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

Date of Notification (1)  2/3/2012  
Name of Building Owner/Operator (2)  NJ Dept. of Military and Veterans Affairs

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

Street Address  
101 Egger's Crossing Road  
Lawrenceville, NJ

Name of Contact  Mark Ramos  
Telephone Number  FEB 7 2012

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  West Orange National Guard Armory  
Street Address  1315 Pleasant Valley Way

City (5)  West Orange, NJ 07052  
County (6)  Essex  
County Code (7)  (STATE USE ONLY)  
Current Use (Prior if being demolished)  100,000+  1  50+

Name of Monitoring Firm Hired by Building Owner (8)  Whitman  
ASCM No.  00110

Name of Abatement Contractor (9)  RICI CORP  
Street Address  41 LIBERTY STREET

Project Manager for Monitoring Firm  Kevin Lovely  
Telephone No.  732-390-5858

Telephone No.  973-614-1266  
License No.  00838

Start Date (10)  02/21/2012  
Scheduled Completion Date (11)  03/02/2012

Occupancy Status During Abatement (Check only one)  
☐ Facility Closed/Nacated During Entire Period of Abatement  
☐ Abatement Performed Outside of Normal Facility Hours  
☐ Other - Describe  41 LIBERTY STREET

Scope of Work (Check all that apply)  
☐ ~ 3 sf or < 3 ft  
☐ ~ 1,600 sq ft or ~ 260 ft

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>x</td>
<td></td>
<td>PipeInsulation including elbows &amp; joints</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Wall and Ceiling plaster</td>
<td></td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler  RICI CORP  
ID No.  29091

Cubic Yards of Waste  TBD  
Name of Registered Landfill  TBD  
G.R.O.W.S. LANDFILL  
City, State  PASSAIC, NJ

Completed by  RISTO TRAJKOV  
Title  PRESIDENT  
Signature  2/3/2012

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

State of New Jersey

Date of Notification (1)  2-4-12

Name of Building Owner/Operator (2)  Allen-Smith

Agency Notified
- EPA
- DEP
- DOL
- DOH
- DOA

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

Street Address  3 Trimmer Ave

City, State, Zip Code  Titusville, NJ 08560

Name of Contact  Allen-Smith

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Single Family Dwelling

Street Address  3 Trimmer Ave

City (5)  Titusville NJ 08560

County (6)  Mercer

Current Use (Prior to being demolished)

Square Feet  2

# of Floors  80 t-

County Code (7) (STATE USE ONLY)

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

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

ASCM No.  N/A

Name of Abatement Contractor (9)
EPC Technologies, Inc

Street Address  P.O. Box 337

City, State, Zip Code  New Egypt NJ 08533

License No.  00-398

Telephone No.  609-758-3365

Project Manager for Monitoring Firm  Steve Schenk

Telephone No.  609-758-3365

Start Date (10)  2-15-12

Scheduled Completion Date (11)  2-15-12

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

Scope of Work (Check all that apply)
- 3 sf or < 3 ft
- 160 sf or < 250 sf
- Full Containment with Negative Pressure
- Mini-Enclosure
- X Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

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

Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
Pipe Insulation  36 LF

Amount (Specify SF or LF)

Abatement Type

Endorsement

Removal

Endorsement

Name of Registered Waste Hauler  EPC Technologies

NJ/DEP Waste Hauler ID No.  17000

Cubic Yards of Waste  < 1

Name of Registered Landfill  Waste Management

City, State  NE NJ

Disposal Date  2-16-12

City, State  Morrisville, PA

Completed by  Steve Schenk

Title  President

Signature  Steve Schenk

Date  2-4-12

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

Date of Notification (1): 2 / 3 / 12
Name of Building Owner/Operator (2): Beachside Manor Apartments

Agencies Notified: EPA, DEP, DCA (NJAC 5:16), DHSS, DCA (NJAC 5:23-8)
Type Notification: X Initial, X Amended
Amendment #: X
Emergency (including justification): X
Cancellation: X

Street Address: 661 Ocean Boulevard
City, State, Zip Code: Long Branch, NJ 07740

Name of Contact: Rae
Telephone Number: 50 yrs

Residences
Name of Facility Where Abatement is Taking Place (3):
Type of Facility (4):
- School (K-12)
- Subchapter 8 (Other than K-12)
- Other (i.e., private & commercial buildings, homes, etc.)

Street Address: apt. 39/40 661 Ocean Boulevard
City: Long Branch
County: Monmouth
County Code: 71

Name of Abatement Contractor (6): Finishing Touch Asbestos Abatement Corp
Street Address: 17 Thompson Street
City, State, Zip Code: West Long Branch, NJ 07764

ASCM No.: 120 LF

Project Manager for Monitoring Firm: X
Telephone No.: 732-222-8372
License No.: 00040

Start Date (10): 2 / 13 / 12
Scheduled Completion Date (11): 2 / 15 / 12
Name of OSHA Monitor: n/a

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

Scope of Work (Check all that apply):
- 23 sf or 23 If
- 2 x 160 sf or >260 If
- X Demolition
- Renovation
- X Full Containment with Negative Pressure
- X Mini-Enclosure
- X Glovebag Procedure
- X Non-Exempted (*) and Non-Frigate Procedure

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

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

IS Location Normally Used Solely by Maintenance/Custodial Staff: TSI

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

Amount (Specify SF or LF): 120 LF

Abatement Type:
- X Removal
- Repair
- Encapsulate
- Endure

Name of Registered Waste Hauler:

Name of Registered Landfill:

Compliantly by (Print or Type): Joseph P. Miller
Title: President
Signature: [Signature]
Date: 2-3-12

* Do not use this form for asbestos licensure exempted activities.
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:1J06)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>12-31-12</th>
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</thead>
</table>

**Name of Facility Where Abatement is Taking Place (2)**  
**Blanche VEZUSSI**

<table>
<thead>
<tr>
<th>Street Address</th>
<th>28 Montgomery St</th>
</tr>
</thead>
<tbody>
<tr>
<td>City (3)</td>
<td>PISCATAWAY</td>
</tr>
<tr>
<td>County (6)</td>
<td>MIDDLESEX</td>
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**Name of Monitoring Firm Hired by Building Owner (9)**  
**ACE INSULATION CO INC**

<table>
<thead>
<tr>
<th>Telephone No.</th>
<th>215-389-0200</th>
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</table>

**Type of Facility (4)**  
**House**

<table>
<thead>
<tr>
<th>License No.</th>
<th>000-01-12</th>
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**Name of Abatement Contractor (5)**  
**ACE INSULATION CO INC**

<table>
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<tr>
<th>Telephone No.</th>
<th>215-389-0200</th>
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</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>45 Montgomery Rd</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State, Zip Code</td>
<td>COLTS NECK, NJ 07722</td>
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</tbody>
</table>

**Start Date (10)**  
2-14-12

**Occupancy Status During Abatement (Check only one)**  
- Fully Occupied
- Partially Occupied
- Vacant

**Scopes of Work (Check all that apply)**  
- Demolition
- Renovation

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

**In Location Normally Used Solely by Maintenance/Custodial Staff**  
- Yes

**Description of Asbestos-Containing Material (ACM)**  
- Floor, Tile

<table>
<thead>
<tr>
<th>Amount (Specify SF or LT)</th>
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<tbody>
<tr>
<td>140 SF</td>
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<table>
<thead>
<tr>
<th>Name of Registered Waste Handler</th>
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</thead>
<tbody>
<tr>
<td>ACE INSULATION CO INC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>COLTS NECK, NJ</th>
</tr>
</thead>
</table>

**Name of Registered Landfill**  
**GROW S**

<table>
<thead>
<tr>
<th>City, State</th>
<th>JUPITERTOWN, PA</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date Completed</th>
<th>1-31-12</th>
</tr>
</thead>
</table>

*Do not use this form for asbestos licensing exempted activities.*
| Location of Asbestos-Containing Material (ACM) | 1ST FLOOR |
| Description of ACM |

**Name of Registered Worker Handling ACM**

**Name of Registered Landfill**

**Completed By**

*Sack (mail - OP1) 2-18-12*

*Do not use this form for asbestos removal, remedial activities.*
**State of New Jersey - Notification of Asbestos Abatement**

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

**GAC Project # 2012-310**

**Date of Notification (1)**
February 3, 2012

**Name of Building Owner/Operator (2)**
CITY OF NEWARK

**Street Address**
420 CITY HALL

**City, State, Zip Code**
NEWARK, NJ 07102

**Name of Contact**
MR. MEDHI MOHAMMADISH

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**
CHESTNUT STREET FIREHOUSE

**Street Address**
87 – 88 ELM ROAD

**City (5)**
NEWARK

**County (6)**
ESSEX

**County Code (7)**
(Only Use for Facility Abatement)

**Name of Monitoring Firm Hired by Bldg. Owner (8)**
BRIGGS ASSOCIATES, INC.

**ASCM No.**
0004

**Name of Contractor (8)**
GREENWOOD ABATEMENT CONSULTANTS, INC.

**Street Address**
3 CROSSWICKS STREET

**City, State, Zip Code**
BORDENTOWN, NJ 08505

**Name of Project Manager for Monitoring Firm**
MR. MIKE HOODAK

**Telephone Number**
609-288-5520

**Scheduled Start Date (10)**
03/19/12

**Occupancy Status During Abatement (Check only one)**
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe
- Other - Describe: NOT SUB 8 - Non-Friable Exterior Asbestos Caulking & Roof Flashing

**Scope of Work (Check all that apply)**
- ≥ 3 sf or ≥ 3 ft
- ≥ 300 sf or ≥ 260
- Renovation
- Demolition

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

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

**Amount (Specify SF or LF)**

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

**CAULKING ASSOC. WITH WINDOW OPENINGS**

**ROOF FLASHING**

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

**Disposal Date**
05/31/2012

**City, State**
100 New Ford Mill Rd., Morristown, Pa 19067
215-736-1700

**Completed by (Print or Type)**
RAYMOND C. PEDALINO
SENIOR PROJECT MANAGER

**Signature**

**Date**
February 3, 2012

Copies To: Bismark Inc., Attn: Mr. John Drobish and Briggs, Attn: Mr. Mike Hoodak
State of New Jersey - Notification of Asbestos Abatement  
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 2012-310

**Date of Notification (1)**
February 3, 2012

**Name of Building Owner/Operator (2)**
CITY OF NEWARK

**Address**
420 CITY HALL

**City, State, Zip Code**
NEWARK, NJ 07102

**Telephone Number**

**Name of Facility Where Abatement Is Taking Place (3)**
CHESTNUT STREET FIREHOUSE

**Street Address**
87 - 89 ELM ROAD

**City, County**
NEWARK - ESSEX

**Name of Monitoring Firm Hired by Bldg. Owner (5)**
BRIGGS ASSOCIATES, INC.

**ASCM No.**
0004

**Type of Facility (4)**
School (K-12)

**Square Feet**
15,000SF

**Current Use**
FIREHOUSE

**Name of Contractor (9)**
GREENWOOD ABATEMENT CONSULTANTS, INC.

**Street Address**
268 MAIN STREET

**City, State, Zip Code**
BORDENTOWN, NJ 08505

**Project Manager for Monitoring Firm**
MR. MIKE HOODAK

**Telephone Number**
609-298-5520

**Scheduled Start Date (10)**
02/21/12

**Scheduled Completion Date (11)**
04/30/12

**Occupancy Status During Abatement (Check only one)**
Facility Closed/Vacated During Entire Period of Abatement

**Name of OSHA Monitor**
ENVIROVISION, INC.

**Street Address**
20-21 WARGARAW ROAD

**City, State, Zip Code**
FAIRLAWN, NJ

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

- ≥ 3 sf or ≥ 3 ft
- ≥ 160 sf or ≥ 280

**Location of Asbestos-Containing Material (ACM) in Facility (15)**

<table>
<thead>
<tr>
<th>Material</th>
<th>Location Normally Used</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>THROUGHOUT</td>
<td>YES</td>
<td>WALL PLASTER</td>
<td>15,000SF</td>
</tr>
<tr>
<td>THROUGHOUT</td>
<td>YES</td>
<td>PIPE INSULATION</td>
<td>525 LF</td>
</tr>
<tr>
<td>THROUGHOUT</td>
<td>YES</td>
<td>WIRE INSULATION</td>
<td>2,000 LF</td>
</tr>
<tr>
<td>THROUGHOUT</td>
<td>YES</td>
<td>FIRE DOORS</td>
<td>20 EA</td>
</tr>
<tr>
<td>Boileroom</td>
<td>YES</td>
<td>CEILING PLASTER</td>
<td>790 SF</td>
</tr>
<tr>
<td>Boileroom</td>
<td>YES</td>
<td>FLUE PATCH</td>
<td>5 SF</td>
</tr>
<tr>
<td>Boileroom</td>
<td>YES</td>
<td>MOTTLED BROWN FLOOR COVERING</td>
<td>4 LF</td>
</tr>
</tbody>
</table>

**Name of Reg. Waste Hauler**

**See Hauler Below #1 & 2**

<table>
<thead>
<tr>
<th>Name of Reg. Waste Hauler</th>
<th>NJ DEP Waste Hauler ID #</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greenwood Abatement Consultants, Inc. - Butler, NJ 07405</td>
<td>12561</td>
<td>200 CY</td>
<td>G.R.O.W.S. North Landfill</td>
</tr>
<tr>
<td>Newark Carting, Inc., Newark, NJ 04509</td>
<td>4599</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Disposal Date**
04/30/2012

**City, State**
100 New Ford Mill Rd., Morrisville, PA 19067

**Telephone Number**
215-735-1700

**Completed by (Print or Type)**
RAYMOND C. PEDALINO
SENIOR PROJECT MANAGER

**Signature**

**Date**
February 3, 2012

Copies To: Bismark, Inc., Attn: John Drobish and Briggs Assoc. Inc., Attn: Mr. Mike Hoodak
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:80 and 12:120)

Date of Notification (1)
02/02/12

Name of Building Owner/Operator (2)
Beacon Redevelopment LLC

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

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

Street Address
4 Beacon Way, Suite 16
City, State, Zip Code
Jersey City, NJ 07304

Name of Contact
Joe Nanfredonia, P.M.

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)
Paramount Building

Street Address
Baldwin Avenue
City (5)
Jersey City
County (6)
Hudson County

County Code (7) (STATE USE ONLY)

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

ASCM No.
00104

Name of Abatement Contractor (9)
Pyramid Contracting Corp.

Street Address
163 Sargeant Avenue
City, State, Zip Code
Clifton, NJ 07013

Project Manager for Monitoring Firm
Mr. William S. Kerbel

Telephone No.
973-729-5649

TelephoneNumber
973-689-6281

License No.
01099

Name of OSHA Monitor
J&S Environmental Laboratories LLC

Street Address
2333 Route 22 West
City, State, Zip Code
Union, NJ 07081

Start Date (10)
02/13/12

Scheduled Completion Date (11)
03/07/12

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

Scope of Work (Check All That Apply)
☐ ≥3 sf or ≥3 if
☐ ≥100 sf or ≥260 if
☐ Demolition
☐ Renovation
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Firable Procedure

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

In Facility (13)

Is Location Normally Used Solely by Maintenance/Custodial Staff? (14)

Yes
No
N/A

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

Amount (Specify SF or LF)

Abatement Type

Removal

Renovation

Encapsulation

Endorsement

Location

20 1/2 Floor, Mechanical Room
x
Pipe Insulation including Elbows
60 LF
x

20th Floor, Mechanical Room
x
Pipe Insulation including Elbows
200 LF
x

20th Floor
x
Pipe Insulation including Elbows
100 LF
x

Continued On Next 2 Pages

Name of Registered Waste Hauler
Pyramid Contracting Corp.

NJ/DEP Waste Hauler ID No.
32613

Cubic Yards of Waste

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

City, State
Clifton, New Jersey

Disposal Date

City, State
Morrisville, Pennsylvania

Completed by
Dimo Golcev

Title
General Manager

Signature

Date
02/02/12

Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff: Yes</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>20th Floor</td>
<td>X</td>
<td>Window Caulking</td>
<td>500 LF</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20th Floor</td>
<td>X</td>
<td>Ceiling Plaster</td>
<td>1,700 SF</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>19th Floor</td>
<td>X</td>
<td>Window Caulking</td>
<td>600 LF</td>
<td>X</td>
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<td></td>
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<tr>
<td>19th Floor</td>
<td>X</td>
<td>Ceiling Plaster</td>
<td>1,085 SF</td>
<td>X</td>
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<tr>
<td>19th Floor</td>
<td>X</td>
<td>Pipe Insulation Including Elbows</td>
<td>650 LF</td>
<td>X</td>
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<td></td>
<td></td>
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<tr>
<td>17th Floor</td>
<td>X</td>
<td>Window Caulking</td>
<td>820 LF</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17th Floor</td>
<td>X</td>
<td>Ceiling Plaster</td>
<td>1,300 SF</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>17th Floor</td>
<td>X</td>
<td>Pipe Insulation Including Elbows</td>
<td>2,450 LF</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16th Floor</td>
<td>X</td>
<td>Window Caulking</td>
<td>820 LF</td>
<td>X</td>
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<tr>
<td>16th Floor</td>
<td>X</td>
<td>Ceiling Plaster</td>
<td>1,300 SF</td>
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<td></td>
<td></td>
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<tr>
<td>16th Floor</td>
<td>X</td>
<td>Pipe Insulation Including Elbows</td>
<td>2,850 LF</td>
<td>X</td>
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<tr>
<td>15th Floor</td>
<td>X</td>
<td>Window Caulking</td>
<td>820 LF</td>
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<td>X</td>
<td>Ceiling Plaster</td>
<td>920 SF</td>
<td>X</td>
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<tr>
<td>15th Floor</td>
<td>X</td>
<td>Pipe Insulation Including Elbows</td>
<td>1,318 LF</td>
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<tr>
<td>14th Floor</td>
<td>X</td>
<td>Window Caulking</td>
<td>820 LF</td>
<td>X</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>14th Floor</td>
<td>X</td>
<td>Ceiling Plaster</td>
<td>1,300 SF</td>
<td>X</td>
<td></td>
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</tr>
<tr>
<td>14th Floor</td>
<td>X</td>
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<td>2,450 LF</td>
<td>X</td>
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<tr>
<td>13th Floor</td>
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<tr>
<td>13th Floor</td>
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<td>Ceiling Plaster</td>
<td>1,300 SF</td>
<td>X</td>
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<tr>
<td>12th Floor</td>
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<td>820 LF</td>
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<tr>
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<tr>
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<td>Pipe Insulation Including Elbows</td>
<td>2,850 LF</td>
<td>X</td>
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<tr>
<td>11th Floor</td>
<td>X</td>
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<td>820 LF</td>
<td>X</td>
<td></td>
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<tr>
<td>11th Floor</td>
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<td>Ceiling Plaster</td>
<td>1,300 SF</td>
<td>X</td>
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<td></td>
</tr>
<tr>
<td>11th Floor</td>
<td>X</td>
<td>Pipe Insulation Including Elbows</td>
<td>2,850 LF</td>
<td>X</td>
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<tr>
<td>10th Floor</td>
<td>X</td>
<td>Window Caulking</td>
<td>820 LF</td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>10th Floor</td>
<td>X</td>
<td>Pipe Insulation Including Elbows</td>
<td>2,450 LF</td>
<td>X</td>
<td></td>
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</tr>
<tr>
<td>9th Floor</td>
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<td>820 LF</td>
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<tr>
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</tr>
<tr>
<td>9th Floor</td>
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<td>Pipe Insulation Including Elbows</td>
<td>2,450 LF</td>
<td>X</td>
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</tr>
<tr>
<td>8th Floor</td>
<td>X</td>
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<tr>
<td>8th Floor</td>
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<td>1,300 SF</td>
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</tr>
<tr>
<td>8th Floor</td>
<td>X</td>
<td>Pipe Insulation Including Elbows</td>
<td>3,150 LF</td>
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</tr>
<tr>
<td>7th Floor</td>
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<td>Window Caulking</td>
<td>820 LF</td>
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<tr>
<td>7th Floor</td>
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<td>1,300 SF</td>
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<tr>
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<td>3,150 LF</td>
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</tr>
<tr>
<td>6th Floor</td>
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<td>820 LF</td>
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</tr>
<tr>
<td>6th Floor</td>
<td>X</td>
<td>Ceiling Plaster</td>
<td>1,300 SF</td>
<td>X</td>
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<tr>
<td>6th Floor</td>
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<td>Pipe Insulation Including Elbows</td>
<td>3,150 LF</td>
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<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)</td>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff: (12)</td>
<td>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td>Amount (Specify SF or LF)</td>
<td>Abatement Type</td>
<td></td>
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<tr>
<td>---</td>
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<td>---</td>
<td>---</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5th Floor</td>
<td>X</td>
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<tr>
<td>5th Floor</td>
<td>X</td>
<td>Pipe Insulation including Elbows</td>
<td>3,150 LF</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4th Floor</td>
<td>X</td>
<td>Window Caulking</td>
<td>820 LF</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4th Floor</td>
<td>X</td>
<td>Ceiling Plaster</td>
<td>1,300 SF</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4th Floor</td>
<td>X</td>
<td>Pipe Insulation including Elbows</td>
<td>3,150 LF</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3rd Floor</td>
<td>X</td>
<td>Window Caulking</td>
<td>820 LF</td>
<td>X</td>
<td></td>
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</tr>
<tr>
<td>3rd Floor</td>
<td>X</td>
<td>Ceiling Plaster</td>
<td>900 SF</td>
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</tr>
<tr>
<td>3rd Floor</td>
<td>X</td>
<td>Pipe Insulation including Elbows</td>
<td>2,000 LF</td>
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<td>X</td>
<td>Window Caulking</td>
<td>1,000 LF</td>
<td>X</td>
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<tr>
<td>2nd Floor</td>
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<td>Ceiling Plaster</td>
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<td></td>
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</tr>
<tr>
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<td>X</td>
<td>Pipe Insulation including Elbows</td>
<td>5,000 LF</td>
<td>X</td>
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<td>X</td>
<td>Window Caulking</td>
<td>475 LF</td>
<td>X</td>
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</tr>
<tr>
<td>1st Floor</td>
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<td>Ceiling Plaster</td>
<td>1,475 SF</td>
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<td>Mezzanine</td>
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<td>Window Caulking</td>
<td>575 LF</td>
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<tr>
<td>Mezzanine</td>
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<td>Ceiling Plaster</td>
<td>2,650 SF</td>
<td>X</td>
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<td></td>
<td></td>
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<td>Auditorium</td>
<td>X</td>
<td>Window Caulking</td>
<td>225 LF</td>
<td>X</td>
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</tr>
<tr>
<td>Auditorium</td>
<td>X</td>
<td>Ceiling Plaster</td>
<td>2,400 SF</td>
<td>X</td>
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<td></td>
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</tr>
<tr>
<td>Auditorium</td>
<td>X</td>
<td>Pipe Insulation</td>
<td>1,200 SF</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bsmt. Pump Room (Small)</td>
<td>X</td>
<td>Pipe Insulation including Elbows</td>
<td>200 LF</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bsmt. Large Store Room (Elec Equip)</td>
<td>X</td>
<td>Pipe Insulation including Elbows</td>
<td>700 LF</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bsmt., Electrical Transformer Rooms</td>
<td>X</td>
<td>Pipe Insulation</td>
<td>260 LF</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Bsmt., Boiler Room/Pump Room</td>
<td>X</td>
<td>Pipe Insulation including Elbows</td>
<td>2,000 LF</td>
<td>X</td>
<td></td>
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</tr>
<tr>
<td>Bsmt., Boiler Room/Pump Room</td>
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<td>Tank Insulation</td>
<td>600 SF</td>
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<tr>
<td>Bsmt., Boiler Room/Pump Room</td>
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<td>Furnace Breathing Insul. Cover</td>
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<tr>
<td>Bsmt., Small Room (Kens Plumb)</td>
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<td>Pipe Insulation including Elbows</td>
<td>150 LF</td>
<td>X</td>
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<td></td>
<td></td>
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<tr>
<td>Bsmt., Hall Restrooms &amp; Janitor Closet</td>
<td>X</td>
<td>Pipe Insulation including Elbows</td>
<td>125 LF</td>
<td>X</td>
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<tr>
<td>Basement, Linen Room</td>
<td>X</td>
<td>Pipe Insulation including Elbows</td>
<td>300 LF</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basement, Hallways</td>
<td>X</td>
<td>Pipe Insulation including Elbows</td>
<td>1,515 LF</td>
<td>X</td>
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<tr>
<td>Basement, Hallways</td>
<td>X</td>
<td>Cut Pipe w/ Insulation lying on floor</td>
<td>150 LF</td>
<td>X</td>
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</tr>
<tr>
<td>Basement, Elevator Bank</td>
<td>X</td>
<td>Pipe Insulation including Elbows</td>
<td>70 LF</td>
<td>X</td>
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<tr>
<td>Basement, Gym</td>
<td>X</td>
<td>Window Caulking</td>
<td>175 LF</td>
<td>X</td>
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</tr>
<tr>
<td>Basement, Gym</td>
<td>X</td>
<td>Pipe Insulation including Elbows</td>
<td>2,000 LF</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basement, Gym Locker Room</td>
<td>X</td>
<td>Pipe Insulation including Elbows</td>
<td>200 LF</td>
<td>X</td>
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</tr>
<tr>
<td>Basement, Gym Shower Room</td>
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<td>Pipe Insulation including Elbows</td>
<td>300 LF</td>
<td>X</td>
<td></td>
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</tr>
<tr>
<td>Basement, Stair Janitor's Closet</td>
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<td>Pipe Insulation including Elbows</td>
<td>25 LF</td>
<td>X</td>
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<tr>
<td><strong>Date of Notification (1)</strong></td>
<td>Feb. 3, 2012</td>
<td><strong>Name of Building Owner/Operator (2)</strong></td>
<td>Mr. Kessler</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-----------------------------</td>
<td>--------------</td>
<td>----------------------------------------</td>
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<tr>
<td><strong>Agencies Notified</strong></td>
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<td>DOH</td>
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<td>Emergency (including justification)</td>
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<tr>
<td>DCA</td>
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<td>Cancellation</td>
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</tr>
<tr>
<td><strong>Street Address</strong></td>
<td></td>
<td><strong>City, State, Zip Code</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1490 Good Intent Road</td>
<td></td>
<td>Deptford, NJ 08096</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Name of Contact</strong></td>
<td></td>
<td><strong>Telephone Number</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mr. Kessler</td>
<td></td>
<td></td>
<td></td>
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</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th><strong>Name of Facility Where Abatement is Taking Place (3)</strong></th>
<th><strong>Type of Facility (4)</strong></th>
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</thead>
<tbody>
<tr>
<td>House</td>
<td>School (K-12)</td>
</tr>
<tr>
<td>1490 Good Intent Road</td>
<td>Subchapter 8 (Other than K-12)</td>
</tr>
<tr>
<td>City</td>
<td>Other (i.e. private &amp; commercial buildings, homes, etc.)</td>
</tr>
<tr>
<td>Deptford</td>
<td>205 Rt 46 West Suite 14</td>
</tr>
<tr>
<td>Gloucester</td>
<td>Totowa, New Jersey 07512</td>
</tr>
<tr>
<td>County Code (7) (State Use Only)</td>
<td>973-832-4244</td>
</tr>
<tr>
<td>Current Use (Prior to being demolished)</td>
<td>2</td>
</tr>
<tr>
<td>residence</td>
<td>1225</td>
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**Name of Monitoring Firm Hired by Building Owner (5)**

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
</tr>
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<tbody>
<tr>
<td>Academy Construction, Inc</td>
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</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
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</thead>
<tbody>
<tr>
<td>205 Rt 46 West</td>
<td>Totowa, New Jersey</td>
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<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
</tr>
</thead>
<tbody>
<tr>
<td>na</td>
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</table>

**Start Date (10) | Scheduled Completion Date (11)**

**Occupancy Status During Abatement (Check Only One) |

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

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

- ≥20 sf or ≥5 ft
- ≥160 sf or ≥260 ft
- Renovation
- Demolition

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

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
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<td>-----</td>
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</table>

**Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, etc.)**

<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM)</th>
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</thead>
<tbody>
<tr>
<td>Floor Tile</td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
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<tr>
<td>125</td>
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**Name of Registered Waste Hauler |

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
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<tbody>
<tr>
<td>Newark Carting</td>
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<tr>
<td>Cumberland County</td>
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**Cubic Yards of Waste**

<table>
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<th>Disposal Date</th>
<th>City, State</th>
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<tr>
<td>4</td>
<td>Newburg, PA</td>
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**Completed by |

<table>
<thead>
<tr>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frank Marino</td>
<td>2/03/20012</td>
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</table>


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

Date of Notification (I) February 1, 2012

Name of Building Owner/Operator (2) Paul Bachman

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

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

Street Address
527 Clark Street

City, State, Zip Code
Westfield, NJ 07090

Name of Contact
Fred Kimak

Telephone Number

FACILITY INFORMATION

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

Street Address
820 Ramapo Way

City
Westfield

County (6)
Union

County Code (7) (STATE USE ONLY)

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

ASCM No.

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

Street Address
1889 Rte. 9, Unit 61

City, State, Zip Code
Toms River, NJ 08755

Project Manager for Monitoring Firm
Nicholas Fernicola

Telephone Number
732-349-9932

Scheduled Start Date (10)
2/14/12

Scheduled Completion Date (11)
2/16/12

Occupancy Status During Abatement (Check only one)
[x] Facility Closed/Vacated During Entire Period of Abatement
[ ] Abatement Performed Outside of Normal Facility Hours
[ ] Other – Describe

Square Footage
5000 sf

# of Floors
2

Bldg. Age
80

Current Use (Prior to being demolished)
Boiler Room

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

Boiler Room

Scope of Work (Check all that apply)
[x] Full Containment with Negative Pressure
[ ] Min-Enclosure
[x] Silvex (API) Procedure
[ ] Non-Exempted (*) and Non-Friable Procedure

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

Is Location Normally Used Solely by Maintenance/custodial Staff

Amount (Specify SF or LF)

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

Abatement Type

Boiler Room
Asbestos pipe insulation
50 lf
[x]

Boiler room
Duct insulation
10 sf
[x]

Name of Registered Waste Hauler
Guardian Contracting, Inc.

NJDEP Waste Hauler ID No.
20223

Cubic Yards of Waste
3

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

City
Toms River, New Jersey

Disposal Date
2/17/12

City
Tullytown, Pennsylvania

Completed by (Print of Type)
Nicholas Fernicola

Title
Project Manager

Signature

Date 2/1/2012

*Do not use this form for asbestos licensure exempted activities.
# Date of Notification
2/3/2012

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

## Name of Building Owner/Operator
River Produce

## Street Address
205 Jackson Street

## City, State, Zip Code
Englewood, NJ 07631

## Name of Contact
Tom Bauer

## Telephone Number
FEB - 7 2012

## Name of Facility Where Abatement Is Taking Place
205 Jackson Street

## County Code
Bergen

## Name of Monitoring Firm Hired by Building Owner
Environmental Health Investigations

## ASCM No.
00104

## Name of Abatement Contractor
Pinnacle Environmental Corp.

## Street Address
655 West Shore Trail

## City, State, Zip Code
Sparta, NJ 07871

## Project Manager for Monitoring Firm
Bill Kerbel

## Telephone No.
973-610-2634

## Street Address
200 Broad Street

## City, State, Zip Code
C可视化armstadt, NJ 07072

## Start Date
2-14-2012

## Scheduled Completion Date
2-17-2012

## Current Use
(Prior if being demolished)

## Scope of Work
- [ ] 33 sf or 33 if
- [X] 160 sf or 260 if
- [X] Renovation
- [X] 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

## Is Location Normally Used Solely by Maintenance/Custodial Staff?
- [ ] Yes
- [ ] No
- [ ] N/A

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

## Amount
(Specify SF or LF)

## Abatement Type
- [X] Removal
- [ ] Repair
- [ ] Encapsulate
- [ ] Endorse

## Name of Registered Waste Hauler
ATC, Inc. / TriState Transfer (50071)

## NJDEP Waste Hauler ID No.
24310

## Cubic Yards of Waste
TBD

## Disposal Date
TBD

## Name of Registered Landfill
Minerva Enterprises

## City, State
Waynesburg, OH 44688

## Completed by
John Tancredi

## Title
Project Manager

## Signature
2-3-2012

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

Check # 1269
Date of Notification (1):
02/03/2012

Name of Building Owner/Operator (2):
Craig Kearney

Emergency Notification

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

Street Address:
178 Devon Street
Keasny, NJ 07032

County (5):

Name of Asbestos Contrator (9):
Gr Tech LLC

Street Address:
576 Valley Rd #283
Wayne, NJ 07470

License No.:
01127

Name of OSHA Monitor:
Envirovision Consultants, Inc

Street Address:
20-21 Wagarow Road, Bldg. # 34A
Fair Lawn, NJ 07410

Project Manager for Monitoring Firm:
Guillermo Morales

Telephone No.:
973-636-9145

Date of Abatement:
02/04/2012

Schedules Completion Date (11):
02/06/2012

Scope of Work (Check all that apply):

- 20,000 sf or more

- 3,000 sf or more

- Demolition

- Renovation

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13):
- Yes
- No
- N/A

Entering foyer-first floor: X
Basement: X

Description of Asbestos Containing Material (ACM) (I.e., thermal systems insulation, surfacing, VTA, or other miscellaneous):
- Pipe insulation
- Clean up & decontamination

Amount (Specify SF or LF):

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pipe insulation</td>
<td>20 LF</td>
</tr>
<tr>
<td>Clean up &amp; decontamination</td>
<td>500 LF</td>
</tr>
</tbody>
</table>

Abatement Type:

- Full containment with negative pressure
- Mini-Enclosure
- Sleeve-up Procedure
- Non-Exempt (X) and Non-Excitable Procedure
- Non-Excitable Procedure (X)

Name of Registered Waste Hauler:
Gr Tech LLC

ID No.:
00334935

In-Location Normally Used Solely by Maintenance/Custodial Staff:

<table>
<thead>
<tr>
<th>Location</th>
<th>Description</th>
<th>Amount @ Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>basement</td>
<td>Pipe insulation</td>
<td>50 LF</td>
</tr>
<tr>
<td>Entering foyer</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

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

Disposal Date:
02/03/2012

Owner:

N. Jovic

Title:

Completed by:

Date:
02/03/2012

Signature:

Tullytown, PA

DEP Waste Hauler:

ID No.:
00334935

City, State:
Wayne, NJ 07470

N. Jovic

A29-41

DO NOT USE THIS FORM FOR ASBESTOS TREATMENT EXCREMENT ACTIVITIES.

FACILITY INFORMATION

Private home

Street Address:
178 Devon Street
Keasny, NJ 07032

County:

Hudson

Name of Asbestos Contrator (9):
Gr Tech LLC

Street Address:
576 Valley Rd #283
Wayne, NJ 07470

License No.:
01127

Name of OSHA Monitor:
Envirovision Consultants, Inc

Street Address:
20-21 Wagarow Road, Bldg. # 34A
Fair Lawn, NJ 07410
**NOTIFICATION OF ASBESTOS ABATEMENT**

Pursuant to NJAC 8:50 and 12:120

**State of New Jersey**

Date: 02/02/12

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

**Type of Notification**
- [ ] Initial
- [ ] Amended
- [ ] Amendment & Supplement
- [ ] Emergency (Including Justification)
- [ ] Cancellation

**Name of Building Owner/Operator**
- Elizabeth Public Schools
  - Street Address: 500 N. Broad Street
  - City, State, Zip Code: Elizabeth, New Jersey 07207
  - Name of Contact: Pablo Munoz

**Name of Facility Where Abatement is Taking Place**
- Nicholas Murray Butler School #23
  - Street Address: 801 Union Avenue
  - City, State, Zip Code: Elizabeth, New Jersey 07207
  - County: Essex

**Name of Monitoring Firm Hired by Building Owner**
- ASCM No.: (State Use Only)

**Name of Abatement Contractor**
- Lillich Corporation
  - Street Address: 808 McBride Avenue
  - City, State, Zip Code: Woodland Park, New Jersey 07424

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

**Square Feet**
- 10,000

**No. of Floors**
- 2

**Age of Building**
- 55+

**Current Use**
- School

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

**Scope of Work**
- [ ] 23 or over 23 ft
- [ ] 160 or over 20 ft
- [ ] Renovation
- [ ] Demolition

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

<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>O&amp;M Pipe Insulation</td>
<td>5 LF</td>
<td></td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
- Lillich Corporation
  - NJDEP Waste Hauler ID No.: 18724
  - Cubic Yards of Waste: 1/2

**Name of Registered Landfill**
- G.R.O.W.S Landfill
  - Disposal Date: 02/06/12
  - City, State: Morristown, Pennsylvania

**Completed by**
- Tatiana Kalenikova
  - Title: Vice President
  - Signature: [Signature]
  - Date: 02/02/12

---

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

<table>
<thead>
<tr>
<th>Name of Building Owner/Operator</th>
<th>Elizabeth Public Schools</th>
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<tbody>
<tr>
<td>Agency Notified</td>
<td>EPA</td>
</tr>
<tr>
<td>Type Notification</td>
<td>Initial</td>
</tr>
<tr>
<td>Street Address</td>
<td>500 N. Broad Street</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Elizabeth, New Jersey 07207</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Pablo Munoz</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place | Elmora School # 12 |
| Street Address                                 | 636 Magie Avenue    |
| City, State, Zip Code                          | Elizabeth, New Jersey 07207 |
| County Code (STATE USE ONLY)                   | Essex                |
| Name of Monitoring Firm                        | ASCM No.             |
| Street Address                                 | 300 Grand Avenue     |
| City, State, Zip Code                          | Englewood, New Jersey 07631 |
| Project Manager for Monitoring Firm            | Telephone No.        |
|                                          | 201-669-6708         |
| Start Date (16)                                | 02/04/12             |
| Scheduled Completion Date (11)                 | 02/06/12             |
| Occupancy Status During Abatement (Check Only One) |                      |
| Facility Closed/ Vacated During Entire Period of Abatement |                   |
| Abatement Performed Outside of Normal Facility Hours |                   |
| Other - Describe: 9AM                          |                      |
| Scope of Work (Check All That Apply)            |                       |
| 23 sf or 23 if                               |                      |
| 2160 sf or 2160 if                           |                      |
| X Renovation Demolition                       |                       |
| X Full Containment with Negative Pressure      |                       |
| X Mini-Enclosure                              |                       |
| X Glovebag Procedure                          |                       |
| X Non-Exempted (*) and Non-Fireable Procedure  |                       |

**Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (18)**

| Room 104 | O&M Pipe Insulation | 4 LF | X |

**Name of Registered Waste Hauler**

<table>
<thead>
<tr>
<th>Lilich Corporation</th>
<th>NJDEP Waste Hauler ID No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>10724</td>
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**Cubic Yards of Waste**

| 1/2 |

**Name of Registered Landfill**

<table>
<thead>
<tr>
<th>G.R.O.W.S Landfill</th>
<th>City, State</th>
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<tbody>
<tr>
<td></td>
<td>Morrisville, Pennsylvania</td>
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**Disposal Date**

| 02/06/12 |

**Completed by**

<table>
<thead>
<tr>
<th>Tatiana Kalenikova</th>
<th>Vice President</th>
</tr>
</thead>
</table>

**Signature**

| 02/02/12 |

*Do not use this form for asbestos removal exempted activities.
**State of New Jersey**

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

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<th>Date of Notification (1)</th>
<th>2/3/12</th>
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<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Building Owner/Operator (2)</th>
<th>MS. WAGNER TROTOLA</th>
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<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>27 Fairway St</th>
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<table>
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<tr>
<th>City, State, Zip Code</th>
<th>Bloomfield, NJ 07003</th>
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<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>MS. TROTOLA</th>
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<tr>
<th>Street Address</th>
<th>27 Fairway St</th>
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<tr>
<th>City (6)</th>
<th>Bloomfield</th>
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<table>
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<tr>
<th>County (6)</th>
<th>Essex</th>
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<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>450 South River St</th>
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</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Hackensack, N.J. 07601</th>
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<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
</tr>
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<table>
<thead>
<tr>
<th>Telephone No.</th>
<th>201-329-7444</th>
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<table>
<thead>
<tr>
<th>License No.</th>
<th>00388</th>
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<th>Start Date (10)</th>
<th>2/14/12</th>
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<tr>
<th>Scheduled Completion Date (11)</th>
<th>2/15/12</th>
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| Name of Abatement Contractor (9) | Best Removal Inc |

<table>
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<tr>
<th>Street Address</th>
<th>280 Huylor St</th>
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<thead>
<tr>
<th>City, State, Zip Code</th>
<th>South Hackensack, N.J. 07606</th>
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<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check Only One)</th>
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<tbody>
<tr>
<td>□ Facility Closed/Vacated During Entire Period of Abatement</td>
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<tr>
<td>□ Abatement Performed Outside of Normal Facility Hours</td>
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</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
<th></th>
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<tbody>
<tr>
<td>□ 2,500 sf or 3,000 sf</td>
<td></td>
</tr>
<tr>
<td>□ Renovation</td>
<td></td>
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<tr>
<td>□ Demolition</td>
<td></td>
</tr>
<tr>
<td>□ Full Containment with Negative Pressure</td>
<td></td>
</tr>
<tr>
<td>□ Min-Enclosure</td>
<td></td>
</tr>
<tr>
<td>□ Glovebag Procedure</td>
<td></td>
</tr>
<tr>
<td>□ Non-Exempted (*) and Non-Fireable Procedure</td>
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<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)</th>
<th></th>
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<tbody>
<tr>
<td>BASEMENT</td>
<td></td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>N/A</th>
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</table>

<table>
<thead>
<tr>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>THERMAL INSULATION</th>
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<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
<th>65 LF</th>
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<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>GLOBAL WASTE SERVICES</th>
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<table>
<thead>
<tr>
<th>NUDEP Waste Hauler ID No.</th>
<th>22171</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Hackettstown, NJ</th>
</tr>
</thead>
</table>

| Name of Registered Landfill | MINERIA ENTERPRISES LLC |

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>11/2</th>
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</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>WAYNESBORO, OH</th>
</tr>
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<table>
<thead>
<tr>
<th>Completed by</th>
<th>J. MAIORANO</th>
</tr>
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<table>
<thead>
<tr>
<th>Title</th>
<th>Estimator</th>
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<table>
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<tr>
<th>Signature</th>
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<table>
<thead>
<tr>
<th>Date</th>
<th>2/13/12</th>
</tr>
</thead>
</table>

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

_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 # 1291

#### Date of Notification (1)

02/02/2012

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

Andrew Takacs

### Agency Notified

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

**Type Notification**

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

### Street Address

99 Farm Road Circle  

**City, State, Zip Code**

East Brunswick, NJ 08816

**Name of Contact**

Andrew Takacs

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

Private home

**Street Address**

99 Farm Road Circle

**City (5)**

East Brunswick, NJ 08816

**County (6)**

Middlesex

**ASCM No.**

Gr Tech LLC

**Name of Abatement Contractor (6)**

Gr Tech LLC

**Street Address**

576 Valley Rd. #283

**City, State, Zip Code**

Wayne, NJ 07470

**Telephone No.**

973-638-1777

**License No.**

01127

**Name of OSHA Monitor**

Environvision Consultants, Inc

**Street Address**

20-21 Wagaraw Rd., Bldg. #34A

**City, State, Zip Code**

Fair Lawn, NJ 07410

### FACILITY INFORMATION

<table>
<thead>
<tr>
<th>County Code (7) (STATE USE ONLY)</th>
<th>Current Use (Prior to being demolished)</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Type of Facility (4)**

- [X] School (K-12)  
- [ ] Subchapter 6 (Other than K-12)  
- [ ] Other (i.e. private & commercial buildings, homes, etc.)

**Square Feet**

[ ]

**# of Floors**

[ ]

**Bldg. Age**

[ ]

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

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

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

- [X] >3,000 sf or >3 If
- [ ] ≥160 sf or >260 If
- [X] Renovation
- [ ] Demolition

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

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

- [X] Yes
- [ ] No
- [ ] N/A

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

(i.e., thermal systems insulation, surfacing, VCT, or other miscellaneous)

**Amount**  

(Specify SF or LF)

**Abatement Type**

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

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

Basement

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

- [X] Yes
- [ ] No
- [ ] N/A

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

(i.e., thermal systems insulation, surfacing, VCT, or other miscellaneous)

**Amount**  

(Specify SF or LF)

**Abatement Type**

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

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

Basement

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

- [X] Yes
- [ ] No
- [ ] N/A

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

(i.e., thermal systems insulation, surfacing, VCT, or other miscellaneous)

**Amount**  

(Specify SF or LF)

**Abatement Type**

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

### Name of Registered Waste Hauler

Gr Tech LLC

**NJ DEP Waste Hauler ID No.**

0033785

**Cubic Yards of Waste**

T.R.R.F. Inc

**Name of Registered Landfill**

**Disposal Date**

City, State

Wayne, NJ 07470

**Committed by**

N. Jevtic

**Title**

Owner

**Signature**

Tullytown, PA

202/02/2012

---

*Do not use this form for asbestosiocure exempted activities.*
<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>February 03, 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Highview Star Properties, L.L.C.</td>
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<td>Type Notification</td>
</tr>
<tr>
<td>EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended</td>
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<tr>
<td>DOL</td>
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<tr>
<td>DOH</td>
<td>Emergency (including Justification)</td>
</tr>
<tr>
<td>DCA</td>
<td>Cancellation</td>
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</tbody>
</table>

| Street Address | 33 Cotters Lane |
| City, State, Zip Code | East Brunswick, NJ 08816 |
| Name of Contact | Matt Schindwein |

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place (3) | Unknown |
| Street Address | 101 Industrial Lane |
| City (5) | Little Ferry, NJ |
| County (6) | Bergen |
| Name of Monitoring Firm Hired by Building Owner (8) | ASCM No. 0021 |
| Type of Facility (4) | | |
| School (K-12) | | |
| Subchapter G (Other than K-12) | | |
| Other (i.e. private & commercial buildings, homes, etc.) | |
| Square Feet | # of Floors | Bldg. Age |
| Current Use (Prior to being demolished) | Empty |

| Project Manager for Monitoring Firm | Eric Houseenbracht |
| Street Address | 907 Doolittle Drive |
| City, State, Zip Code | Bridgewater, NJ 08807 |
| Telephone No. | (908) 218-1108 |

| Start Date (10) | 2/4/12 |
| Scheduled Completion Date (11) | 2/6/12 |

| 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 ≥3.3 ft² | Renovation |
| ≥100 sf or ≥280 ft² | Demolition |

| Location of Asbestos-Containing Material (ACM) TO BE ABATED | In Facility (13) |
| Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | Yes | No | N/A |
| Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | pipe insulation |
| Amount (Specify SF or LF) | 105 LF |

| Name of Registered Waste Hauler | NJ DEP Waste Hauler ID No. 15939 |
| City, State | |
| Freehold, NJ | GROWS 1.1 |
| Disposal Date | 2/6/12 |
| City, State | Morrisville, PA |
| Name of Registered Landfill | |
| Freehold | |

| Completed by | Mike Cooper |
| Title | President |
| Signature | |
| Date | 2/3/12 |

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>February 3, 2012</th>
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<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Eddie Ramirez</td>
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<tr>
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<td>EPA, DEP</td>
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<tr>
<td>Type Notification</td>
<td>Initial</td>
</tr>
<tr>
<td>Street Address</td>
<td>17 Pearl Drive</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Howell, NJ 07731</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Eddie Ramirez</td>
</tr>
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</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Residence</th>
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<tbody>
<tr>
<td>Street Address</td>
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<tr>
<td>City (5)</td>
<td>Howell</td>
</tr>
<tr>
<td>County (6)</td>
<td>Monmouth</td>
</tr>
<tr>
<td>County Code (7)</td>
<td></td>
</tr>
<tr>
<td>Name of Facility</td>
<td>ASCM No.</td>
</tr>
<tr>
<td>Street Address</td>
<td>1000 Maplewood Drive Suite 207</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Maple Shade, NJ 08052</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Tony Esposito</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>856-755-9300</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>February 6, 2012</td>
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<td>Scheduled Completion Date (11)</td>
<td>February 13, 2012</td>
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<tr>
<td>Occupancy Status During Abatement (Check Only One)</td>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>Scope of Work (Check All That Apply)</td>
<td>Renovation, Demolition</td>
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</table>

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

<table>
<thead>
<tr>
<th>Location of ACM TO BE ABATED</th>
<th>In Facility (13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kitchen</td>
<td>Yes</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>Freehold Cartage</td>
</tr>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
<td>22253</td>
</tr>
</tbody>
</table>

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

| Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Asbestos paper on sheet rock |
| Amount (Specify SF or LF) | 20 SF |

**Abatement Type**

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

**Name of Registered Landfill**

- Grows Landfill

**Completed by**

- William Lynch
- Owner

**Signature**

- [Signature]

**Date**

- February 3, 2012

---

*Do not use this form for asbestos licensure exempted activities.*
**Date of Notification:** February 3, 2012

**Name of Building Owner/Oператор:** Eddie Ramirez

---

### Facility Information

- **Name of Facility Where Abatement is Taking Place:** Residential
- **Street Address:** 17 Pearl Drive
- **City:** Howell
- **County:** Monmouth
- **Name of Monitoring Firm Hired by Building Owner:** MDG Environmental
- **Telephone No.:** 858-735-9200

---

### Abatement Contractor

- **Name of Abatement Contractor:** Shade Environmental, LLC
- **Street Address:** 1000 Maplewood Drive Suite 207
- **City, State, Zip Code:** Maple Shade, NJ 08052
- **Name of OSHA Monitor:** EMBL

---

### Location of Asbestos-Containing Material (ACM) To Be Abated

- **Location:** Kitchen
- **Description:** Asbestos paper on sheet rock

---

### Freehold Cartage

- **Waste Hauler ID No.:** 22253
- **City, State:** Mount Holly, New Jersey 08060

---

### Other Information

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>2/3/12</th>
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</thead>
<tbody>
<tr>
<td>Name of Building/Owner/Operator (2)</td>
<td>PINELANDS CONSTRUCTION</td>
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<tr>
<td>Address</td>
<td>300 77TH ST</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>SEA ISLE CITY, N.J. 08243</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Frank Edulski</td>
</tr>
<tr>
<td>FACILITY INFORMATION</td>
<td></td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>RESIDENCE</td>
</tr>
<tr>
<td>Street Address</td>
<td>15 67TH ST</td>
</tr>
<tr>
<td>City</td>
<td>SEA ISLE CITY</td>
</tr>
<tr>
<td>County Code (8)</td>
<td>COA</td>
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<tr>
<td>Name of Monitoring Firm Hired by Building Owner (9)</td>
<td>N/A</td>
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<tr>
<td>Street Address</td>
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</tr>
<tr>
<td>City, State, Zip Code</td>
<td></td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td></td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>2/14/12</td>
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<tr>
<td>Scheduled Completion Date (11)</td>
<td>2/21/12</td>
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<tr>
<td>Occupancy Status During Abatement (Check only one)</td>
<td>VACANT</td>
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<tr>
<td>Scope of Work (Check all that apply)</td>
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</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED</td>
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</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</td>
<td>Yes</td>
</tr>
<tr>
<td>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
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<tr>
<td>Amount (Specify SF or LF)</td>
<td>2000 Sq Ft</td>
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<tr>
<td>Name of Registered Waste Hauler</td>
<td>KLEMCO INC.</td>
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<tr>
<td>City, State</td>
<td>MAPLE SHADE, N.J.</td>
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<tr>
<td>Disposal Date</td>
<td></td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td></td>
</tr>
<tr>
<td>Completed By</td>
<td>Joseph Klemm</td>
</tr>
</tbody>
</table>

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

Date of Notification (1)
1/27/12

Name of Building Owner/Operator (2)
Chabad of East Brunswick

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

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

Name of Facility Where Abatement is Taking Place (3)
Chabad of East Brunswick

Street Address
261 Dunhams Corner Dr.

City (6)
East Brunswick

County (6)
Middlesex

Name of Monitoring Firm Hired by Building Owner (8)
EM&CA

ASCM No.

Name of Abatement Contractor (9)
Nova Development Group, Inc

Street Address
189 Townsend Street

City, State, Zip Code
Somerville, NJ 08876

Project Manager for Monitoring Firm
Joel Russell

Telephone No.
732 249-3005

Start Date (10)
2/17/12

Scheduled Completion Date (11)
2/24/12

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

Name of OSHA Monitor
EM&CA

Scope of Work (Check All That Apply)
☑ ≥ 3 sf or ≥ 1 sf
☑ ≥ 150 sf or ≥ 260 sf
☑ Renovation
☑ Demolition

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

Boiler room

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

Boiler insulation

Amount (Specify SF or LF)
50 SF

Boiler room

Pipe insulation

30 LF

Basement bathroom

VAT

200 SF

Basement corridor

VAT

150 SF

Name of Registered Waste Hauler
Nova Development Group, Inc
NJDEP Waste Hauler ID No.
NJ-807

Cubic Yards of Waste
10

Name of Registered Landfill
Grow, Inc.

City, State
New Brunswick, New Jersey

Completed by
Tom Kaldan

Title
Project Manager

Signature

Date
1/27/12

* Do not use this form for asbestos licensure exempted activities.
**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:60 and 12:128)

---

**Date of Notification (1)**

02-02-12

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

University Medical Center at Princeton

---

**Agencies Notified**

- EPA
- DEP
- DOL
- DOH
- DCA

**Type Notification**

- Initial
- Amended
- Amendment #2
- Emergency (including justification)
- Cancellation

---

**Street Address**

253 Witherspoon Street

**City, State, Zip Code**

Princeton, NJ 08540

**Name of Contact**

Michael Antoniades

**Telephone Number**

---

**FACILITY INFORMATION**

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

University Medical Center at Princeton: Building # 7

**Type of Facility (4)**

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

**Square Feet**

178,000

**# of Floors**

1

**Bldg. Age**

29 yrs.

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

Vacant

---

**County (6)**

Middlesex

**County Code (7)**

00118

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

McCabe Environmental Services

**ASCN No.**

00118

**Name of Abatement Contractor (9)**

Pinnacle Environmental Corp.

**Street Address**

464 Valley Brook Avenue

**City, State, Zip Code**

Lyndhurst, NJ 07071

**Project Manager for Monitoring Firm**

John Chiavelli

**Telephone No.**

201-438-4839

**License No.**

00756

**Name of OSHA Monitor**

Athena Environmental

**Street Address**

45-09 Greenpoint Avenue

**City, State, Zip Code**

Long Island City, NY 11104

---

**Start Date (10)**

02-07-12

**Scheduled Completion Date (11)**

04-31-12

**Occupancy Status During Abatement (Check Only One)**

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

---

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

- [x] Renovation
- [ ] Demolition
- [x] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [x] Non-Exempted (*) and Non-Friable Procedure

---

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

(13)

**In Facility**

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
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</thead>
<tbody>
<tr>
<td>Throughout Building Walls</td>
<td>[x]</td>
<td>Drywall Joint Compound</td>
<td>16,000SF</td>
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<td>Room 7-23 (8-Bay)</td>
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<td>Transite Hood Lining</td>
<td>75SF</td>
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<td>Throughout Building</td>
<td>[x]</td>
<td>Mastic</td>
<td>3,200SF</td>
<td>[x]</td>
</tr>
<tr>
<td>Room 7-33; Kitchen</td>
<td>[x]</td>
<td>Mastic</td>
<td>200SF</td>
<td>[x]</td>
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</table>

**Name of Registered Waste Hauler**

ATC, Inc. / TriState Transfer (50071)

**NJ DEP Waste Hauler ID No.**

24310

**Cubic Yards of Waste**

TBD

**Name of Registered Landfill**

Minerva Enterprises

**City, State**

Shirley, NY / Bronx, NY

**Disposal Date**

TBD

**City, State**

Waynesburg, OH 44688

**Completed by**

Richard Doran

**Title**

Project Manager

**Signature**

**Date**

02-02-12

---

*Do not use this form for asbestos licensure exempted activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:90 and 12:120)

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<th>Name of Building Owner/Operator (2)</th>
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<td>February 1, 2012</td>
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<td>Heart Institute of Southern New Jersey</td>
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<th>Notification Type</th>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
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<tr>
<td>□ EPA</td>
<td>X Initial Notification</td>
<td>The Heart Institute of Southern New Jersey</td>
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<tr>
<td>□ DEP</td>
<td></td>
<td>Street Address 1400 East Route 70</td>
</tr>
<tr>
<td>□ DOL</td>
<td></td>
<td>City, State, Zip Code Cherry Hill, NJ 08002</td>
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<tr>
<td>□ DOH</td>
<td></td>
<td>Name of Contact Jennifer Minton</td>
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<tr>
<td>□ DCA</td>
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<td>1400 East Route 70</td>
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<tr>
<td>City</td>
<td>Cherry Hill</td>
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<tr>
<td>County</td>
<td>Camden</td>
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<td>USE ONLY</td>
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<tr>
<td>Current Use</td>
<td>Medical Building</td>
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<tr>
<td>(STATE</td>
<td>Prior if being demolished</td>
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<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
<th>Name of Contractor (9)</th>
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<tbody>
<tr>
<td>Criterion Labs</td>
<td></td>
<td>Prime Group Remediation, Inc.</td>
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<tr>
<td>Street Address</td>
<td></td>
<td>3370 Progress Way</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td></td>
<td>Philadelphia, PA 19124</td>
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<tr>
<td>Bensalem, PA 19020</td>
<td></td>
<td>Project Manager for Monitoring Firm Jim Weltz</td>
</tr>
<tr>
<td>Telephone Number 215-244-1300</td>
<td></td>
<td>Telephone Number 215-553-3503</td>
</tr>
<tr>
<td>Phone Number</td>
<td></td>
<td>License Number 00858</td>
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<td>Scheduled Start Date (10)</td>
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<td>Scheduled Completion (11) February 24, 2012</td>
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<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
<th>Job #:</th>
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<tbody>
<tr>
<td>X Facility Closed/Vacated During Entire Period of Abatement</td>
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<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
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<table>
<thead>
<tr>
<th>Source of Work (Check all that apply)</th>
<th>Job #:</th>
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<tbody>
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<td>X &gt;3 sf or &gt;3 if</td>
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</tr>
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<td>□ &gt;160 sf or &gt;260 If</td>
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<tr>
<td>□ Renovation</td>
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<tr>
<td>□ Demolition</td>
<td></td>
</tr>
<tr>
<td>□ Full Containment with Negative Pressure</td>
<td></td>
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<tr>
<td>□ Mini-Enclosure</td>
<td></td>
</tr>
<tr>
<td>□ Glovebag Procedure</td>
<td></td>
</tr>
<tr>
<td>□ Non-Exempted (*) and Non-Friable Procedure</td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAC, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
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<tbody>
<tr>
<td>Office Area x</td>
<td>N/A</td>
<td>Floor Tile and Mastic 150 SF</td>
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<thead>
<tr>
<th>Name of Reg. Waste Hauler</th>
<th>NJ/DEP Waste Hauler ID #</th>
<th>Cubic Yards of Waste 2</th>
<th>Name of Reg. Landfill</th>
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<tbody>
<tr>
<td>The Prime Group Remediation</td>
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<td>Disposal Date Feb 27, 2012</td>
<td>Minerva (DEP #15-1292)</td>
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</tr>
<tr>
<td>Philadelphia, PA</td>
<td></td>
<td>Waynesburg OH</td>
<td></td>
</tr>
<tr>
<td>Completed by</td>
<td></td>
<td>Date February 01, 2012</td>
<td></td>
</tr>
<tr>
<td>Vincent Primavera</td>
<td></td>
<td>Signature</td>
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</tbody>
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*Do not use this form for asbestos licensure exempted activities
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Job #:</th>
<th>Name of Building Owner/Operator (2)</th>
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<tbody>
<tr>
<td>February 3, 2012</td>
<td></td>
<td>Phil Mackey</td>
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<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Notification Type</th>
</tr>
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<tr>
<td>□ EPA</td>
<td>□ Initial Notification</td>
</tr>
<tr>
<td>□ DEP</td>
<td>□ Amended Amendment#</td>
</tr>
<tr>
<td>□ DOL</td>
<td>□ Emergency (including justification)</td>
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<td>□ DOH</td>
<td>□ Cancellation</td>
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<tr>
<td>□ DCA</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Name of Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 Church Street</td>
<td>Phil Mackey</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lambertville, NJ 08530</td>
<td>Feb 7 - 2012</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 Church Street</td>
<td>□ School (K-12)</td>
</tr>
<tr>
<td></td>
<td>□ Subchapter 8 (Other than K-12)</td>
</tr>
<tr>
<td></td>
<td>□ Other (i.e. private &amp; (commercial buildings, homes, etc.)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>3,000</td>
<td>2</td>
<td>50 years</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Current Use (prior if being demolished)</th>
<th>Name of Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Empty</td>
<td>Prime Group Remediation, Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Criterion Labs</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bensalem, PA 19020</td>
<td>Criterion Labs</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jim Welz</td>
<td>215-244-1300</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scheduled Start Date (10)</th>
<th>Scheduled Completion (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>February 13, 2012</td>
<td>February 14, 2012</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Source of Work (Check all that apply)</th>
<th>□ Renovation</th>
<th>□ Demolition</th>
<th>□ Full Containment with Negative Pressure</th>
<th>□ Min-Enclosure</th>
<th>□ Glovebag Procedure</th>
<th>□ Non-Exempted (*) and Non-Friable Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ &gt; 3 sf or &gt; 3 If</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ &gt; 160 sf or &gt; 260 sf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>X</td>
<td>Tank Insulation</td>
<td>40 SF</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Reg. Waste Hauler</th>
<th>Cubic Yards of Waste</th>
<th>Disposal Date</th>
<th>Name of Reg. Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Prime Group Remediation</td>
<td></td>
<td></td>
<td>Minerva (DEP #15-1292)</td>
</tr>
<tr>
<td>Philadelphia, PA</td>
<td></td>
<td></td>
<td>City, State</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vincent Primavera</td>
<td>Project Manager</td>
<td></td>
<td>February 03, 2012</td>
</tr>
</tbody>
</table>

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

(Pursuant to NJAC 8:80 and 5:18)

<table>
<thead>
<tr>
<th>Location Address</th>
<th>Name of Building Owner/Operator</th>
<th>Type of Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Everett, MA 02149</td>
<td>ENSCO Mobile Environmental</td>
<td>Manufacture</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FACILITY INFORMATION</th>
<th>Type of Facility</th>
<th>Square Feet</th>
<th>Number of Floors</th>
<th>Current Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Avenue J</td>
<td>Manufacture</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Contractor</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Automation</td>
<td>219 Forbes Road</td>
<td>Braintree, MA 02184</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Building Manager</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wil Doranlan</td>
<td>781-221-1351</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Automation</td>
<td>781-221-1351</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thermal System, Insulation</td>
<td>5000 CF</td>
</tr>
</tbody>
</table>