

*\* Amended*  
*Addendum Material*

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

*New York*  
*3887*

| Date of Notification (1)<br>1/6/14   |  | Name of Building Owner/Operator (2)<br>National Guard Armory  |   |   |                           |                |        |             |
|--|--|---|---|---|---------------------------|----------------|--------|-------------|
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA   | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br>Amendment # <u>1</u><br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |   | Street Address<br>1048 Route 206 South  |   |                           |                |        |             |
|  |  |   | City, State, Zip Code<br>Bordentown, NJ 08505   |   |                           |                |        |             |
|  |  |   | Name of Contact<br>Tom  |   |                           |                |        |             |
| Name of Facility Where Abatement is Taking Place (3)<br>National Guard Armory  |  |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input checked="" type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |   |                           |                |        |             |
| Street Address<br>1048 Route 206 South   |  | Square Feet<br>1000+  | # of Floors<br>1  |   |                           |                |        |             |
| City (5)<br>Bordentown, NJ 08505   |  | Bldg. Age<br>35+  |   |   |                           |                |        |             |
| County (6)<br>Burlington   | County Code (7)<br>(STATE USE ONLY)  | Current Use (Prior if being demolished)   |   |   |                           |                |        |             |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Whitman   |  | ASCM No.<br>00110   | Name of Abatement Contractor (9)<br>Pernaco Inc.  |   |                           |                |        |             |
| Street Address<br>7 Pleasant Hill Rd   |  | Street Address<br>PO Box 329  |   |   |                           |                |        |             |
| City, State, Zip Code<br>Cranbury NJ 08512   |  | City, State, Zip Code<br>West Berlin NJ 08091   |   |   |                           |                |        |             |
| Project Manager for Monitoring Firm<br>Kevin Lovely  |  | Telephone No.<br>732-390-5858   | Telephone No.<br>856-753-9800   |   |                           |                |        |             |
| Start Date (10)<br>1/20/14   |  | Scheduled Completion Date (11)<br>2/7/14 <i>2/8/14</i>  | License No.<br>00727  |   |                           |                |        |             |
| Occupancy Status During Abatement (Check Only One)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br>Other - Describe: <u>Limited Occupancy</u> |  | Name of OSHA Monitor<br>Same  |   |   |                           |                |        |             |
| Scope of Work (Check All That Apply)<br><input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf  |  | Street Address<br><br>City, State, Zip Code   |   |   |                           |                |        |             |
| <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition  |  | <input checked="" type="checkbox"/> Wet wrap and cut<br><input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |   |   |                           |                |        |             |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)   | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)  |   |   | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |        |             |
|  | Yes  | No  | N/A   |   |                           | Removal        | Repair | Encapsulate |
| Drill Floor BP3  |  |   | X   | Pipe insulation   | 300 LF                    | X              |        |             |
| BP1, 2,3,&4  |  |   | X   | Fire doors  | 8 Doors                   | X              |        |             |
| Kitchen, Dining Room offices & <i>Exterior soffits</i>   |  |   | X   | Pipe Insulation   | 700 LF                    | X              |        |             |
| Name of Registered Waste Hauler<br>Freehold Cartage Inc.   |  | NJDEP Waste Hauler ID No.<br>s2265  | Cubic Yards of Waste<br>30  | Name of Registered Landfill<br>G.R.O.W.S.   |                           |                |        |             |
| City, State<br>Freehold NJ   |  | Disposal Date<br>TBD  | City, State<br>Morrisville PA 19067   |   |                           |                |        |             |
| Completed by<br>Anthony T Perna  |  | Title<br>President  | Signature<br><i>[Signature]</i>   |   | Date<br>1/6/14            |                |        |             |

\* Do not use this form for asbestos licensure exempted ac



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

*CKY 6/14/14*

|   |   |   |  |   |
|---|---|---|--|---|
| Date of Notice 1/27/14<br>Type Notification   |   | Name of Building Owner / Operator (2)<br><b>David Johnson</b>   |  |   |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA   | <input checked="" type="checkbox"/> Emergency Notification<br><input type="checkbox"/> Initial Notification<br><input type="checkbox"/> Amended Notification<br><input type="checkbox"/> Cancellation | Street Address<br><b>57 Claybourne Avenue</b>   |  |   |
|   |   | City, State & Zip Code<br><b>Iselin, NJ 08830</b>   |  |   |
|   |   | Name of Contact<br><b>David Claybourne</b>  |  |   |
|   |   | Telephone Number  |  |   |
| <b>FACILITY INFORMATION</b>   |   |   |  |   |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Residence</b><br><br><b>57 Clayborne Ave</b>   |   |   | Type of Facility (4)<br>School (K-12)<br>Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) |   |
| City (5)<br><b>Iselin</b>   |   |   | County (6)<br><b>Middlesex</b>   | County Code (7)   |
| Name of Monitoring Firm Hired by Building Owner (8)   |   |   | ASCM No.   | Name of Abatement Contractor (9)<br><b>Global Abatement Services, LLC</b> |
| Street Address  |   |   | Street Address<br><b>443 Schoolhouse Road</b>  |   |
| City, State & Zip Code  |   |   | City, State & Zip Code<br><b>Monroe Township, NJ 08831</b>   |   |
| Project Manager for Monitoring Firm   |   | Telephone Number  |  | Telephone Number<br><b>732-605-9062</b>                                   |
| License Number<br><b>00714</b>  |   | Name of OSHA Monitor<br><b>Global Abatement Services, LLC</b>   |  |   |
| Scheduled Start Date (10)<br><b>1/28/14</b>   | Scheduled Completion Date (11)<br><b>1/28/14</b>  |   | Street Address<br><b>443 Schoolhouse Road</b>  |   |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br>Abatement Performed Outside of Normal Facility Hours -<br>Describe: <b>Area Isolated During Abatement</b><br>Other - Describe: |   |   | City, State & Zip Code<br><b>Monroe Township, NJ 08831</b>   |   |
| Scope of Work (Check all that apply)  |   |   |  |   |
| Demolition  |   | <input checked="" type="checkbox"/> Renovation  |  | Full Containment with Negative Pressure                                   |
| Large Project   |   |   |  | Mini-Enclosure  |
| <input checked="" type="checkbox"/> Quantity is $\geq 3$ SF or $\geq 3$ LF ACM  |   |   |  | <input checked="" type="checkbox"/> Glovebag Procedure                    |
| Quantity is $\geq 160$ SF or $\geq 260$ LF ACM  |   |   |  | Other: Non-friable  |
| 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 Square Feet or Linear Feet)  | Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)     |
| <b>Basement</b>   | <b>N/A</b>  | <b>TSI Pipe</b>   | <b>20 LF</b>   | <b>Removal</b>  |
| Name of Registered Waste Hauler<br><b>Freehold Cartage</b>  |   | NJDEP Waste Hauler ID #<br><b>18693</b>   | Cu. Yds. of Waste<br><b>3</b>  | Name of Registered Landfill<br><b>TRRF</b>                                |
| City, State<br><b>Freehold, NJ</b>  |   | Disposal Date<br><b>1/29/14</b>   |  | City, State<br><b>Tullytown, Pa</b>                                       |
| Completed By (Print or Type)<br><b>Dominick Tringali</b>  |   | Title<br><b>Project Manager</b>   | Signature<br><i>Dominick Tringali</i>  |   |
|   |   |   |  | Date<br><b>1/27/14</b>  |

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

|   |  |  |  |                  |  |
|---|--|--|--|------------------|--|
| Date of Notification (1)<br>1/23/14   |  | Name of Building Owner/Operator (2)<br>Jimmy Rizzo |  | FEB 3 2014       |  |
| Agencies Notified<br><br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br>395 Ferona Way                   |  |                  |  |
|   |  | City, State, Zip Code<br>Rutherford, NJ 07070      |  |                  |  |
|   |  | Name of Contact<br>Jimmy Rizzo                     |  | Telephone Number |  |

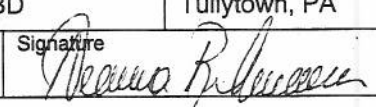
**FACILITY INFORMATION**

|  |   |   |   |                       |  |
|--|---|---|---|-----------------------|--|
| Name of Facility Where Abatement is Taking Place (3)<br>House  |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |   |                       |  |
| Street Address<br>190 Park Avenue  |   | Square Feet<br>N/A  | # of Floors<br>N/A                                      | Bldg. Age<br>N/A      |  |
| City (5)<br>Rutherford   | County (6)<br>Bergen                      | County Code (7)<br>(STATE USE ONLY) _____   | Current Use (Prior if being demolished)<br>House        |                       |  |
| Name of Monitoring Firm Hired by Building Owner (8)<br>N/A   |   | ASCM No.  | Name of Abatement Contractor (9)<br>D&S Abatement, Inc. |                       |  |
| Street Address   |   | Street Address<br>11 Rosengren Avenue   |   |                       |  |
| City, State, Zip Code  |   | City, State, Zip Code<br>Totowa, NJ 07512   |   |                       |  |
| Project Manager for Monitoring Firm  |   | Telephone No.   | Telephone No.<br>973-345-8685                           | License No.<br>#00675 |  |
| Start Date (10)<br>2/12/14   | Scheduled Completion Date (11)<br>2/13/14 |   | Name of OSHA Monitor<br>D&S Abatement, inc.             |                       |  |
| Occupancy Status During Abatement (Check Only One)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other - Describe: <u>Occupied</u> |   |   | Street Address<br>11 Rosengren Avenue                   |                       |  |
|  |   |   | City, State, Zip Code<br>Totowa, NJ 07512               |                       |  |

Scope of Work (Check All That Apply)

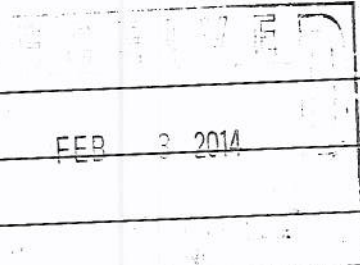
|  |                                     |   |
|--|-------------------------------------|---|
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf | <input type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure    |
| <input type="checkbox"/> ≥160 sf or ≥260 lf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

| Location of Asbestos-Containing Material (ACM) <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   | 117 LF                    | X              |        |             |           |
|   |   |    |     |   |                           |                |        |             |           |
|   |   |    |     |   |                           |                |        |             |           |

|  |                          |   |                              |   |  |
|--|--------------------------|---|------------------------------|---|--|
| Name of Registered Waste Hauler<br>D&S Abatement, Inc. |                          | NJDEP Waste Hauler ID No.<br>#20996   | Cubic Yards of Waste<br>TBD  | Name of Registered Landfill<br>Waste Management of PA |  |
| City, State<br>Totowa, NJ                              |                          | Disposal Date<br>TBD  | City, State<br>Tullytown, PA |   |  |
| Completed by<br>Deanna Brkusanin                       | Title<br>Project Manager | Signature<br> | Date<br>1/23/14              |   |  |



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



|   |  |  |  |
|---|--|--|--|
| Date of Notification (1)<br>1/23/14   |  | Name of Building Owner/Operator (2)<br>Krys Vanier |  |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br>157 North Road                   |  |
|   |  | City, State, Zip Code<br>Nutley, NJ 07110          |  |
|   |  | Name of Contact<br>Krys Vanier                     |  |
|   |  | Telephone Number                                   |  |

**FACILITY INFORMATION**

|  |   |   |   |
|--|---|---|---|
| Name of Facility Where Abatement is Taking Place (3)<br>House  |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |   |
| Street Address<br>157 North Road   |   | Square Feet<br>N/A  | # of Floors<br>N/A                                      |
| City (5)<br>Nutley   |   | Bldg. Age<br>N/A  |   |
| County (6)<br>Essex  | County Code (7)<br>(STATE USE ONLY)       | Current Use (Prior if being demolished)<br>House  |   |
| Name of Monitoring Firm Hired by Building Owner (8)<br>N/A   |   | ASCM No.  | Name of Abatement Contractor (9)<br>D&S Abatement, Inc. |
| Street Address   |   | Street Address<br>11 Rosengren Avenue   |   |
| City, State, Zip Code  |   | City, State, Zip Code<br>Totowa, NJ 07512   |   |
| Project Manager for Monitoring Firm  |   | Telephone No.<br>973-345-8685   | License No.<br>#00675                                   |
| Start Date (10)<br>2/07/14   | Scheduled Completion Date (11)<br>2/08/14 | Name of OSHA Monitor<br>D&S Abatement, inc.   |   |
| Occupancy Status During Abatement (Check Only One)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other - Describe: <u>Occupied</u> |   | Street Address<br>11 Rosengren Avenue   |   |
|  |   | City, State, Zip Code<br>Totowa, NJ 07512   |   |

Scope of Work (Check All That Apply)

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

| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |    |     | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |        |             |           |
|--|---|----|-----|---|---------------------------|----------------|--------|-------------|-----------|
|  | Yes   | No | N/A |   |                           | Removal        | Repair | Encapsulate | Enclosure |
| basement   |   | X  |     | pipe insulation   | 10 LF                     | X              |        |             |           |
|  |   |    |     |   |                           |                |        |             |           |
|  |   |    |     |   |                           |                |        |             |           |

|  |  |                                     |                              |   |  |
|--|--|-------------------------------------|------------------------------|---|--|
| Name of Registered Waste Hauler<br>D&S Abatement, Inc. |  | NJDEP Waste Hauler ID No.<br>#20996 | Cubic Yards of Waste<br>TBD  | Name of Registered Landfill<br>Waste Management of PA |  |
| City, State<br>Totowa, NJ                              |  | Disposal Date<br>TBD                | City, State<br>Tullytown, PA |   |  |
| Completed by<br>Deanna Brkusanin                       |  | Title<br>Project Manager            | Signature<br>                | Date<br>1/23/14                                       |  |



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

|   |  |  |  |
|---|--|--|--|
| Date of Notification (1)<br>1/23/14   |  | Name of Building Owner/Operator (2)<br>Marilyn Nuber |  |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br>36 South Hillside Place            |  |
|   |  | City, State, Zip Code<br>Ridgewood, NJ 07450         |  |
|   |  | Name of Contact<br>Marilyn Nuber                     |  |
|   |  | Telephone Number                                     |  |

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|  |  |   |   |   |                       |
|--|--|---|---|---|-----------------------|
| Name of Facility Where Abatement is Taking Place (3)<br>House  |  |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |   |                       |
| Street Address<br>36 South Hillside Place  |  |   | Square Feet<br>N/A  | # of Floors<br>N/A                                      | Bldg. Age<br>N/A      |
| City (5)<br>Ridgewood  |  |   | Current Use (Prior if being demolished)<br>House  |   |                       |
| County (6)<br>Bergen   |  | County Code (7)<br>(STATE USE ONLY)       |   | Name of Abatement Contractor (9)<br>D&S Abatement, Inc. |                       |
| Name of Monitoring Firm Hired by Building Owner (8)<br>N/A   |  |   | ASCM No.  |   |                       |
| Street Address   |  |   | Street Address<br>11 Rosengren Avenue   |   |                       |
| City, State, Zip Code  |  |   | City, State, Zip Code<br>Totowa, NJ 07512   |   |                       |
| Project Manager for Monitoring Firm  |  | Telephone No.                             |   | Telephone No.<br>973-345-8685                           | License No.<br>#00675 |
| Start Date (10)<br>2/05/14   |  | Scheduled Completion Date (11)<br>2/06/14 |   | Name of OSHA Monitor<br>D&S Abatement, inc.             |                       |
| Occupancy Status During Abatement (Check Only One)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other - Describe: <u>Occupied</u> |  |   | Street Address<br>11 Rosengren Avenue   |   |                       |
|  |  |   | City, State, Zip Code<br>Totowa, NJ 07512   |   |                       |

Scope of Work (Check All That Apply)

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

| Location of Asbestos-Containing Material (ACM) <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   | 110 LF                    | X              |        |             |           |
|   |   |    |     |   |                           |                |        |             |           |
|   |   |    |     |   |                           |                |        |             |           |

|  |  |                                     |                             |   |                 |
|--|--|-------------------------------------|-----------------------------|---|-----------------|
| Name of Registered Waste Hauler<br>D&S Abatement, Inc. |  | NJDEP Waste Hauler ID No.<br>#20996 | Cubic Yards of Waste<br>TBD | Name of Registered Landfill<br>Waste Management of PA |                 |
| City, State<br>Totowa, NJ                              |  | Disposal Date<br>TBD                |                             | City, State<br>Tullytown, PA                          |                 |
| Completed by<br>Deanna Brkusnin                        |  | Title<br>Project Manager            | Signature<br>               |   | Date<br>1/23/14 |

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

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

|  |  |  |   |  |                       |                 |        |             |
|--|--|--|---|--|-----------------------|-----------------|--------|-------------|
| Date of Notification (1)<br>1/23/14  |  | Name of Building Owner/Operator (2)<br>Marc Adler                          |   | FEB 3 2014   |                       |                 |        |             |
| Agencies Notified<br><br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA  | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |  | Street Address<br>15 Bodwell Terrace  |  | Telephone Number      |                 |        |             |
|  |  |  | City, State, Zip Code<br>Millburn, NJ 07041   |  |                       |                 |        |             |
|  |  |  | Name of Contact<br>Marc Adler   |  |                       |                 |        |             |
| <b>FACILITY INFORMATION</b>  |  |  |   |  |                       |                 |        |             |
| Name of Facility Where Abatement is Taking Place (3)<br>House  |  |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |  |                       |                 |        |             |
| Street Address<br>15 Bodwell Terrace   |  |  | Square Feet<br>N/A  | # of Floors<br>N/A   | Bldg. Age<br>N/A      |                 |        |             |
| City (5)<br>Millburn   |  |  | Current Use (Prior if being demolished)<br>House  |  |                       |                 |        |             |
| County (6)<br>Essex  |  | County Code (7)<br>(STATE USE ONLY) _____                                  |   |  |                       |                 |        |             |
| Name of Monitoring Firm Hired by Building Owner (8)<br>N/A   |  | ASCM No.   | Name of Abatement Contractor (9)<br>D&S Abatement, Inc.   |  |                       |                 |        |             |
| Street Address   |  | Street Address<br>11 Rosengren Avenue                                      |   |  |                       |                 |        |             |
| City, State, Zip Code  |  | City, State, Zip Code<br>Totowa, NJ 07512                                  |   |  |                       |                 |        |             |
| Project Manager for Monitoring Firm  |  | Telephone No.  |   | Telephone No.<br>973-345-8685  | License No.<br>#00675 |                 |        |             |
| Start Date (10)<br>2/11/14   |  | Scheduled Completion Date (11)<br>2/12/14                                  |   | Name of OSHA Monitor<br>D&S Abatement, inc.  |                       |                 |        |             |
| Occupancy Status During Abatement (Check Only One)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other - Describe: <u>Occupied</u> |  |  | Street Address<br>11 Rosengren Avenue   |  |                       |                 |        |             |
|  |  |  | City, State, Zip Code<br>Totowa, NJ 07512   |  |                       |                 |        |             |
| Scope of Work (Check All That Apply)   |  |  |   |  |                       |                 |        |             |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf<br><input type="checkbox"/> ≥160 sf or ≥260 lf  |  | <input type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition |   | <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                       |                 |        |             |
| Location of Asbestos-Containing Material (ACM) In Facility (13)<br><u>TO BE ABATED</u>   | 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   |  | X  | pipe insulation   | 210 LF   | X                     |                 |        |             |
|  |  |  |   |  |                       |                 |        |             |
| Name of Registered Waste Hauler<br>D&S Abatement, Inc.   |  | NJDEP Waste Hauler ID No.<br>#20996  | Cubic Yards of Waste<br>TBD   | Name of Registered Landfill<br>Waste Management of PA  |                       |                 |        |             |
| City, State<br>Totowa, NJ  |  | Disposal Date<br>TBD   | City, State<br>Tullytown, PA  |  |                       |                 |        |             |
| Completed by<br>Deanna Brkusani  |  | Title<br>Project Manager   |   | Signature<br><i>Deanna Brkusani</i>  |                       | Date<br>1/23/14 |        |             |

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



Date of Notification (1)  
01 / 28 / 14

Name of Building Owner/Operator (2)  
Mike Boudreau

Street Address  
262 South Irving Street  
City, State, Zip Code  
Ridgewood, NJ 07450

Telephone Number  
FEB 3 2014

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

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

Name of Contact  
Mike Boudreau

FACILITY INFORMATION

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

Street Address  
262 South Irving Street  
City (5)  
Ridgewood, NJ 07450

County (6)  
Bergen

County Code (7) (STATE USE ONLY)

Type of Facility (4)  
 School (K-12)  
 Subchapter 8 (Other than K-1 2)  
 Other (i.e., private and commercial buildings, homes, etc.)

Square Feet # of Floors Bldg. Age

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)  
Name of Abatement Contractor (9)  
Gr Tech LLC

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

Telephone No. License No.  
973-638-1777 01127

Project Manager for Monitoring Firm Telephone No.

Start Date (10) Scheduled Completion Date (11)  
02 / 06 / 14 02 / 07 / 14

Name of OSHA Monitor  
Envirovision Consultants, Inc

Street Address  
20-21 Wagaraw Road, Bldg. # 34A  
City, State, Zip Code  
Fair Lawn, NJ 07410

Occupancy Status During Abatement (Check only one)  
 Facility Closed/Vacated During Entire Period of Abatement  
 Abatement Performed Outside of Normal Facility Hours - Describe  
 Time of Abatement: \_\_\_ AM- \_\_\_ PM/ \_\_\_ PM- \_\_\_ AM

Scope of Work (Check all that apply)

>3 sf or >3 lf  
 > 160 sf or >260 lf

Renovation  
 Demolition

Clean up and decontamination with negative pressure  
 Full Containment with Negative Pressure  
 Mini-Enclosure  
 Glovebag Procedure  
 Tent with Negative Pressure  
 Non-Exempted (\*) and Non-Friable Procedure

| Location of Asbestos-Containing Material (ACM)<br>TO BE ABATED<br>IN Facility<br>(13) | Is Location Normally Used Solely by Maintenance/Custodial Staff?<br>(12) |                          |                                     | Description of Asbestos Containing Material (ACM)<br>(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SIF or LF) | Abatement Type                      |                          |                          |                          |
|---|--|--------------------------|-------------------------------------|---|----------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
|   | Yes  | No                       | N/A                                 |   |                            | Removal                             | Repair                   | Encapsulate              | Enclosure                |
| Basement  | <input type="checkbox"/>   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Pipe insulation   | 220 LF                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>            |   |                            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>            |   |                            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>            |   |                            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Name of Registered Waste Hauler  
Gr Tech LLC

City, State  
Wayne, NJ 07470

Completed By (Print or Type)  
N.Jevtic

Title  
Owner

NJDEP Waste Hauler ID No.  
0033785

Cubic Yards of Waste  
TBD

Disposal Date  
TBD

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

City, State  
Tullytown, PA

Signature  
*Robert Jevtic*

Date  
01/28/2014

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



EMERGENCY  
REQUEST FOR WAIVER

State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 17:28 and 17:29)

APPROVED  
NJ Dept. of Health & Senior Services  
*[Signature]*  
(signature)  
Date: 1/28/14 Time: 4:01P

|  |   |   |   |
|--|---|---|---|
| Date of Notification (4)<br>1-28-2014  |   | Name of Building Owner/Operator (2)<br>G. ANTHONY S. DRIMONES |   |
| Agency Method<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DCJ<br><input type="checkbox"/> DCH<br><input type="checkbox"/> DCA | Type of Building<br><input type="checkbox"/> Office<br><input type="checkbox"/> Assembly<br><input type="checkbox"/> Assembly<br><input checked="" type="checkbox"/> Emergency (detached<br>justification)<br><input type="checkbox"/> Commercial | Street Address<br>8712 2ND AVENUE                             | City, State, Zip Code<br>NORTH BERGEN, NJ 07047 |
|  |   | Name of Contact<br>C. PRISENDORF                              | Telephone Number                                |

|  |  |  |   |
|--|--|--|---|
| Name of Facility where Abatement is Taking Place (3)<br>G. ANTHONY S. DRIMONES |  | Type of Facility (3)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Childcare & Other Care K-12<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings,<br>tennis, etc.) |   |
| Street Address<br>8712 2ND AVENUE  |  | Square Feet<br>3500  | # of Floors<br>3                                    |
| City (3)<br>NORTH BERGEN   |  | State<br>NJ  | Est. Age<br>85 YRS                                  |
| County (3)<br>HUDSON   |  | County Code (3) (STATE USE ONLY)   | Current Use (For Facility Description)<br>RESIDENCE |

|  |               |  |                      |
|--|---------------|--|----------------------|
| Name of Monitoring Firm Used by Building Owner (4) | ASCM No.      | Name of Abatement Contractor (3)<br>Best Removal Inc |                      |
| Street Address                                     |               | Street Address<br>450 S. River St                    |                      |
| City, State, Zip Code                              |               | City, State, Zip Code<br>Hackensack, N.J. 07601      |                      |
| Project Manager for Monitoring Firm                | Telephone No. | Telephone No.<br>201-329-7444                        | License No.<br>00388 |

|  |  |   |
|--|--|---|
| Start Date (3)<br>1-30-2014  | Schedule Completion Date (10)<br>1-31-2014 | Name of OSHA Monitor<br>Omega Environmental Inc       |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Abandoned During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Occupied Facility Areas<br><input checked="" type="checkbox"/> Occupied - Duration 8 AM - 5 PM |  | Street Address<br>280 Huyler St                       |
|  |  | City, State, Zip Code<br>South Hackensack, N.J. 07606 |

29 CFR 1910.101  
 29 CFR 1910.102  
 29 CFR 1910.103  
 29 CFR 1910.104  
 29 CFR 1910.105  
 29 CFR 1910.106  
 29 CFR 1910.107  
 29 CFR 1910.108  
 29 CFR 1910.109  
 29 CFR 1910.110  
 29 CFR 1910.111  
 29 CFR 1910.112  
 29 CFR 1910.113  
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 29 CFR 1910.176  
 29 CFR 1910.177  
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 29 CFR 1910.195  
 29 CFR 1910.196  
 29 CFR 1910.197  
 29 CFR 1910.198  
 29 CFR 1910.199  
 29 CFR 1910.200

| Location of Asbestos Containing Material (ACM) (1) | Is Location Regularly Used Daily by Maintenance Staff? (2) | Description of Asbestos Containing Material (ACM) (i.e. Thermal/pipe Insulation, Spalling, V.L. or other circumstances) | Amount (Square Feet) | Abatement To |               |          |
|--|--|---|----------------------|--------------|---------------|----------|
|  |  |   |                      | Removal      | Encapsulation | Building |
| BASEMENT   |  | X THERMAL INSULATION  | 95 SF X              |              |               |          |
| BASEMENT   |  | X THERMAL INSULATION  | 25 SF X              |              |               |          |

|  |                                    |                                |  |
|--|------------------------------------|--------------------------------|--|
| Name of Registered Waste Handler<br>Best Removal Inc | ASCM Waste Handler ID No.<br>17109 | Check Year of Waste<br>11/2 YD | Name of Registered Landfill<br>Minerva Enterprises |
| City, State<br>Hackensack, N.J. 07601                | Registration Date<br>1-31-14       | City, State<br>Waynesburg, Oh  |  |
| Submitted by<br>R. VELDORAN                          | Estimator                          | Signature<br>R. Veldran        | Date<br>1-28-2014                                  |

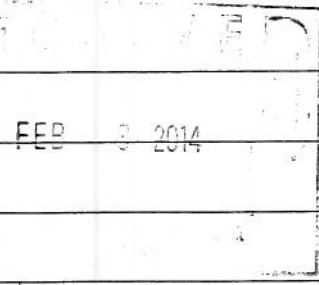
\* Do not use this form for asbestos removal projects except as noted.



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

| Date of Notification ( <u>1/27/14</u> )  |  | Name of Building Owner/Operator (2)<br><b>City of Patterson</b> |  | <i>Feb 2 2014</i>   |   |                   |        |             |           |
|--|--|---|--|---|---|-------------------|--------|-------------|-----------|
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br>DCA  | Type Notification<br><input checked="" type="checkbox"/> Initial<br>Amended<br>Amendment # _____<br>Emergency (including<br>justification)<br>Cancellation |   | Street Address<br>155 Market St.   |   |   |                   |        |             |           |
|  |  |   | City, State, Zip Code<br><b>Patterson, N.J. 07505</b>  |   |   |                   |        |             |           |
|  |  |   | Name of Contact  | Kathleen Easton   | Telephone Number                                |                   |        |             |           |
| <b>FACILITY INFORMATION</b>  |  |   |  |   |   |                   |        |             |           |
| name of Facility Where Abatement is Taking Place (3)<br>residence  |  |   | Type of Facility (4)<br>School (K-12)<br>Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes,<br>etc.) |   |   |                   |        |             |           |
| Street Address<br><b>128 North main St.</b>  |  |   | Square Feet<br><b>2000</b>   | # of Floors<br><b>3.5</b>   | Bldg. Age<br><b>100 +</b>                       |                   |        |             |           |
| City (5)<br><b>Patterson</b>   |  | County Code (7)<br>(STATE USE ONLY) _____                       |  | Current Use (Prior if being demolished)<br>residence  |   |                   |        |             |           |
| County (6)<br><b>Passaic</b>   |  | County Code (7)<br>(STATE USE ONLY) _____                       |  | Current Use (Prior if being demolished)<br>residence  |   |                   |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>N/A   |  | ASCM No.  |  | Name of Abatement Contractor (9)<br><b>Tricon Enterprises Inc</b>   |   |                   |        |             |           |
| Street Address   |  | Street Address<br><b>322 Beers St</b>                           |  |   |   |                   |        |             |           |
| City, State, Zip Code  |  | City, State, Zip Code<br><b>Keyport N.J. 07735</b>              |  |   |   |                   |        |             |           |
| Project Manager for Monitoring Firm  |  | Telephone No.   |  | Telephone No.<br><b>732-739-1200</b>  | License No.<br><b>01095</b>                     |                   |        |             |           |
| Start Date (10)<br><b>1/29/14</b>  |  | Scheduled Completion Date (11)<br><b>2/5/14</b>                 |  | Name of OSHA Monitor<br><b>n/a</b>  |   |                   |        |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br>Abatement Performed Outside of Normal Facility Hours<br>Other - Describe: _____ |  |   | Street Address   |   |   |                   |        |             |           |
|  |  |   | City, State, Zip Code  |   |   |                   |        |             |           |
| Scope of Work (Check All That Apply)   |  |   |  |   |   |                   |        |             |           |
| <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf  |  | <input type="checkbox"/> Renovation                             |  | <input type="checkbox"/> Containment with Negative Pressure   |   |                   |        |             |           |
| <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf   |  | <input checked="" type="checkbox"/> Demolition                  |  | <input type="checkbox"/> Mini-Enclosure   |   |                   |        |             |           |
|  |  |   |  | <input type="checkbox"/> Glovebag Procedure   |   |                   |        |             |           |
|  |  |   |  | <input type="checkbox"/> Non-Exempted () and Non-Friable Procedure  |   |                   |        |             |           |
| Location of<br>Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility<br>(13)  | Is Location<br>Normally Used<br>Solely by<br>Maintenance/<br>Custodial Staff?<br>(12)  |   |  | Description of<br>Asbestos Containing Material (ACM)<br>(i.e. thermal systems insulation,<br>surfacing, VAT, or<br>other miscellaneous) | Amount<br>(Specify<br>SF or LF)                 | Abatement<br>Type |        |             |           |
|  | Yes  | No  | N/A  |   |   | Removal           | Repair | Encapsulate | Enclosure |
| Wet Demolition   |  |   | x  | Wet Demolition  |   | x                 |        |             |           |
|  |  |   |  |   |   |                   |        |             |           |
|  |  |   |  |   |   |                   |        |             |           |
| Name of Registered Waste Hauler<br>R&B Debris  |  | NJDEP Waste<br>Hauler ID No.<br>50241                           |  | Cubic Yards<br>of Waste<br>700  | Name of Registered Landfill<br>Waste Management |                   |        |             |           |
| City, State<br>5900 Sylon Blvd. Hainesport, N.J. 08036   |  |   |  | Disposal Date<br>2/6/ 14  | City, State<br>Tullytown, P.A.                  |                   |        |             |           |
| Completed by<br><b>James Mahoney</b>   |  | Title<br>Project manager  |  | Signature<br><i>James Mahoney</i>   |   | Date<br>1/27/14   |        |             |           |

**ASBESTOS ABATEMENT (Pursuant to NJAC  
8:60 and 12:120)**



|   |  |   |                  |
|---|--|---|------------------|
| Date of Notification ( <b>1/27/14</b> )   |  | Name of Building Owner/Operator (2)<br><b>City of Patterson</b> |                  |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br>DCA | Type Notification<br><input checked="" type="checkbox"/> Initial<br>Amended<br>Amendment # _____<br>Emergency (including<br>justification)<br>Cancellation | Street Address<br>155 Market St.                                |                  |
|   |  | City, State, Zip Code<br><b>Patterson, N.J. 07505</b>           |                  |
|   |  | Name of Contact<br>Kathleen Easton                              | Telephone Number |

**FACILITY INFORMATION**

|   |   |  |                           |
|---|---|--|---------------------------|
| name of Facility Where Abatement is Taking Place (3)<br>residence |   | Type of Facility (4)<br>School (K-12)<br>Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes,<br>etc.) |                           |
| Street Address<br><b>24 North Straight St.</b>                    |   | Square Feet<br><b>1500</b>   | # of Floors<br><b>2.5</b> |
| City (5)<br><b>Patterson</b>                                      |   | Bldg. Age<br><b>100 +</b>  |                           |
| County (6)<br><b>Passaic</b>                                      | County Code (7)<br>(STATE USE ONLY) _____ | Current Use (Prior if being demolished)<br><b>residence</b>  |                           |

|  |  |  |   |                             |
|--|--|--|---|-----------------------------|
| Name of Monitoring Firm Hired by Building Owner (8)<br>N/A |  | ASCM No.   | Name of Abatement Contractor (9)<br><b>Tricon Enterprises Inc</b> |                             |
| Street Address   |  | Street Address<br><b>322 Beers St</b>              |   |                             |
| City, State, Zip Code                                      |  | City, State, Zip Code<br><b>Keyport N.J. 07735</b> |   |                             |
| Project Manager for Monitoring Firm                        |  | Telephone No.                                      | Telephone No.<br><b>732-739-1200</b>                              | License No.<br><b>01095</b> |

|  |  |                                    |  |  |
|--|--|------------------------------------|--|--|
| Start Date (10)<br><b>2/4/14</b>   | Scheduled Completion Date (11)<br><b>2/10/14</b> | Name of OSHA Monitor<br><b>n/a</b> |  |  |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br>Abatement Performed Outside of Normal Facility Hours<br>Other - Describe: _____ |  | Street Address                     |  |  |
|  |  | City, State, Zip Code              |  |  |

|  |  |  |  |  |
|--|--|--|--|--|
| Scope of Work (Check All That Apply)                   |  |  |  |  |
| <input type="checkbox"/> ≥3 sf or ≥3 lf                | <input type="checkbox"/> Renovation            | <input type="checkbox"/> Containment with Negative Pressure        |  |  |
| <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | <input checked="" type="checkbox"/> Demolition | <input type="checkbox"/> Mini-Enclosure                            |  |  |
|  |  | <input type="checkbox"/> Glovebag Procedure                        |  |  |
|  |  | <input type="checkbox"/> Non-Exempted () and Non-Friable Procedure |  |  |

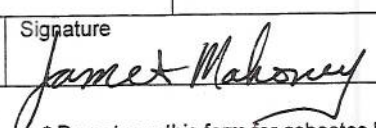
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |    |     | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify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

|   |  |                                    |                             |  |  |
|---|--|------------------------------------|-----------------------------|--|--|
| Name of Registered Waste Hauler<br>R&B Debris         |  | NJDEP Waste Hauler ID No.<br>50241 | Cubic Yards of Waste<br>800 | Name of Registered Landfill Waste Management |  |
| City, State<br>5900 Sylon Blvd. Hainesport N.J. 08036 |  |                                    | Disposal Date<br>2/11/14    | City, State<br>Tullytown, P.A.               |  |

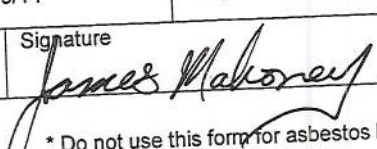
|                                      |                          |               |                 |
|--------------------------------------|--------------------------|---------------|-----------------|
| Completed by<br><b>James Mahoney</b> | Title<br>Project manager | Signature<br> | Date<br>1/27/14 |
|--------------------------------------|--------------------------|---------------|-----------------|



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

| Date of Notification ( <b>1/27/14</b> )  |  | Name of Building Owner/Operator (2)<br><b>City of Patterson</b>  |   |   |                                 |                   |                        |             |           |
|--|--|--|---|---|---------------------------------|-------------------|------------------------|-------------|-----------|
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br>DCA  | Type Notification<br><input checked="" type="checkbox"/> Initial<br>Amended<br>Amendment # _____<br>Emergency (including<br>justification)<br>Cancellation | Street Address<br>155 Market St.   |   |   |                                 |                   |                        |             |           |
|  |  | City, State, Zip Code<br><b>Patterson, N.J. 07505</b>  |   |   |                                 |                   |                        |             |           |
|  |  | Name of Contact<br>Kathleen Easton   | Telephone Number  |   |                                 |                   |                        |             |           |
| <b>FACILITY INFORMATION</b>  |  |  |   |   |                                 |                   |                        |             |           |
| name of Facility Where Abatement is Taking Place (3)<br>residence  |  | Type of Facility (4)<br>School (K-12)<br>Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes,<br>etc.) |   |   |                                 |                   |                        |             |           |
| Street Address<br><b>265 Fair St.</b>  |  | Square Feet<br><b>1500</b>   | # of Floors<br><b>2.5</b>   |   |                                 |                   |                        |             |           |
| City (5)<br><b>Patterson</b>   |  | Bldg. Age<br><b>100 +</b>  |   |   |                                 |                   |                        |             |           |
| County (6)<br><b>Passaic</b>   |  | County Code (7)<br>(STATE USE ONLY) _____  | Current Use (Prior if being demolished)<br><b>residence</b>   |   |                                 |                   |                        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>N/A</b>  |  | ASCM No.   | Name of Abatement Contractor (9)<br><b>Tricon Enterprises Inc</b>   |   |                                 |                   |                        |             |           |
| Street Address   |  | Street Address<br><b>322 Beers St</b>  |   |   |                                 |                   |                        |             |           |
| City, State, Zip Code  |  | City, State, Zip Code<br><b>Keyport N.J. 07735</b>   |   |   |                                 |                   |                        |             |           |
| Project Manager for Monitoring Firm  |  | Telephone No.<br><b>732-739-1200</b>   | License No.<br><b>01095</b>   |   |                                 |                   |                        |             |           |
| Start Date (10)<br><b>2/7/14</b>   | Scheduled Completion Date (11)<br><b>2/13/14</b>   | Name of OSHA Monitor<br><b>n/a</b>   |   |   |                                 |                   |                        |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br>Abatement Performed Outside of Normal Facility Hours<br>Other - Describe: _____ |  | Street Address   |   |   |                                 |                   |                        |             |           |
|  |  | City, State, Zip Code  |   |   |                                 |                   |                        |             |           |
| Scope of Work (Check All That Apply)   |  |  |   |   |                                 |                   |                        |             |           |
| <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf  |  | Renovation<br><input checked="" type="checkbox"/> Demolition   | Containment with Negative Pressure<br>Mini-Enclosure<br>Glovebag Procedure<br>Non-Exempted () and Non-Friable Procedure |   |                                 |                   |                        |             |           |
| Location of<br>Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility<br>(13)  | Is Location<br>Normally Used<br>Solely by<br>Maintenance/<br>Custodial Staff?<br>(12)  |  |   | Description of<br>Asbestos Containing Material (ACM)<br>(i.e. thermal systems insulation,<br>surfacing, VAT, or<br>other miscellaneous) | Amount<br>(Specify<br>SF or LF) | Abatement<br>Type |                        |             |           |
|  | Yes  | No   | N/A   |   |                                 | Removal           | Repair                 | Encapsulate | Enclosure |
| <b>Wet Demolition</b>  |  |  | <b>x</b>  | <b>Wet Demolition</b>   |                                 | <b>x</b>          |                        |             |           |
|  |  |  |   |   |                                 |                   |                        |             |           |
|  |  |  |   |   |                                 |                   |                        |             |           |
| Name of Registered Waste Hauler<br><b>R&amp;B Debris</b>   |  | NJDEP Waste<br>Hauler ID No.<br><b>50241</b>   | Cubic Yards<br>of Waste<br><b>750</b>   | Name of Registered Landfill<br>Waste Management   |                                 |                   |                        |             |           |
| City, State<br><b>5900 Sylon Blvd. Hainesport, N.J.</b>  |  | Disposal Date<br><b>2/14/14</b>  |   | City, State<br><b>Tullytown, P.A.</b>   |                                 |                   |                        |             |           |
| Completed by<br><b>James Mahoney</b>   |  | Title<br>Project manager   |   | Signature<br>                                       |                                 |                   | Date<br><b>1/27/14</b> |             |           |

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

| Date of Notification ( <b>1/27/14</b> )  |  | Name of Building Owner/Operator (2)<br><b>City of Patterson</b>  |   |   |                                 |                   |                        |             |           |  |
|--|--|--|---|---|---------------------------------|-------------------|------------------------|-------------|-----------|--|
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br>DCA  | Type Notification<br><input checked="" type="checkbox"/> Initial<br>Amended<br>Amendment # _____<br>Emergency (including<br>justification)<br>Cancellation | Street Address<br>155 Market St. <span style="float:right">FEB 3 2014</span>   |   |   |                                 |                   |                        |             |           |  |
|  |  | City, State, Zip Code<br><b>Patterson, N.J. 07505</b>  |   |   |                                 |                   |                        |             |           |  |
|  |  | Name of Contact<br>Kathleen Easton   | Telephone Number  |   |                                 |                   |                        |             |           |  |
| <b>FACILITY INFORMATION</b>  |  |  |   |   |                                 |                   |                        |             |           |  |
| name of Facility Where Abatement is Taking Place (3)<br>residence  |  | Type of Facility (4)<br>School (K-12)<br>Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes,<br>etc.) |   |   |                                 |                   |                        |             |           |  |
| Street Address<br><b>8-10 Godwin Ave</b>   |  | Square Feet<br><b>2000</b>   | # of Floors<br><b>3.5</b>   |   |                                 |                   |                        |             |           |  |
| City (5)<br><b>Patterson</b>   |  | Bldg. Age<br><b>100 +</b>  |   |   |                                 |                   |                        |             |           |  |
| County (6)<br><b>Passaic</b>   | County Code (7)<br>(STATE USE ONLY) _____  | Current Use (Prior if being demolished)<br>residence   |   |   |                                 |                   |                        |             |           |  |
| Name of Monitoring Firm Hired by Building Owner (8)<br>N/A   |  | ASCM No.   | Name of Abatement Contractor (9)<br><b>Tricon Enterprises Inc</b>                                 |   |                                 |                   |                        |             |           |  |
| Street Address   |  | Street Address<br><b>322 Beers St</b>  |   |   |                                 |                   |                        |             |           |  |
| City, State, Zip Code  |  | City, State, Zip Code<br><b>Keyport N.J. 07735</b>   |   |   |                                 |                   |                        |             |           |  |
| Project Manager for Monitoring Firm  |  | Telephone No.<br><b>732-739-1200</b>   | License No.<br><b>01095</b>   |   |                                 |                   |                        |             |           |  |
| Start Date (10)<br><b>2/12/14</b>  | Scheduled Completion Date (11)<br><b>2/18/14</b>   | Name of OSHA Monitor<br>n/a  |   |   |                                 |                   |                        |             |           |  |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br>Abatement Performed Outside of Normal Facility Hours<br>Other - Describe: _____ |  | Street Address   |   |   |                                 |                   |                        |             |           |  |
|  |  | City, State, Zip Code  |   |   |                                 |                   |                        |             |           |  |
| Scope of Work (Check All That Apply)   |  |  |   |   |                                 |                   |                        |             |           |  |
| <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf  |  | <input checked="" type="checkbox"/> Renovation   |   |   |                                 |                   |                        |             |           |  |
| <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf   |  | <input checked="" type="checkbox"/> Demolition   |   |   |                                 |                   |                        |             |           |  |
|  |  | Containment with Negative Pressure   |   |   |                                 |                   |                        |             |           |  |
|  |  | Mini-Enclosure   |   |   |                                 |                   |                        |             |           |  |
|  |  | Glovebag Procedure   |   |   |                                 |                   |                        |             |           |  |
|  |  | Non-Exempted ( ) and Non-Friable Procedure   |   |   |                                 |                   |                        |             |           |  |
| Location of<br>Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility<br>(13)  | Is Location<br>Normally Used<br>Solely by<br>Maintenance/<br>Custodial Staff?<br>(12)  |  |   | Description of<br>Asbestos Containing Material (ACM)<br>(i.e. thermal systems insulation,<br>surfacing, VAT, or<br>other miscellaneous) | Amount<br>(Specify<br>SF or LF) | Abatement<br>Type |                        |             |           |  |
|  | Yes  | No   | N/A   |   |                                 | Removal           | Repair                 | Encapsulate | Enclosure |  |
| <b>Wet Demolition</b>  |  |  | <b>x</b>  | <b>Wet Demolition</b>   |                                 | <b>x</b>          |                        |             |           |  |
|  |  |  |   |   |                                 |                   |                        |             |           |  |
| Name of Registered Waste Hauler<br><b>R&amp;B Debris</b>   |  | NJDEP Waste<br>Hauler ID<br><b>50241</b>   | Cubic Yards<br>of Waste<br><b>800</b>   | Name of Registered Landfill<br>Waste management   |                                 |                   |                        |             |           |  |
| City, State<br><b>5900 Sylon Blvd. Hainesport N.J.08036</b>  |  |  | Disposal Date<br><b>2/19/14</b>   | City, State<br><b>Tullytown P.A.</b>  |                                 |                   |                        |             |           |  |
| Completed by<br><b>James Mahoney</b>   |  | Title<br>Project manager   | Signature<br> |   |                                 |                   | Date<br><b>1/27/14</b> |             |           |  |

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



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

ck# 23560

|  |   |  |  |
|--|---|--|--|
| Date of Notification (1)<br>January 28, 2014   |   | Name of Building Owner/Operator (2)<br>Statewide Contracting |  |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA | Type of Notification<br><input type="checkbox"/> Initial Notification<br><input type="checkbox"/> Amended Notification<br>Amendment # _____<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |  | Street Address<br>PO Box 42                      |
|  |   |  | City, State, Zip Code<br>Basking Ridge, NJ 07920 |
|  |   |  | Name of Contact<br>Gary Novello                  |

**FACILITY INFORMATION**

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| Name of Facility Where Abatement is Taking Place (3)<br>Residence   |  |  | Type of Facility (4)<br><input type="checkbox"/> School (k-12)<br><input type="checkbox"/> Subchapter 8 (other than k12)<br><input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)                    |   |  |
| Street Address<br>1865 Lookout Drive  |  |  | Square feet<br>1320 sf   |   |  |
| City<br>Toms River  |  |  | County (6)<br>Ocean  |   | County Code (7)<br>(STATE USE ONLY)                            |
|   |  |  | # of Floors<br>1   |   | Bldg. Age<br>47  |
| Name of Monitoring Firm Hired by Building Owner (8)<br>N/A  |  |  | ASCM No.   |   | Name of Abatement Contractor (9)<br>Guardian Contracting, Inc. |
| Street Address  |  |  | Street Address<br>1889 Route 9, Unit 61  |   |  |
| City, State, Zip Code   |  |  | City, State, Zip Code<br>Toms River, New Jersey 08755-1271   |   |  |
| Project Manager for Monitoring Firm   |  | Telephone Number                             |  | Telephone Number<br>732-349-9932            |  |
|   |  |  |  | License Number<br>00624                     |  |
| Scheduled Start Date (10)<br>01/29/2014   |  | Scheduled Completion Date (11)<br>01/31/2014 |  | Name of OSHA Monitor<br>E.M.S.L. Analytical |  |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe _____ |  |  | Street Address<br>1056 Stelton Road  |   |  |
|   |  |  | City, State, Zip Code<br>Piscataway, New Jersey 08854  |   |  |
| Scope of Work (Check all that apply)<br><input type="checkbox"/> >3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf   |  |  | <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |   |  |
|   |  |  | <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition  |   |  |

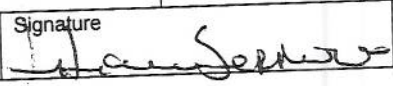
| Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13) | Is Location Normally used Solely by Maintenance/Custodial Staff (12) |    |     | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type                                 |                            |   |   |
|--|--|----|-----|--|---------------------------|--|----------------------------|---|---|
|  | YES  | NO | N/A |  |                           | R<br>E<br>M<br>O<br>V<br>E<br>M<br>E<br>N<br>T | R<br>E<br>P<br>A<br>I<br>R | E<br>N<br>C<br>A<br>P<br>S<br>U<br>L<br>E | E<br>N<br>C<br>L<br>O<br>S<br>U<br>R<br>E |
| Exterior   |  | X  |     | Asbestos siding  | 1250 sf                   | X  |                            |   |   |
|  |  |    |     |  |                           |  |                            |   |   |
|  |  |    |     |  |                           |  |                            |   |   |

|   |  |                                    |  |  |  |   |  |
|---|--|------------------------------------|--|--|--|---|--|
| Name of Registered Waste Hauler<br>Guardian Contracting, Inc. |  | NJDEP Waste Hauler ID No.<br>20223 |  | Cubic Yards of Waste<br>2              |  | Name of Registered Landfill<br>T.R.R.F. |  |
| City, State<br>Toms River, New Jersey                         |  | Disposal Date<br>02/03/2014        |  | City, State<br>Tullytown, Pennsylvania |  |   |  |
| Completed by (Print or Type)<br>Nicholas Fernicola            |  | Title<br>Project Manager           |  | Signature<br><i>Nicholas Fernicola</i> |  | Date<br>1/28/2014                       |  |

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

FEB 8 2014

| Date of Notification (1)<br>1-28-2014  |  | Name of Building Owner/Operator (2)<br>Nicholas Hatcher   |   |   |                           |                |        |                   |           |  |
|--|--|---|---|---|---------------------------|----------------|--------|-------------------|-----------|--|
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA  | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br>977 Madison Avenue  |   |   |                           |                |        |                   |           |  |
|  |  | City, State, Zip Code<br>Plainfield, NJ 07060   |   |   |                           |                |        |                   |           |  |
|  |  | Name of Contact<br>Nicholas Hatcher   |   |   |                           |                |        |                   |           |  |
|  |  | Telephone Number  |   |   |                           |                |        |                   |           |  |
| FACILITY INFORMATION   |  |   |   |   |                           |                |        |                   |           |  |
| Name of Facility Where Abatement is Taking Place (3)<br>Residential  |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)                               |   |   |                           |                |        |                   |           |  |
| Street Address<br>977 Madison Avenue   |  | Square Feet<br>6000   | # of Floors<br>2  |   |                           |                |        |                   |           |  |
| City (5)<br>Plainfield, NJ 07060   |  | Bldg. Age<br>60+  |   |   |                           |                |        |                   |           |  |
| County (6)<br>Union  | County Code (7)<br>(STATE USE ONLY) _____  | Current Use (Prior if being demolished)   |   |   |                           |                |        |                   |           |  |
| Name of Monitoring Firm Hired by Building Owner (8)  |  | ASCM No.  | Name of Abatement Contractor (9)<br>Green Environmental Services, LLC |   |                           |                |        |                   |           |  |
| Street Address   |  | Street Address<br>235 Virginia Avenue   |   |   |                           |                |        |                   |           |  |
| City, State, Zip Code  |  | City, State, Zip Code<br>Jersey city, NJ 07304  |   |   |                           |                |        |                   |           |  |
| Project Manager for Monitoring Firm  |  | Telephone No.<br>201-333-8855   | License No.<br>01174  |   |                           |                |        |                   |           |  |
| Start Date (10)<br>2-6-2014  | Scheduled Completion Date (11)<br>2-6-2014   | Name of OSHA Monitor<br>Same as above   |   |   |                           |                |        |                   |           |  |
| Occupancy Status During Abatement (Check Only One)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other - Describe: _____ |  | Street Address  |   |   |                           |                |        |                   |           |  |
|  |  | City, State, Zip Code   |   |   |                           |                |        |                   |           |  |
| Scope of Work (Check All That Apply)   |  |   |   |   |                           |                |        |                   |           |  |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf<br><input type="checkbox"/> ≥160 sf or ≥260 lf  |  | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition   |   |   |                           |                |        |                   |           |  |
|  |  | <input type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |   |   |                           |                |        |                   |           |  |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)   | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)  |   |   | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |        |                   |           |  |
|  | Yes  | No  | N/A   |   |                           | Removal        | Repair | Encapsulate       | Enclosure |  |
| basement   |  | X   |   | Pipe insulation   | 225 LF                    | X              |        |                   |           |  |
|  |  |   |   |   |                           |                |        |                   |           |  |
|  |  |   |   |   |                           |                |        |                   |           |  |
| Name of Registered Waste Hauler<br>Waste Management  |  | NJDEP Waste Hauler ID No.<br>0034889  | Cubic Yards of Waste<br>2   | Name of Registered Landfill<br>G.R.O.W.S. North landfill  |                           |                |        |                   |           |  |
| City, State<br>Coraopolis, P.A.  |  | Disposal Date<br>2-7-2014   |   | City, State<br>Morrisville, P.A.  |                           |                |        |                   |           |  |
| Completed by<br>Liliana Pedraza  |  | Title<br>Office Manager   |   | Signature<br>                           |                           |                |        | Date<br>1-28-2014 |           |  |


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*\* Emergency \**

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

CK 3885

| Date of Notification (1)<br>1/29/14  |   | Name of Building Owner/Operator (2)<br>Alfredo D'alessandro Private Home  |  |  |                           |                |                 |             |           |
|--|---|---|--|--|---------------------------|----------------|-----------------|-------------|-----------|
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA   | Type Notification<br><input type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment # _____<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |   | Street Address<br>120 N Ensign Dr.   |  |                           |                |                 |             |           |
|  |   |   | City, State, Zip Code<br>Little Egg Harbor NJ 08070  |  |                           |                |                 |             |           |
|  |   |   | Name of Contact<br>Alfredo   | Telephone Number<br>_____  |                           |                |                 |             |           |
| <b>FACILITY INFORMATION</b>  |   |   |  |  |                           |                |                 |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Alfredo D'alessandro Private Home  |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |  |  |                           |                |                 |             |           |
| Street Address<br>120 N Ensign Dr.   |   | Square Feet<br>1000   | # of Floors<br>1   |  |                           |                |                 |             |           |
| City (5)<br>Little Egg Harbor NJ 08070   |   | Bldg. Age<br>35+  |  |  |                           |                |                 |             |           |
| County (6)<br>Ocean  | County Code (7)<br>(STATE USE ONLY) _____   | Current Use (Prior if being demolished)<br>Home   |  |  |                           |                |                 |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>N/A   |   | ASCM No.<br>_____   | Name of Abatement Contractor (9)<br>Pernaco Inc.   |  |                           |                |                 |             |           |
| Street Address<br>_____  |   | Street Address<br>PO Box 329  |  |  |                           |                |                 |             |           |
| City, State, Zip Code<br>_____   |   | City, State, Zip Code<br>West Berlin NJ 08091   |  |  |                           |                |                 |             |           |
| Project Manager for Monitoring Firm<br>_____   |   | Telephone No.<br>_____  | Telephone No.<br>856-753-9800  |  |                           |                |                 |             |           |
|  |   |   | License No.<br>00727   |  |                           |                |                 |             |           |
| Start Date (10)<br>1/30/14   | Scheduled Completion Date (11)<br>1/31/14   | Name of OSHA Monitor<br>Same  |  |  |                           |                |                 |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____ |   | Street Address<br>_____   |  |  |                           |                |                 |             |           |
|  |   | City, State, Zip Code<br>_____  |  |  |                           |                |                 |             |           |
| Scope of Work (Check All That Apply)   |   |   |  |  |                           |                |                 |             |           |
| <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf  |   | <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition   | <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |                           |                |                 |             |           |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility<br>(13)   | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)   |   |  | Description of Asbestos Containing Material (ACM)<br>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |                 |             |           |
|  | Yes   | No  | N/A  |  |                           | Removal        | Repair          | Encapsulate | Enclosure |
| Exterior Siding  |   |   | x  | Exterior Siding  | 1000 SF                   | x              |                 |             |           |
|  |   |   |  |  |                           |                |                 |             |           |
|  |   |   |  |  |                           |                |                 |             |           |
| Name of Registered Waste Hauler<br>United Containers   |   | NJDEP Waste Hauler ID No.<br>22459  | Cubic Yards of Waste<br>2  | Name of Registered Landfill<br>G.R.O.W.S.  |                           |                |                 |             |           |
| City, State<br>Elm NJ  |   | Disposal Date<br>1/31/14  |  | City, State<br>Morrisville PA 19067  |                           |                |                 |             |           |
| Completed by<br>Anthony T Perna  |   | Title<br>President  |  | Signature<br>                              |                           |                | Date<br>1/29/14 |             |           |

*\*Emergency Sundry\**

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

CK# 900

|   |  |   |  |
|---|--|---|--|
| Date of Notification (1)<br><b>1/29/14</b>  |  | Name of Building Owner/Operator (2)<br><b>John Guarino</b>  |  |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input checked="" type="checkbox"/> DCA  |  | Street Address<br><b>8 East Church St.</b>  |  |
| Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation  |  | City, State, Zip Code<br><b>Sea Bright, New Jersey 07760</b>  |  |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Guarino Residence</b>  |  | Name of Contact<br><b>David</b>   |  |
| Street Address<br><b>8 East Church St</b>   |  | Telephone Number<br><b>07760</b>  |  |
| City (5)<br><b>Sea Bright</b>   |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |  |
| County (6)<br><b>Morristown</b>   |  | Square Feet<br><b>1000</b>  |  |
| County Code (7) (STATE USE ONLY)  |  | # of Floors<br><b>2</b>   |  |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>Morristown</b>  |  | Bldg. Age<br><b>50+</b>   |  |
| ASCM No.  |  | Current Use (Prior if being demolished)<br><b>Residence</b>   |  |
| Street Address  |  | Name of Abatement Contractor (9)<br><b>Ace Insulation Co., Inc.</b>   |  |
| City, State, Zip Code   |  | Street Address<br><b>95 Montrose Road</b>   |  |
| Project Manager for Monitoring Firm   |  | City, State, Zip Code<br><b>Colts Neck, N.J. 07722</b>  |  |
| Telephone No.   |  | Telephone No.<br><b>732-294-1757</b>  |  |
| Start Date (10)<br><b>1/30/14</b>   |  | License No.<br><b>00029</b>   |  |
| Scheduled Completion Date (11)<br><b>2/3/14</b>   |  | Name of OSHA Monitor  |  |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br>Other - Describe: <b>7am-7pm</b>  |  | Street Address  |  |
| Scope of Work (Check All That Apply)<br><input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf<br><input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  | City, State, Zip Code   |  |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)<br><b>Outdoor</b>  |  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)<br>Yes No N/A   |  |
|   |  | <b>X</b>  |  |
| Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)<br><b>siding</b>  |  | Amount (Specify SF or LF)<br><b>1000 sf</b>   |  |
|   |  | <b>X</b>  |  |
| Name of Registered Waste Hauler<br><b>Ace Insulation Co., Inc.</b>  |  | Name of Registered Landfill<br><b>G.R.O.W.S.</b>  |  |
| NJDEP Waste Hauler ID No.<br><b>12086</b>   |  | City, State<br><b>Bethlehem, PA</b>   |  |
| City, State<br><b>Colts Neck, New Jersey</b>  |  | Cubic Yards of Waste<br><b>2</b>  |  |
| Completed by<br><b>Bree McGuire</b>   |  | Disposal Date<br><b>2/3/14</b>  |  |
| Title<br><b>Secretary Treasurer</b>   |  | Signature<br><b>Bree McGuire</b>  |  |
|   |  | Date<br><b>1/29/14</b>  |  |

\* Do not use this form for asbestos licensure exempted activ



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


Check # 2227

|   |   |  |   |   |                |                 |        |             |           |
|---|---|--|---|---|----------------|-----------------|--------|-------------|-----------|
| Date of Notification (1)<br>1/29/14   |   | Name of Building Owner/Operator (2)<br>Tom + Jane Smyth  |   |   |                |                 |        |             |           |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input type="checkbox"/> DOH<br><input type="checkbox"/> DCA  | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment #<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br>215 South Lake Drive   |   |   |                |                 |        |             |           |
|   |   | City, State, Zip Code<br>Belmar, New Jersey  |   | Telephone Number                        |                |                 |        |             |           |
|   |   | Name of Contact<br>Susan   |   |   |                |                 |        |             |           |
| <b>FACILITY INFORMATION</b>   |   |  |   |   |                |                 |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Smyth Property  |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)                    |   |   |                |                 |        |             |           |
| Street Address<br>604 Main St.  |   | Square Feet<br>5000  | # of Floors<br>2  |   |                |                 |        |             |           |
| City (5)<br>Belmar  |   | Bldg. Age<br>50+   |   |   |                |                 |        |             |           |
| County (6)<br>Morris  | County Code (7)<br>(STATE USE ONLY)   | Current Use (Prior if being demolished)<br>Commercial Building   |   |   |                |                 |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)   |   | Name of Abatement Contractor (9)<br>Ace Insulation Co., Inc.   |   |   |                |                 |        |             |           |
| Street Address  |   | Street Address<br>95 Montrose Road   |   |   |                |                 |        |             |           |
| City, State, Zip Code   |   | City, State, Zip Code<br>Colts Neck, N.J. 07722  |   |   |                |                 |        |             |           |
| Project Manager for Monitoring Firm   |   | Telephone No.<br>732-294-1757  | License No.<br>00029  |   |                |                 |        |             |           |
| Start Date (10)<br>2/7/14   |   | Scheduled Completion Date (11)<br>2/12/14  |   |   |                |                 |        |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other - Describe: <u>with work</u> |   | Name of OSHA Monitor   |   |   |                |                 |        |             |           |
|   |   | Street Address   |   |   |                |                 |        |             |           |
|   |   | City, State, Zip Code  |   |   |                |                 |        |             |           |
| Scope of Work (Check All That Apply)  |   |  |   |   |                |                 |        |             |           |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf   |   | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition  |   |   |                |                 |        |             |           |
|   |   | <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |   |   |                |                 |        |             |           |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)   |  | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF)               | Abatement Type |                 |        |             |           |
|   | Yes   | No   |   |   | N/A            | Removal         | Repair | Encapsulate | Enclosure |
| basement  |   |  | X   | pipewrap                                | 300 LF         | X               |        |             |           |
| Name of Registered Waste Hauler<br>Ace Insulation Co., Inc.   |   | NJDEP Waste Hauler ID No.<br>12086   | Cubic Yards of Waste<br>6   | Name of Registered Landfill<br>I.E.S.I. |                |                 |        |             |           |
| City, State<br>Colts Neck, New Jersey   |   | Disposal Date<br>2/12/14   |   | City, State<br>Bethlehem, PA            |                |                 |        |             |           |
| Completed by<br>Bree McGuire  |   | Title<br>Secretary Treasurer   |   | Signature<br>Bree McGuire               |                | Date<br>1/29/14 |        |             |           |

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

CK # 25391

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

| Date of Notification (1)<br><u>1/31/14</u>   |  | Name of Building Owner/Operator (2)<br><u>The Heller Group</u>   |  |  |                           |                                     |        |             |           |  |
|--|--|--|--|--|---------------------------|-------------------------------------|--------|-------------|-----------|--|
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA   | Type Notification<br><input type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><u>PO Box 700</u>  |  |  |                           |                                     |        |             |           |  |
|  |  | City, State, Zip Code<br><u>Madison, NJ 07940</u>  |  |  |                           |                                     |        |             |           |  |
|  |  | Name of Contact<br><u>Chris Hricko</u>   | Telephone Number<br>_____  |  |                           |                                     |        |             |           |  |
| <b>FACILITY INFORMATION</b>  |  |  |  |  |                           |                                     |        |             |           |  |
| Name of Facility Where Abatement is Taking Place (3)<br><u>Madison Plaza- Sages Pages</u>  |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)                   |  |  |                           |                                     |        |             |           |  |
| Street Address<br><u>306 Main Street</u>   |  | Square Feet<br><u>3500</u>   | # of Floors<br><u>2</u>  |  |                           |                                     |        |             |           |  |
| City (5)<br><u>Madison, NJ 07940</u>   |  | Bldg. Age<br><u>60</u>   |  |  |                           |                                     |        |             |           |  |
| County (6)<br><u>Morris</u>  | County Code (7) (STATE USE ONLY)<br>_____  | Current Use (Prior if being demolished)<br><u>Retail Store</u>   |  |  |                           |                                     |        |             |           |  |
| Name of Monitoring Firm Hired by Building Owner (8)<br><u>MECS</u>   | ASCM No.<br>_____  | Name of Abatement Contractor (9)<br><u>Stevens Environmental Services, Inc.</u>  |  |  |                           |                                     |        |             |           |  |
| Street Address<br><u>PO Box 341</u>  |  | Street Address<br><u>PO Box 322</u>  |  |  |                           |                                     |        |             |           |  |
| City, State, Zip Code<br><u>Crosswicks, NJ 08515</u>   |  | City, State, Zip Code<br><u>Allentown, NJ 08501</u>  |  |  |                           |                                     |        |             |           |  |
| Project Manager for Monitoring Firm<br><u>William Weisgarber</u>   | Telephone No.<br><u>(609) 298-4070</u>   | Telephone No.<br><u>(609) 259-9688</u>   | License No.<br><u>00493</u>  |  |                           |                                     |        |             |           |  |
| Start Date (10)<br><u>1/31/14</u>  | Scheduled Completion Date (11)<br><u>2/4/14</u>  | Name of OSHA Monitor<br><u>MECS</u>  |  |  |                           |                                     |        |             |           |  |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____ |  | Street Address<br><u>PO Box 341</u>  |  |  |                           |                                     |        |             |           |  |
|  |  | City, State, Zip Code<br><u>Crosswicks, NJ</u>   |  |  |                           |                                     |        |             |           |  |
| Scope of Work (Check all that apply)   |  |  |  |  |                           |                                     |        |             |           |  |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf  |  | <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |  |                           |                                     |        |             |           |  |
| <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition  |  |  |  |  |                           |                                     |        |             |           |  |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)   | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)  |  |  | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type                      |        |             |           |  |
|  | Yes  | No   | N/A  |  |                           | Removal                             | Repair | Encapsulate | Enclosure |  |
| <u>Main Floor</u>  |  |  | <input checked="" type="checkbox"/>  | <u>VAT</u>   | <u>1440 sf</u>            | <input checked="" type="checkbox"/> |        |             |           |  |
|  |  |  |  |  |                           |                                     |        |             |           |  |
|  |  |  |  |  |                           |                                     |        |             |           |  |
| Name of Registered Waste Hauler<br><u>Stevens Environmental Services, Inc.</u>   |  | NJDEP Waste Hauler ID No.<br><u>18292</u>  | Cubic Yards of Waste<br><u>6 CU</u>  | Name of Registered Landfill<br><u>T.R.R.F., Inc. Landfill</u>  |                           |                                     |        |             |           |  |
| City, State<br><u>Allentown, NJ</u>  |  | Disposal Date<br><u>2/4/14</u>   | City, State<br><u>Tullytown, PA</u>  |  |                           |                                     |        |             |           |  |
| Completed By<br><u>Mahlon E. Stevens</u>   |  | Title<br><u>Project Manager</u>  | Signature<br> | Date<br><u>1/31/14</u>   |                           |                                     |        |             |           |  |



\* Emergency \*

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

OK 3890

FEB 3 2014

|  |  |  |                  |
|--|--|--|------------------|
| Date of Notification (1)<br>1/31/14  |  | Name of Building Owner/Operator (2)<br>Ed Genoino Private Home |                  |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA | Type Notification<br><input type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br>1429 Island View                             |                  |
|  |  | City, State, Zip Code<br>Forked River NJ 08731                 |                  |
|  |  | Name of Contact<br>Ed  | Telephone Number |

**FACILITY INFORMATION**

|  |  |   |                      |                  |
|--|--|---|----------------------|------------------|
| Name of Facility Where Abatement is Taking Place (3)<br>Ed Genoino Private Home  |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |                      |                  |
| Street Address<br>1429 Island View   |  | Square Feet<br>1000+  | # of Floors<br>1     | Bldg. Age<br>35+ |
| City (5)<br>Forked River NJ 08731  |  | Current Use (Prior if being demolished)<br>Home   |                      |                  |
| County (6)<br>Ocean  | County Code (7)<br>(STATE USE ONLY)      | Name of Abatement Contractor (9)<br>Pernaco Inc.  |                      |                  |
| Name of Monitoring Firm Hired by Building Owner (8)<br>N/A   |  | Street Address<br>PO Box 329  |                      |                  |
| Street Address   |  | City, State, Zip Code<br>West Berlin NJ 08091   |                      |                  |
| City, State, Zip Code  |  | Telephone No.<br>856-753-9800   | License No.<br>00727 |                  |
| Project Manager for Monitoring Firm  | Telephone No.                            | Name of OSHA Monitor<br>Same  |                      |                  |
| Start Date (10)<br>2/3/14  | Scheduled Completion Date (11)<br>2/7/14 | Street Address  |                      |                  |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____ |  | City, State, Zip Code   |                      |                  |

Scope of Work (Check All That Apply)

|  |  |   |
|--|--|---|
| <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf                | <input type="checkbox"/> Renovation            | <input type="checkbox"/> Full Containment with Negative Pressure    |
| <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf | <input checked="" type="checkbox"/> Demolition | <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)<br><u>TO BE ABATED</u><br>In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |    |     | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |        |             |           |
|---|---|----|-----|---|---------------------------|----------------|--------|-------------|-----------|
|   | Yes   | No | N/A |   |                           | Removal        | Repair | Encapsulate | Enclosure |
| Throughout  |   |    | X   | Floor Tile  | 400 SF                    | X              |        |             |           |
| Exterior Siding   |   |    | X   | Exterior siding   | 300 SF                    | X              |        |             |           |
|   |   |    |     |   |                           |                |        |             |           |

|  |  |                                    |                           |  |                 |
|--|--|------------------------------------|---------------------------|--|-----------------|
| Name of Registered Waste Hauler<br>United Containers |  | NJDEP Waste Hauler ID No.<br>22459 | Cubic Yards of Waste<br>2 | Name of Registered Landfill<br>G.R.O.W.S |                 |
| City, State<br>Elm NJ                                |  | Disposal Date<br>2/7/14            |                           | City, State<br>Morrisville PA 19067      |                 |
| Completed by<br>Anthony T Perna                      |  | Title<br>President                 | Signature<br>             |  | Date<br>1/31/14 |

*\* Emergency \**

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

CK-3887

|  |   |  |   |   |   |                                     |                 |                |        |             |           |
|--|---|--|---|---|---|-------------------------------------|-----------------|----------------|--------|-------------|-----------|
| Date of Notification (1)<br>1/31/14  |   | Name of Building Owner/Operator (2)<br>Robert Abecker Private Home   |   |   |   |                                     |                 |                |        |             |           |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA   | Type Notification<br><input type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment # _____<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |  | Street Address<br>104 Albert  |   | FEB 3 2014  |                                     |                 |                |        |             |           |
|  |   |  | City, State, Zip Code<br>Manahawkin NJ 08050  |   |   |                                     |                 |                |        |             |           |
|  |   |  | Name of Contact<br>Robert   |   | Telephone Number  |                                     |                 |                |        |             |           |
| <b>FACILITY INFORMATION</b>  |   |  |   |   |   |                                     |                 |                |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Robert Abecker Private Home  |   |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |   |   |                                     |                 |                |        |             |           |
| Street Address<br>104 Albert   |   |  | Square Feet<br>1000+  | # of Floors<br>1  | Bldg. Age<br>35+  |                                     |                 |                |        |             |           |
| City (5)<br>Manahawkin NJ 08050  |   | County (6)<br>Ocean  |   | County Code (7)<br>(STATE USE ONLY) _____   |   |                                     |                 |                |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>N/A   |   |  | ASCM No.  | Name of Abatement Contractor (9)<br>Pernaco Inc.  |   |                                     |                 |                |        |             |           |
| Street Address   |   |  | Street Address<br>PO Box 329  |   |   |                                     |                 |                |        |             |           |
| City, State, Zip Code  |   |  | City, State, Zip Code<br>West Berlin NJ 08091   |   |   |                                     |                 |                |        |             |           |
| Project Manager for Monitoring Firm  |   | Telephone No.  | Telephone No.<br>856-753-9800   | License No.<br>00727  |   |                                     |                 |                |        |             |           |
| Start Date (10)<br>2/3/14  | Scheduled Completion Date (11)<br>2/7/14  |  | Name of OSHA Monitor<br>Same  |   |   |                                     |                 |                |        |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____ |   |  | Street Address  |   |   |                                     |                 |                |        |             |           |
|  |   |  | City, State, Zip Code   |   |   |                                     |                 |                |        |             |           |
| Scope of Work (Check All That Apply)   |   |  |   |   |   |                                     |                 |                |        |             |           |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf  | <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition   | <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><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)<br>400 SF |                 | Abatement Type |        |             |           |
|  |   |  |   |   |   |                                     |                 | Removal        | Repair | Encapsulate | Enclosure |
| Throughout   |   | Yes  | No  | N/A   | Floor Tile  |                                     | x               |                |        |             |           |
|  |   |  |   |   |   |                                     |                 |                |        |             |           |
|  |   |  |   |   |   |                                     |                 |                |        |             |           |
|  |   |  |   |   |   |                                     |                 |                |        |             |           |
| Name of Registered Waste Hauler<br>United Containers   |   |  | NJDEP Waste Hauler ID No.<br>22459  | Cubic Yards of Waste<br>2   | Name of Registered Landfill<br>G.R.O.W.S  |                                     |                 |                |        |             |           |
| City, State<br>Elm NJ  |   |  | Disposal Date<br>2/7/14   |   | City, State<br>Morrisville PA 19067   |                                     |                 |                |        |             |           |
| Completed by<br>Anthony T Perna  |   |  | Title<br>President  |   | Signature<br> |                                     | Date<br>1/31/14 |                |        |             |           |



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

Check # 2351

Project #

|   |  |   |  |   |                           |                |        |             |           |
|---|--|---|--|---|---------------------------|----------------|--------|-------------|-----------|
| Date of Notification (1)<br>01/24/14  |  | Name of Building Owner/Operator (2)<br>Hoboken University Center  |  |   |                           |                |        |             |           |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input type="checkbox"/> DOL<br><input type="checkbox"/> DOH<br><input type="checkbox"/> DCA   | Type Notification<br><input type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br>308 Willow Ave  |  |   |                           |                |        |             |           |
|   |  | City, State, Zip Code<br>Hoboken, NJ 07030  |  |   |                           |                |        |             |           |
|   |  | Name of Contact<br>Sam Liu  | Telephone Number   |   |                           |                |        |             |           |
| <b>FACILITY INFORMATION</b>   |  |   |  |   |                           |                |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Hoboken Medical Center  |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |  |   |                           |                |        |             |           |
| Street Address<br>308 Willow Avenue   |  | Square Feet   | # of Floors  |   |                           |                |        |             |           |
| City (5)<br>Hoboken   |  | Bldg. Age   |  |   |                           |                |        |             |           |
| County (6)<br>Hudson  |  | County Code (7)<br>(STATE USE ONLY)   | Current Use (Prior if being demolished)                  |   |                           |                |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Aero Environmental   |  | ASCM No.  | Name of Abatement Contractor (9)<br>Nick Restoration LLC |   |                           |                |        |             |           |
| Street Address<br>275 Rt 10 East  |  | Street Address<br>72 Brookside Rd   |  |   |                           |                |        |             |           |
| City, State, Zip Code<br>Succassuna, NJ 07876   |  | City, State, Zip Code<br>Randolph, NJ 07869   |  |   |                           |                |        |             |           |
| Project Manager for Monitoring Firm<br>Michael Berta  |  | Telephone No.<br>973-920-9061   | Telephone No.<br>973933-2550                             |   |                           |                |        |             |           |
|   |  |   | License No.<br>01133                                     |   |                           |                |        |             |           |
| Start Date (10)<br>02/07/2014   |  | Scheduled Completion Date (11)<br>02/24/2014  | Name of OSHA Monitor<br>J & S Environmental              |   |                           |                |        |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other - Describe: <u>Area non occupied, facility open</u><br><u>Start 4 pm Fri, Sat, Sun</u> |  | Street Address<br>2333 Rt 22 West   |  |   |                           |                |        |             |           |
|   |  | City, State, Zip Code<br>Union, NJ 07083  |  |   |                           |                |        |             |           |
| Scope of Work (Check All That Apply)  |  |   |  |   |                           |                |        |             |           |
| <input type="checkbox"/> ≥3 sf or ≥3 lf   | <input type="checkbox"/> Renovation  | <input type="checkbox"/> Full Containment with Negative Pressure  |  |   |                           |                |        |             |           |
| <input type="checkbox"/> ≥160 sf or ≥260 lf   | <input type="checkbox"/> Demolition  | <input type="checkbox"/> Mini-Enclosure   |  |   |                           |                |        |             |           |
|   |  | <input type="checkbox"/> Glovebag Procedure   |  |   |                           |                |        |             |           |
|   |  | <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure   |  |   |                           |                |        |             |           |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)  |   |  | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |        |             |           |
|   | Yes  | No  | N/A  |   |                           | Removal        | Repair | Encapsulate | Enclosure |
| Mechanical Room   |  | X   |  | TSI elbows  | 160 LF                    | X              |        |             |           |
| Mechanical Room   |  | X   |  | TSI Pipe run insulation   | 30 LF                     | X              |        |             |           |
| Name of Registered Waste Hauler<br>Nick Restoration LLC   |  | NJDEP Waste Hauler ID No.<br>33782  | Cubic Yards of Waste<br>TBD                              | Name of Registered Landfill<br>G.R.O.W.S  |                           |                |        |             |           |
| City, State<br>Randolph, NJ 07869   |  | Disposal Date<br>TBD  | City, State<br>Tullytown, Pa                             |   |                           |                |        |             |           |
| Completed by<br>Elvira Mrda   |  | Title<br>President  | Signature<br><i>Elvira Mrda</i>                          |   | Date<br>01/24/2014        |                |        |             |           |

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

|  |  |  |                  |
|--|--|--|------------------|
| Date of Notification (1)<br><b>1-28-14</b>                               |  | Name of Building Owner/Operator (2)<br><b>Joanne Klein</b> |                  |
| Agencies Notified<br>[ ] EPA<br>[ ] DEP<br>[X] DOL<br>[X] DOH<br>[ ] DCA | Type Notification<br>[X] Initial Notification<br>[ ] Amended Notification<br>[ ] EMERGENCY<br>[ ] Cancellation | Street Address<br><b>378 Thornden Street</b>               |                  |
|  |  | City, State, Zip Code<br><b>South Orange, NJ, 07079</b>    |                  |
|  |  | Name of Contact<br><b>Joanne Klein</b>                     | Telephone Number |

FEB 3 2014

**FACILITY INFORMATION**

|  |                  |                                     |  |                         |                        |
|--|------------------|-------------------------------------|--|-------------------------|------------------------|
| Name of Facility Where Abatement is Taking Place (3)<br><b>Same as above</b> |                  |                                     | Type of Facility (4)<br>[ ] School (K-12)<br>[ ] Subchapter 8 (Other than K-12)<br>[X] Other (i.e., private & commercial buildings, homes, etc.) |                         |                        |
| Street Address   |                  |                                     | Square Feet<br><b>1600</b>   | # of Floors<br><b>2</b> | Bldg. Age<br><b>75</b> |
| City (5)   | County (6) Essex | County Code (7)<br>(STATE USE ONLY) | Current Use (Prior if being demolished)  |                         |                        |

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

|                                     |                                |   |                                |
|-------------------------------------|--------------------------------|---|--------------------------------|
| Project Manager for Monitoring Firm | Telephone Number<br><b>N/A</b> | Telephone Number<br><b>(973) 744-8800</b> | License Number<br><b>00371</b> |
|-------------------------------------|--------------------------------|---|--------------------------------|

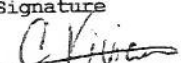
|   |   |                                    |
|---|---|------------------------------------|
| Scheduled Start Date (10)<br><b>2-7-14</b><br>Month Day Year  | Sched. Completion Date (11)<br><b>2-10-14</b><br>Month Day Year | Name of OSHA Monitor<br><b>N/A</b> |
| Occupancy Status During Abatement (Check only one)<br>[X] Facility Closed/Vacated During Entire Period of Abatement<br>[ ] Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript»<br>[ ] Other - Describe: «Other Occupancy Descript» |   | Street Address                     |
|   |   | City, State, Zip Code              |

Scope of Work (Check all that apply)

|                        |                |   |
|------------------------|----------------|---|
| [X] >3 sf or >3 lf     | [X] Renovation | [ ] Full Containment with Negative Pressure |
| [ ] >160 sf or >260 lf | [ ] Demolition | [ ] Mini-Enclosure                          |
|                        |                | [X] 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              | R | E | E | N | N |  |  |  |
| Basement   |  |    | X   | Pipe Insulation  | 50 lf                     | X              |   |   |   |   |   |  |  |  |
| Garage   |  |    |     | Pipe Insulation  | 65 lf                     | X              |   |   |   |   |   |  |  |  |

|   |   |                                    |  |
|---|---|------------------------------------|--|
| Name of Registered Waste Hauler<br><b>AZTECH MANAGEMENT, INC.</b> | NJDEP Waste Hauler ID No.<br><b>17040</b> | Cubic Yards of Waste<br><b>1.5</b> | Name of Registered Landfill<br><b>G.R.O.W.S.</b> |
| City, State<br><b>Montclair, NJ 07042</b>                         |   | Disposal Date<br><b>2-11-14</b>    | City, State<br><b>Morrisville, PA 19067</b>      |

|   |                           |   |                        |
|---|---------------------------|---|------------------------|
| Completed By (Print or Type)<br><b>Constantine Vivian</b> | Title<br><b>President</b> | Signature<br> | Date<br><b>1-28-14</b> |
|---|---------------------------|---|------------------------|



CH# 1075

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

|  |   |   |  |
|--|---|---|--|
| Date of Notification (1)<br><b>1/29/14</b>   |   | Name of Building Owner/Operator (2)<br><b>ROVER SCRAP YARD</b> FEB 3 2014 |  |
| Agency Notified<br><input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment #<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><b>516 CENTRAL AVE</b>                                  |  |
|  |   | City, State, Zip Code<br><b>HARRISON N.J.</b>                             |  |
|  |   | Name of Contact<br><b>MR JOHN ROVER</b>                                   |  |

**FACILITY INFORMATION**

|  |                                  |   |                        |
|--|----------------------------------|---|------------------------|
| Name of Facility Where Abatement is Taking Place (3)<br><b>506 CENTRAL AVE</b> |                                  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |                        |
| Street Address<br><b>506 CENTRAL AVE</b>                                       |                                  | Current Use (Prior to being demolished)<br><b>RESIDENT</b>  |                        |
| City (5)<br><b>HARRISON N.J.</b>   | Square Feet<br><b>2,500</b>      | # of Floors<br><b>2</b>   | Bldg. Age<br><b>80</b> |
| County (6)   | County Code (7) (STATE USE ONLY) |   |                        |

|   |               |                                  |
|---|---------------|----------------------------------|
| Name of Monitoring Firm Hired by Building Owner (8) | ASCM No.      | Name of Abatement Contractor (9) |
| <b>NOVATECH INC</b>                                 |               | <b>NOVATECH INC</b>              |
| Street Address                                      |               | Street Address                   |
|   |               | <b>P.O. Box 814</b>              |
| City, State, Zip Code                               |               | City, State, Zip Code            |
|   |               | <b>Old Bridge N.J. 08857</b>     |
| Project Manager for Monitoring Firm                 | Telephone No. | Telephone No. License No.        |
|   |               | <b>732 238x7500 00806</b>        |

|  |  |   |
|--|--|---|
| Start Date (10)<br><b>2/07/14</b>  | Scheduled Completion Date (11)<br><b>3/07/14</b> | Name of OSHA Monitor<br><b>NOVATECH INC</b>           |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: |  | Street Address<br><b>P.O. Box 814</b>                 |
|  |  | City, State, Zip Code<br><b>Old Bridge N.J. 08857</b> |

Scope of Work (Check all that apply)

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

Renovation  
 Demolition

Full Containment with Negative Pressure  
 Semi-Enclosure  
 Enclosure 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) |    |     | 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  | 250 LF                    |                |        | X           |           |
| 2nd Floor Apt Kitchen  |   |    | X   | 9x9 Floor Tile   | 2100 SF                   |                |        | X           |           |
| Exterior Siding Front of House Only  |   |    | X   | TRUSS  | 4130 SF                   |                |        | X           |           |

|  |   |                                      |  |
|--|---|--------------------------------------|--|
| Name of Registered Waste Hauler<br><b>NOVATECH INC</b> | NJDEP Waste Hauler ID No.<br><b>18501</b> | Cubic Yards of Waste<br><b>10</b>    | Name of Registered Landfill<br><b>G.R.O.W.S.</b> |
| City, State<br><b>Old Bridge N.J. 08857</b>            | Disposal Date                             | City, State<br><b>Harrisville PA</b> | Date<br><b>1/29/14</b>                           |
| Completed by<br><b>Carlos Almeida</b>                  | Title<br><b>PRESIDENT</b>                 | Signature<br><i>(Signature)</i>      |  |

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



LN# D004

|   |   |  |     |   |                           |   |        |             |           |  |
|---|---|--|-----|---|---------------------------|---|--------|-------------|-----------|--|
| Date of Notification (1)<br>1-28-2014   |   | Name of Building Owner/Operator (2)<br>C2EM Urban, LLC Engineers |     | APPROVED<br>NJ Dept. of Health & Senior Services<br><i>Paul C. Roman</i><br>(signature)<br>Date: 1/28/14 Time: 1:19 PM      |                           |   |        |             |           |  |
| Agencies Notified   |   | Type Notification  |     | Street Address<br>391 Littleton Ave.  |                           |   |        |             |           |  |
| <input type="checkbox"/> EPA  | <input checked="" type="checkbox"/> Initial                             | <input type="checkbox"/> Amended Amendment #                     |     | City, State, Zip Code<br>Newark, NJ 07103   |                           |   |        |             |           |  |
| <input type="checkbox"/> DEP  | <input checked="" type="checkbox"/> Emergency (including justification) | <input type="checkbox"/> Cancellation                            |     | Name of Contact<br>Maurice  |                           |   |        |             |           |  |
| <input type="checkbox"/> DOL  |   |  |     |   | Telephone Number          |   |        |             |           |  |
| <input type="checkbox"/> DOH  |   |  |     |   |                           |   |        |             |           |  |
| <input type="checkbox"/> DCA  |   |  |     |   |                           |   |        |             |           |  |
| <b>FACILITY INFORMATION</b>   |   |  |     |   |                           |   |        |             |           |  |
| Name of Facility Where Abatement is Taking Place (3)<br>1 Family Abandoned House for Demolition |   |  |     | Type of Facility (4)  |                           |   |        |             |           |  |
| Street Address<br>197 Sparrow Street  |   |  |     | <input type="checkbox"/> School (K-12)  |                           |   |        |             |           |  |
| City (5)<br>Orange  |   |  |     | <input type="checkbox"/> Subchapter 6 (Other than K-12)   |                           |   |        |             |           |  |
| County (6)<br>Essex   |   |  |     | <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)   |                           |   |        |             |           |  |
| Name of Monitoring Firm Hired by Building Owner (8)<br>n/a                                      |   | ASCM No.<br>n/a  |     | Name of Abatement Contractor (9)<br>Loznica Management Corp   |                           |   |        |             |           |  |
| Street Address<br>n/a   |   | City, State, Zip Code<br>Lincoln Park, NJ 07035                  |     | Square Feet<br>1500   |                           |   |        |             |           |  |
| City, State, Zip Code<br>n/a  |   | Telephone No.<br>n/a   |     | # of Floors<br>2  |                           |   |        |             |           |  |
| Project Manager for Monitoring Firm<br>n/a  |   | Telephone No.<br>n/a   |     | Bldg. Age<br>50+  |                           |   |        |             |           |  |
| Start Date (10)<br>1-29-2013  |   | Scheduled Completion Date (11)<br>1-30-2013                      |     | Current Use (Prior to being demolished)<br>Residential Home   |                           |   |        |             |           |  |
| Occupancy Status During Abatement (Check Only One)  |   | Name of OSHA Monitor<br>Loznica Management Corp                  |     | License No.<br>01193  |                           |   |        |             |           |  |
| <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement              |   | Street Address<br>22 Troy Lane                                   |     | City, State, Zip Code<br>Lincoln Park, NJ 07035   |                           |   |        |             |           |  |
| <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours                   |   | City, State, Zip Code<br>Lincoln Park, NJ 07035                  |     |   |                           |   |        |             |           |  |
| <input type="checkbox"/> Other - Describe:  |   |  |     |   |                           |   |        |             |           |  |
| 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 or ≥280 lf   |   | <input checked="" type="checkbox"/> Demolition                   |     | <input type="checkbox"/> Mini-Enclosure   |                           |   |        |             |           |  |
|   |   |  |     | <input type="checkbox"/> Glovebag Procedure   |                           |   |        |             |           |  |
|   |   |  |     | <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure   |                           |   |        |             |           |  |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)                    | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)   |  |     | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type                                |        |             |           |  |
|   | Yes   | No   | N/A |   |                           | Removal                                       | Repair | Encapsulate | Enclosure |  |
| Basement  |   |  | X   | VAT and Linoleum  | 350 SF                    | X   |        |             |           |  |
| Name of Registered Waste Hauler<br>Loznica Management Corp                                      |   | NJDEP Waste Hauler ID No.<br>0033137                             |     | Cubic Yards of Waste<br>TBD   |                           | Name of Registered Landfill<br>GROWS Landfill |        |             |           |  |
| City, State<br>Lincoln Park, NJ 07035   |   | Disposal Date<br>TBD   |     | City, State<br>Morrisville PA 19067   |                           |   |        |             |           |  |
| Completed by<br>E. Cirovic  |   | Title<br>Secretary   |     | Signature<br><i>E. Cirovic</i>  |                           | Date<br>1-28-2013                             |        |             |           |  |

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



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

FFR 3 2014

Date of Notification (1) 1-29-14

Name of Building Owner/Operator (2) ARCHE SIANNI

Agencies Notified  
 EPA  
 DEP  
 DOL  
 DOH  
 DCA

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

Street Address 109 Water Mill Ln

City, State, Zip Code Medea Pa

Name of Contact Archie

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

Street Address 5 water way rd

City (5) Ocean City

County (6) Atlantic

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 4100 # of Floors 2 Bldg. Age 70

Current Use (Prior if being demolished) Resident

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

Name of Abatement Contractor (9)  
AW: Joe LLC

Street Address 1212 Burlington Ave

City, State, Zip Code Delanco NJ 08075

Project Manager for Monitoring Firm Telephone No.

Start Date (10) 2-8-14 Scheduled Completion Date (11) 2-20-14

Telephone No. 866 624 0971 License No. 01070

Name of OSHA Monitor Self

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

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-Exempted (\*) and Non-Friable Procedure

| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |    |     | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |        |             |           |
|--|---|----|-----|--|---------------------------|----------------|--------|-------------|-----------|
|  | Yes   | No | N/A |  |                           | Removal        | Repair | Encapsulate | Enclosure |
| <u>outside</u>   |   |    |     | <u>ACM siding</u>  | <u>3200 SF</u>            |                |        |             |           |

Name of Registered Waste Hauler AW: Joe LLC

City, State Delanco NJ

RIDEP Waste Hauler ID No.

Cubic Yards of Waste 3

Name of Registered Landfill WM of Pa

City, State Plymouth Pa

Disposal Date TBD

Completed By Joe Hill Title VP

Signature [Signature] Date 1-28-14

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



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

Check # 9414

|   |  |  |                  |
|---|--|--|------------------|
| Date of Notification (1)<br><b>January 29, 2014</b>   |  | Name of Building Owner / Operator (2)<br><b>Santander Bank, NA</b> |                  |
| Agencies Notified<br><br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA | Type Notification<br><br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Cancellation | Street Address<br><b>108 Lacey Road</b>                            |                  |
|   |  | City, State & Zip Code<br><b>Whiting, NJ 08759</b>                 |                  |
|   |  | Name of Contact  | Telephone Number |

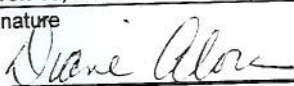
**FACILITY INFORMATION**

|  |  |   |   |
|--|--|---|---|
| Name of Facility Where Abatement is Taking Place (3)<br><b>Santander Bank</b>  |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.) |   |
| Street Address<br><b>108 Lacey Road</b>  |  | Square Feet<br><b>4,000</b>   | # of Floors<br><b>1</b>                                   |
| City (5)<br><b>Whiting</b>   |  | Bldg. Age<br><b>40</b>  |   |
| County (6)<br><b>Ocean</b>   | County Code (7)<br><b>USE ONLY</b>                     | Current Use (Prior if being demolished)<br><b>Bank</b>  |   |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>Hillman Consulting</b>   |  | ASCM No.  | Name of Abatement Contractor (9)<br><b>Synatech, Inc.</b> |
| Street Address<br><b>1600 Route 22 East, Ste. 107</b>  |  | Street Address<br><b>829 Radio Road</b>   |   |
| City, State & Zip Code<br><b>Union, NJ 07083</b>   |  | City, State & Zip Code<br><b>Little Egg Harbor, NJ 08087</b>  |   |
| Project Manager for Monitoring Firm<br><b>Brian Nemetz</b>   | Telephone Number<br><b>908-686-2636</b>                | Telephone Number<br><b>609-296-6916</b>   | License Number<br><b>00817</b>                            |
| Scheduled Start Date (10)<br><b>February 8, 2014</b>   | Scheduled Completion Date (11)<br><b>March 9, 2014</b> | Name of OSHA Monitor<br><b>Synatech, Inc.</b>   |   |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours<br><input type="checkbox"/> Other - Describe:<br><input type="checkbox"/> Facility Occupied During Abatement |  | Street Address<br><b>829 Radio Road</b>   |   |
|  |  | City, State & Zip Code<br><b>Little Egg Harbor, NJ 08087</b>  |   |

Scope of Work (Check all that apply)

- |   |                                     |   |
|---|-------------------------------------|---|
| <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 50$ lf | <input type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure              |
| <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf         | <input type="checkbox"/> Demolition | <input 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)<br><b>TO BE ABATED</b><br>IN Facility (13) | Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) |    |          | Description of Asbestos-Containing Material (ACM)<br>(i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) | Amount (Specify SF or LF)<br><b>140 SF</b> | Abatement Type |        |             |           |
|---|--|----|----------|--|--|----------------|--------|-------------|-----------|
|   | Yes  | No | N/A      |  |  | Removal        | Repair | Encapsulate | Enclosure |
| <b>Storage Area</b>   |  |    | <b>x</b> | <i>Floor Tile</i>  |  | <b>X</b>       |        |             |           |
|   |  |    |          |  |  |                |        |             |           |

|  |   |   |  |
|--|---|---|--|
| Name of Registered Waste Hauler<br><b>Synatech, Inc.</b> | NJDEP Waste Hauler ID No.<br><b>27429</b> | Cubic Yards of Waste<br><b>2</b>  | Name of Registered Landfill<br><b>Grows Landfill</b> |
| City, State<br><b>Little Egg Harbor, NJ 08087</b>        | Disposal Date<br><b>March 10, 2014</b>    | City, State<br><b>Morrisville, PA</b>   |  |
| Completed By<br><b>Diane Aloia</b>                       | Title<br><b>Executive Administrator</b>   | Signature<br> | Date<br><b>January 29, 2014</b>                      |



CHECK #  
3178

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

|  |  |   |  |  |        |             |           |
|--|--|---|--|--|--------|-------------|-----------|
| Date of Notification (1)<br><u>1/28/14</u>   |  | Name of Building Owner/Operator (2)<br><u>PINELANDS CONSTRUCTION</u>  |  |  |        |             |           |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input type="checkbox"/> DOH<br><input type="checkbox"/> DCA   | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><u>300 77 TH ST.</u>  |  |  |        |             |           |
|  |  | City, State, Zip Code<br><u>SEA ISLE CITY, N.J. 08243</u>   |  |  |        |             |           |
|  |  | Name of Contact<br><u>FRANK EDUARDI</u>   | Telephone Number                           |  |        |             |           |
| FACILITY INFORMATION   |  |   |  |  |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br><u>RESIDENCE</u>   |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)        |  |  |        |             |           |
| Street Address<br><u>9 VICTORIA LANE</u>   |  | Square Feet   | # of Floors Bldg. Age                      |  |        |             |           |
| City (5)<br><u>OCEANO CITY</u>   |  | Current Use (Prior if being demolished)<br><u>VACANT</u>  |  |  |        |             |           |
| County (6)<br><u>CAPE MAY</u>  | County Code (7) (STATE USE ONLY)   |   |  |  |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br><u>N/A</u>  | ASCM No.   | Name of Abatement Contractor (9)<br><u>KLEMMCO INC.</u>   |  |  |        |             |           |
| Street Address   |  | Street Address<br><u>369 S. SPRUCE AVE.</u>   |  |  |        |             |           |
| City, State, Zip Code  |  | City, State, Zip Code<br><u>MAPLE SHADE, N.J. 08052</u>   |  |  |        |             |           |
| Project Manager for Monitoring Firm  |  | Telephone No.<br><u>856-779-0472</u>  | License No.<br><u>00444</u>                |  |        |             |           |
| Start Date (10)<br><u>2/7/14</u>   | Scheduled Completion Date (11)<br><u>2/14/14</u>   | Name of OSHA Monitor<br><u>JOSEPH KLEMM</u>   |  |  |        |             |           |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____ |  | Street Address<br><u>369 S. SPRUCE AVE.</u>   |  |  |        |             |           |
|  |  | City, State, Zip Code<br><u>MAPLE SHADE, N.J. 08052</u>   |  |  |        |             |           |
| Scope of Work (Check all that apply)   |  |   |  |  |        |             |           |
| <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf   |  | <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition   |  |  |        |             |           |
|  |  | <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |  |        |             |           |
| Location of Asbestos-Containing Material (ACM) IN Facility (13)<br><u>TO BE ABATED</u>   | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)<br>Yes No N/A  | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  | Amount (Specify SF or LF)<br><u>2000 #</u> | Abatement Type                                     |        |             |           |
|  |  |   |  | Removal  | Repair | Encapsulate | Enclosure |
| <u>SIDING</u>  |  | <u>TRANSITE</u>   |  | <input checked="" type="checkbox"/>                |        |             |           |
|  |  |   |  |  |        |             |           |
| Name of Registered Waste Hauler<br><u>KLEMMCO INC.</u>   |  | NJDEP Waste Hauler ID No.<br><u>17904</u>   | Cubic Yards of Waste                       | Name of Registered Landfill<br><u>C.M.C.M.U.A.</u> |        |             |           |
| City, State<br><u>MAPLE SHADE, N.J.</u>  |  | Disposal Date   | City, State<br><u>WOODBINE, N.J.</u>       |  |        |             |           |
| Completed By<br><u>JOSEPH KLEMM</u>  | Title<br><u>V/P</u>  | Signature<br><u>Joseph Klemm</u>  | Date<br><u>9/28/14</u>                     |  |        |             |           |



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

Check # 2229

| Date of Notification (1)<br><b>1/30/14</b>  |   | Name of Building Owner/Operator (2)<br><b>Joseph Strempek</b>  |                                     |   |                           |                                     |                        |             |           |  |
|---|---|--|-------------------------------------|---|---------------------------|-------------------------------------|------------------------|-------------|-----------|--|
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA   |   | Type Notification<br><input type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |                                     |   |                           |                                     |                        |             |           |  |
| Street Address<br><b>311 Madison Ave</b>  |   | City, State, Zip Code<br><b>Spring Lake, New Jersey</b>  |                                     |   |                           |                                     |                        |             |           |  |
| Name of Contact<br><b>Joe</b>   |   | Telephone Number   |                                     |   |                           |                                     |                        |             |           |  |
| FACILITY INFORMATION  |   |  |                                     |   |                           |                                     |                        |             |           |  |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Strempek Residence</b>   |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)                        |                                     |   |                           |                                     |                        |             |           |  |
| Street Address<br><b>311 Madison Ave</b>  |   | Square Feet<br><b>4000</b>   | # of Floors<br><b>2</b>             |   |                           |                                     |                        |             |           |  |
| City (5)<br><b>Spring Lake</b>  |   | Bldg. Age<br><b>65</b>   |                                     |   |                           |                                     |                        |             |           |  |
| County (6)<br><b>Monmouth</b>   |   | County Code (7) (STATE USE ONLY)   |                                     |   |                           |                                     |                        |             |           |  |
| Name of Monitoring Firm Hired by Building Owner (8)   |   | Name of Abatement Contractor (9)<br><b>Ace Insulation Co., Inc.</b>  |                                     |   |                           |                                     |                        |             |           |  |
| Street Address  |   | Street Address<br><b>95 Montrose Road</b>  |                                     |   |                           |                                     |                        |             |           |  |
| City, State, Zip Code   |   | City, State, Zip Code<br><b>Colts Neck, N.J. 07722</b>   |                                     |   |                           |                                     |                        |             |           |  |
| Project Manager for Monitoring Firm   |   | Telephone No.<br><b>732-294-1757</b>   | License No.<br><b>00029</b>         |   |                           |                                     |                        |             |           |  |
| Start Date (10)<br><b>2/10/14</b>   | Scheduled Completion Date (11)<br><b>2/14/14</b>                      | Name of OSHA Monitor   |                                     |   |                           |                                     |                        |             |           |  |
| Occupancy Status During Abatement (Check Only One)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other - Describe: <b>7am - 7pm</b> |   | Street Address   |                                     |   |                           |                                     |                        |             |           |  |
|   |   | City, State, Zip Code  |                                     |   |                           |                                     |                        |             |           |  |
| Scope of Work (Check All That Apply)<br><input checked="" type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf  |   |  |                                     |   |                           |                                     |                        |             |           |  |
| <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition   |   |  |                                     |   |                           |                                     |                        |             |           |  |
| <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure  |   |  |                                     |   |                           |                                     |                        |             |           |  |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |  |                                     | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type                      |                        |             |           |  |
|   | Yes   | No   | N/A                                 |   |                           | Removal                             | Repair                 | Encapsulate | Enclosure |  |
| <b>basement</b>   |   |  | <input checked="" type="checkbox"/> | <b>paperwrap</b>  | <b>300 LF</b>             | <input checked="" type="checkbox"/> |                        |             |           |  |
| Name of Registered Waste Hauler<br><b>Ace Insulation Co., Inc.</b>  |   | NJDEP Waste Hauler ID No.<br><b>12086</b>  | Cubic Yards of Waste                | Name of Registered Landfill<br><b>I.E.S.I.</b>  |                           |                                     |                        |             |           |  |
| City, State<br><b>Colts Neck, New Jersey</b>  |   | Disposal Date<br><b>2/14/14</b>  |                                     | City, State<br><b>Bethlehem, PA</b>   |                           |                                     |                        |             |           |  |
| Completed by<br><b>Bree McGuire</b>   |   | Title<br><b>Secretary Treasurer</b>  | Signature<br><i>Bree McGuire</i>    |   |                           |                                     | Date<br><b>1/30/14</b> |             |           |  |


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



\* Emergency \*

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

CK 3888

|   |  |  |                                      |   |                           |                |        |                   |           |  |
|---|--|--|--------------------------------------|---|---------------------------|----------------|--------|-------------------|-----------|--|
| Date of Notification (1)<br>1/30/14   |  | Name of Building Owner/Operator (2)<br>Camden City Public Schools  |                                      |   |                           |                |        |                   |           |  |
| Agencies Notified<br><br><input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA  | Type Notification<br><br><input type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |  | Street Address<br>201 N Front Street |   |                           |                |        |                   |           |  |
|   | City, State, Zip Code<br>Camden NJ 08102   |  | Telephone Number<br>FEB 3 2014       |   |                           |                |        |                   |           |  |
| Name of Contact<br>Steve Nicolella  |  | Name of Building Owner/Operator (2)<br>Camden City Public Schools  |                                      |   |                           |                |        |                   |           |  |
| <b>FACILITY INFORMATION</b>   |  |  |                                      |   |                           |                |        |                   |           |  |
| Name of Facility Where Abatement is Taking Place (3)<br>Whittier Elementary School Class Room 35  |  | Type of Facility (4)<br><input checked="" type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)                    |                                      |   |                           |                |        |                   |           |  |
| Street Address<br>8th and Chestnut Streets  |  | Square Feet<br>1000+   | # of Floors<br>2+                    |   |                           |                |        |                   |           |  |
| City (5)<br>Camden NJ 08102   |  | Bldg. Age<br>35+   |                                      |   |                           |                |        |                   |           |  |
| County (6)<br>Camden  | County Code (7)<br>(STATE USE ONLY) _____  | Current Use (Prior if being demolished)  |                                      |   |                           |                |        |                   |           |  |
| Name of Monitoring Firm Hired by Building Owner (8)<br>N/A  | ASCM No.   | Name of Abatement Contractor (9)<br>Pernaco Inc.   |                                      |   |                           |                |        |                   |           |  |
| Street Address  |  | Street Address<br>PO Box 329   |                                      |   |                           |                |        |                   |           |  |
| City, State, Zip Code   |  | City, State, Zip Code<br>West Berlin NJ 08091  |                                      |   |                           |                |        |                   |           |  |
| Project Manager for Monitoring Firm   |  | Telephone No.<br>856-753-9800  | License No.<br>00727                 |   |                           |                |        |                   |           |  |
| Start Date (10)<br>1/31/14  | Scheduled Completion Date (11)<br>2/3/14   | Name of OSHA Monitor<br>Same   |                                      |   |                           |                |        |                   |           |  |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other - Describe: night & Weekend |  | Street Address   |                                      |   |                           |                |        |                   |           |  |
|   |  | City, State, Zip Code  |                                      |   |                           |                |        |                   |           |  |
| Scope of Work (Check All That Apply)  |  |  |                                      |   |                           |                |        |                   |           |  |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf   |  | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition  |                                      |   |                           |                |        |                   |           |  |
|   |  | <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                                      |   |                           |                |        |                   |           |  |
| Location of Asbestos-Containing Material (ACM) <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 |  |
| Class Room 35   |  |  |                                      | Floor Tile only   | 800 SF                    | x              |        |                   |           |  |
|   |  |  |                                      |   |                           |                |        |                   |           |  |
| Name of Registered Waste Hauler<br>United Containers  |  | NJDEP Waste Hauler ID No.<br>22459   | Cubic Yards of Waste<br>4            | Name of Registered Landfill<br>G.R.O.W.S  |                           |                |        |                   |           |  |
| City, State<br>Elm NJ   |  | Disposal Date<br>2/4/14  |                                      | City, State<br>Morrisville PA 19067   |                           |                |        |                   |           |  |
| Completed by<br>Anthony T Perna   |  | Title<br>President   |                                      | Signature<br>                           |                           |                |        | Date<br>2/1/30/14 |           |  |

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

\* Emergency

STATE OF NEW JERSEY  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
 (Pursuant to NJAC 8:60 and 12:120)

CK 3886

| Date of Notification (1)<br>1/30/14   |   | Name of Building Owner/Operator (2)<br>Albert Sherman (Private Home)   |  |   |                           |                |                 |             |           |  |
|---|---|--|--|---|---------------------------|----------------|-----------------|-------------|-----------|--|
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input checked="" type="checkbox"/> DCA                        | Type Notification<br><input type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment #<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |  | Street Address<br>22 West Alabama                |   |                           |                |                 |             |           |  |
|   | Name of Facility Where Abatement is Taking Place (3)<br>Albert Sherman (Private Home)   |  | City, State, Zip Code<br>Long Beach Twp NJ 08008 |   |                           |                |                 |             |           |  |
| Name of Facility Where Abatement is Taking Place (3)<br>Albert Sherman (Private Home)   |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)                               | Telephone Number                                 |   |                           |                |                 |             |           |  |
| Street Address<br>22 West Alabama   |   | Square Feet<br>1000+   | # of Floors<br>1.5                               |   |                           |                |                 |             |           |  |
| City (5)<br>Long Beach Twp NJ 08008   |   | Bldg. Age<br>35+   |  |   |                           |                |                 |             |           |  |
| County (6)<br>Ocean   |   | County Code (7)<br>(STATE USE ONLY)  | Current Use (Prior if being demolished)<br>Home  |   |                           |                |                 |             |           |  |
| Name of Monitoring Firm Hired by Building Owner (8)<br>N/A  |   | ASCM No.   | Name of Abatement Contractor (9)<br>Pernaco Inc. |   |                           |                |                 |             |           |  |
| Street Address  |   | Street Address<br>PO Box 329   |  |   |                           |                |                 |             |           |  |
| City, State, Zip Code   |   | City, State, Zip Code<br>West Berlin NJ 08091  |  |   |                           |                |                 |             |           |  |
| Project Manager for Monitoring Firm   |   | Telephone No.<br>856-753-9800  | License No.<br>00727                             |   |                           |                |                 |             |           |  |
| Start Date (10)<br>1/31/14  |   | Scheduled Completion Date (11)<br>2/5/14   |  |   |                           |                |                 |             |           |  |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br>Other - Describe: _____ |   | Name of OSHA Monitor<br>Same   |  |   |                           |                |                 |             |           |  |
| Scope of Work (Check All That Apply)<br><input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf   |   | <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |   |                           |                |                 |             |           |  |
| <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition   |   | <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |   |                           |                |                 |             |           |  |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)   |  |  | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |                 |             |           |  |
|   | Yes   | No   | N/A  |   |                           | Removal        | Repair          | Encapsulate | Enclosure |  |
| Exterior Siding   |   |  | x  | Exterior Siding   | 1500 SF                   | x              |                 |             |           |  |
|   |   |  |  |   |                           |                |                 |             |           |  |
| Name of Registered Waste Hauler<br>United Containers  |   | NJDEP Waste Hauler ID No.<br>22459   | Cubic Yards of Waste<br>3                        | Name of Registered Landfill<br>G.R.O.W.S.   |                           |                |                 |             |           |  |
| City, State<br>Elm NJ   |   | Disposal Date<br>2/5/14  | City, State<br>Morrisville PA 19067              |   |                           |                |                 |             |           |  |
| Completed by<br>Anthony T Perna   |   | Title<br>President   | Signature<br>                                    |   |                           |                | Date<br>1/30/14 |             |           |  |

\* 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)

Pg 1  
 Ck # 2553

| Date of Notification (1)<br><u>12</u> / <u>16</u> / <u>13</u>  |  | Name of Building Owner/Operator (2)<br><b>Verizon</b>   |  |  |                           |                                     |                          |                          |                          |
|--|--|---|--|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DHSS<br><input type="checkbox"/> DCA<br>(NJAC 5:23-8)   | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br>Amendment # <u>3-1/30/14</u><br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><b>15 East Montgomery Place, Lower Level</b>  |  |  |                           |                                     |                          |                          |                          |
|  |  | City, State, Zip Code<br><b>Pittsburgh, PA 15212</b>  |  |  |                           |                                     |                          |                          |                          |
|  |  | Name of Contact<br><b>Anthony Porta</b>   | Telephone Number   |  |                           |                                     |                          |                          |                          |
| <b>FACILITY INFORMATION</b>  |  |   |  |  |                           |                                     |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Verizon Market CO</b>   |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)  |  |  |                           |                                     |                          |                          |                          |
| Street Address<br><b>95 William St</b>   |  | Square Feet   | # of Floors  |  |                           |                                     |                          |                          |                          |
| City (5)<br><b>Newark</b>  |  | Bldg. Age   |  |  |                           |                                     |                          |                          |                          |
| County (6)<br><b>Essex</b>   | County Code (7)(STATE USE ONLY)  | Current Use (Prior if being demolished)<br><b>Office</b>  |  |  |                           |                                     |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>USA Environmental Management</b>   |  | ASCM No.  | Name of Abatement Contractor (9)<br><b>BRISTOL ENVIRONMENTAL, INC.</b> |  |                           |                                     |                          |                          |                          |
| Street Address<br><b>8436 Enterprise Ave</b>   |  | Street Address<br><b>1123 BEAVER STREET</b>   |  |  |                           |                                     |                          |                          |                          |
| City, State, Zip Code<br><b>Philadelphia, PA 19153</b>   |  | City, State, Zip Code<br><b>BRISTOL, PA 19007</b>   |  |  |                           |                                     |                          |                          |                          |
| Project Manager for Monitoring Firm<br><b>Mark Jenkins</b>   |  | Telephone No.<br><b>215-365-5810</b>  | Telephone No.<br><b>215-788-6040</b>                                   |  |                           |                                     |                          |                          |                          |
|  |  |   | License No.<br><b>00509</b>  |  |                           |                                     |                          |                          |                          |
| Start Date (10)<br><u>1</u> / <u>2</u> / <u>14</u>   | Scheduled Completion Date (11)<br><u>2</u> / <u>14</u> / <u>14</u>   | Name of OSHA Monitor<br><b>BRISTOL ENVIRONMENTAL, INC.</b>  |  |  |                           |                                     |                          |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: <u>7:00AM-3:30PM</u> PM- <u>    </u> AM<br>*** <u>OFF SITE 1/30/14 - 2/4/14 - RETURN 2/5/14</u> |  | Street Address<br><b>1123 BEAVER STREET</b>   |  |  |                           |                                     |                          |                          |                          |
|  |  | City, State, Zip Code<br><b>BRISTOL, PA 19007</b>   |  |  |                           |                                     |                          |                          |                          |
| Scope of Work (Check all that apply)   |  |   |  |  |                           |                                     |                          |                          |                          |
| <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf  |  | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |  |                           |                                     |                          |                          |                          |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)   | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)  |   |  | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type                      |                          |                          |                          |
|  | Yes  | No  | N/A  |  |                           | Removal                             | Repair                   | Encapsulate              | Enclosure                |
| 11 <sup>th</sup> Fl. AC equipment room   | <input checked="" type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>   | Floor tile and mastic  | 1820 SF                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 <sup>th</sup> Fl. AC equipment room   | <input checked="" type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>   | Floor tile and mastic  | 45 SF                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 <sup>th</sup> Fl. AC equipment room  | <input checked="" type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>   | Floor tile and mastic  | 35 SF                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 <sup>th</sup> Fl. AC equipment room  | <input checked="" type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>   | Floor tile and mastic  | 85 SF                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler<br><b>SERVICE TRANSPORT GROUP, INC.</b>  |  | NJDEP Waste Hauler ID No.<br><b>20990</b>   | Cubic Yards of Waste   | Name of Registered Landfill<br><b>MINERVA LANDFILL</b>   |                           |                                     |                          |                          |                          |
| City, State<br><b>NEW CASTLE, DE 19720</b>   |  | Disposal Date   |  | City, State<br><b>WAYNESBURG, OH 44688</b>   |                           |                                     |                          |                          |                          |
| Completed By (Print or Type)<br><b>Brian Scafiro</b>   |  | Title<br><b>Estimator</b>   | Signature<br><i>Brian Scafiro/jl</i>                                   |  |                           | Date<br><u>1/30/14</u>              |                          |                          |                          |



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

192  
*Cr # 2553*

| Date of Notification (1)<br><u>12</u> / <u>16</u> / <u>13</u>  |  | Name of Building Owner/Operator (2)<br><b>Verizon</b>  |  |  |                           |                                     |                          |                          |                          |
|--|--|--|--|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DHSS<br><input type="checkbox"/> DCA<br>(NJAC 5:23-8)   | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br>Amendment # <u>3-1/30/14</u><br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><b>15 East Montgomery Place, Lower Level</b>   |  |  |                           |                                     |                          |                          |                          |
|  |  | City, State, Zip Code<br><b>Pittsburgh, PA 15212</b>   |  |  |                           |                                     |                          |                          |                          |
|  |  | Name of Contact<br><b>Anthony Porta</b>  | Telephone Number   |  |                           |                                     |                          |                          |                          |
| <b>FACILITY INFORMATION</b>  |  |  |  |  |                           |                                     |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Verizon Market CO</b>   |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)                                       |  |  |                           |                                     |                          |                          |                          |
| Street Address<br><b>95 William St</b>   |  | Square Feet  | # of Floors  |  |                           |                                     |                          |                          |                          |
| City (5)<br><b>Newark</b>  |  | Bldg. Age  |  |  |                           |                                     |                          |                          |                          |
| County (6)<br><b>Essex</b>   | County Code (7)(STATE USE ONLY)  | Current Use (Prior if being demolished)<br><b>Office</b>   |  |  |                           |                                     |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>USA Environmental Management</b>   |  | ASCM No.   | Name of Abatement Contractor (9)<br><b>BRISTOL ENVIRONMENTAL, INC.</b> |  |                           |                                     |                          |                          |                          |
| Street Address<br><b>8436 Enterprise Ave</b>   |  | Street Address<br><b>1123 BEAVER STREET</b>  |  |  |                           |                                     |                          |                          |                          |
| City, State, Zip Code<br><b>Philadelphia, PA 19153</b>   |  | City, State, Zip Code<br><b>BRISTOL, PA 19007</b>  |  |  |                           |                                     |                          |                          |                          |
| Project Manager for Monitoring Firm<br><b>Mark Jenkins</b>   |  | Telephone No.<br><b>215-365-5810</b>   | Telephone No.<br><b>215-788-6040</b>                                   |  |                           |                                     |                          |                          |                          |
|  |  | License No.<br><b>00509</b>  |  |  |                           |                                     |                          |                          |                          |
| Start Date (10)<br><u>1</u> / <u>2</u> / <u>14</u>   | Scheduled Completion Date (11)<br><u>2</u> / <u>14</u> / <u>14</u>   | Name of OSHA Monitor<br><b>BRISTOL ENVIRONMENTAL, INC.</b>   |  |  |                           |                                     |                          |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: <u>7:00AM-3:30PM</u> PM- <u>    </u> AM<br><i>*** OFF SITE 1/30/14 - 2/4/14 - RETURN 2/5/14</i> |  | Street Address<br><b>1123 BEAVER STREET</b>  |  |  |                           |                                     |                          |                          |                          |
|  |  | City, State, Zip Code<br><b>BRISTOL, PA 19007</b>  |  |  |                           |                                     |                          |                          |                          |
| Scope of Work (Check all that apply)   |  |  |  |  |                           |                                     |                          |                          |                          |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf  |  | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition  |  |  |                           |                                     |                          |                          |                          |
|  |  | <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |  |                           |                                     |                          |                          |                          |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)   | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)  |  |  | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type                      |                          |                          |                          |
|  | Yes  | No   | N/A  |  |                           | Removal                             | Repair                   | Encapsulate              | Enclosure                |
| 6 <sup>th</sup> Fl. AC equipment room  | <input checked="" type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>   | Pipe fitting insulation  | 5 LF                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 <sup>th</sup> Fl. AC equipment room  | <input checked="" type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>   | Valve insulation   | 2 LF                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 <sup>th</sup> Fl. Machine Rm (#4/5 Elevators)  | <input checked="" type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>   | VAT/Mastic   | 350 SF                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11 <sup>th</sup> Fl. Machine Rm (#7/8 Elevators)   | <input checked="" type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>   | VAT/Mastic   | 440 SF                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler<br><b>SERVICE TRANSPORT GROUP, INC.</b>  |  | NJDEP Waste Hauler ID No.<br><b>20990</b>  | Cubic Yards of Waste   | Name of Registered Landfill<br><b>MINERVA LANDFILL</b>   |                           |                                     |                          |                          |                          |
| City, State<br><b>NEW CASTLE, DE 19720</b>   |  |  | Disposal Date  | City, State<br><b>WAYNESBURG, OH 44688</b>   |                           |                                     |                          |                          |                          |
| Completed By (Print or Type)<br><b>Brian Scafiro</b>   |  | Title<br><b>Estimator</b>  | Signature<br><i>Brian Scafiro/jl</i>                                   |  |                           | Date<br><u>1/30/14</u>              |                          |                          |                          |



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

Pg 3  
CR# 2553

| Date of Notification (1)<br><u>12</u> / <u>16</u> / <u>13</u>  |  | Name of Building Owner/Operator (2)<br><b>Verizon</b>  |                             |  |                           |                                     |                          |                          |                          |
|--|--|--|-----------------------------|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DHSS<br><input type="checkbox"/> DCA<br>(NJAC 5:23-8)   | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br>Amendment # <u>3-1/30/14</u><br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><b>15 East Montgomery Place, Lower Level</b>   |                             |  |                           |                                     |                          |                          |                          |
|  |  | City, State, Zip Code<br><b>Pittsburgh, PA 15212</b>   |                             |  |                           |                                     |                          |                          |                          |
|  |  | Name of Contact<br><b>Anthony Porta</b>  | Telephone Number            |  |                           |                                     |                          |                          |                          |
| <b>FACILITY INFORMATION</b>  |  |  |                             |  |                           |                                     |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Verizon Market CO</b>   |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)                                       |                             |  |                           |                                     |                          |                          |                          |
| Street Address<br><b>95 William St</b>   |  | Square Feet  | # of Floors                 |  |                           |                                     |                          |                          |                          |
| City (5)<br><b>Newark</b>  |  | Bldg. Age  |                             |  |                           |                                     |                          |                          |                          |
| County (6)<br><b>Essex</b>   | County Code (7)(STATE USE ONLY)  | Current Use (Prior if being demolished)<br><b>Office</b>   |                             |  |                           |                                     |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>USA Environmental Management</b>   | ASCM No.   | Name of Abatement Contractor (9)<br><b>BRISTOL ENVIRONMENTAL, INC.</b>   |                             |  |                           |                                     |                          |                          |                          |
| Street Address<br><b>8436 Enterprise Ave</b>   |  | Street Address<br><b>1123 BEAVER STREET</b>  |                             |  |                           |                                     |                          |                          |                          |
| City, State, Zip Code<br><b>Philadelphia, PA 19153</b>   |  | City, State, Zip Code<br><b>BRISTOL, PA 19007</b>  |                             |  |                           |                                     |                          |                          |                          |
| Project Manager for Monitoring Firm<br><b>Mark Jenkins</b>   | Telephone No.<br><b>215-365-5810</b>   | Telephone No.<br><b>215-788-6040</b>   | License No.<br><b>00509</b> |  |                           |                                     |                          |                          |                          |
| Start Date (10)<br><u>1</u> / <u>2</u> / <u>14</u>   | Scheduled Completion Date (11)<br><u>2</u> / <u>14</u> / <u>14</u>   | Name of OSHA Monitor<br><b>BRISTOL ENVIRONMENTAL, INC.</b>   |                             |  |                           |                                     |                          |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: <b>7:00AM-3:30PM</b> PM- AM<br><b>CFF SITE 1/30/14-2/4/14 - RETURN 2/5/14</b> |  | Street Address<br><b>1123 BEAVER STREET</b>  |                             |  |                           |                                     |                          |                          |                          |
| Scope of Work (Check all that apply)<br><input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf<br><input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition   |  | City, State, Zip Code<br><b>BRISTOL, PA 19007</b>  |                             |  |                           |                                     |                          |                          |                          |
|  |  | <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                             |  |                           |                                     |                          |                          |                          |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)   | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)  |  |                             | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type                      |                          |                          |                          |
|  | Yes  | No   | N/A                         |  |                           | Removal                             | Repair                   | Encapsulate              | Enclosure                |
| 11 <sup>th</sup> FI Machine Rm (# 6 Freight Elev   | <input checked="" type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>    | VAT/Mastic   | 220 SF                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12 <sup>th</sup> FI Machine Rm (#2/3 Elevators)  | <input checked="" type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>    | VAT/Mastic   | 1,000 SF                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12th FI Machine Rm (#2/3 Elevators)  | <input checked="" type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>    | VAT/Mastic   | 200 SF                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Mechanical Room  | <input checked="" type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>    | Fittings   | 25                        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler<br><b>SERVICE TRANSPORT GROUP, INC.</b>  |  | NJDEP Waste Hauler ID No.<br><b>20990</b>  | Cubic Yards of Waste        | Name of Registered Landfill<br><b>MINERVA LANDFILL</b>   |                           |                                     |                          |                          |                          |
| City, State<br><b>NEW CASTLE, DE 19720</b>   |  |  | Disposal Date               | City, State<br><b>WAYNESBURG, OH 44688</b>   |                           |                                     |                          |                          |                          |
| Completed By (Print or Type)<br><b>Brian Scaffiro</b>  | Title<br><b>Estimator</b>  | Signature<br><i>Brian Scaffiro / jil</i>   |                             |  | Date<br><b>1/30/14</b>    |                                     |                          |                          |                          |



Fig. 1

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

|  |   |  |  |  |                           |                                     |                          |                          |                          |  |
|--|---|--|--|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--|
| Date of Notification (1)<br><u>12</u> / <u>16</u> / <u>13</u>  |   | Name of Building Owner/Operator (2)<br><b>Verizon</b>  |  |  |                           |                                     |                          |                          |                          |  |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DHSS<br><input type="checkbox"/> DCA<br>(NJAC 5:23-8)   | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br>Amendment # <u>1-1/3/14</u><br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><b>15 East Montgomery Place, Lower Level</b>   |  |  |                           |                                     |                          |                          |                          |  |
|  |   | City, State, Zip Code<br><b>Pittsburgh, PA 15212</b>   |  |  |                           |                                     |                          |                          |                          |  |
|  |   | Name of Contact<br><b>Anthony Porta</b>  | Telephone Number   |  |                           |                                     |                          |                          |                          |  |
| <b>FACILITY INFORMATION</b>  |   |  |  |  |                           |                                     |                          |                          |                          |  |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Verizon Market CO</b>   |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) |  |  |                           |                                     |                          |                          |                          |  |
| Street Address<br><b>95 William St</b>   |   | Square Feet  | # of Floors  |  |                           |                                     |                          |                          |                          |  |
| City (5)<br><b>Newark</b>  |   | Bldg. Age  |  |  |                           |                                     |                          |                          |                          |  |
| County (6)<br><b>Essex</b>   | County Code (7) (STATE USE ONLY)  | Current Use (Prior if being demolished)<br><b>Office</b>   |  |  |                           |                                     |                          |                          |                          |  |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>USA Environmental Management</b>   |   | ASCM No.   | Name of Abatement Contractor (9)<br><b>BRISTOL ENVIRONMENTAL, INC.</b> |  |                           |                                     |                          |                          |                          |  |
| Street Address<br><b>8436 Enterprise Ave</b>   |   | Street Address<br><b>1123 BEAVER STREET</b>  |  |  |                           |                                     |                          |                          |                          |  |
| City, State, Zip Code<br><b>Philadelphia, PA 19153</b>   |   | City, State, Zip Code<br><b>BRISTOL, PA 19007</b>  |  |  |                           |                                     |                          |                          |                          |  |
| Project Manager for Monitoring Firm<br><b>Mark Jenkins</b>   |   | Telephone No.<br><b>215-365-5810</b>   | Telephone No.<br><b>215-788-6040</b>                                   |  |                           |                                     |                          |                          |                          |  |
| Start Date (10)<br><u>1</u> / <u>2</u> / <u>14</u>   |   | Scheduled Completion Date (11)<br><u>1</u> / <u>17</u> / <u>14</u>   | License No.<br><b>00509</b>  |  |                           |                                     |                          |                          |                          |  |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement; <u>7:00AM-3:30PM</u> / <u>    </u> PM - <u>    </u> AM<br><i>OFF SITE 1/3/14</i>  |   | Name of OSHA Monitor<br><b>BRISTOL ENVIRONMENTAL, INC.</b>   |  |  |                           |                                     |                          |                          |                          |  |
| Scope of Work (Check all that apply)<br><input type="checkbox"/> >3 sf or >3 lf<br><input checked="" type="checkbox"/> >160 sf or >260 lf<br><input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |   | Street Address<br><b>1123 BEAVER STREET</b>  |  |  |                           |                                     |                          |                          |                          |  |
|  |   | City, State, Zip Code<br><b>BRISTOL, PA 19007</b>  |  |  |                           |                                     |                          |                          |                          |  |
| 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                |  |
| 11 <sup>th</sup> Fl. AC equipment room   | <input checked="" type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   | Floor tile and mastic  | 1820 SF                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 10 <sup>th</sup> Fl. AC equipment room   | <input checked="" type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   | Floor tile and mastic  | 45 SF                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 9 <sup>th</sup> Fl. AC equipment room  | <input checked="" type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   | Floor tile and mastic  | 35 SF                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 6 <sup>th</sup> Fl. AC equipment room  | <input checked="" type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   | Floor tile and mastic  | 85 SF                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| Name of Registered Waste Hauler<br><b>SERVICE TRANSPORT GROUP, INC.</b>  |   | NJDEP Waste Hauler ID No.<br><b>20990</b>  | Cubic Yards of Waste   | Name of Registered Landfill<br><b>MINERVA LANDFILL</b>   |                           |                                     |                          |                          |                          |  |
| City, State<br><b>NEW CASTLE, DE 19720</b>   |   |  | Disposal Date  | City, State<br><b>WAYNESBURG, OH 44688</b>   |                           |                                     |                          |                          |                          |  |
| Completed By (Print or Type)<br><b>Brian Scafiro</b>   |   | Title<br><b>Estimator</b>  | Signature<br><i>Brian Scafiro</i>                                      |  |                           | Date<br><b>1/3/14</b>               |                          |                          |                          |  |



Pg. 2

CR # 2537

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

| Date of Notification (1)<br><u>12</u> / <u>16</u> / <u>13</u>   |  | Name of Building Owner/Operator (2)<br><b>Verizon</b>  |  |  |                           |                                     |                          |                          |                          |
|---|--|--|--|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DHSS<br><input type="checkbox"/> DCA<br>(NJAC 5:23-8)  | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><b>15 East Montgomery Place, Lower Level</b>   |  |  |                           |                                     |                          |                          |                          |
|   |  | City, State, Zip Code<br><b>Pittsburgh, PA 15212</b>   |  |  |                           |                                     |                          |                          |                          |
|   |  | Name of Contact<br><b>Anthony Porta</b>  | Telephone Number   |  |                           |                                     |                          |                          |                          |
| <b>FACILITY INFORMATION</b>   |  |  |  |  |                           |                                     |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Verizon Market CO</b>  |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)                                       |  |  |                           |                                     |                          |                          |                          |
| Street Address<br><b>95 William St</b>  |  | Square Feet  | # of Floors  |  |                           |                                     |                          |                          |                          |
| City (5)<br><b>Newark</b>   |  | Bldg. Age  |  |  |                           |                                     |                          |                          |                          |
| County (6)<br><b>Essex</b>  | County Code (7)(STATE USE ONLY)  | Current Use (Prior if being demolished)<br><b>Office</b>   |  |  |                           |                                     |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>USA Environmental Management</b>  |  | ASCM No.   | Name of Abatement Contractor (9)<br><b>BRISTOL ENVIRONMENTAL, INC.</b> |  |                           |                                     |                          |                          |                          |
| Street Address<br><b>8436 Enterprise Ave</b>  |  | Street Address<br><b>1123 BEAVER STREET</b>  |  |  |                           |                                     |                          |                          |                          |
| City, State, Zip Code<br><b>Philadelphia, PA 19153</b>  |  | City, State, Zip Code<br><b>BRISTOL, PA 19007</b>  |  |  |                           |                                     |                          |                          |                          |
| Project Manager for Monitoring Firm<br><b>Mark Jenkins</b>  |  | Telephone No.<br><b>215-365-5810</b>   | Telephone No.<br><b>215-788-6040</b>                                   |  |                           |                                     |                          |                          |                          |
|   |  |  | License No.<br><b>00509</b>  |  |                           |                                     |                          |                          |                          |
| Start Date (10)<br><u>1</u> / <u>2</u> / <u>14</u>  | Scheduled Completion Date (11)<br><u>1</u> / <u>17</u> / <u>14</u>   | Name of OSHA Monitor<br><b>BRISTOL ENVIRONMENTAL, INC.</b>   |  |  |                           |                                     |                          |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: <u>7:00AM-3:30PM</u> / _____ PM - _____ AM |  | Street Address<br><b>1123 BEAVER STREET</b>  |  |  |                           |                                     |                          |                          |                          |
|   |  | City, State, Zip Code<br><b>BRISTOL, PA 19007</b>  |  |  |                           |                                     |                          |                          |                          |
| Scope of Work (Check all that apply)  |  |  |  |  |                           |                                     |                          |                          |                          |
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf<br><input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf   |  | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition  |  |  |                           |                                     |                          |                          |                          |
|   |  | <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><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                |
| 6 <sup>th</sup> Fl. AC equipment room   | <input checked="" type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>   | Pipe fitting insulation  | 5 LF                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 <sup>th</sup> Fl. AC equipment room   | <input checked="" type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>   | Valve insulation   | 2 LF                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   |  |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   |  |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler<br><b>SERVICE TRANSPORT GROUP, INC.</b>   |  | NJDEP Waste Hauler ID No.<br><b>20990</b>  | Cubic Yards of Waste   | Name of Registered Landfill<br><b>MINERVA LANDFILL</b>   |                           |                                     |                          |                          |                          |
| City, State<br><b>NEW CASTLE, DE 19720</b>  |  |  | Disposal Date  | City, State<br><b>WAYNESBURG, OH 44688</b>   |                           |                                     |                          |                          |                          |
| Completed By (Print or Type)<br><b>Brian Scafiro</b>  |  | Title<br><b>Estimator</b>  | Signature<br><i>Brian Scafiro / il</i>                                 |  |                           | Date<br><b>12/16/13</b>             |                          |                          |                          |



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

Pg. 1  
 Cr# 2537

| Date of Notification (1)<br>12 / 16 / 13   |  | Name of Building Owner/Operator (2)<br>Verizon   |   |  |                           |                                     |                          |                          |                          |
|--|--|--|---|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Agencies Notified<br><input checked="" type="checkbox"/> EPA 6857<br><input checked="" type="checkbox"/> DOLWD 5058<br><input checked="" type="checkbox"/> DHSS 6984<br><input type="checkbox"/> DCA (NJAC 5:23-8)   | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br>15 East Montgomery Place, Lower Level  |   |  |                           |                                     |                          |                          |                          |
|  |  | City, State, Zip Code<br>Pittsburgh, PA 15212  |   |  |                           |                                     |                          |                          |                          |
|  |  | Name of Contact<br>Anthony Porta   | Telephone Number  |  |                           |                                     |                          |                          |                          |
| <b>FACILITY INFORMATION</b>  |  |  |   |  |                           |                                     |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br>Verizon Market CO  |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)                                       |   |  |                           |                                     |                          |                          |                          |
| Street Address<br>95 William St  |  | Square Feet  | # of Floors   |  |                           |                                     |                          |                          |                          |
| City (5)<br>Newark   |  | Bldg. Age  |   |  |                           |                                     |                          |                          |                          |
| County (6)<br>Essex  |  | County Code (7)(STATE USE ONLY)  | Current Use (Prior if being demolished)<br>Office               |  |                           |                                     |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br>USA Environmental Management  |  | ASCM No.   | Name of Abatement Contractor (9)<br>BRISTOL ENVIRONMENTAL, INC. |  |                           |                                     |                          |                          |                          |
| Street Address<br>8436 Enterprise Ave  |  | Street Address<br>1123 BEAVER STREET   |   |  |                           |                                     |                          |                          |                          |
| City, State, Zip Code<br>Philadelphia, PA 19153  |  | City, State, Zip Code<br>BRISTOL, PA 19007   |   |  |                           |                                     |                          |                          |                          |
| Project Manager for Monitoring Firm<br>Mark Jenkins  |  | Telephone No.<br>215-365-5810  | Telephone No.<br>215-788-6040                                   |  |                           |                                     |                          |                          |                          |
|  |  |  | License No.<br>00509  |  |                           |                                     |                          |                          |                          |
| Start Date (10)<br>1 / 2 / 14  |  | Scheduled Completion Date (11)<br>1 / 17 / 14  |   |  |                           |                                     |                          |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: 7:00AM-3:30PM/ _____ PM- _____ AM |  | Name of OSHA Monitor<br>BRISTOL ENVIRONMENTAL, INC.  |   |  |                           |                                     |                          |                          |                          |
|  |  | Street Address<br>1123 BEAVER STREET   |   |  |                           |                                     |                          |                          |                          |
|  |  | City, State, Zip Code<br>BRISTOL, PA 19007   |   |  |                           |                                     |                          |                          |                          |
| Scope of Work (Check all that apply)   |  |  |   |  |                           |                                     |                          |                          |                          |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf  |  | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition  |   |  |                           |                                     |                          |                          |                          |
|  |  | <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><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                |
| 11 <sup>th</sup> Fl. AC equipment room   | <input checked="" type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>  | Floor tile and mastic  | 1820 SF                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 <sup>th</sup> Fl. AC equipment room   | <input checked="" type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>  | Floor tile and mastic  | 45 SF                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 <sup>th</sup> Fl. AC equipment room  | <input checked="" type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>  | Floor tile and mastic  | 35 SF                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 <sup>th</sup> Fl. AC equipment room  | <input checked="" type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>  | Floor tile and mastic  | 85 SF                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler<br>SERVICE TRANSPORT GROUP, INC.   |  | NJDEP Waste Hauler ID No.<br>20990   | Cubic Yards of Waste  | Name of Registered Landfill<br>MINERVA LANDFILL  |                           |                                     |                          |                          |                          |
| City, State<br>NEW CASTLE, DE 19720  |  | Disposal Date  |   | City, State<br>WAYNESBURG, OH 44688  |                           |                                     |                          |                          |                          |
| Completed By (Print or Type)<br>Brian Scafiro  |  | Title<br>Estimator   |   | Signature<br><i>Brian Scafiro</i>  |                           | Date<br>12/16/13                    |                          |                          |                          |



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

Pg. 2  
 Ch # 2537

| Date of Notification (1)<br><u>12</u> / <u>16</u> / <u>13</u>   |  | Name of Building Owner/Operator (2)<br><b>Verizon</b>  |  |  |                           |                                     |                          |                          |                          |
|---|--|--|--|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DHSS<br><input type="checkbox"/> DCA<br>(NJAC 5:23-8)  | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><b>15 East Montgomery Place, Lower Level</b>   |  |  |                           |                                     |                          |                          |                          |
|   |  | City, State, Zip Code<br><b>Pittsburgh, PA 15212</b>   |  |  |                           |                                     |                          |                          |                          |
|   |  | Name of Contact<br><b>Anthony Porta</b>  | Telephone Number   |  |                           |                                     |                          |                          |                          |
| <b>FACILITY INFORMATION</b>   |  |  |  |  |                           |                                     |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Verizon Market CO</b>  |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)                                       |  |  |                           |                                     |                          |                          |                          |
| Street Address<br><b>95 William St</b>  |  | Square Feet  | # of Floors  |  |                           |                                     |                          |                          |                          |
| City (5)<br><b>Newark</b>   |  | Bldg. Age  |  |  |                           |                                     |                          |                          |                          |
| County (6)<br><b>Essex</b>  | County Code (7)(STATE USE ONLY)  | Current Use (Prior if being demolished)<br><b>Office</b>   |  |  |                           |                                     |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>USA Environmental Management</b>  |  | ASCM No.   | Name of Abatement Contractor (9)<br><b>BRISTOL ENVIRONMENTAL, INC.</b> |  |                           |                                     |                          |                          |                          |
| Street Address<br><b>8436 Enterprise Ave</b>  |  | Street Address<br><b>1123 BEAVER STREET</b>  |  |  |                           |                                     |                          |                          |                          |
| City, State, Zip Code<br><b>Philadelphia, PA 19153</b>  |  | City, State, Zip Code<br><b>BRISTOL, PA 19007</b>  |  |  |                           |                                     |                          |                          |                          |
| Project Manager for Monitoring Firm<br><b>Mark Jenkins</b>  | Telephone No.<br><b>215-365-5810</b>   | Telephone No.<br><b>215-788-6040</b>   | License No.<br><b>00509</b>  |  |                           |                                     |                          |                          |                          |
| Start Date (10)<br><u>1</u> / <u>2</u> / <u>14</u>  | Scheduled Completion Date (11)<br><u>1</u> / <u>17</u> / <u>14</u>   | Name of OSHA Monitor<br><b>BRISTOL ENVIRONMENTAL, INC.</b>   |  |  |                           |                                     |                          |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: <b>7:00AM-3:30PM</b> / _____ PM - _____ AM |  | Street Address<br><b>1123 BEAVER STREET</b>  |  |  |                           |                                     |                          |                          |                          |
|   |  | City, State, Zip Code<br><b>BRISTOL, PA 19007</b>  |  |  |                           |                                     |                          |                          |                          |
| Scope of Work (Check all that apply)  |  |  |  |  |                           |                                     |                          |                          |                          |
| <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf   |  | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition  |  |  |                           |                                     |                          |                          |                          |
|   |  | <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><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                |
| 6th <sup>th</sup> Fl. AC equipment room   | <input checked="" type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>   | Pipe fitting insulation  | 5 LF                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5th <sup>th</sup> Fl. AC equipment room   | <input checked="" type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>   | Valve insulation   | 2 LF                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   |  |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   |  |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler<br><b>SERVICE TRANSPORT GROUP, INC.</b>   |  | NJDEP Waste Hauler ID No.<br><b>20990</b>  | Cubic Yards of Waste   | Name of Registered Landfill<br><b>MINERVA LANDFILL</b>   |                           |                                     |                          |                          |                          |
| City, State<br><b>NEW CASTLE, DE 19720</b>  |  | Disposal Date  | City, State<br><b>WAYNESBURG, OH 44688</b>                             |  |                           |                                     |                          |                          |                          |
| Completed By (Print or Type)<br><b>Brian Scafiro</b>  | Title<br><b>Estimator</b>  | Signature<br><i>Brian Scafiro / il</i>   |  |  | Date<br><b>12/16/13</b>   |                                     |                          |                          |                          |



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

Pg. 1  
 CR# 2541

|   |  |  |  |  |                           |                                     |                          |                          |                          |
|---|--|--|--|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1)<br><u>12</u> / <u>16</u> / <u>13</u>   |  | Name of Building Owner/Operator (2)<br><b>Verizon</b>  |  |  |                           |                                     |                          |                          |                          |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DHSS<br><input type="checkbox"/> DCA<br>(NJAC 5:23-8)  | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br>Amendment # <u>2-17/14</u><br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><b>15 East Montgomery Place, Lower Level</b>   |  |  |                           |                                     |                          |                          |                          |
|   |  | City, State, Zip Code<br><b>Pittsburgh, PA 15212</b>   |  |  |                           |                                     |                          |                          |                          |
|   |  | Name of Contact<br><b>Anthony Porta</b>  | Telephone Number   |  |                           |                                     |                          |                          |                          |
| <b>FACILITY INFORMATION</b>   |  |  |  |  |                           |                                     |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Verizon Market CO</b>  |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)                                       |  |  |                           |                                     |                          |                          |                          |
| Street Address<br><b>95 William St</b>  |  | Square Feet  | # of Floors  |  |                           |                                     |                          |                          |                          |
| City (5)<br><b>Newark</b>   |  | Bldg. Age  |  |  |                           |                                     |                          |                          |                          |
| County (6)<br><b>Essex</b>  |  | County Code (7)(STATE USE ONLY)  | Current Use (Prior if being demolished)<br><b>Office</b>               |  |                           |                                     |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>USA Environmental Management</b>  |  | ASCM No.   | Name of Abatement Contractor (9)<br><b>BRISTOL ENVIRONMENTAL, INC.</b> |  |                           |                                     |                          |                          |                          |
| Street Address<br><b>8436 Enterprise Ave</b>  |  | Street Address<br><b>1123 BEAVER STREET</b>  |  |  |                           |                                     |                          |                          |                          |
| City, State, Zip Code<br><b>Philadelphia, PA 19153</b>  |  | City, State, Zip Code<br><b>BRISTOL, PA 19007</b>  |  |  |                           |                                     |                          |                          |                          |
| Project Manager for Monitoring Firm<br><b>Mark Jenkins</b>  |  | Telephone No.<br><b>215-365-5810</b>   | License No.<br><b>00509</b>  |  |                           |                                     |                          |                          |                          |
| Start Date (10)<br><u>1</u> / <u>2</u> / <u>14</u>  |  | Scheduled Completion Date (11)<br><u>2</u> / <u>14</u> / <u>14</u>   |  |  |                           |                                     |                          |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: <u>7:00AM-3:30PM</u> / <u>      </u> PM - <u>      </u> AM |  | Name of OSHA Monitor<br><b>BRISTOL ENVIRONMENTAL, INC.</b>   |  |  |                           |                                     |                          |                          |                          |
| Scope of Work (Check all that apply)<br><input type="checkbox"/> >3 sf or >3 lf<br><input checked="" type="checkbox"/> >160 sf or >260 lf   |  | <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |  |                           |                                     |                          |                          |                          |
| Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> 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                |
| 11 <sup>th</sup> Fl. AC equipment room  | <input checked="" type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>   | Floor tile and mastic  | 1820 SF                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 <sup>th</sup> Fl. AC equipment room  | <input checked="" type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>   | Floor tile and mastic  | 45 SF                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 <sup>th</sup> Fl. AC equipment room   | <input checked="" type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>   | Floor tile and mastic  | 35 SF                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 <sup>th</sup> Fl. AC equipment room   | <input checked="" type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>   | Floor tile and mastic  | 85 SF                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler<br><b>SERVICE TRANSPORT GROUP, INC.</b>   |  | NJDEP Waste Hauler ID No.<br><b>20990</b>  | Cubic Yards of Waste   | Name of Registered Landfill<br><b>MINERVA LANDFILL</b>   |                           |                                     |                          |                          |                          |
| City, State<br><b>NEW CASTLE, DE 19720</b>  |  |  | Disposal Date  | City, State<br><b>WAYNESBURG, OH 44688</b>   |                           |                                     |                          |                          |                          |
| Completed By (Print or Type)<br><b>Brian Scafiro</b>  |  | Title<br><b>Estimator</b>  | Signature<br><i>Brian Scafiro / jgl</i>                                |  |                           | Date<br><u>1/7/14</u>               |                          |                          |                          |



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

|  |   |  |                  |
|--|---|--|------------------|
| Date of Notification (1)<br><u>12</u> / <u>16</u> / <u>13</u>  |   | Name of Building Owner/Operator (2)<br><b>Verizon</b>          |                  |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DHSS<br><input type="checkbox"/> DCA<br>(NJAC 5:23-8) | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br>Amendment # <u>2-1/7/14</u><br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><b>15 East Montgomery Place, Lower Level</b> |                  |
|  |   | City, State, Zip Code<br><b>Pittsburgh, PA 15212</b>           |                  |
|  |   | Name of Contact<br><b>Anthony Porta</b>                        | Telephone Number |

**FACILITY INFORMATION**

|  |                                 |  |             |
|--|---------------------------------|--|-------------|
| Name of Facility Where Abatement is Taking Place (3)<br><b>Verizon Market CO</b> |                                 | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) |             |
| Street Address<br><b>95 William St</b>   |                                 | Square Feet  | # of Floors |
| City (5)<br><b>Newark</b>  |                                 | Bldg. Age  |             |
| County (6)<br><b>Essex</b>   | County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished)<br><b>Office</b>   |             |

|  |                                      |   |  |  |
|--|--------------------------------------|---|--|--|
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>USA Environmental Management</b> |                                      | ASCM No.  | Name of Abatement Contractor (9)<br><b>BRISTOL ENVIRONMENTAL, INC.</b> |  |
| Street Address<br><b>8436 Enterprise Ave</b>   |                                      | Street Address<br><b>1123 BEAVER STREET</b>       |  |  |
| City, State, Zip Code<br><b>Philadelphia, PA 19153</b>                                     |                                      | City, State, Zip Code<br><b>BRISTOL, PA 19007</b> |  |  |
| Project Manager for Monitoring Firm<br><b>Mark Jenkins</b>                                 | Telephone No.<br><b>215-365-5810</b> | Telephone No.<br><b>215-788-6040</b>              | License No.<br><b>00509</b>  |  |

|   |  |  |  |  |
|---|--|--|--|--|
| Start Date (10)<br><u>1</u> / <u>2</u> / <u>14</u>  | Scheduled Completion Date (11)<br><u>2</u> / <u>14</u> / <u>14</u> | Name of OSHA Monitor<br><b>BRISTOL ENVIRONMENTAL, INC.</b> |  |  |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: <u>7:00AM-3:30PM</u> / <u>      </u> PM - <u>      </u> AM |  | Street Address<br><b>1123 BEAVER STREET</b>                |  |  |
|   |  | City, State, Zip Code<br><b>BRISTOL, PA 19007</b>          |  |  |

Scope of Work (Check all that apply)

|   |  |  |                                     |   |  |  |   |
|---|--|--|-------------------------------------|---|--|--|---|
| <input type="checkbox"/> ≥3 sf or ≥3 lf | <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Demolition | <input checked="" 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)<br><u>TO BE ABATED</u><br>IN Facility<br>(13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |                          |                          | Description of Asbestos Containing Material (ACM) (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                |
| 6th <sup>th</sup> Fl. AC equipment room  | <input checked="" type="checkbox"/>                                   | <input type="checkbox"/> | <input type="checkbox"/> | Pipe fitting insulation  | 5 LF                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5th Fl. AC equipment room  | <input checked="" type="checkbox"/>                                   | <input type="checkbox"/> | <input type="checkbox"/> | Valve insulation   | 2 LF                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6th Fl. Machine Rm (#4/5 Elevators)  | <input checked="" type="checkbox"/>                                   | <input type="checkbox"/> | <input type="checkbox"/> | VAT/Mastic   | 350 SF                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11th Fl. Machine Rm (#7/8 Elevators)   | <input checked="" type="checkbox"/>                                   | <input type="checkbox"/> | <input type="checkbox"/> | VAT/Mastic   | 440 SF                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| Name of Registered Waste Hauler<br><b>SERVICE TRANSPORT GROUP, INC.</b> |  | NJDEP Waste Hauler ID No.<br><b>20990</b> | Cubic Yards of Waste                       | Name of Registered Landfill<br><b>MINERVA LANDFILL</b> |  |
| City, State<br><b>NEW CASTLE, DE 19720</b>                              |  | Disposal Date                             | City, State<br><b>WAYNESBURG, OH 44688</b> |  |  |

|  |                           |                                   |                       |
|--|---------------------------|-----------------------------------|-----------------------|
| Completed By (Print or Type)<br><b>Brian Scafiro</b> | Title<br><b>Estimator</b> | Signature<br><i>Brian Scafiro</i> | Date<br><u>1/7/14</u> |
|--|---------------------------|-----------------------------------|-----------------------|



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

|  |   |  |  |   |                           |                                     |                          |                          |                          |
|--|---|--|--|---|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1)<br><u>12</u> / <u>16</u> / <u>13</u>  |   | Name of Building Owner/Operator (2)<br><b>Verizon</b>  |  |   |                           |                                     |                          |                          |                          |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DHSS<br><input type="checkbox"/> DCA<br>(NJAC 5:23-8)   | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br>Amendment # <u>2-1/7/14</u><br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><b>15 East Montgomery Place, Lower Level</b>   |  |   |                           |                                     |                          |                          |                          |
|  |   | City, State, Zip Code<br><b>Pittsburgh, PA 15212</b>   |  |   |                           |                                     |                          |                          |                          |
|  |   | Name of Contact<br><b>Anthony Porta</b>  | Telephone Number   |   |                           |                                     |                          |                          |                          |
| <b>FACILITY INFORMATION</b>  |   |  |  |   |                           |                                     |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Verizon Market CO</b>   |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)                                       |  |   |                           |                                     |                          |                          |                          |
| Street Address<br><b>95 William St</b>   |   | Square Feet  | # of Floors  |   |                           |                                     |                          |                          |                          |
| City (5)<br><b>Newark</b>  |   | Bldg. Age  |  |   |                           |                                     |                          |                          |                          |
| County (6)<br><b>Essex</b>   | County Code (7)(STATE USE ONLY)   | Current Use (Prior if being demolished)<br><b>Office</b>   |  |   |                           |                                     |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>USA Environmental Management</b>   |   | ASCM No.   | Name of Abatement Contractor (9)<br><b>BRISTOL ENVIRONMENTAL, INC.</b> |   |                           |                                     |                          |                          |                          |
| Street Address<br><b>8436 Enterprise Ave</b>   |   | Street Address<br><b>1123 BEAVER STREET</b>  |  |   |                           |                                     |                          |                          |                          |
| City, State, Zip Code<br><b>Philadelphia, PA 19153</b>   |   | City, State, Zip Code<br><b>BRISTOL, PA 19007</b>  |  |   |                           |                                     |                          |                          |                          |
| Project Manager for Monitoring Firm<br><b>Mark Jenkins</b>   |   | Telephone No.<br><b>215-365-5810</b>   | Telephone No.<br><b>215-788-6040</b>                                   |   |                           |                                     |                          |                          |                          |
|  |   | License No.<br><b>00509</b>  |  |   |                           |                                     |                          |                          |                          |
| Start Date (10)<br><u>1</u> / <u>2</u> / <u>14</u>   | Scheduled Completion Date (11)<br><u>2</u> / <u>14</u> / <u>14</u>  | Name of OSHA Monitor<br><b>BRISTOL ENVIRONMENTAL, INC.</b>   |  |   |                           |                                     |                          |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: <u>7:00AM-3:30PM</u> /____PM-____AM |   | Street Address<br><b>1123 BEAVER STREET</b>  |  |   |                           |                                     |                          |                          |                          |
|  |   | City, State, Zip Code<br><b>BRISTOL, PA 19007</b>  |  |   |                           |                                     |                          |                          |                          |
| Scope of Work (Check all that apply)   |   |  |  |   |                           |                                     |                          |                          |                          |
| <input type="checkbox"/> >3 sf or >3 lf<br><input checked="" type="checkbox"/> >=160 sf or >=260 lf  |   | <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |   |                           |                                     |                          |                          |                          |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>IN Facility<br>(13)   | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)   |  |  | Description of Asbestos Containing Material (ACM)<br>(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type                      |                          |                          |                          |
|  | Yes   | No   | N/A  |   |                           | Removal                             | Repair                   | Encapsulate              | Enclosure                |
| 11 <sup>th</sup> FI Machine Rm (# 6 Freight Elev   | <input checked="" type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   | VAT/Mastic  | 220 SF                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12 <sup>th</sup> FI Machine Rm (#2/3 Elevators)  | <input checked="" type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   | VAT/Mastic  | 1,000 SF                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12 <sup>th</sup> FI Machine Rm (#2/3 Elevators)  | <input checked="" type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   | VAT/Mastic  | 200 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"/> |
| Name of Registered Waste Hauler<br><b>SERVICE TRANSPORT GROUP, INC.</b>  |   | NJDEP Waste Hauler ID No.<br><b>20990</b>  | Cubic Yards of Waste   | Name of Registered Landfill<br><b>MINERVA LANDFILL</b>  |                           |                                     |                          |                          |                          |
| City, State<br><b>NEW CASTLE, DE 19720</b>   |   |  | Disposal Date  | City, State<br><b>WAYNESBURG, OH 44688</b>  |                           |                                     |                          |                          |                          |
| Completed By (Print or Type)<br><b>Brian Scafiro</b>   |   | Title<br><b>Estimator</b>  | Signature<br><i>Brian Scafiro</i>                                      |   |                           | Date<br><u>1/7/14</u>               |                          |                          |                          |



2 35580

Date of Notification (1) **January 29, 2014**

Name of Building Owner/Operator (2) **DnA Demolition**

Street Address **2156 Camplain Road**

City, State, Zip Code **Hillsborough, NJ 08844**

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

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

Name of Contact **Antonio Dimuzio**

Telephone Number **FEB 5 2014**

**FACILITY INFORMATION**

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

Street Address **23 Arlington Avenue**

City **South River**, County (6) **Middlesex**, 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 **1500 sf**, # of Floors **1**, Bldg. Age **65**

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

Name of Monitoring Firm Hired by Building Owner (8) **Guardian Contracting Inc.**

Street Address **1889 Route 9, Unit 61**

City, State, Zip Code **Toms River, NJ 08755**

Name of Abatement Contractor (9) **Guardian Contracting, Inc.**

Street Address **1889 Route 9, Unit 61**

City, State, Zip Code **Toms River, New Jersey 08755-1271**

Telephone Number **732-349-9932**, License Number **00624**

Project Manager for Monitoring Firm **Nicholas Fernicola**

Scheduled Start Date (10) **1/29/14**

Telephone Number **732-349-9932**

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

Scheduled Completion Date (11) **1/30/14**

Street Address **1056 Stelton Road**

City, State, Zip Code **Piscataway, New Jersey 08854**

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

Scope of Work (Check all that apply):  >3 sf or ≥3 lf,  ≥160 sf or ≥260 lf,  Renovation,  Demolition

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

| Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13) | 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 | N | C | A | P |  |  |
| Basement   |  | X  |     | Asbestos pipe insulation   | 62 lf                     | X              |   |   |   |   |   |  |  |

Name of Registered Waste Hauler **Guardian Contracting, Inc.**

NJDEP Waste Hauler ID No. **20223**

Cubic Yards of Waste **2**

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

City, State **Toms River, New Jersey**

Disposal Date **1/31/14**

City, State **Tullytown, Pennsylvania**

Completed by (Print or Type) **Nicholas Fernicola**

Title **Project Manager**

Signature *Nicholas Fernicola*

Date **1/29/2014**

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



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

*ch# 23561*

|  |   |  |   |
|--|---|--|---|
| Date of Notification (1)<br>January 28, 2014   |   | Name of Building Owner/Operator (2)<br>Dwell Tech Construction |   |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA | Type of Notification<br><input type="checkbox"/> Initial Notification<br><input type="checkbox"/> Amended Notification<br>Amendment # _____<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |  | Street Address<br>45 West Water Street        |
|  |   |  | City, State, Zip Code<br>Toms River, NJ 08753 |
|  |   |  | Name of Contact<br>Tibor Kramer               |
|  |   | Telephone Number   |   |

**FACILITY INFORMATION**

|   |                     |   |  |  |                 |
|---|---------------------|---|--|--|-----------------|
| Name of Facility Where Abatement is Taking Place (3)<br>Residence   |                     |   | Type of Facility (4)<br><input type="checkbox"/> School (k-12)<br><input type="checkbox"/> Subchapter 8 (other than k-12)<br><input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) |  |                 |
| Street Address<br>1017 Curtis Avenue  |                     |   | Square feet<br>1832  | # of Floors<br>2   | Bldg. Age<br>44 |
| City<br>Point Pleasant Boro   | County (6)<br>Ocean | County Code (7)<br>(STATE USE ONLY)   | Current Use (Prior if being demolished)<br>Residence   |  |                 |
| Name of Monitoring Firm Hired by Building Owner (8)<br>N/A  |                     | ASCM No.  | Name of Abatement Contractor (9)<br>Guardian Contracting, Inc.   |  |                 |
| Street Address  |                     | Street Address<br>1889 Route 9, Unit 61   |  |  |                 |
| City, State, Zip Code   |                     | City, State, Zip Code<br>Toms River, New Jersey 08755-1271                            |  |  |                 |
| Project Manager for Monitoring Firm   |                     | Telephone Number<br>732-349-9932  |  | License Number<br>00624  |                 |
| Scheduled Start Date (10)<br>01/29/2014   |                     | Name of OSHA Monitor<br>E.M.S.L. Analytical   |  |  |                 |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe _____ |                     | Scheduled Completion Date (11)<br>01/31/2014  |  | Street Address<br>1056 Stelton Road  |                 |
| Scope of Work (Check all that apply)<br><input type="checkbox"/> >3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf   |                     | <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition |  | <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                 |

| Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13) | Is Location Normally used Solely by Maintenance/Custodial Staff (12) |    |     | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |   |   |   |   |
|--|--|----|-----|--|---------------------------|----------------|---|---|---|---|
|  | YES  | NO | N/A |  |                           | R              | E | E | N | E |
| Exterior   |  | X  |     | Asbestos siding  | 1800 sf                   | X              |   |   |   |   |
|  |  |    |     |  |                           |                |   |   |   |   |
|  |  |    |     |  |                           |                |   |   |   |   |

|   |                                    |  |   |
|---|------------------------------------|--|---|
| Name of Registered Waste Hauler<br>Guardian Contracting, Inc. | NJDEP Waste Hauler ID No.<br>20223 | Cubic Yards of Waste<br>2              | Name of Registered Landfill<br>T.R.R.F. |
| City, State<br>Toms River, New Jersey                         | Disposal Date<br>02/03/2014        | City, State<br>Tullytown, Pennsylvania |   |
| Completed by (Print or Type)<br>Nicholas Fericola             | Title<br>Project Manager           | Signature<br><i>Nicholas Fericola</i>  | Date<br>1/28/2014                       |

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



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

|  |   |   |   |
|--|---|---|---|
| Date of Notification (1)<br>January 28, 2014   |   | Name of Building Owner/Operator (2)<br>Seminole Construction <span style="float:right">23559</span> |   |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA | Type of Notification<br><input type="checkbox"/> Initial Notification<br><input type="checkbox"/> Amended Notification<br>Amendment # _____<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |   | Street Address<br>128 Bartlett Avenue         |
|  |   |   | City, State, Zip Code<br>West Creek, NJ 08092 |
|  |   |   | Name of Contact<br>Joyce                      |

**FACILITY INFORMATION**

|   |   |  |  |                         |                 |
|---|---|--|--|-------------------------|-----------------|
| Name of Facility Where Abatement is Taking Place (3)<br>Residence   |   |  | Type of Facility (4)<br><input type="checkbox"/> School (k-12)<br><input type="checkbox"/> Subchapter 8 (other than k-12)<br><input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)                   |                         |                 |
| Street Address<br>11900 Sunset Terrace  |   |  | Square feet<br>2500 sf   | # of Floors<br>1        | Bldg. Age<br>60 |
| City<br>Long Beach Twp.   | County (6)<br>Ocean                       | County Code (7)<br>(STATE USE ONLY)                        | Current Use (Prior if being demolished)<br>Residence   |                         |                 |
| Name of Monitoring Firm Hired by Building Owner (8)<br>N/A  |   | ASCM No.   | Name of Abatement Contractor (9)<br>Guardian Contracting, Inc.   |                         |                 |
| Street Address  |   | Street Address<br>1889 Route 9, Unit 61                    |  |                         |                 |
| City, State, Zip Code   |   | City, State, Zip Code<br>Toms River, New Jersey 08755-1271 |  |                         |                 |
| Project Manager for Monitoring Firm   | Telephone Number                          |  | Telephone Number<br>732-349-9932   | License Number<br>00624 |                 |
| Scheduled Start Date (10)<br>1/28/14  | Scheduled Completion Date (11)<br>1/31/14 |  | Name of OSHA Monitor<br>E.M.S.L. Analytical  |                         |                 |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe _____ |   |  | Street Address<br>1056 Stelton Road  |                         |                 |
|   |   |  | City, State, Zip Code<br>Piscataway, New Jersey 08854  |                         |                 |
| Scope of Work (Check all that apply)<br><br><input type="checkbox"/> >3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf   |   |  | <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                         |                 |
|   |   |  | <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition  |                         |                 |

| Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13) | Is Location Normally used Solely by Maintenance/Custodial Staff (12) |                                    |     | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF)               | Abatement Type                  |                            |   |   |
|--|--|------------------------------------|-----|--|---|---------------------------------|----------------------------|---|---|
|  | YES  | NO                                 | N/A |  |   | R<br>E<br>M<br>O<br>V<br>A<br>L | R<br>E<br>P<br>A<br>I<br>R | E<br>N<br>C<br>A<br>P<br>S<br>U<br>L<br>E | E<br>N<br>C<br>L<br>O<br>S<br>U<br>R<br>E |
| Exterior   |  | X                                  |     | Asbestos skirt   | 2100 sf                                 | X                               |                            |   |   |
|  |  |                                    |     |  |   |                                 |                            |   |   |
|  |  |                                    |     |  |   |                                 |                            |   |   |
| Name of Registered Waste Hauler<br>Guardian Contracting, Inc.                |  | NJDEP Waste Hauler ID No.<br>20223 |     | Cubic Yards of Waste<br>3  | Name of Registered Landfill<br>T.R.R.F. |                                 |                            |   |   |
| City, State<br>Toms River, New Jersey  |  | Disposal Date<br>2/3/14            |     | City, State<br>Tullytown, Pennsylvania   |   |                                 |                            |   |   |
| Completed by (Print or Type)<br>Nicholas Fernicola                           |  | Title<br>Project Manager           |     | Signature<br><i>Nicholas Fernicola</i>   |   |                                 | Date<br>1/28/2014          |   |   |

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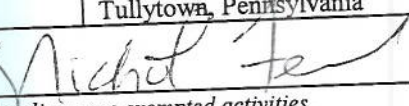
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

|  |  |   |  |
|--|--|---|--|
| Date of Notification (1)<br><b>January 30, 2014</b>  |  | Name of Building Owner/Operator (2)<br><b>EDM</b> <span style="float:right">ck 23592</span> |  |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA | Type of Notification<br><input type="checkbox"/> Initial Notification<br><input type="checkbox"/> Amended Notification Amendment # _____<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |   | Street Address<br><b>5 Benchley Drive</b>  |
|  |  |   | City, State, Zip Code<br><b>Marlboro, NJ 07746</b> <span style="float:right">FEB 3 2014</span> |
|  |  |   | Name of Contact<br><b>Matt Martino</b>   |

**FACILITY INFORMATION**

|   |                            |   |  |  |                        |
|---|----------------------------|---|--|--|------------------------|
| Name of Facility Where Abatement is Taking Place (3)<br><b>Residence</b>  |                            |   | Type of Facility (4)<br><input type="checkbox"/> School (k-12)<br><input type="checkbox"/> Subchapter 8 (other than k-12)<br><input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)                   |  |                        |
| Street Address<br><b>132 E. Brig Drive</b>  |                            |   | Square feet<br><b>2000 sf</b>  | # of Floors<br><b>2</b>                            | Bldg. Age<br><b>60</b> |
| City<br><b>Little Egg Harbor</b>  | County (6)<br><b>Ocean</b> | County Code (7)<br>(STATE USE ONLY)                               | Current Use (Prior if being demolished)<br><b>Residence</b>  |  |                        |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>N/A</b>   |                            | ASCM No.  | Name of Abatement Contractor (9)<br><b>Guardian Contracting, Inc.</b>  |  |                        |
| Street Address  |                            | Street Address<br><b>1889 Route 9, Unit 61</b>                    |  |  |                        |
| City, State, Zip Code   |                            | City, State, Zip Code<br><b>Toms River, New Jersey 08755-1271</b> |  |  |                        |
| Project Manager for Monitoring Firm   |                            | Telephone Number  | Telephone Number<br><b>732-349-9932</b>  | License Number<br><b>00624</b>                     |                        |
| Scheduled Start Date (10)<br><b>1/31/14</b>   |                            | Scheduled Completion Date (11)<br><b>2/3/14</b>                   |  | Name of OSHA Monitor<br><b>E.M.S.L. Analytical</b> |                        |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe _____ |                            |   | Street Address<br><b>1056 Stelton Road</b>   |  |                        |
|   |                            |   | City, State, Zip Code<br><b>Piscataway, New Jersey 08854</b>   |  |                        |
| Scope of Work (Check all that apply)<br><input type="checkbox"/> >3 sf or ≥3 lf <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition  |                            |   | <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |                        |

| Location of Asbestos-Containing Material (ACM) <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 |  |                           | R<br>E<br>M<br>O<br>V<br>A<br>L | R<br>E<br>P<br>A<br>I<br>R | E<br>N<br>C<br>A<br>P<br>S<br>U<br>L<br>E | E<br>N<br>C<br>L<br>O<br>S<br>U<br>R<br>E |
| Exterior  |  | X  |     | Asbestos skirt   | 2000 sf                   | X                               |                            |   |   |
|   |  |    |     |  |                           |                                 |                            |   |   |
|   |  |    |     |  |                           |                                 |                            |   |   |

|  |   |   |  |
|--|---|---|--|
| Name of Registered Waste Hauler<br><b>Guardian Contracting, Inc.</b> | NJDEP Waste Hauler ID No.<br><b>20223</b> | Cubic Yards of Waste<br><b>3</b>  | Name of Registered Landfill<br><b>T.R.R.F.</b> |
| City, State<br><b>Toms River, New Jersey</b>                         | Disposal Date<br><b>2/4/14</b>            | City, State<br><b>Tullytown, Pennsylvania</b>   |  |
| Completed by (Print or Type)<br><b>Nicholas Fernicola</b>            | Title<br><b>Project Manager</b>           | Signature<br> | Date<br><b>1/30/2014</b>                       |

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