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

Date of Notification (1)
December 30, 2015

Name of Building Owner/Operator
Brixmor Property Group

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

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

Street Address
One Fayette Street, Suite 150
City, State, Zip Code
Conshohocken, PA 19428

Name of Contact
Mr. Ronald Dinger
Telephone Number

Name of Facility Where Abatement Is Taking Place (3)
Space #8, Unoccupied

FACILITY INFORMATION

City (5)
Glassboro

County (6)
Gloucester

County Code (7)

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

Square Feet
250,515

# of Floors
1

Bldg. Age
50+

Current Use (Prior if being demolished)
Shopping Center

Name of Monitoring Firm Hired by Building Owner (8)
Accredited Environmental Technologies

Name of Abatement Contractor (9)
ecoservices, LLC

Street Address
28 Pennell Road
City, State, Zip Code
Media, PA

Telephone No.
610-891-0114

License No.
1161

Project Manager for Monitoring Firm
Eric Sutherland

Telephone No.
484-872-8884

Name of OSHA Monitor
EMSL

Start Date (10)
1/11/16

Scheduled Completion Date (11)
1/13/16

Occupy Status During Abatement (Check Only One)
☐ Facility Closed/Vacated During Entire Period of Abatement
☒ Abatement Performed Outside of Normal Facility Hours
☐ Other — Describe: All work in unoccupied Space #6

Scope of Work (Check All That Apply)
☒ Asbestos Containing Material (ACM) TO BE ABATED
☐ 23 sf or 23 If
☐ 160 sf or 260 If
☒ Renovation
☒ Demolition
☐ Full Containment with Negative Pressure
☒ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and EPA on-Frible Procedure

Location of
Asbestos-Containing Material (ACM)

In Facility

TO BE ABATED

Normal Used Solely by Maintenance/Custodial Staff? (12)

Yes  No  N/A

Restroom #1

Floor tile and mastic

110 SF

Restroom #2

Floor tile and mastic

110 SF

Name of Registered Waste Hauler
Waste Management

NJDEP Waste
Hauler ID No.

Cubic Yards of Waste

Name of Registered Landfill
GROWS Landfi

Disposal Date
TBD

City, State
Trenton, NJ

Completed by
Jack Bally

Date
12/30/15

Title
Sr. Project Manager

Signature

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>December 30, 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Mill One</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>Type Notification</td>
</tr>
<tr>
<td>EPA</td>
<td>Initial</td>
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<tr>
<td>DEP</td>
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<tr>
<td>DOL</td>
<td>Amendment #1</td>
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<tr>
<td>DOH</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>DCA</td>
<td>Cancellation</td>
</tr>
<tr>
<td>Street Address</td>
<td>1 Johnston Avenue</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Hamilton Township, NJ 08609</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Mr. John Barr</td>
</tr>
<tr>
<td>Tele</td>
<td>Phone Number</td>
</tr>
<tr>
<td>FACILITY INFORMATION</td>
<td></td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>Isles Facility</td>
</tr>
<tr>
<td>Street Address</td>
<td>1 N Johnston Street</td>
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<tr>
<td>City (6)</td>
<td>Trenton</td>
</tr>
<tr>
<td>County (8)</td>
<td>Mercer</td>
</tr>
<tr>
<td>County Code (7)</td>
<td>(STATE USE ONLY)</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>Vertex</td>
</tr>
<tr>
<td>Street Address</td>
<td>700 Turner Way</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Aston, PA 19014</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Dave Turpys</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>610-558-8902</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>02/01/2016</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>4/1/16</td>
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<tr>
<td>Occupancy Status During Abatement (Check Only One)</td>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>Scope of Work (Check All That Apply)</td>
<td>≥300 sf or ≥300 ft</td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)</td>
<td>Window</td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)</td>
<td>No</td>
</tr>
<tr>
<td>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td>Glaze and Caulk</td>
</tr>
<tr>
<td>Amount (Sq ft or LF)</td>
<td>150 SF</td>
</tr>
<tr>
<td>Abatement Type</td>
<td>Removal</td>
</tr>
<tr>
<td>Location of Registered Waste Hauler</td>
<td>GROWS</td>
</tr>
<tr>
<td>Waste Management</td>
<td>NUDEP Waste Hauler ID No.</td>
</tr>
<tr>
<td>City, State</td>
<td>Trenton, NJ</td>
</tr>
<tr>
<td>Completed by</td>
<td>Jack Bally</td>
</tr>
<tr>
<td>Title</td>
<td>Sr. Project Manager</td>
</tr>
<tr>
<td>Signature</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>12/30/15</td>
</tr>
</tbody>
</table>

Do not use this form for asbestos licensure exempted activities.
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)

Name of Building Owner/Operator (2)
ROHIN MIRZA

Street Address
2135 ALBERTA AVENUE

City, State, Zip Code
LINDEN, NJ 07036

Name of Contact
ROHIN MIRZA

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
ROHIN MIRZA

City (5)
LINDEN

County Code (7)
UNION (State use only)

Type of Facility (4)
Other (Private/Commercial Buildings/Homes, etc.)

Square Footage

# of Floors

Bidg. Age

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

Street Address
20 California Ave.

City, State, Zip Code
Paterson, NJ 07503

License Number
01169

Telephone Number
973-345-8020

Name of OSHA Monitor
D & S Restoration, Inc.

Street Address
20 California Avenue

City, State, Zip Code
Paterson, NJ 07503

Start Date (10)
12/29/15

Scheduled Completion Date (11)
101/15/16

Occupancy Status During Abatement (Check only one)
Facility closed/vacated during entire period of abatement.
Abatement performed outside of normal facility hours.
Other—Describe: NORMAL HOURS

Scope of Work (check all that apply)
>36 sf or >3 if
Renovation
>160 sf or >260 if
Demolition

Location of asbestos-containing material (acm) to be abated in facility (13)

Yes
No
N/A

Regenerated Waste Hauler
D & S RESTORATION, INC.
NJDEP Hauler ID# 13506

Cubic Yards of Waste
1 YD

Name of Registered Landfill
TULLYTOWN, RESOURCE RECOVERY

City, State
TULLYTOWN, PA

Disposal Date
12/30/15

Completed by (Print or Type)
BOGDAN JOLDZIC

Title
PRESIDENT

Signature

Date
12/24/2015

Receivables:

ASBESTOS CONTROL & LICENSING

Do not use this form for asbestos license exempted facilities.
State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60 and 12:120)

**Date of Notification (1)**  
1/15/15

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

**Name of Building Owner/Operator (2)**  
andrew tiplady

**Street Address**  
15 hamilton street

**City, State, Zip Code**  
somerville, nj 08876

**Name of Contact**  
andrew tiplady

**Facility Information**

**Name of Facility where abatement is taking place (3)**  
andrew tiplady

**Street Address**  
15 hamilton street

**County**  
somerset

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

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

**Street Address**  
20 California Ave.

**City, State, Zip Code**  
Paterson, NJ 07503

**Telephone Number**  
973-345-8020

**License Number**  
01169

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

- [X] Facility closed/vacated during entire period of abatement.  
- [X] Abatement performed outside of normal facility hours.

**Describe:**  
NORMAl HOURS

**Scope of Work (check all that apply)**

- [X] ≥ 3 sf or ≥ 2 ft²
- [ ] ≥ 160 sf or ≥ 280 ft²
- [X] Renovation
- [X] Demolition

**Location of asbestos-containing material (acm) to be abated in facility (13)**

<table>
<thead>
<tr>
<th>Location normally used solely by maintenance/custodial staff (12)</th>
<th>Description of asbestos-containing material (ACM)</th>
<th>Amount (Specify 3F or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>pipe insulation</td>
<td>1371 ft²</td>
<td></td>
</tr>
</tbody>
</table>

**Sample Signatures**

**Completed by (Print or Type)**  
BOGDAN JOLDZIC  
Title  
PRESIDENT

**Date**  
12/23/15

*Do not use this form for asbestos licensure exempted activities*
State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60 and 12:120)

**D&S Proj. #: 2015-441**

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
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<tr>
<td>12/1/15</td>
<td>JOHN CONLIN</td>
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<table>
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<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Amendment #</th>
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<td>☐ Initial</td>
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<td>☐ DEP</td>
<td>☐ Amended</td>
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<td>☒ DOL</td>
<td>☒ Emergency (including justification)</td>
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<td>☐ DOH</td>
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<td></td>
</tr>
<tr>
<td>☐ DCA</td>
<td>☐ Cancellation</td>
<td></td>
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</tbody>
</table>

**FACILITY INFORMATION**

**Name of facility where abatement is taking place (3)**

**JOHN CONLIN**

Street Address  
24 Cedar Lane

City (5)  
County (6)  
County Code (7)  
(State use only)

CHATHAM Twp.  
Morris

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

ASCM No.  
-phone number

**Name of Abatement Contractor (9)**

D & S RESTORATION, INC.

Street Address  
20 California Ave.

City, State, Zip Code  
Paterson, NJ 07503

Telephone Number  
973-343-8020

License Number  
01169

**Name of OSHA Monitor**

D & S Restoration, Inc.

Street Address  
20 California Avenue

City, State, Zip Code  
Paterson, NJ 07503

**Start Date (10)**  
Sched. Completion Date (11)

12/30/15  
01/22/16

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

☐ Facility closed/vacated during entire period of abatement.

☐ Abatement performed outside of normal facility hours-

Describe: Other-Describe: NORMAL HOURS

**Scope of Work (check all that apply)**

☒ >3 sf or >3 If  
☒ Renovation

☐ ≥180 sf or ≥280 If  
☒ Demolition

☐ Full Containment w/negative pressure

☐ Mini-enclosure

☐ Glovebag procedure

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

**Location of asbestos-containing material (acm) to be abated in facility (13)**

<table>
<thead>
<tr>
<th>Basement</th>
<th>Pipe Insulation</th>
<th>85 L F</th>
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</table>

<table>
<thead>
<tr>
<th>Registered Waste Hauler</th>
<th>Location of asbestos-containing material (ACM)</th>
<th>Description of asbestos-containing material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>H Remov</th>
<th>R Repair</th>
<th>E Encap</th>
<th>Encl</th>
</tr>
</thead>
<tbody>
<tr>
<td>D &amp; S RESTORATION, INC.</td>
<td>☐</td>
<td>☒</td>
<td>☒</td>
<td></td>
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<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
<th>Name of Registered Landfill</th>
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<tbody>
<tr>
<td>PATERNON, NJ 07503</td>
<td>12/31/15</td>
<td>TULLYTOWN, RESOURCE RECOVERY</td>
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<table>
<thead>
<tr>
<th>Completed by (Print or Type)</th>
<th>Title</th>
<th>Signature</th>
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<tbody>
<tr>
<td>BOGDAN JOLDZIC</td>
<td>PRESIDENT</td>
<td></td>
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<table>
<thead>
<tr>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/23/2015</td>
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</table>
State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
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<tbody>
<tr>
<td>1/12</td>
<td>anthony russo</td>
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<table>
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<th>Agencies Notified</th>
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<td>EPA</td>
<td>Initial</td>
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<td>DEP</td>
<td>Amended</td>
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<tr>
<td>DOL</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>DOH</td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
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</thead>
<tbody>
<tr>
<td>72 east rayburn road</td>
<td>millington, nj 07946</td>
</tr>
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</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of facility where abatement is taking place (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>anthony russo</td>
</tr>
</tbody>
</table>

**Type of Facility (4)**

- [x] School (K - 12)
- [x] Other (Private/Commercial/Industrial, Homes, etc.)
- [x] Abatement

<table>
<thead>
<tr>
<th>Square Fee</th>
<th># of Floors</th>
<th>Bldg. Age</th>
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</thead>
<tbody>
<tr>
<td></td>
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**Current Use (Prior if being demolished)**

<table>
<thead>
<tr>
<th>Type of Work (check all that apply)</th>
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<tbody>
<tr>
<td>[x] Renovation</td>
</tr>
<tr>
<td>[x] Demolition</td>
</tr>
</tbody>
</table>

**Scope of Work (check all that apply)**

- [x] >3 sf or >3 If
- [x] ≥160 sf or ≥280 If

**Location of asbestos-containing material (ACM) to be abated in facility (13)**

<table>
<thead>
<tr>
<th>GARAGE</th>
<th>Description of asbestos-containing material (ACM)</th>
<th>Amount (Specif: SF or LF)</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>duct INSULATION</td>
<td>35 sq ft</td>
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**Registered Waste Hauler**

D & S RESTORATION, INC.  
20 California Ave.  
Paterson, NJ 07503  
Telephone Number: 973-345-8020  
License Number: 01169  
Name of Registered Landfill: TULLYTOWN, RESOURCES RECOVERY  
City, State: TULLYTOWN, PA  
Date: 12/23/2015

**Completed by (Print or Type)**

BOGDAN JOLDZIC  
Title: PRESIDENT  
Signature:  

**Notes:**

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>12/29/2015</th>
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<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Glenwood Apartments &amp; Country Club</td>
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<td>Agencies Notified</td>
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<tr>
<td>EPA</td>
<td>X</td>
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<td>DEP</td>
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<tr>
<td>Amendment #</td>
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<td>Emergency (including justification)</td>
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<td>Cancellation</td>
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<tr>
<td>Street Address</td>
<td>1 Cherry Hill Lane</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Old Bridge, NJ 08857</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Bernadette Poppel</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
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<tr>
<td>FACILITY INFORMATION</td>
<td></td>
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<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>Glenwood Apartment</td>
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<td>Street Address</td>
<td>22-28 Cottonwood Ln</td>
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<td>City (5)</td>
<td>Old Bridge, NJ</td>
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<tr>
<td>County (6)</td>
<td>Morris</td>
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<tr>
<td>County Code (7) (STATE USE ONLY)</td>
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</tr>
<tr>
<td>Square Feet</td>
<td>2,000</td>
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<tr>
<td># of Floors</td>
<td>2</td>
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<tr>
<td>Building Age</td>
<td>65+</td>
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<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>N/A</td>
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<tr>
<td>ASCM No.</td>
<td></td>
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<tr>
<td>Name of Abatement Contractor (9)</td>
<td>DIA General Construction, Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td>1390 Clifton Avenue, PMB Suite 218</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Clifton, NJ 07012</td>
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<tr>
<td>Project Manager for Monitoring Firm</td>
<td></td>
</tr>
<tr>
<td>Telephone No.</td>
<td>973-389-0089</td>
</tr>
<tr>
<td>License No.</td>
<td>0 693</td>
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<tr>
<td>Start Date (10)</td>
<td>01/14/2016</td>
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<td>Scheduled Completion Date (11)</td>
<td>01/19/2016</td>
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<tr>
<td>Occupancy Status During Abatement (Check Only One)</td>
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</tr>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
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</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
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<tr>
<td>Other – Describe:</td>
<td></td>
</tr>
<tr>
<td>Scope of Work (Check All That Apply)</td>
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<tr>
<td>≥ 3,000 sf or ≥ 3 if</td>
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<tr>
<td>≥ 1600 sf or ≥ 260 if</td>
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</tr>
<tr>
<td>Renovation</td>
<td>X</td>
</tr>
<tr>
<td>Demolition</td>
<td></td>
</tr>
<tr>
<td>Full Containment with Negative Pressure</td>
<td></td>
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<tr>
<td>Mini-Enclosure</td>
<td></td>
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<tr>
<td>Glovebag Procedure</td>
<td></td>
</tr>
<tr>
<td>Non-Exempted (*) and Other-Friable Procedure</td>
<td></td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) (13)</td>
<td></td>
</tr>
<tr>
<td>TO BE ABATED</td>
<td></td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>NUDEP Waste Hauler ID No. 20990</td>
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<tr>
<td>Service Transport Group</td>
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</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>10 CY</td>
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<tr>
<td>Name of Registered Landfill</td>
<td>Minerva Landfill</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>01/19/2016</td>
</tr>
<tr>
<td>City, State</td>
<td>Waynesburg, PA 15432</td>
</tr>
<tr>
<td>New Castle, DE</td>
<td></td>
</tr>
<tr>
<td>Completed by</td>
<td>Krutarth Jagad</td>
</tr>
<tr>
<td>Title</td>
<td>President</td>
</tr>
<tr>
<td>Signature</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>12/29/2015</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/17/15</td>
<td>Terminal Construction Corp.</td>
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<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
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<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended</td>
</tr>
<tr>
<td>DOL</td>
<td>Amendment #</td>
</tr>
<tr>
<td>DOH</td>
<td>Emergency (including justification)</td>
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<tr>
<td>DCA</td>
<td>Cancellation</td>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>Name of Contact</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>215 State Hwy, 17 South</td>
<td>Nicholas A. Dinello</td>
<td></td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annin Flag Property</td>
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</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>County Code (7)</th>
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<tbody>
<tr>
<td>151 Bloomfield Avenue</td>
<td>Essex</td>
</tr>
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<table>
<thead>
<tr>
<th>County Code (7)</th>
<th>Current Use (Prior if being demolished)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Essex</td>
<td>Commercial Property</td>
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<table>
<thead>
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<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
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<tbody>
<tr>
<td>N/A</td>
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</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stanmark Contractors, LLC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>27 Eadsall Drive</td>
<td>0 137</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
</tr>
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<tbody>
<tr>
<td>Sussex, NJ 07461</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>973-864-2022</td>
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<thead>
<tr>
<th>Start Date (10)</th>
<th>Completed Date (11)</th>
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<tr>
<td>01/04/16</td>
<td>01/24/16</td>
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<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check Only One)</th>
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<tbody>
<tr>
<td>X Facility Closed/Vacated During Entire Period of Abatement</td>
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<tr>
<td>X Abatement Performed Outside of Normal Facility Hours</td>
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<td>Other - Describe:</td>
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<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
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<tbody>
<tr>
<td>X 23 if or &gt;30 if</td>
</tr>
<tr>
<td>X &gt;160 sf or &gt;260 sf</td>
</tr>
<tr>
<td>X Renovation</td>
</tr>
<tr>
<td>X Demolition</td>
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<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) to be Abated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Building 1 throughout</td>
</tr>
<tr>
<td>No N/A</td>
</tr>
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<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
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<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
</tr>
</thead>
<tbody>
<tr>
<td>transite siding shingles</td>
</tr>
<tr>
<td>plaster</td>
</tr>
<tr>
<td>floor tiles</td>
</tr>
<tr>
<td>pipe insulation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Amc nent ( spe cify SP or F )</th>
</tr>
</thead>
<tbody>
<tr>
<td>2,000 S.F.</td>
</tr>
<tr>
<td>5,000 S.F.</td>
</tr>
<tr>
<td>325 f.</td>
</tr>
<tr>
<td>50 L.</td>
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<table>
<thead>
<tr>
<th>Abatement Type</th>
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<tbody>
<tr>
<td>Removal</td>
</tr>
<tr>
<td>Repair</td>
</tr>
<tr>
<td>Encapsulate</td>
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<tr>
<td>Enclosure</td>
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</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
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</thead>
<tbody>
<tr>
<td>Atlantic Carting</td>
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</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler ID No.</th>
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<tbody>
<tr>
<td>NJ/DEP Waste Hauler 190713</td>
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<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
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<tbody>
<tr>
<td>40</td>
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</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>G.R.O.W.S.</td>
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</table>

<table>
<thead>
<tr>
<th>City, State &amp; Zip Code</th>
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<tbody>
<tr>
<td>Wayne, NJ 07461</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Completed by</th>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marko Stankovic</td>
<td>President</td>
<td>Marko Stankovic</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Completion</th>
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</thead>
<tbody>
<tr>
<td>12/17/15</td>
</tr>
</tbody>
</table>

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

Date of Notification (1) 12 / 28 / 15

Name of Building Owner/Operator (2) David De Santis

Street Address 287 Gardner Road
City, State, Zip Code Ridgewood, NJ 07450

Name of Contact David De Santis

Facility Information

Type of Facility (4) Subchapter 8 (Other than K-12)

Square Feet # of Floors Bldg. Age

Current Use (Prior if being demolished)

Name of Facility Where Abatement is Taking Place (3)

Residential

Street Address 287 Gardner Road
City (5) Ridgewood, NJ 07450

County (6) Bergen

County Code (7) COUNTY USE ONLY

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No. ASCM No.

Name of Abatement Contractor (9) Gr Tech LLC

Project Manager for Monitoring Firm

Street Address 576 Valley Rd #283
City, State, Zip Code Wayne, NJ 07470

Telephone No. Telephone No.

Licenti No. 973-638-1777 01127

Name of OSHA Monitor

Envirovision Consultants, Inc

Occupy Status During Abatement (Check only one)

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

Time of Abatement: AM PM PM AM

Scope of Work (Check all that apply)

>3 sf or >3 If
>160 sf or >260 If
Renovation
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., normal systems insulation, surfacing, VAT, or other miscellaneous)

Amount (Specify SIF or LF)

Abatement Type

Clean up and decontamination with
Full Containment with Negative Pressure
Negative Pressure Mini-Enclosure
Glovebag Procedure
Tent with Negative Pressure Procedure

Crawl space

Duct insulation 80 SF

Name of Registered Waste Hauler

Gr Tech LLC

NDEP Waste Hauler ID No. 0033785

Cubic Yards of Waste TBD

Name of Registered Laboratory T.R.R.F. Inc

Disposal Date TBD

City, State Tullytown, PA

Completed By (Print or Type) N. Jovic

Title Owner

Signature

Date 12/28/2015

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

Date of Notification (1)
12/28/15

Name of Building Owner/Operator (2)
LOUIS CASTANO

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

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

Street Address
28 GAND AVE

City, State, Zip Code
CEDAR KNOLLS, NJ 07927

Name of Contact
MIKE MAROFF

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

Street Address
28 GRAND AVE

City (6)
CEDAR KNOLLS

County (5)
MORRIS

County Code (7)

(State Use Only)

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

Square Feet
2000SF

# of Floors
2

Bldg Age
1970

Current Use (Prior if being demolished)
RESIDENCE

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)
SPECIALTY TRADES CONTRACTING LLC

Street Address
3 CONTORINO WAY BLDG 2

City, State, Zip Code
CHESTER, NY 10918

Telephone No.
845-610-5277

Licence No.
01-002

Project Manager for Monitoring Firm

Name of OSHA Monitor
SPECIALTY TRADES CONTRACTING LLC

Street Address
3 CONTORINO WAY BLDG 2

City, State, Zip Code
CHESTER, NY 10918

Start Date (10)
1/9/16

Scheduled Completion Date (11)
1/10/16

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

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

Location of Asbestos-Containing Material (ACM)

TO BE ABATED

In Facility
(13)

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

Yes ☒ No ☐ N/A ☒

BASEMENT

X

VAT

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

Amount (Specify SF or lb)
234: F

Abatement Type
Removal ☑ Repair ☐ Encapsulate ☐

Endorsement

Name of Registered Waste Hauler
FREEHOLD CARTAGE

NJ DEP Waste
Hauler ID No. 18693

Cubic Yards of Waste

Name of Registered Landfill
TRRF

Disposal Date
1/10/16

City, State
FREEHOLD, NJ

Date
12/28/15

Completed by
MICHAEL R ADAMS

Title
MANAGING MEMBER

Signature

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

Date of Notification (1) 12/3/15

Name of Building Owner/Operator (2) Chance

Address Information

Street Address 115 South 12th Street
City, State, Zip Code Newark, NJ 07107

FACILITY INFORMATION

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

Street Address
115 South 12th Street
City (5) Newark, NJ 07107

County (6) Essex

Name of Monitoring Firm Hired by Building Owner (8)
MECS

ASCM No.

Name of Abatement Contractor (9)
Stevens Environmental Services, Inc.

Address Information

Street Address PO Box 341
City, State, Zip Code Crosswicks, NJ

Project Manager for Monitoring Firm
Bill Weiggarth

Telephone No. (609) 298-4070

Start Date (10) 12/14/15

Scheduled Completion Date (11) 3/31/16

Occupancy Status During Abatement (Check only one)

Scope of Work (Check all that apply)

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

IN Facility (13)

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

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

Amour (Specif SF or L)

Abatement Type

Location

Asbestos-Containing Material

Basement

Yes

No

N/A

X Boiler Insulation

20 sq ft

X Thermal Pipe Insulation

53 l

Name of Registered Waste Hauler
Stevens Environmental Services, Inc.

NJDEP Waste Hauler ID No. 18292

Cubic Yards of Waste 1 CU

Name of Registered Landfill GROW

City, State Allentown, NJ

Disposal Date 4/1/16

City, State, Zip Code Morrisville, PA

Completed By

Mahlon E. Stevens

Title Project Manager

Signature Date 12/29/15

* Do not use this form for asbestos licensure exempted-activities.
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:69 and 12:139)

**Name of Building Owner/Operator:** Springfield BOE  
**Street Address:** 138 Mount Ave.  
**City, State, Zip Code:** Springfield, NJ 07081  
**Name of Contact:** Bill Knorr

**Facility Information**
- **Type of Facility:** School (E-12), Subchapter 5 (Other than K-12)  
  - School: K-12  
  - Subchapter 5 (Other than K-12)
  - Other (i.e., private & commercial, etc.)

**Name of Facility Where Abatement is Taking Place:** Springfield High School  
**Street Address:** 138 Mountain Ave.

**City:** Springfield  
**County:** Burlington

**Name of Monitoring Firm Hired by Building Owner:** Enviro Vision Consultants, Inc.  
**ASDM No.:** 00079  
**Name of Abatement Contractor:** Lesco Services Inc.

**Project Manager for Monitoring Firm:** Guillermo Morales  
**Telephone No.:** 973-949-3525

**Start Date (10):** 12/10/15  
**Scheduled Completion Date (11):** 12/12/15

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

**Scopes of Work (Check All That Apply):**
- [ ] Reinforcement of Existing Structures
- [ ] Exterior Work
- [ ] Interior Work
- [ ] Roofing, Siding, or Gutters
- [ ] Exterior Insulation
- [ ] Demolition
- [ ] Renovation
- [ ] Full Containment with Negative Pressure
- [ ] Mini Enclosure
- [ ] Glovebox Procedure
- [ ] Non-Excreted (N) and Non-Transferable (T)

**Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility:**
- **Location Normally Used by Maintenance Staff?**
  - [ ] Yes
  - [ ] No
  - [ ] N/A
- **Description of Asbestos-Containing Material (ACM):**
  - (i.e., thermal system insulation, surfacing, VAC, or other miscellaneous)
- **Amount Specify (SF or LF):**

**Name of Registered Waste Hauler:** Newark Central Inc.  
**NJ/DEP Waste Hauler ID No.:** 06408  
**Cubic Yards of Waste:**

**Disposal Date:** 12/14/15  
**City, State:** Morrisville, PA

**Complied by:** Lesaw Nalodka  
**Title:** President  
**Signature:**

**FAX # 862-221-9207**  
*Do not use this form for asbestos licensure & sampled activities.*
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:25 and 12:120)

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
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<tbody>
<tr>
<td>Date of Notification (1)</td>
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<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Springfield BOE</td>
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<tr>
<td>Street Address</td>
<td>139 Mountain Ave.</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Springfield, NJ 07081</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Bill Knorr</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>973-949-5625</td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>Springfield High School</td>
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<tr>
<td>Street Address</td>
<td>139 Mountain Ave.</td>
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<tr>
<td>City</td>
<td>Springfield</td>
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<tr>
<td>County</td>
<td>Burlington</td>
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<tr>
<td>County Code (7)</td>
<td>00079</td>
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<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>Entros Vision Consultants Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td>20-10 Maple Ave.</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Fair Lawn, NJ 07410</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Guilermo Molasco</td>
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<tr>
<td>Telephone No.</td>
<td>973-949-5625</td>
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<tr>
<td>Start Date (10)</td>
<td>12/15/15</td>
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<td>Scheduled Completion Date (11)</td>
<td>12/15/15</td>
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<tr>
<td>Occupancy Status During Abatement (Check Only One)</td>
<td></td>
</tr>
<tr>
<td>Facility Closed/Abatement Performed Outside of Normal Facility Hours</td>
<td></td>
</tr>
<tr>
<td>Other – Describe:</td>
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</tr>
<tr>
<td>Scope of Work (Check All That Apply)</td>
<td></td>
</tr>
<tr>
<td>Asbestos-Containing Material (ACM) To Be Abated in Facility (13)</td>
<td></td>
</tr>
<tr>
<td>locker room</td>
<td>pipe insulation</td>
</tr>
<tr>
<td>Amount of ACM (Specify SF or LF)</td>
<td>500</td>
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<td>Name of Registered Waste Hauler</td>
<td>N.J. Waste Hauler ID No. 05408</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>GROW'S</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>12/17/15</td>
</tr>
<tr>
<td>City, State</td>
<td>Morrisville, PA</td>
</tr>
<tr>
<td>Completed by</td>
<td>Leslaw Nalodka</td>
</tr>
<tr>
<td>Title</td>
<td>President</td>
</tr>
<tr>
<td>Signature</td>
<td>[Signature]</td>
</tr>
</tbody>
</table>

**NOTICE TO DO NOT USE THIS FORM FOR ASBESTOS INSULATION ACTIMED ACTIVITIES.**
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>12/28/15</th>
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<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>TRANSCOR INC.</td>
</tr>
<tr>
<td>Street Address</td>
<td>4250 WISSAHICKON AVE</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>PHILADELPHIA, PA. 19149</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>HOWARD WEISS</td>
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<tr>
<td>FACILITY INFORMATION</td>
<td></td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>RESIDENCE</td>
</tr>
<tr>
<td>Street Address</td>
<td>3603 PACIFIC AVE</td>
</tr>
<tr>
<td>City (5)</td>
<td>LONGPORT</td>
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<tr>
<td>County (6)</td>
<td>ATLANTIC</td>
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<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>N/A</td>
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<tr>
<td>ASCN No.</td>
<td>KLEMCO INC.</td>
</tr>
<tr>
<td>Street Address</td>
<td>369 S. SPRUCE AVE</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>MAPLE SHADE, N J 08052</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td></td>
</tr>
<tr>
<td>Telephone No.</td>
<td>856-779-0472</td>
</tr>
<tr>
<td>License No.</td>
<td>0444</td>
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<td>Start Date (10)</td>
<td>1/7/16</td>
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<tr>
<td>Scheduled Completion Date (11)</td>
<td>1/14/16</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check only one)</td>
<td></td>
</tr>
<tr>
<td>☒ Facility Closed/Vacated During Entire Period of Abatement</td>
<td></td>
</tr>
<tr>
<td>☐ Abatement Performed Outside of Normal Facility Hours</td>
<td></td>
</tr>
<tr>
<td>☒ Other - Describe:</td>
<td></td>
</tr>
<tr>
<td>Scope of Work (Check all that apply)</td>
<td></td>
</tr>
<tr>
<td>☒ 23 sq. ft or 23 ft</td>
<td></td>
</tr>
<tr>
<td>☒ 2160 sq. ft or 2600 H</td>
<td></td>
</tr>
<tr>
<td>☒ Renovation</td>
<td></td>
</tr>
<tr>
<td>☒ Demolition</td>
<td></td>
</tr>
<tr>
<td>☐ Full Containment with Negative Pressure</td>
<td></td>
</tr>
<tr>
<td>☐ Negative Enclosure</td>
<td></td>
</tr>
<tr>
<td>☐ Glovebox Procedure</td>
<td></td>
</tr>
<tr>
<td>☐ Non-Exempted (*) and Non-Removal Procedure</td>
<td></td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</td>
<td></td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</td>
<td>Yes No N/A</td>
</tr>
<tr>
<td>☒ SIDING</td>
<td></td>
</tr>
<tr>
<td>☒ TRANSITE</td>
<td></td>
</tr>
<tr>
<td>☒ 3000 SF</td>
<td></td>
</tr>
<tr>
<td>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td></td>
</tr>
<tr>
<td>Ammt int (Spec qty SF O LF)</td>
<td></td>
</tr>
<tr>
<td>☒ Abatement Type</td>
<td></td>
</tr>
<tr>
<td>☒ Removal</td>
<td></td>
</tr>
<tr>
<td>☒ Encapsulate</td>
<td></td>
</tr>
<tr>
<td>☒ Endurese</td>
<td></td>
</tr>
<tr>
<td>☒ Disposal</td>
<td></td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>KLEMCO INC.</td>
</tr>
<tr>
<td>NJDEF Waste Hauler ID No.</td>
<td>17704</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td></td>
</tr>
<tr>
<td>Name of Registered Lien Title</td>
<td>A.C.U.A.</td>
</tr>
<tr>
<td>City, State</td>
<td>MAPLE SHADE, N J</td>
</tr>
<tr>
<td>Disposal Date</td>
<td></td>
</tr>
<tr>
<td>City, State</td>
<td>REHOBOTH BEACH, N J</td>
</tr>
<tr>
<td>Competed By</td>
<td>JOE KLEMM</td>
</tr>
<tr>
<td>Title</td>
<td>OWNER</td>
</tr>
<tr>
<td>Signature</td>
<td>J. KLEMM</td>
</tr>
<tr>
<td>Date</td>
<td>12-28-15</td>
</tr>
</tbody>
</table>

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

Date of Notification (1) 12-28-15

Name of Building/Owner/Operator (2) TRANSFORMATION ENTERPRISES

Agencies Notified
- EPA
- DEP
- DOL
- DOH
- DCA

Type Notification
- Initial
- Amended
- Emergency (including justification)
- Cancellation

Street Address
- 401 W. CLEMENS ROAD
- EGG HARBOR TOWNSHIP, NJ 08234

Phone Number

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

Street Address
121/23 SACRAMENTO AVE

City (4)
VENTNOR

County (6)
ATLANTIC

Name of Monitoring Firm Hired by Building Owner

Name of Abatement Contractor (9)

ASCM No.

Street Address
369 S. SPRUCE AVE

City, State, Zip Code
MAYFAIR, PA 19066

Telephone No.
954-779-6072

License No.
DC04-44

Name of OSHA Monitor

Occupancy Status During Abatement
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours

Scope of Work (Check all that apply)
- 23 sf or 23 ft
- 2160 sf or 2260 sf

Abatement Type
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Min-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Removable Procedure

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

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

IN Facility

Location Normally Used Solely by Maintenance/ Custodial Staff?

Yes No N/A

Name of Registered Waste Hauler

Name of Registered Landfill

Disposal Date

Completed By

Title

Signature

* 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)
12/28/15

Name of Building Owner/Operator (2)
Scott Nevins Private Home

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

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

Street Address
131 S Captain Dr

City, State, Zip Code
Little Egg Harbor NJ 08087

Name of Contact
Scott

FACILITY INFORMATION

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

Square Feet
1000+

# of Flrs
1

Bldg. Age
35+

County Code (7)
(State Use Only)

Current Use (Prior if being House
Abandoned)

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

Street Address
131 S Captain Dr

City, State, Zip Code
Little Egg Harbor NJ 08087

County Name
Ocean

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

ASCM No.

Name of Abatement Contractor (9)
Pernaco Inc.

Street Address
PO Box 329

City, State, Zip Code
West Berlin NJ 08091

Project Manager for Monitoring Firm

Telephone No.
856-753-9800

Name of OSHA Monitor
Same

Scheduled Completion Date (11)
12/31/15

Start Date (10)
12/29/15

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

Scope of Work (Check All That Apply)
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

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

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

No
NIA

Yes

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

Amount
(Specify SF or LF)

Abatement Type
Removal
Repair
Encapsulation
Enclosure

Exterior Siding
1000SF
x

Floor Tile
400SF
x

Exterior Siding

living room area

Yes

No

NIA

Name of Registered Waste Hauler
United Containers

NJDEP Waste Hauler ID No.
22459

Cubic Yards of Waste
3

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

Disposal Date
12/31/15

City, State
Morrisville PA 19067

Completed by
Anthony T Perna

Title
President

Signature

Date
12/28/15

* Do not use this form for asbestos licensure exempted activities.
Date of Notification (1)
12/21/15

Agencies Notified
- EPA
- DEP
- DOL
- DOH
- DCA

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

Name of Building Owner/Operator (2)
CED Property

Name of Contact
Frank

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

Square Ft
900

Blg. Age
50+

County Code (7)
Ocean

Current Use (Prior if being demolished)
Residence

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

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

Street Address
85 Montrose Rd

City, State, Zip Code
Colts Neck, New Jersey 07 22

Start Date (10)
12/22/15

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

Scope of Work (Check All That Apply)
- 
- Renovation
- 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
900 sf

Abatement Type

Location: Outside

Name of Registered Waste Hauler
Ace Insulation Co., Inc

Disposal Date
12/24/15

City, State
Colts Neck, New Jersey

Complied by
Bree McGuire

Title
Secretary Treasurer

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

2015 DEC 31
AM 8:45

RECEIVED

ASB-41 (R-08-08)

* Do not use this term for asbestos licensed exempted activities.