin NJ 08050 | | | | | | | |
| | | Name of Contact Mike | | | | | | | |
| | | Telephone Number | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Mike Sestanvich / Residence | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address 223 Morris Blvd | | Square Feet 1000+ | # of Floors 1 | | | | | | |
| City (5) Manahawkin NJ 08050 | | Bldg. Age 35+ | | | | | | | |
| County (6) Ocean | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Residence | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | ASCM No. | Name of Abatement Contractor (9) Pernaco Inc | | | | | | |
| Street Address | | Street Address PO Box 329 | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code West Berlin NJ 08091 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. 856-753-9800 | License No. 00727 | | | | | | |
| Start Date (10) 12/15/12 | Scheduled Completion Date (11) 12/18/12 | Name of OSHA Monitor Same | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: | | Street Address | | | | | | | |
| | | City, State, Zip Code | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition | | | | | | | |
| | | <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Exterior Siding | | | x | Exterior Siding | 1100 Sf | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler United Containers | | NJDEP Waste Hauler ID No. 22459 | Cubic Yards of Waste 2 | Name of Registered Landfill G.R.O.W.S. | | | | | |
| City, State Elm NJ | | Disposal Date 12/18/12 | | City, State Morrisville PA 19067 | | | | | |
| Completed by Anthony T Perna | | Title President | Signature | | | Date 12/14/12 | | | |

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


CK-2899
RECEIVED

| | | | | | | | | | |
|--|---|--|---|--|---------------------------|----------------|------------------|-------------|-----------|
| Date of Notification (1) 12/14/12 | | Name of Building Owner/Operator (2) Jose Montanez/ Residence | | | | | | | |
| Agencies Notified | Type Notification | Street Address 20 Colwick Rd | | | | | | | |
| <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Cherry Hill NJ 08034 Name of Contact Jose | | | | | | | |
| | | Telephone Number | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3)* Jose Montanez/ Residence | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address 20 Colwick Rd | | Square Feet 1000+ | # of Floors 2 | | | | | | |
| City (5) Cherry Hill NJ 08034 | | Bldg. Age 35+ | | | | | | | |
| County (6) Camden | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Residence | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | ASCM No. | Name of Abatement Contractor (9) Pernaco Inc | | | | | | |
| Street Address | | Street Address PO Box 329 | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code West Berlin NJ 08091 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. 856-753-9800 | License No. 00727 | | | | | | |
| Start Date (10) 1/3/13 | Scheduled Completion Date (11) 1/8/13 | Name of OSHA Monitor Same | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Home owner will be Home | | Street Address | | | | | | | |
| | | City, State, Zip Code | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | | | | | | |
| | | <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Garage | | | x | Duct Insulation | 32 sf | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler United Containers | | NJDEP Waste Hauler ID No. 22459 | Cubic Yards of Waste 2 | Name of Registered Landfill G.R.O.W.S. | | | | | |
| City, State Elm NJ | | Disposal Date 1/8/13 | | City, State Morrisville PA 19067 | | | | | |
| Completed by Anthony T Perna | | Title President | | Signature | | | Date 12/14/12 | | |

* Emergency *

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


CK 2895

| | | | | | | | | | |
|--|--|--|---------------------------|--|---------------------------|----------------|------------------|-------------|-----------|
| Date of Notification (1) 12/13/12 | | Name of Building Owner/Operator (2) City Of Egg Harbor | | | | | | | |
| Agencies Notified | Type Notification | Street Address 600 London Avenue | | | | | | | |
| <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL | <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # | City, State, Zip Code Egg Harbor City NJ 08215 | | | | | | | |
| <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Name of Contact Meg | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) vacant House | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address 717 Philadelphia Ave | | Square Feet 1000 | # of Floors 1 | | | | | | |
| City (5) Egg Harbor City NJ 08215 | | Bldg. Age 35+ | | | | | | | |
| County (6) Atlantic | County Code (7) (STATE USE ONLY) | 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) Pernaco Inc | | | | | | | |
| Street Address | | Street Address PO Box 329 | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code West Berlin NJ 08091 | | | | | | | |
| Project Manager for Monitoring Firm | Telephone No. | Telephone No. 856-753-9800 | License No. 00727 | | | | | | |
| Start Date (10) 12/14/13 | Scheduled Completion Date (11) 12/15/12 | Name of OSHA Monitor Same | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: | | Street Address | | | | | | | |
| | | City, State, Zip Code | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf | | <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition | | | | | | | |
| | | <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Living room Area | | | x | Floor Tile only | 700 SF | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler United Containers | | NJDEP Waste Hauler ID No. 22459 | Cubic Yards of Waste 2 | Name of Registered Landfill G.R.O.W.S. | | | | | |
| City, State Elm NJ | | Disposal Date 12/17/12 | | City, State Morrisville PA 19067 | | | | | |
| Completed by Anthony T Perna | | Title President | | Signature  | | | Date 12/13/12 | | |

* Emergency *

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

RECK 2894

| Date of Notification (1) 12/13/12 | | Name of Building Owner/Operator (2) Boyed School | | | | | | | |
|--|---|--|---|--|--|------------------|--------|-------------|-----------|
| Agencies Notified | Type Notification | Street Address 1200 Bay Boulevard | | | | | | | |
| <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Seaside Heights NJ 08752 | | | | | | | |
| | | Name of Contact Tom | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Boyed School | | Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address 1200 Bay Boulevard | | | | | | | | | |
| City (5) Seaside Heights NJ 08752 | | Square Feet 1000 + | # of Floors 1 | | | | | | |
| | | Bldg. Age 35+ | | | | | | | |
| County (6) Ocean | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | ASCM No. | Name of Abatement Contractor (9) Pernaco Inc | | | | | | |
| Street Address | | Street Address PO Box 329 | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code West Berlin NJ 08091 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. 856-753-9800 | License No. 00727 | | | | | | |
| Start Date (10) 12/17/12 | Scheduled Completion Date (11) 12/24/12 | Name of OSHA Monitor same | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____ | | Street Address | | | | | | | |
| | | City, State, Zip Code | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | | | | | | |
| | | <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Rm 204 ,Rm 211, Rm212, Rm 120 | | x | | Floor Tile & Mastic | Total SF | | | | |
| Rm 208, Rm127, Rm 129 | | x | | Floor Tile & Mastic | 4000 | x | | | |
| Closet near RM 207 | | x | | Floor Tile & Mastic | | | | | |
| Close Near RM 119 , Cafetera | | x | | Floor Tile & Mastic | | | | | |
| Name of Registered Waste Hauler R & B Debris LLC | | NJDEP Waste Hauler ID No. 29439 | | Cubic Yards of Waste 30 | Name of Registered Landfill G.R.O.W.S | | | | |
| City, State Hainesport NJ | | | | Disposal Date 12/24/12 | City, State Morrisville PA 19067 | | | | |
| Completed by Anthony T Perna | | Title President | | Signature  | | Date 12/13/12 | | | |

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

ck 17482

| | | | | | | | | | |
|---|--|---|---|--|----------------|---------|--------|--------------------|-----------|
| Date of Notification (1) 12/13/2012 | | Name of Building Owner/Operator (2) GARRETT CHANGG | | | | | | | |
| Agencies Notified | Type Notification | Street Address 65 OAK AVENUE | | | | | | | |
| <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code IRVINGTON, NJ 07111 | | | | | | | |
| | | Name of Contact THOMAS DUDLEY | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) RESIDENCE | | Type of Facility (4) | | | | | | | |
| Street Address 65 OAK AVENUE | | <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| City (5) IRVINGTON | | Square Feet | # of Floors | | | | | | |
| County (6) ESSEX | | Bldg. Age | | | | | | | |
| County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING | | | | | | | |
| Street Address | | Street Address 250 RUTHERFORD BLVD. | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code CLIFTON, NJ 07014 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. 973-956-8700 | License No. 00494 | | | | | | |
| Start Date (10) 12/14/2012 | Scheduled Completion Date (11) 12/17/2012 | Name of OSHA Monitor SAME AS (9) ABOVE | | | | | | | |
| Occupancy Status During Abatement (Check Only One) | | Street Address | | | | | | | |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: | | City, State, Zip Code | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf | | | | | | | | | |
| <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | | | | | | | | |
| <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | | |
| | Yes | No | | | N/A | Removal | Repair | Encapsulate | Enclosure |
| BASEMENT | | X | | PIPE INSULATION | 12 LF | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler TWO BROTHERS CONTRACTING | | NJDEP Waste Hauler ID No. 18743 | Cubic Yards of Waste 1 | Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S. | | | | | |
| City, State CLIFTON, NJ | | Disposal Date 12/17/2012 | | City, State MORRISVILLE, PA | | | | | |
| Completed by VIVECA RAMOS | | Title SECRETARY | | Signature <i>Viveca Ramos</i> | | | | Date 12/13/2012 | |

Form

REMEMBER - MAIL IN HARD COPY

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:80 and 12:120)

| | | | | | |
|--|---|---|-----|---|---------------------------|
| Date of Notification (1) 12/13/2012 | | Name of Building Owner/Operator (2) GARRETT CHANG | | 12 DEC 18 PM 2:58 | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEF <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA | | Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | Street Address 85 OAK AVENUE City, State Zip Code IRVINGTON, NJ 07111 Name of Contact THOMAS DUDLEY | |
| FACILITY INFORMATION | | | | | |
| Name of Facility Where Abatement is Taking Place (3) RESIDENCE | | | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | |
| Street Address 65 OAK AVENUE | | | | Square Feet # of Floors Bldg. Age | |
| City (5) IRVINGTON | | | | Current Use (Prior to being demolished) | |
| County (6) ESSEX | | County Code (7) (STATE USE ONLY) | | | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | ASCM No. | | Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING | |
| Street Address | | | | Street Address 250 RUTHERFORD BLVD. | |
| City, State Zip Code | | | | City, State Zip Code CLIFTON, NJ 07014 | |
| Project Manager for Monitoring Firm | | Telephone No. | | Telephone No. License No. 973-856-8700 00494 | |
| Start Date (10) 12/14/2012 | | Scheduled Completion Date (11) 12/17/2012 | | Name of OSHA Monitor SAME AS (9) ABOVE | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: | | | | Street Address City, State, Zip Code | |
| Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥180 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Gloving Procedure <input type="checkbox"/> Non-Exempted ("") and Non-Friable Procedure | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) |
| | Yes | No | N/A | | |
| BASEMENT | | X | | PIPE INSULATION | 12 LF |
| | | | | | |
| | | | | | |
| Name of Registered Waste Hauler TWO BROTHERS CONTRACTING | | NJDEP Waste Hauler ID No 18743 | | Cubic Yards of Waste 1 | |
| City, State CLIFTON, NJ | | Disposal Date 12/17/2012 | | Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S. | |
| Completed by VIVECA RAMOS | | Title SECRETARY | | Signature Viveca Ramos Date 12/13/2012 | |

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

RECEIVED CK # 2288

| Date of Notification (1) 12/12/12 | | Name of Building Owner/Operator (2) Beacon Redevelopment LLC | | | | | | | |
|---|---|---|---|---|---------------------------|------------------|--------|-------------|-----------|
| Agencies Notified | | Street Address 4 Beacon Way, Suite 16 | | | | | | | |
| <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | | Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | | | | | | |
| | | City, State, Zip Code Jersey City, NJ 07304 | | | | | | | |
| | | Name of Contact Nick Allegretta, P.M. | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Paramount Building | | Type of Facility (4) | | | | | | | |
| Street Address 4 Beacon Way | | <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| City (5) Jersey City | | Square Feet 230,000 | # of Floors 23 | | | | | | |
| County (6) Hudson County | | Bldg. Age 50+ | | | | | | | |
| County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) J&S Environmental Laboratories, LLC | | ASCM No. | Name of Abatement Contractor (9) Pyramid Contracting Corp. | | | | | | |
| Street Address 2333 Route 22 West | | Street Address 163 Sargeant Avenue | | | | | | | |
| City, State, Zip Code Union, NJ 07081 | | City, State, Zip Code Clifton, NJ 07013 | | | | | | | |
| Project Manager for Monitoring Firm Sherrill Gelsomino | | Telephone No. 908-206-0073 | Telephone No. 973-689-6281 | | | | | | |
| Start Date (10) 12/13/12 | | Scheduled Completion Date (11) 03/13/12 | License No. 01099 | | | | | | |
| Occupancy Status During Abatement (Check Only One) | | Name of OSHA Monitor J&S Environmental Laboratories LLC | | | | | | | |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: | | Street Address 2333 Route 22 West | | | | | | | |
| | | City, State, Zip Code Union, NJ 07081 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | | | | | | | | |
| <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | | | | | | | | |
| <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| 1st Floor | | x | | Pipe Insulation | 500 LF | x | | | |
| Mezzanine Level | | x | | Pipe Insulation | 500 LF | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Pyramid Contracting Corp. | | NJDEP Waste Hauler ID No. 32613 | Cubic Yards of Waste 2 | Name of Registered Landfill G.R.O.W.S., Inc. | | | | | |
| City, State Clifton, New Jersey | | | Disposal Date | City, State Morrisville, Pennsylvania | | | | | |
| Completed by Dimo Golcev | | Title General Manger | Signature | | | Date 12/12/12 | | | |

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

check # 7759

| Date of Notification (1) 12 / 12 / 12 | | Name of Building Owner/Operator (2) Ronald & Susan Sorr | | | | | | | |
|--|---|--|---|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input type="checkbox"/> DCA (NJAC 5:16) <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 612 N. Delavan Ave | | | | | | | |
| | | City, State, Zip Code Margate, NJ 08402 | | | | | | | |
| | | Name of Contact Ronald & Susan Sorr | | | | | | | |
| | | Telephone Number _____ | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Trenton Avenue Pharmacy | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address 3803 Ventnor Ave | | | | | | | | | |
| City (5) Atlantic City | | Square Feet 4000 | # of Floors 1 | | | | | | |
| | | Bldg. Age 75+ | | | | | | | |
| County (6) Atlantic | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Commercial | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Gateon Lavella | | ASCM No. | Name of Abatement Contractor (9) Controlled Environmental Systems | | | | | | |
| Street Address PO Box 31425 | | Street Address 1121 N. Bethlehem Pike - Suite 60 | | | | | | | |
| City, State, Zip Code Philadelphia, PA 19147 | | City, State, Zip Code Spring House, PA 19477 | | | | | | | |
| Project Manager for Monitoring Firm Gateon Lavella | Telephone No. 215 868 5502 | Telephone No. 215-542-7000 | License No. 00847 | | | | | | |
| Start Date (10) 12 / 14 / 12 | Scheduled Completion Date (11) 12 / 15 / 12 | Name of OSHA Monitor CES | | | | | | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM- _____ PM/5:00PM- _____ AM | | Street Address 1121 N. Bethlehem Pike - Suite 60 | | | | | | | |
| | | City, State, Zip Code Spring House, PA 19477 | | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| 1st floor store | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Tile | 800 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler Allied Waste | | NJDEP Waste Hauler ID No. | Cubic Yards of Waste 5 | Name of Registered Landfill Conestoga Landfill | | | | | |
| City, State Telford, PA | | Disposal Date 12/30/12 | | City, State Morgantown, PA | | | | | |
| Completed By (Print or Type) Patricia Visco | | Title Office Manager | | Signature <i>Patricia Visco</i> | | | Date 12/12/12 | | |

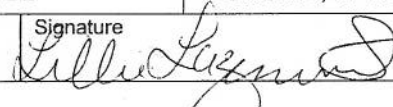
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

CH# 4510

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2012 DEC 18 PM 2:58

ASBESTOS CONTROL & LICENSING

| | | | | | | | | | |
|--|--|--|---|--|---------------------------|------------------|--------|-------------|-----------|
| Date of Notification (1) 12-12-12 | | Name of Building Owner/Operator (2) Frito Lay, Inc. | | | | | | | |
| Agencies Notified | Type Notification | Street Address 7701 Legacy Drive | | | | | | | |
| <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Plano, Texas 75024 | | | | | | | |
| | | Name of Contact Richard Levy | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Frito Lay Building | | Type of Facility (4) | | | | | | | |
| Street Address 115 New Dutch Lane | | <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| City (5) Fairfield | | Square Feet 625 SF | # of Floors 50+ | | | | | | |
| County (6) Essex | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Building | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) n/a | | ASCM No. n/a | Name of Abatement Contractor (9) Jadar Contracting, LLC | | | | | | |
| Street Address n/a | | Street Address 22 Troy Lane | | | | | | | |
| City, State, Zip Code n/a | | City, State, Zip Code Lincoln Park, NJ 07035 | | | | | | | |
| Project Manager for Monitoring Firm n/a | | Telephone No. n/a | License No. | | | | | | |
| Start Date (10) 12-22-2012 | | Scheduled Completion Date (11) 1-7-2013 | Name of OSHA Monitor Jadar Contracting, LLC | | | | | | |
| Occupancy Status During Abatement (Check Only One) | | Street Address 22 Troy Lane | | | | | | | |
| <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 9 am - 5 pm | | City, State, Zip Code Lincoln Park, NJ 07035 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition | | | | | | | |
| | | <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Roof | | | X | Built Up Roofing Material | 625 SF | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Jadar Contracting, LLC | | NJDEP Waste Hauler ID No. 0033137 | Cubic Yards of Waste TBD | Name of Registered Landfill G.R.O.W.S. Landfill | | | | | |
| City, State Lincoln Park, NJ 07035 | | | Disposal Date TBD | City, State Morrisville, PA 19607 | | | | | |
| Completed by Lillie Lazarevich | | Title Secretary | Signature  | | | Date 12-12-12 | | | |

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

page 1 of 2
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2012 DEC 18 PM 2:58

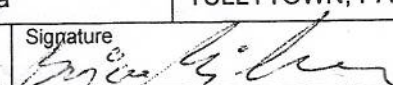
| | | | | | | | | | |
|---|---|--|---|---|--|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1) 12 / 13 / 12 | | | Name of Building Owner/Operator (2) Princeton University | | | | | | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8) | | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | Street Address E.A. MacMillan Building | | | | | |
| | | | | City, State, Zip Code Princeton NJ. 08544 | | | | | |
| | | | Name of Contact Bob Ortega | | Telephone Number | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Dickinson Residence | | | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | | | | | |
| Street Address 8 Dickinson Street | | | | | | | | | |
| City (5) Princeton | | Square Feet 4,000 | | # of Floors 3 | Bldg. Age 50 | | | | |
| County (6) Mercer County | | County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) Unoccupied Residence | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates, Inc. | | ASCM No. 00102 | | Name of Abatement Contractor (9) Luzon Inc. | | | | | |
| Street Address 550 Grove Street | | Street Address 8451 Executive Ave. | | | | | | | |
| City, State, Zip Code Haddon Field, NJ 08035-1756 | | City, State, Zip Code Philadelphia, Pa. 19153 | | | | | | | |
| Project Manager for Monitoring Firm Alan Lloyd | | Telephone No. 856 547 0505 | | License No. 01027 | | | | | |
| Start Date (10) 01 / 02 / 13 | | Scheduled Completion Date (11) 07 / 31 / 13 | | Name of OSHA Monitor Joseph Maronski | | | | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 8:00AM-5:00PM/ _____ PM- _____ AM | | | | Street Address 8451 Executive Avenue | | | | | |
| | | | | City, State, Zip Code Philadelphia, Pa. 19153 | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| 1 st Floor Apt. 1R & 2 nd Floor Apt. 2R | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Floor Tile & Sheet Flooring | 182 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Throughout - Basement, 1, 2, 3 rd FL | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Joint Compound (drywall) | 4,869 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Throughout - exterior | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Window Glazing | 54 Windows | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Crawl Space | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Corrugated Pipe Insulation | 11 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler Waste Management | | NJDEP Waste Hauler ID No. 20990 | | Cubic Yards of Waste 40 CYS. | Name of Registered Landfill Growes Landfill | | | | |
| City, State Tullytown Pa. | | | | Disposal Date 7-31-13 | City, State Tullytown Pa. | | | | |
| Completed By (Print or Type) Piyush Patel | | Title Program Manager | | Signature P. Patel | | | Date 12/13/12 | | |

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

Page 2 of 2

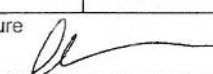
| Date of Notification (1) 12 / 13 / 12 | | | Name of Building Owner/Operator (2) Princeton University | | | | | | |
|--|---|--|--|---|---|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8) | | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | Street Address E.A. MacMillan Building City, State, Zip Code Princeton NJ. 08544 Name of Contact Bob Ortega | | | | | |
| <div style="text-align: right; font-weight: bold;">2012 DEC 18 PM 2:58</div> <div style="text-align: center; font-weight: bold;">ASBESTOS CONTROL & LICENSING</div> | | | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Dickinson Residence | | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | | | | | | |
| Street Address 8 Dickinson Street | | | Square Feet 4,000 | | | | | | |
| City (5) Princeton | | | # of Floors 3 | | Bldg. Age 50 | | | | |
| County (6) Mercer County | | County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) Unoccupied Residence | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates, Inc. | | ASCM No. 00102 | | Name of Abatement Contractor (9) Luzon Inc. | | | | | |
| Street Address 550 Grove Street | | Street Address 8451 Executive Ave. | | | | | | | |
| City, State, Zip Code Haddon Field, NJ 08035-1756 | | City, State, Zip Code Philadelphia, Pa. 19153 | | | | | | | |
| Project Manager for Monitoring Firm Alan Lloyd | | Telephone No. 856 547 0505 | | License No. 01027 | | | | | |
| Start Date (10) 01 / 02 / 13 | | Scheduled Completion Date (11) 07 / 31 / 13 | | Name of OSHA Monitor Joseph Maronski | | | | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 8:00AM-5:00PM / ____ PM - ____ AM | | | Street Address 8451 Executive Avenue | | | | | | |
| | | | City, State, Zip Code Philadelphia, Pa. 19153 | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Basement | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Asbestos Contaminated Soil | 1300 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler Waste Management | | NJDEP Waste Hauler ID No. 20990 | | Cubic Yards of Waste 40 CYS. | Name of Registered Landfill Growes Landfill | | | | |
| City, State Tullytown Pa. | | Disposal Date 7-31-13 | | City, State Tullytown Pa. | | | | | |
| Completed By (Print or Type) Piyush Patel | | Title Program Manager | | Signature <i>P. Patel</i> | | Date 12/13/12 | | | |

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

| Date of Notification (1) 12/11/2012 | | Name of Building Owner/Operator (2) PATERSON PUBLIC SCHOOLS | | | | | | | |
|--|---|--|---|---|---------------------------|----------------|--------|-------------|-----------|
| Agencies Notified | Type Notification | Street Address 90 DELAWARE AVE | | | | | | | |
| <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code PATERSON, NJ 07502 | | | | | | | |
| | | Name of Contact BRENDA ZEMO | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) ST. MARY SCHOOL | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address 95 SHERMAN AVE | | Square Feet | # of Floors | | | | | | |
| City (5) PATERSON, NJ 07503 | | Bldg. Age | | | | | | | |
| County (6) PASSAIC | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) school | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) TTI ENVIRONMENTAL | | ASCM No. | Name of Abatement Contractor (9) BOJAND EVELOPMENTS, LLC | | | | | | |
| Street Address 1253 NORTH CHURCH STREET | | Street Address 120 GREYLOCK AVE | | | | | | | |
| City, State, Zip Code MOORESTOWN, NJ 080 | | City, State, Zip Code BELLEVILLE, NJ 07109 | | | | | | | |
| Project Manager for Monitoring Firm JIM GUILLARDI | | Telephone No. 856-740-2800 | License No. 01059 | | | | | | |
| Start Date (10) 12/26/2012 | Scheduled Completion Date (11) 12/29/2012 | Name of OSHA Monitor J&S ENVIRONMENTAL LABORATORIES | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____ | | Street Address 2333 ROUTE 22 WEST | | | | | | | |
| | | City, State, Zip Code UNION, NJ 07083 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf | | <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| CAFETERIA | | X | | PIPE INSULATION | 24 LF | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler NEWARK CARTING, INC | | NJDEP Waste Hauler ID No. 4509 | Cubic Yards of Waste | Name of Registered Landfill TULLYTOWN LANDFILL, TRRF | | | | | |
| City, State NEWARK, NJ | | | Disposal Date n/a | City, State TULLYTOWN, PA | | | | | |
| Completed by Bojan Mihailovic | | Title MEMBER | Signature  | Date 12/11/2012 | | | | | |

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

CHECKED 12/17/12
2012 DEC 17 PM 2:58

| | | | | | | | | | |
|--|--|---|---|---|---------------------------|------------------|--------|-------------|-----------|
| Date of Notification (1) 12/14/12 | | Name of Building Owner/Operator (2) Mr. & Mrs. Harris | | | | | | | |
| Agencies Notified | Type Notification | Street Address 56 Wayside Place | | | | | | | |
| <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Montclair, NJ | | | | | | | |
| | | Name of Contact Scott Sloan, contractor | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) house | | Type of Facility (4) | | | | | | | |
| Street Address 56 Wayside Place | | <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| City (5) Montclair | | Square Feet 2000 | # of Floors 2 | | | | | | |
| County (6) | | Bldg. Age 50 | | | | | | | |
| | | Current Use (Prior if being demolished) | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | ASCM No. | Name of Abatement Contractor (9) ABS Environmental Services, LLC | | | | | | |
| Street Address | | Street Address 4 E Gate Dr, PO Box 483 | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Glenwood, NJ 07418 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. 973-583-8500 | License No. 703 | | | | | | |
| Start Date (10) 12/26/12 | Scheduled Completion Date (11) 1/2/13 | Name of OSHA Monitor | | | | | | | |
| Occupancy Status During Abatement (Check Only One) | | Street Address | | | | | | | |
| <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____ | | City, State, Zip Code | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | | | | | | | | |
| <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | | | | | | | | |
| <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| 2nd floor bathroom | | | x | pipe insulation | 20 LF | x | | | |
| 2nd floor bathroom #2 | | | x | pipe insulation | 20 LF | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Freehold Cartage | | NJDEP Waste Hauler ID No. 15939 | Cubic Yards of Waste 10 | Name of Registered Landfill GROWS N Landfill | | | | | |
| City, State Freehold NJ | | Disposal Date TBD | | City, State Morrisville PA | | | | | |
| Completed by Andrew Scott Higgins | | Title Owner | Signature  | | | Date 12/14/12 | | | |

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

check # 10025

GAC Project # 060-12

Client Project #

| | | | |
|---|--|---|---|
| Date of Notification (1) December 14, 2012 | | Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH | Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled | Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT. 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS | |
| | | City, State, Zip Code PISCATAWAY, NJ 08854 | |
| | | Name of Contact MICHAEL SMITH, ENV. HEALTH & SAFETY | Telephone Number |
| FACILITY INFORMATION | | | |
| Name of Facility Where Abatement is Taking Place (3) ROBESON CAMPUS CENTER, BLDG# 7220 | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | |
| Street Address NEWARK CAMPUS | | Sq. Feet: N/A # of Floors: 4 Bldg. Age: 60+ years | |
| City (5) NEWARK | County (6) ESSEX | County Code (7) (State Use Only) | Current Use (prior if being demolished): ACADEMIC |
| Name of Monitoring Firm Hired by Bldg. Owner (8) ATC ASSOCIATES | | ASCM No. 0098 | Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC. |
| Street Address 3 TERRI LANE | | Street Address 268 MAIN STREET | |
| City, State, Zip Code BURLINGTON, NJ 08016 | | City, State, Zip Code BUTLER, NJ 07405 | |
| Project Manager for Monitoring Firm BRIAN KEARNY | Telephone Number 609-386-8800 | Telephone Number 973-492-0477 | License Number 00840 |
| Scheduled Start Date (10) 12/27/12 | Scheduled Completion Date (11) 12/29/12 | Name of OSHA Monitor 1 ENVIROVISION, INC. | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: Shift Hours: 8:00 AM - 8:00 AM (24 HR) | | Street Address 20-21 WARGARAW ROAD | |
| | | City, State, Zip Code FAIRLAWN, NJ | |
| Scope of Work (Check all that apply) | | | |
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 | | | |
| <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | | |
| <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | |
| Location of Asbestos-Containing Material (ACM) in Facility (13) Room 325 & 326 | Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/> YES | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) VAT | Amount (Specify SF or LF) 500 SF |
| | | | Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/> Remove |
| Name of Reg. Waste Hauler See Hauler Below #1 & 2 | | NJDEP Waste Hauler ID # See Below | Cubic Yards of Waste: 20 CY |
| Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561 | | Disposal Date 12/29/12 | |
| Hauler #2) Horizon Disposal Services, Inc., Trenton, NJ 08611 NJDEP # 22612 | | City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700 | |
| Completed by (Print or Type) RAYMOND C. PEDALINO | Title SENIOR PROJECT MANAGER | Signature <i>Raymond C. Pedalino</i> | Date December 14, 2012 |

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

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

Check # 10021

GAC Project # 060-12

Client Project #

| | | | |
|---|--|---|---|
| Date of Notification (1) December 14, 2012 | | Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH | Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled | Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT. 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS | |
| | | City, State, Zip Code PISCATAWAY, NJ 08854 | |
| | | Name of Contact MICHAEL SMITH, ENV. HEALTH & SAFETY | Telephone Number |
| FACILITY INFORMATION | | | |
| Name of Facility Where Abatement is Taking Place (3) ALEXANDER LIBRARY, BLDG# 3107 | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | |
| Street Address COLLEGE AVENUE CAMPUS | | Sq. Feet: N/A # of Floors: 4 Bldg. Age: 100+ years | |
| City (5) NEW BRUNSWICK | County (6) MIDDLESEX | County Code (7) (State Use Only) | |
| Name of Monitoring Firm Hired by Bldg. Owner (8) ATC ASSOCIATES | | Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC. | |
| Street Address 3 TERRI LANE | | Street Address 268 MAIN STREET | |
| City, State, Zip Code BURLINGTON, NJ 08016 | | City, State, Zip Code BUTLER, NJ 07405 | |
| Project Manager for Monitoring Firm BRIAN KEARNY | Telephone Number 609-386-8800 | Telephone Number 973-492-0477 | License Number 00840 |
| Scheduled Start Date (10) 12/26/12 | Scheduled Completion Date (11) 12/29/12 | Name of OSHA Monitor 1 ENVIROVISION, INC. | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: Shift Hours: 5:00 PM - 5:00 AM | | Street Address 20-21 WARGARAW ROAD | |
| | | City, State, Zip Code FAIRLAWN, NJ | |
| Scope of Work (Check all that apply) | | | |
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 | | | |
| <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | | |
| <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | |
| Location of Asbestos-Containing Material (ACM) in Facility (13) Room 008 | Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/> YES | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) VAT | Amount (Specify SF or LF) 800 SF |
| | | Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/> Remove | |
| Name of Reg. Waste Hauler See Hauler Below #1 & 2 | | NJDEP Waste Hauler ID # See Below | Cubic Yards of Waste: 10 CY |
| Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561 Hauler #2) Horizon Disposal Services, Inc., Trenton, NJ 08611 NJ DEP # 22612 | | Disposal Date 12/29/12 | Name of Registered Landfill G.R.O.W.S. North Landfill |
| Completed by (Print or Type) RAYMOND C. PEDALINO | | Title SENIOR PROJECT MANAGER | Signature <i>Raymond C. Pedalino</i> |
| | | Date December 14, 2012 | |

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

check # 100 22

GAC Project # 060-12

Client Project #

| | | | |
|---|--|---|--|
| Date of Notification (1) December 14, 2012 | | Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH | Notification Type <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #1 (additional area & material) <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled | Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS | |
| | | City, State, Zip Code PISCATAWAY, NJ 08854 | |
| | | Name of Contact MICHAEL SMITH, ENV. HEALTH & SAFETY | Telephone Number |
| FACILITY INFORMATION | | | |
| Name of Facility Where Abatement is Taking Place (3) BLAKE HALL, BLDG # 6005 | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: N/A # of Floors: 3 Bldg. Age: 60+ years | |
| Street Address COOK CAMPUS | | | |
| City (5) NEW BRUNSWICK | County (6) MIDDLESEX | County Code (7) (State Use Only) | Current Use (prior if being demolished): ACADEMIC |
| Name of Monitoring Firm Hired by Bldg. Owner (8) ATC ASSOCIATES | | ASCM No. 0098 | Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC. |
| Street Address 3 TERRI LANE | | Street Address 268 MAIN STREET | |
| City, State, Zip Code BURLINGTON, NJ 08016 | | City, State, Zip Code BUTLER, NJ 07405 | |
| Project Manager for Monitoring Firm BRIAN KEARNY | Telephone Number 609-386-8800 | Telephone Number 973-492-0477 | License Number 00840 |
| Scheduled Start Date (10) 12/14/12 | Scheduled Completion Date (11) 12/16/12 | Name of OSHA Monitor 1 ENVIROVISION, INC. | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: Shift Hours: 5:00 PM FRI - 5:00 AM MON | | Street Address 20-21 WARGARAW ROAD | |
| | | City, State, Zip Code FAIRLAWN, NJ | |
| Scope of Work (Check all that apply) | | | |
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 | | | |
| <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | | |
| <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | |
| Location of Asbestos-Containing Material (ACM) in Facility (13) Room 134A & 152 & Hall | Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/> | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) VAT | Amount (Specify SF or LF) 1300 SF |
| | | Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/> | |
| Name of Reg. Waste Hauler See Hauler Below #1 & 2 | | NJDEP Waste Hauler ID # See Below | Cubic Yards of Waste: 5 CY |
| Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561 Hauler #2) Horizon Disposal Services, Inc., Trenton, NJ 08611 NJ DEP # 22612 | | Disposal Date 12/16/12 | Name of Registered Landfill G.R.O.W.S. North Landfill |
| Completed by (Print or Type) RAYMOND C. PEDALINO | Title SENIOR PROJECT MANAGER | Signature <i>Raymond C. Pedalino</i> | Date December 14, 2012 |

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

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

GAC Project # 060-12

Client Project #

| | | | |
|--|---|---|--|
| <u>Date of Notification (1)</u> December 5, 2012 | | <u>Name of Building Owner/Operator (2)</u> RUTGERS, THE STATE UNIVERSITY OF NJ | |
| <u>Agencies Notified</u> <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH | | <u>Notification Type</u> <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled | |
| <u>Street Address</u> ENVIRONMENTAL HEALTH & SAFETY DEPT. 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS | | <u>City, State, Zip Code</u> PISCATAWAY, NJ 08854 | |
| <u>Name of Contact</u> MICHAEL SMITH, ENV. HEALTH & SAFETY | | <u>Telephone Number</u> 609-386-8800 | |
| FACILITY INFORMATION | | | |
| <u>Name of Facility Where Abatement is Taking Place (3)</u> BLAKE HALL, BLDG # 6005 | | <u>Type of Facility (4)</u> <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | |
| <u>Street Address</u> COOK CAMPUS | | <u>Sq. Feet: N/A</u> <u># of Floors: 3</u> <u>Bldg. Age: 60+ years</u> | |
| <u>City (5)</u> NEW BRUNSWICK | <u>County (6)</u> MIDDLESEX | <u>County Code (7)</u> (State Use Only) | |
| <u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u> ATC ASSOCIATES | | <u>ASCM No.</u> 0098 | |
| <u>Street Address</u> 3 TERRI LANE | | <u>Name of Contractor (9)</u> GREENWOOD ABATEMENT CONSULTANTS, INC. | |
| <u>City, State, Zip Code</u> BURLINGTON, NJ 08016 | | <u>Street Address</u> 268 MAIN STREET | |
| <u>Project Manager for Monitoring Firm</u> BRIAN KEARNY | <u>Telephone Number</u> 609-386-8800 | <u>City, State, Zip Code</u> BUTLER, NJ 07405 | <u>License Number</u> 00840 |
| <u>Scheduled Start Date (10)</u> 12/14/12 | <u>Scheduled Completion Date (11)</u> 12/16/12 | <u>Telephone Number</u> 973-492-0477 | |
| <u>Occupancy Status During Abatement (Check only one)</u> <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: Shift Hours: 5:00 PM FRI - 5:00 AM MON | | <u>Name of OSHA Monitor</u> 1 ENVIROVISION, INC. | |
| <u>Scope of Work (Check all that apply)</u> <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | |
| <u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u> Room 134A | <u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u> YES NO NA <input checked="" type="checkbox"/> YES | <u>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</u> VAT | <u>Amount (Specify SF or LF)</u> 500 SF |
| <u>Abatement Type</u> Remove Repair Encap Enclose <input checked="" type="checkbox"/> Remove | | | |
| <u>Name of Reg. Waste Hauler</u> See Hauler Below #1 & 2 | | <u>NJDEP Waste Hauler ID #</u> See Below | <u>Cubic Yards of Waste:</u> 5 CY |
| <u>Name of Registered Landfill</u> G.R.O.W.S. North Landfill | | | |
| <u>Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405</u> NJDEP # 12561 | | <u>Disposal Date</u> 12/16/12 | <u>City, State</u> 100 New Ford Mill Rd. Morrisville, Pa 19067 |
| <u>Hauler #2) Horizon Disposal Services, Inc., Trenton, NJ 08611</u> NJ DEP # 22612 | | 215-736-1700 | |
| <u>Completed by (Print or Type)</u> RAYMOND C. PEDALINO | <u>Title</u> SENIOR PROJECT MANAGER | <u>Signature</u> <i>Raymond C. Pedalino</i> | <u>Date</u> December 5, 2012 |

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

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

1064

RECEIVED
2012 DEC 18 PM 2:58
AIR CONTROL & LICENSING

| Date of Notification (1) 12-13-2012 | | Name of Building Owner/Operator (2) Mary Stewart. | | | | | | | |
|---|--|---|---|---|---------------------------|----------------|--------------------|-------------|-----------|
| Agencies Notified | Type Notification | Street Address 1303 Garden St. | | | | | | | |
| <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Hoboken NJ. 07030. | | | | | | | |
| | | Name of Contact Mary Stewart. | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Residential. | | Type of Facility (4) | | | | | | | |
| Street Address 1303 Garden St. | | <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| City (5) Hoboken NJ. 07030 | | Square Feet 1428 | # of Floors 3 | | | | | | |
| County (6) Hudson. | | Bldg. Age 80+ | | | | | | | |
| County Code (7) (STATE USE ONLY) _____ | | Current Use (Prior if being demolished) | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | ASCM No. | Name of Abatement Contractor (9) Green Environmental Services. | | | | | | |
| Street Address | | Street Address 235 Virginia Ave. | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Jersey City NJ. 07034 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. | Telephone No. 201 333 8855 | | | | | | |
| Start Date (10) 12-14-2012. | | Scheduled Completion Date (11) 12-14-2012. | License No. 01174 | | | | | | |
| Occupancy Status During Abatement (Check Only One) | | Name of OSHA Monitor Same as above. | | | | | | | |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____ | | Street Address | | | | | | | |
| | | City, State, Zip Code | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf | | | | | | | | | |
| <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | | | | | | | | |
| <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Basement | | x | | Pipe Insulation. | 120lf | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Tri State Transfer Associate | | NJDEP Waste Hauler ID No. 2A456 | Cubic Yards of Waste 2 | Name of Registered Landfill Minerva Enterprise | | | | | |
| City, State Bronx NY | | Disposal Date 12-13-2012 | | City, State Waynesburg Ohio. | | | | | |
| Completed by Tiffany Nunez | | Title Office Manager | | Signature | | | Date 12-13-2012 | | |

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

| | | | | | | | | | |
|--|--|---|---|--|---------------------------|----------------|--------------------|-------------|-----------|
| Date of Notification (1) 12-13-2012 | | Name of Building Owner/Operator (2) Mosheer Nader | | | | | | | |
| Agencies Notified | Type Notification | Street Address 121 W 4th St. | | | | | | | |
| <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Bayonne NJ 07002 | | | | | | | |
| | | Name of Contact Mosheer Nader. | Telephone Number _____ | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Residential | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address 121 W 4th St. | | Square Feet 2170 | # of Floors 2 | | | | | | |
| City (5) Bayonne NJ 07002 | | Bldg. Age 60+ | | | | | | | |
| County (6) Hudson | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | ASCM No. | Name of Abatement Contractor (9) Green Environmental Services. | | | | | | |
| Street Address | | Street Address 235 Virginia ave. | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Jersey City NJ. 07304 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. 201-333-8855 | License No. 01174 | | | | | | |
| Start Date (10) 12-15-2012 | Scheduled Completion Date (11) 12-15-2012 | Name of OSHA Monitor Same as Above | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____ | | Street Address | | | | | | | |
| | | City, State, Zip Code | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 If <input type="checkbox"/> ≥160 sf or ≥260 If | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Basement | | x | | Pipe Insulation. | 180lf | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Tri State Associate | | NJDEP Waste Hauler ID No. 2A456 | Cubic Yards of Waste 2 | Name of Registered Landfill Minerva Enterprise. | | | | | |
| City, State Bronx NY | | Disposal Date 12-15-2012 | | City, State Waynesburg-Ohio. | | | | | |
| Completed by Tiffany Nunez | | Title Office Manager | | Signature | | | Date 12-13-2012 | | |

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

| Date of Notification (1) December 14, 2012 | | Name of Building Owner/Operator (2) Diocese of Camden | | Check # 5514 | | | | | |
|--|--|---|---|--|---------------------------|----------------|--------|-------------|-----------|
| Agencies Notified | Type Notification | Street Address 631 Market Street | | | | | | | |
| <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL | <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ | City, State, Zip Code Camden, NJ 08102 | | | | | | | |
| <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Name of Contact Tom Bechard | | Telephone Number | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) St Augustine's Church | | | Type of Facility (4) | | | | | | |
| Street Address 1337 Asbury Ave | | | <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | |
| City (5) Ocean City | | Square Feet 12000 | # of Floors 2 | Bldg. Age 75 | | | | | |
| County (6) Cape May | | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) Church | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) MDG | | ASCM No. | Name of Abatement Contractor (9) Shade Environmental, LLC | | | | | | |
| Street Address 1000 Maplewood Drive Suite 207 | | Street Address 623 Cutler Ave | | | | | | | |
| City, State, Zip Code Maple Shade, NJ 08052 | | City, State, Zip Code Maple Shade, NJ 08052 | | | | | | | |
| Project Manager for Monitoring Firm Tony Esposito | | Telephone No. 856-755-9300 | Telephone No. 856-755-0099 | License No. 00842 | | | | | |
| Start Date (10) December 18, 2012 | Scheduled Completion Date (11) December 21, 2012 | | Name of OSHA Monitor EMSL | | | | | | |
| Occupancy Status During Abatement (Check Only One) | | | Street Address 107 Haddon Ave | | | | | | |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____ | | | City, State, Zip Code Westmont, New Jersey 08108 | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure Wrap n Cut <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Boiler Room | | | XXX | Boiler Breaching | 30 SF | xxx | | | |
| Boiler Room | | | XXX | Asbestos Fitting | 2 LF | xxx | | | |
| Ex | | | | | | | | | |
| Name of Registered Waste Hauler Freehold Cartage | | NJDEP Waste Hauler ID No. 22253 | Cubic Yards of Waste 1 | Name of Registered Landfill Grows Landfill | | | | | |
| City, State Mount Holly, New Jersey 08060 | | | Disposal Date 12-21-2012 | City, State Tullytown, PA. | | | | | |
| Completed by William Lynch | | Title Owner | Signature <i>William Lynch</i> | | Date Dec. 14, 2012 | | | | |

Dec 14 12 11:55a

Shade Environmental, LLC

(177) 402-0012

Print Form

REMEMBER - MAIL IN HARD COPYState of New Jersey
DEPARTMENT OF AGES AND SENIORS
Pursuant to NJAC 8 60 and 12-120

| | | | | | | | | | |
|---|--|---|---|--|---|----------------|-----------------------|-------------|-----------|
| Date of Notification (1) December 14, 2012 | | Name of Building Owner/Operator (2) Diocese of Camden | | | | | | | |
| Agencies Notified | Type Notification | Street Address 631 Market St | | | | | | | |
| <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL | <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # | City/State/Zip Code Camden, NJ 08102 | | | | | | | |
| <input checked="" type="checkbox"/> OOH <input type="checkbox"/> UGA | <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Name of Contact Tom Bechard | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) St Augustine's Church | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address 1337 Astbury Ave | | Square Feet 12000 | # of Floors 2 | | | | | | |
| City (5) Ocean City | | Bldg Age 75 | | | | | | | |
| County (6) Cape May | | Current Use (Prior to being demolished) Church | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) MDG | | ASCM No. | Name of Abatement Contractor (9) Shade Environmental LLC | | | | | | |
| Street Address 1000 Maplowood Drive Suite 207 | | Street Address 623 Cutler Ave | | | | | | | |
| City, State, Zip Code Maple Shade, NJ 08052 | | City, State, Zip Code Maple Shade, NJ 08052 | | | | | | | |
| Project Manager for Monitoring Firm Tony Esposito | | Telephone No. 856-755-9300 | Telephone No. 856-755-0099 | | | | | | |
| Start Date (10) December 18, 2012 | | Scheduled Completion Date (11) December 21, 2012 | License No. 00842 | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe | | Name of OSHA Monitor EMSL | | | | | | | |
| | | Street Address 107 Haddon Ave | | | | | | | |
| | | City, State, Zip Code Westmont, New Jersey 08108 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 280 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | | | | | | |
| | | <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Wrap n Cut <input type="checkbox"/> Non-Exempted (*) and Non-Frangible Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Remove | Repair | Encapsulate | Enclosure |
| Boiler Room | | | XXX | Boiler Breaching | 30 SF | XXX | | | |
| Boiler Room | | | XXX | Asbestos Fitting | 2 LF | XXX | | | |
| Ex | | | | | | | | | |
| Name of Registered Waste Hauler Freehold Cartage | | NJDEP Waste Hauler ID No. 22253 | | Cubic Yards of Waste 1 | Name of Registered Landfill Grows I and fill | | | | |
| City, State Mount Holly, New Jersey 08060 | | | | Disposal Date 12-21-2012 | City, State Tullytown, PA | | | | |
| Completed by William Lynch | | Title Owner | | Signature <i>William Lynch</i> | | | Date Dec. 14, 2012 | | |

1753

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

RECEIVED

| | | | | | | | | |
|---|---|--|--|---|----------------|--|--------|-------------|
| Date of Notification (1) 12/12/2012 | | Name of Building Owner/operator (2) Hoboken University Medical Center | | 2012 DEC 18 PM 2:58 | | | | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | | Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | Street Address 308 Willow Avenue City, State, Zip Code Hoboken, NJ 07030 Name of Contact Joseph Chimento Telephone Number _____ | | | | |
| FACILITY INFORMATION | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Hoboken Medical center | | | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) | | | | |
| Street Address 308 Willow Avenue | | | | Square Feet # of Floors Bldg. Age | | | | |
| City (5) Hoboken, NJ 07030 | | | | Current Use (Prior If being demolished) | | | | |
| County (6) Hudson | | County Code (7) (STATE USE ONLY) | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Aero Environmental Services Inc | | ASCM No. | | Name of Abatement Contractor (9) Nick Restoration LLC | | | | |
| Street Address 275 Route 10 East | | | | Street Address 72 Brookside Rd | | | | |
| City, State, Zip Code Succasunna, NJ 07876 | | | | City, State, Zip Code Randolph, NJ 07869 | | | | |
| Project Manager for Monitoring Firm Michael Berta | | Telephone No. 973-920-9061 | | Telephone No. 973 933-2550 License No. 001133 | | | | |
| Start Date (10) 12/14/2012 | | Scheduled Completion Date (11) 12/17/2012 | | Name of OSHA Monitor J&S Environmental | | | | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Hospital Closed urgent care open | | | | Street Address 2333 Rt 22 W City, State, Zip Code Union, NJ 07083 | | | | |
| Scope of Work (Check all that apply) | | | | | | | | |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | |
| Location of Asbestos -Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | | | N/A | Removal | Repair | Encapsulate |
| basement area | | X | (TSI) | 200 Lf | X | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Name of Registered Waste Hauler Nick Restoration LLC | | NJDEP Waste Hauler ID No. 0033782 | | Cubic Yards of Waste TBD | | Name of Registered Landfill G.R.O.W.S | | |
| City, State 72 Brookside Rd , Randolph NJ | | | | Disposal Date TBD | | City, State Tullytown, PA | | |
| Completed By Elvira Mrda | | Title President | | Signature <i>Elvira Mrda</i> | | Date 12/12/2012 | | |

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

CK 4191
2012 DEC 18 PM 2:58
RECEIVED
LICENSING

| | | | | | | | |
|---|--|--|--|---|-------------------------|----------|--------|
| Date of Notification (1) 12-14-12 | | Name of Building Owner/Operator (2) MS. LINDA RANSOM | | | | | |
| Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 1208 PINES LAKE DRIVE WEST | | | | | |
| | | City, State, Zip Code WAYNE, NJ 07470 | | | | | |
| | | Name of Contact K. FRASCO | Telephone Number _____ | | | | |
| FACILITY INFORMATION | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) RESIDENCE | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | |
| Street Address 1208 PINES LAKE DRIVE WEST | | Square Feet 2500 | # of Floors 1 | | | | |
| City (5) WAYNE | | Bldg. Age 61 YRS | | | | | |
| County (6) PASSAIC | | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) RESIDENCE | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | ASCM No. | Name of Abatement Contractor (9) Best Removal Inc | | | | |
| Street Address | | Street Address 450 S. River St | | | | | |
| City, State, Zip Code | | City, State, Zip Code Hackensack, N.J. 07601 | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. | Telephone No. 201-329-7444 | | | | |
| | | | License No. 00388 | | | | |
| Start Date (10) 12-26-12 | Scheduled Completion Date (11) 12-27-12 | | Name of OSHA Monitor Omega Environmental Inc | | | | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8 AM - 5 PM | | Street Address 280 Huyler St | | | | | |
| | | City, State, Zip Code South Hackensack, N.J. 07606 | | | | | |
| Scope of Work (Check all that apply) | | | | | | | |
| <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf | | <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | |
| | Yes | No | | | N/A | Removal | Repair |
| EXTERIOR WINDOWS | | | X | EXTERIOR GLASS GLAZING | 100 SF | X | |
| | | | | | | | |
| | | | | | | | |
| Name of Registered Waste Hauler Best Removal Inc | | NJDEP Waste Hauler ID No. 17109 | Cubic Yards of Waste 1 1/2 YDS | Name of Registered Landfill Minerva Enterprises | | | |
| City, State Hackensack, N.J. 07601 | | Disposal Date 12-27-12 | | City, State Waynesburg, Oh | | | |
| Completed by R. Veldran | Title Estimator | Signature R. Veldran | | | Date 12-14-12 | | |

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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 12:12)

DOL - 10 DAY

CK # 4194

| | | | | | | |
|--|---|---|--|----------------|--------|-----------|
| Date of Notification (1) 12/14/12 | | Name of Building Owner/Operator (2) BBJ DREAM CARE HOLDINGS LLC | | | | |
| Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment 8 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 10 FAIRMOUNT City, State, Zip Code CHATHAM, N.J. | | | | |
| | | Name of Contact H.R. MARK JAVELLO | Telephone Number | | | |
| FACILITY INFORMATION | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) BEST DREAM CARE HOUSINGS LLC | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | |
| Street Address 95 EAST PASSAIC AVE | | Square Feet 2500 | # of Floors 2 | | | |
| City (5) BLONDFIELD | | Bldg. Age 1940 | | | | |
| County (6) ESSEX | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) RESIDENCE | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | ASCM No. | Name of Abatement Contractor (9) Best Removal Inc | | | | |
| Street Address | | Street Address 450 S. River St | | | | |
| City, State, Zip Code | | City, State, Zip Code Hackensack, N.J. 07601 | | | | |
| Project Manager for Monitoring Firm | Telephone No. | Telephone No. 201-329-7444 | License No. 00388 | | | |
| Start Date (10) 12/19/12 | Scheduled Completion Date (11) 12/21/12 | Name of OSHA Monitor Omega Environmental Inc | | | | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: LARGE SPIN | | Street Address 280 Huyler St | | | | |
| | | City, State, Zip Code South Hackensack, N.J. 07606 | | | | |
| Scope of Work (Check all that apply) <input checked="" type="checkbox"/> 0 or < 3 SF <input type="checkbox"/> > 160 sf or > 200 SF <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (?) and Non-Practical Procedure | | | | | | |
| Location of Asbestos-Containing Material (ACM) (13) TO BE ABATED IN FACILITY | Is Location Normally Used Solely by Maintenance/Custodial Staff (12) Yes No N/A | Description of Asbestos-Containing Material (ACM) (i.e., thermal system insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LP) 120 LF | Abatement Type | | |
| | | | | Removal | Repair | Enclosure |
| BASEMENT | | THERMAL SYSTEMS INSULATION | | X | | |
| | | | | | | |
| | | | | | | |
| Name of Registered Waste Hauler Best Removal Inc | NJDEP Waste Hauler ID No. 17109 | Cubic Yards of Waste 20 | Name of Registered Landfill Minerva Enterprises | | | |
| City, State Hackensack, N.J. 07601 | | Disposal Date 12/21/12 | City, State Waynesburg, Oh | | | |
| Completed by J. Maiorano | Title Estimator | Signature J. Maiorano | Date 12/14/12 | | | |

ARR-41

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

State of New Jersey - Notification of Asbestos Abatement

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

RECEIVED
2012 DEC 18 PM 2:58

| | | | |
|--|--|--|--|
| Date of Notification (1) December 14, 2012 | | Name of Building Owner/Operator (2) Infante Associates | |
| Agencies Notified EPA DCA x DOL x DEP x DOH | | Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled | |
| Street Address 9 Robinson Lane | | City, State, Zip Code Ridgewood NJ | |
| Name of Contact Mark Infante | | Telephone Number | |
| FACILITY INFORMATION | | | |
| Name of Facility Where Abatement is Taking Place (3) Infante Associates | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | |
| Street Address 30 Broadway | | Sq. Feet: Unknown # of Floors: 1 Bldg. Age: 50 years | |
| City (5) Elmwood Park | County (6) Bergen | County Code (7) (State Use Only) | |
| Name of Monitoring Firm Hired by Bldg. Owner (8) Anthony Valentine | | ASCM No. 00775 | |
| Street Address 80 Mill Road | | Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC. | |
| City, State, Zip Code Irvington NJ | | Street Address 268 MAIN STREET | |
| Project Manager for Monitoring Firm Anthony Valentine | | Telephone Number 201.207.6082 | License Number 00840 |
| Scheduled Start Date (10) December 15, 2012 | | Scheduled Completion Date (11) December 17, 2012 | |
| 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: Normal Hours | | Name of OSHA Monitor EMSL inc. | |
| | | Street Address 1056 Stelton Road | |
| | | City, State, Zip Code Piscataway, NJ 08854 | |
| Source of Work (Check all that apply) | | | |
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 | | <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | |
| Location of Asbestos-Containing Material (ACM) in Facility (13) | Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) | Amount (Specify SF or LF) |
| 1st Floor | | VAT | 300 SF |
| Roof | | Roof Flashing | 100 SF |
| Name of Reg. Waste Hauler See Hauler Below # 1 & 2 | | NJDEP Waste Hauler ID # See Below | Cubic Yards of Waste: 5 |
| Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJ DEP # 12561 | | Name of Registered Landfill Meadowfill Landfill | |
| Hauler #2) Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551 | | Disposal Date December 17, 2012 | City, State Route 2, Box 68 Bridgeport, WVA 304-842-2784 |
| Completed by (Print or Type) Marin Graure | Title SENIOR PROJECT MANAGER | Signature <i>Marin Graure</i> | Date December 14, 2012 |

GAC # 2012-363

State of New Jersey - Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:26-7 and 12:120-7)

REMEMBER

MAIL IN HARD COPY

Date of Notification (1)

December 14, 2012

Agencies Notified

EPA
DCA
x DOL
x DEP
x DOH

Notification Type

☒ Initial Notification
☐ Amended Certification
☒ Emergency (including justification)
☐ Cancelled

Name of Building Owner/Operator (2)

Infante Associates

Street Address

9 Robinson Lane

City, State, Zip Code

Ridgewood NJ

Name of Contact

Mark Infante

DO NOT WRITE

DEC 14 2012

WAIVE

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Infante Associates

Street Address

30 Broadway

City (5)

Elmwood Park

County (6)

Bergen

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.)

Sq. Feet: Unknown # of Floors: 1 Bldg. Age: 50 years

Current Use (prior if being demolished):

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

Anthony Valentine

ASCM No.

00775

Name of Contractor (8)

GREENWOOD ABATEMENT CONSULTANTS, INC.

Street Address

268 MAIN STREET

City, State, Zip Code

Butler, NJ 07405

Telephone Number

973-492-0477

Licence Number

00840

Street Address

80 Mill Road

City, State, Zip Code

Irvington NJ

Project Manager for Monitoring Firm

Anthony Valentine

Telephone Number

201.207.6082

Scheduled Start Date (10)

December 15, 2012

Scheduled Completion Date (11)

December 17, 2012

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 Normal Hours

EMSL Inc.

Street Address

1056 Stelton Road

City, State, Zip Code

Piscataway, NJ 08854

Source of Work (Check all that apply)

☐ ≥ 3 of or ≥ 3 ft
☐ ≥ 180 of or ≥ 280

Renovation
Demolition

Full Containment with Negative Pressure
Mini-Enclosure
Glovebag Procedure

x Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos Containing Material (ACM) in Facility (13)

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

YES NO NA

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

Amount (Specify SF or LF)

Abatement Type

Remove Repair Encap. Enclose

1st Floor

Roof

☐ YES ☐ NO ☒ NA

VAT

Roof Flashing

300 SF

100 SF

☒

☒

Name of Reg. Waste Hauler

See Hauler Below # 1 & 2

NJDEP Waste Hauler ID #

See Below

Cubic Yards of Waste

5

Name of Registered Landfill

Meadowhill Landfill

Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405
NJ DEP # 12561

Hauler #2) Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551

Disposal Date

December 17,

2012

City, State

Route 2, Box 68

Bridgeport, WVA

304-842-2784

Completed by (Print or Type)

Marin Graure

Title

SENIOR PROJECT

MANAGER

Signature

Maria Graure

Date

December 14, 2012

GAC # 2012-363