<table>
<thead>
<tr>
<th>State of New Jersey</th>
</tr>
</thead>
<tbody>
<tr>
<td>NOTIFICATION OF ASBESTOS ABATEMENT</td>
</tr>
<tr>
<td>(Pursuant to NJAC 8:60 and 6:16)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>2/7/13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Women Aware</td>
</tr>
<tr>
<td>Street Address</td>
<td>250 Livingston Ave.</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>New Brunswick, NJ 08901</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Marsha Salmon</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Residence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>268 Livingston Ave.</td>
</tr>
<tr>
<td>City</td>
<td>New Brunswick, NJ 08901</td>
</tr>
<tr>
<td>County (6)</td>
<td>Middlesex</td>
</tr>
<tr>
<td>County Code (7) (STATE USE ONLY)</td>
<td></td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>MECS</td>
</tr>
<tr>
<td>ASCM No.</td>
<td></td>
</tr>
<tr>
<td>Type of Facility (4)</td>
<td></td>
</tr>
<tr>
<td>School (K-12)</td>
<td></td>
</tr>
<tr>
<td>Subchapter 8 (Other than K-12)</td>
<td></td>
</tr>
<tr>
<td>Other (i.e., private &amp; commercial buildings, homes, etc.)</td>
<td></td>
</tr>
<tr>
<td>Square Feet</td>
<td>2300</td>
</tr>
<tr>
<td># of Floors</td>
<td>2</td>
</tr>
<tr>
<td>Bldg. Age</td>
<td>80</td>
</tr>
<tr>
<td>Current Use (Prior if being demolished)</td>
<td>Residence</td>
</tr>
</tbody>
</table>

**PROJECT INFORMATION**

| Name of Abatement Contractor (9) | Stevens Environmental Services, Inc. |
| Street Address | PO Box 322 |
| City, State, Zip Code | Allentown, NJ 08501 |
| Project Manager for Monitoring Firm | William Weisgarber Jr. |
| Phone Number | (609) 298-4070 |
| Start Date (10) | 2/18/13 |
| Scheduled Completion Date (11) | 2/22/13 |
| Occupancy Status During Abatement (Check only one) |
| Facility Closed/Vacated During Entire Period of Abatement |
| Abatement Performed Outside of Normal Facility Hours |
| Other - Describe: 8AM - 4:30PM |

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

- ≥3 sf or ≥3 ft
- ≥150 sf or ≥250 ft
- Renovation
- Demolition

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>basement</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>kitchen</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>thermal pipe insulation</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VAT</td>
<td></td>
<td>x</td>
<td></td>
</tr>
</tbody>
</table>

**Location of Registered Waste Hauler**

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Stevens Environmental Services Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
<td>18292</td>
</tr>
<tr>
<td>cubic yards of waste</td>
<td>2 CU</td>
</tr>
<tr>
<td>name of Registered Landfill</td>
<td>T.R.R.F., Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Allentown, NJ</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disposal Date</td>
<td>2/22/13</td>
</tr>
<tr>
<td>City, State</td>
<td>Tullytown, PA</td>
</tr>
<tr>
<td>Completed By</td>
<td>Mahlon E. Stevens</td>
</tr>
<tr>
<td>Title</td>
<td>Project Manager</td>
</tr>
<tr>
<td>Signature</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>2/7/13</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>02 / 06 / 13</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agencies Notified</td>
<td></td>
<td>Cedar Realty Trust</td>
</tr>
<tr>
<td>EPA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOLWD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DHSS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DCA</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Street Address           | 3307 Trindle Road, Camp Hill, PA 17011 |
| City, State, Zip Code   | Camp Hill, PA 17011                     |
| Name of Contact          | Robert Mastandra                          |

FACILITY INFORMATION

| Name of Facility Where Abatement Is Taking Place (3) | Shore Mall |
| Street Address                                      | 6725 Black Horse Pike |
| City (5)                                             | Egg Harbor Township |
| County Code (7) (STATE USE ONLY)                    | Atlantic |

<table>
<thead>
<tr>
<th>ASCM No.</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>NA</td>
<td>Alliance Environmental Systems</td>
</tr>
</tbody>
</table>

| Street Address | 550 East Union Street |
| City, State, Zip Code | West Chester, PA 129382 |

| Project Manager for Monitoring Firm | Richard Pellissier |
| Street Address | 904 Kings Arms Drive |
| City, State, Zip Code | Donwington, PA |

| Telephone No. | 484-432-9363 |
| License No.   | 00508 |

| Start Date (10) | 01 / 28 / 13 |
| Scheduled Completion Date (11) | 03 / 01 / 13 |

| 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: 7AM-___PM/3:30PM-___AM |

| Scope of Work (Check all that apply) | |
| ≥20 s.f. or ≥3 If | |
| ≥160 s.f. or ≥260 If | |
| Renovation | |
| Demolition | |
| Full Containment with Negative Pressure | |
| Mini-Enclosure | |
| Glovebag Procedure | |
| Non-Exempted (*) and Non-Friable Procedure | |

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility</th>
<th>(13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Throughout Building</td>
<td>Floor Tile</td>
</tr>
<tr>
<td>Throughout Building</td>
<td>Floor Matic</td>
</tr>
<tr>
<td>Common Area</td>
<td>Textured Ceiling</td>
</tr>
<tr>
<td>Space #2</td>
<td>Vibration Cloth</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler N.E.T.S.</th>
<th>N.JDEP Waste Hauler ID No. 18947</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
<th>Disposal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>60</td>
<td>TBD</td>
</tr>
</tbody>
</table>

| Name of Registered Landfill | BFI Imperial |
| City, State, Zip Code | Hazleton, PA |

<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
<th>Mark Griffin</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Title</th>
<th>Estimator</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

* 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</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Categories</th>
</tr>
</thead>
<tbody>
<tr>
<td>Roof</td>
<td>Roofing</td>
<td>650 SF</td>
<td></td>
</tr>
</tbody>
</table>

Page 2 - Notification - 2/6/13 Rev # 001
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:50 and 5:16)  

State of New Jersey  

Date of Notification (1)  
1 / 11 / 13  

Name of Building Owner/Operator (2)  
Cedar Realty Trust  

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

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

Street Address  
3307 Trindle Rd.  

City, State, Zip Code  
Camp Hill, PA 17011  

Name of Contact  
Robert Mastandra  

Telephone Number  

FACILITY INFORMATION  

Name of Facility Where Abatement is Taking Place (3)  
Shore Mall  

Street Address  
6725 Black Horse Pike  

City (5)  
Egg Harbor Township  

County (6)  
Atlantic  

County Code (7) (STATE USE ONLY)  

Current Use (Prior if being demolished)  
Retail Stores  

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

Square Feet  
260,000  

# of Floors  
2  

Bldg. Age  
42  

Name of Monitoring Firm Hired by Building Owner (8)  
Connell-Green Consulting, Inc.  

ASCM No.  
NA  

Name of Abatement Contractor (9)  
Alliance Environmental Systems  

Street Address  
904 Kings Arms Drive  

City, State, Zip Code  
Dowingtown, PA 19355  

County Code  

Current Use  

Telephone No.  
484-432-3353  

License No.  
610-701-9000  

Street Address  
550 East Union Street  

City, State, Zip Code  
West Chester, PA 19382  

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: TAM _____ PM/3:30PM _____ AM  

Start Date (10)  
01 / 28 / 13  

Scheduled Completion Date (11)  
03 / 01 / 13  

Name of OSHA Monitor  
AET  

Scope of Work (Check all that apply)  
- ≥ 3 sf of ≥ 3 sf  
- ≥ 150 sf of ≥ 260 sf  
- Renovation  
- Demolition  
- Full Containment with Negative Pressure  
- Mini-Enclosure  
- Glovebag Procedure  
- Non-Exempted (*) and Non-Friable Procedure  

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

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

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

Amount (Specify SF or LF)  

Abatement Type  

Removal  
Repair  
Encapsulate  
Endorse  

Throughout Building  
Floor Tile  
10,807 SF  

Throughout Building  
Floor Mastic  
11,884 SF  

Common Area  
Textured Ceiling  
500 SF  

Space #2  
Vibration Cloth  
12 LF  

Name of Registered Waste Hauler N.E.T.S.  
N.J.D.E.P. Waste Hauler ID No.  
18947  

Cubic Yards of Waste  
20  

Name of Registered Landfill  
Allied BFI Imperial  

City, State  
Hazelton, PA  

Completed By (Print or Type)  
Mark Griffin  
Title  
Estimator  
Signature  
Mark Griffin  
Date  
11/13  

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:80 and 12:120)

Date of Notification (1)  
2/7/2013

Name of Building Owner/Operator (2)  
PSE&G

Agencies Notified  

<table>
<thead>
<tr>
<th>Agency</th>
<th>Type Notification</th>
<th>Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td></td>
</tr>
<tr>
<td>DEP</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOL</td>
<td>Amended</td>
<td></td>
</tr>
<tr>
<td>DOH</td>
<td>Emergency (including justification)</td>
<td></td>
</tr>
<tr>
<td>DCA</td>
<td>Cancellation</td>
<td></td>
</tr>
</tbody>
</table>

Street Address  
4000 HADLEY ROAD, M/C 430

City, State, Zip Code  
SOUTH PLAINFIELD, NJ 07080

Name of Contact  
SAL BORDANARO

Telephone Number  

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
PSE&G

Street Address  
95 WILLLOW STREET

City (5)  
EAST RUTHERFORD

County (6)  
BERGEN  
County Code (7)  
(State Use Only)  
(Supports Only)  

Current Use (Prior if being demolished)  
SWITCH STATION

Square Feet  
3000

# of Floors  
1

Bldg. Age  
68 YRS

Project Manager for Monitoring Firm  
TOM GEIGER

Telephone No.  
732-290-2217

Name of Abatement Contractor (9)  
UNIQUE SYSTEMS OF AMERICA

Street Address  
396 WHITEHEAD AVE.

City, State, Zip Code  
SOUTH RIVER, NJ 08882

Name of Monitoring Firm Hired by Building Owner (8)  
ENVIRONMENTAL TACTICS

ASCN No.  
0045

License No.  
01111

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

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Description of Asbestos Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CONTROL ROOM</td>
<td></td>
<td>X</td>
<td></td>
<td>VAT &amp; MASTIC</td>
</tr>
<tr>
<td>OUTSIDE</td>
<td></td>
<td>X</td>
<td></td>
<td>ACM WINDOW &amp; DOOR CAULK</td>
</tr>
</tbody>
</table>

Amount (Specify SF or LF)  
1249 SF  
214 LF

Abatement Type  
Full Containment with Negative Pressure

Mini-Enclosure

Gluebag Procedure

Non-Exempted (*) and Non-Friable Procedure

Name of Registered Waste Hauler  
WASTE MANAGEMENT

NJ/DEP Waste Hauler ID No.  
1125

Cubic Yards of Waste  
30

Disposal Date  
2/28/13

Name of Registered Landfill  
GROWS

City, State  
ELIZABETH, NJ

Disposal Date  
2/28/13  
City, State  
MORRISVILLE, PA

Completed by  
CAROL RAIMO

Title  
OFFICE MANAGER

Signature  

Date  
2/7/2013

* Do not use this form for asbestos license exempted activities.
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7) Check # 5787

Date of Notification: 10/21/2013

Name of Building Owner/Operator: Atlantic Health System

Street Address: 100 Madison Avenue
City, State, Zip Code: Morristown, NJ 07960

Name of Contact: Peter Palmer

FACILITY INFORMATION

Name of facility where abatement is taking place: Morristown Medical Center, Anderson Building (non sub 8)
Street Address: 100 Madison Avenue
City: Morristown
County: Morris
County Code: (State use only)

Type of Facility: School (K-12)

Square Feet: # of Floors: Bldg. Age: Current Use (Prior if being demolished): Hospital (non sub 8)

Name of Abatement Contractor: B & G Restoration, Inc.
Street Address: 105 Ryerson Road
City, State, Zip Code: Lincoln Park, NJ 07035
Telephone Number: (973) 696-6669 License Number: 00378

Name of OSHA Monitor: B & G Restoration, Inc.
Street Address: 105 Ryerson Road
City, State, Zip Code: Lincoln Park, NJ 07035

Scope of Work: check all that apply
- Demolition
- Renovation
- >3 sf or >3 if
- >160 sf or >260 if
- Yes
- No
- N/A

Location of asbestos-containing material to be abated in facility: 2nd floor renovation space

Description of asbestos-containing material (ACM): tan layered wafer pipe insulation
Amount (Specify SF or LF): 30 if

Registered Waste Hauler: B & G Restoration, Inc.
NJDEP Hauler ID: 19563
Cubic Yards of Waste: 1
Name of Registered Landfill: Tullytown Resource & Recovery Center
City, State: Tullytown, PA

Completed by (Print or Type): Gordana Luna
Title: Secretary/Treasurer

Signature: Gordana Luna
Date: 02/06/2013
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)
Check # 5768

B & G proj. #: 2013-27

Date of Notification (1)
10/12/10 16/1 1/13

Name of Building Owner/Operator (2)
Matthew Mozer

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

Type Notification
☒ Initial
☐ Amendment
☐ Cancellation

Street Address
1 Cobb Lane

City, State, Zip Code
Kinnelon, NJ 07405

Name of Contact
Matthew Mozer

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
Matthew Mozer

Street Address
1 Cobb Lane

City (5)
Kinnelon

County (6)
Morris

County Code (7)

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

ASCM No.

Name of Abatement Contractor (9)
B & G Restoration, Inc.

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

Scheduled Start Date (10)
02/20/2013

Sched. Completion Date (11)
02/20/2013

Occupy Status During Abatement
☒ Facility closed/vacated during entire period of abatement.
☐ Abatement performed outside of normal facility hours-
Describe: ____________________________________________________________________

Other-Describe:

Scope of Work (check all that apply)
☐ Demolition
☒ Renovation
☐ Full Containment w/negative pressure
☒ Glovebag procedure
☐ ≥160 sf or ≥250 ft
☐ Mini-enclosure
☐ Non-friable procedure

Location of asbestos-containing material 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)

Amount (Specify SF or LF)

Removal
Repack
Encap
EncL

basement boiler room
main room area
garage area

Registered Waste Hauler
B & G Restoration, Inc.
NJDEP Hauler ID# 19563
Cubic Yards of Waste
1/2
Name of Registered Landfill
Tullytown Resource & Recovery Center

City, State
Lincoln Park, NJ

Disposal Date
02/21/2013

City, State
Tullytown, PA

Name of Registered Landfill
Tullytown Resource & Recovery Center

Completed by (Print or Type)
Gordana Luna

Title
Secretary/Treasurer

Signature
Gordana Luna

Date
02/06/2013
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1)
02/13/2013

Name of Building Owner/Operator (2)
St. Clares Hospital

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
St. Clares Hospital (non-sub 8)

Type of Facility (4)
School (K - 12)
Subchapter 8 (Other than K-12)
Other (Private/Commercial Bldgs./Homes, etc)

Square Feet # of Floors Bldg. Age

Current Use (Prior if being demolished)
Hospital (non-sub 8)

Name of Abatement Contractor (9)
B & G Restoration, Inc.

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

Telephone Number
(973)696-6869 License Number
00378

Name of OSHA Monitor
B & G Restoration, Inc.

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

Scope of Work (check all that apply)
Demolition
Renovation
>3 sf or >3 If
>160 sf or >260 if
Full Containment w/negative pressure
Glovebag procedure
Mini-enclosure
Non-flammable procedure

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

<table>
<thead>
<tr>
<th>Location of asbestos-containing material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>pipe insulation</td>
<td>133 If</td>
</tr>
<tr>
<td>asbestos fittings</td>
<td>85 fittings</td>
</tr>
</tbody>
</table>

Registered Waste Hauler
B & G Restoration, Inc.
NJDEP Hauler # 19563
Cubic Yards of Waste
2 yds

Name of Registered Landfill
Tullytown Resource & Recovery Center

Completed by (Print or Type)
Gordana Luna
Title
Secretary/Treasurer

Signature
02/06/2013
**STATE OF NEW JERSEY**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(PURSUANT TO NJAC 8:60-7 AND 12:120-7)
**ANNUAL NOTIFICATION**

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>02 / 08 / 13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner / Operator (2)</td>
<td>MARS SNACK FOODS</td>
</tr>
<tr>
<td>Street Address</td>
<td>700 HIGH STREET</td>
</tr>
</tbody>
</table>

**AGENCIES NOTIFIED**

- EPA
- DEP
- DOH
- DOL
- DCA

**FACILITY INFORMATION**

- **Name of Facility Where Abatement is Taking Place (3)**
  - MARS SNACK FOODS
- **Street Address**
  - 700 HIGH STREET
- **City (5)**
  - HACKETTSTOWN
- **County (6)**
  - WARREN
- **County Code (7)**
  - 800,000
- **Square Feet**
  - 400.000
- **# Of Floors**
  - 3
- **Building Age**
  - 40+

**NAME OF MONITORING FIRM HIRED BY BLDG. OWNER (8)**

- **ASCM NO**
  - 123456
- **Name of Abatement Contractor (9)**
  - LVI Environmental Services Inc.

**FACILITY ADDRESS**

- **Street Address**
  - 907 DOOLITTLE DRIVE
- **City, State, Zip Code**
  - BRIDGEWATER, NJ 08807

**Project Mgr. For Monitoring Firm**

- **Name**
  - ERIC HOUSEKNECHT
- **Telephone Number**
  - 908-216-1108

**SCHEDULED START DATE (10)**

- **02 / 25 / 13**

**SCHEDULED COMPLETION DATE (11)**

- **03 / 05 / 13**

**OCCUPANCY STATUS DURING ABATEMENT (CHECK ONLY 1)**

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
  - **Description**
  - 7:00AM - 3:30PM

**SCOPE OF WORK (CHECK ALL THAT APPLY)**

- Demolition
- Renovation
- 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**

<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>I.e., thermal systems insulation, surfacing, VAT, or other miscellaneous</td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
</tr>
<tr>
<td>Abatement Type</td>
</tr>
</tbody>
</table>

**LOCATION OF ASBESTOS CONTAINING MATERIAL (ACM) TO BE ABATED IN FACILITY**

<table>
<thead>
<tr>
<th>Location of Asbestos Containing Material (ACM)</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>TANK FARM</td>
<td>I.e., thermal systems insulation, surfacing, VAT, or other miscellaneous</td>
<td>300 SF</td>
</tr>
<tr>
<td>TANK FARM</td>
<td>I.e., thermal systems insulation, surfacing, VAT, or other miscellaneous</td>
<td>20 LF</td>
</tr>
</tbody>
</table>

**NAME OF REGISTERED WASTE HAULER**

- **NEWARK CARTING**
- **NJDEP Waste Hauler ID No.**
  - 4509
- **Cubic Yards of Waste**
  - 4509

**NAME OF REGISTERED LANDFILL**

- **I.E.S.I.**

**DISPOSAL DATE**

- **City, State**
  - BETHLEHEM, PA

**COMPLETED BY (PRINT OR TYPE)**

<table>
<thead>
<tr>
<th>Name of Contact</th>
<th>BURT TOTZ</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>PROJECT MANAGER</td>
</tr>
<tr>
<td>Signature</td>
<td>STEVE STILES</td>
</tr>
<tr>
<td>Date</td>
<td>02/08/13</td>
</tr>
</tbody>
</table>
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 7:26-2.12)

Date of Notification (1) 2/8/13

Name of Building Owner/Operator (2)
J.C. Penney Corporation, Inc.

Agencies Notified Notification Type
(X) EPA ( ) Initial Notification
(X) DOL ( ) Amended Certification
(X) DOH ( X ) Cancelled

Street Address 6501 Legacy Drive Drive,
City, State, Zip Code Plano, TX 75024

Name of Facility Where Abatement is Taking Place (3)
J.C. Penney Store #700 - Quaker Bridge Mall

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

Sqr. Feet 162600 # of Floors 2
Bldg. Age 37 +/- Current Use (prior if being demolished) commercial

Name of Monitoring Firm Hired by Bldg. Owner (8)
Hillmann Consulting, LLC
ASCM No. 00023

Name of Contractor (9)
NCM Demolition and Remediation, LP

Street Address 404 N. Berry Street
City, State, Zip Code Brea, CA 92821

Project Manager for Monitoring Firm
Telephone Number 908-698-7800

Telephone Number 484-480-8931
License Number 01056

Scheduled Start Date (10) 2/17/2013
Scheduled Completion Date (11) 2/18/2013

Name of OSHA Monitor
Teetor Tech

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

Describe Vacant Bldg. To Be Demolished

Other - Describe Interior Renovations

Source of Work (Check all that apply)
( ) Demolition (X) Renovation
(X) Large Proj. (>160 SF or >260 LF ACM) ( ) Small Proj. (>25<160 SF or >10 <260 LF ACM)
( X ) Full Containment with Negative Pressure ( ) Mini-Enclosure ( ) Glovebag Procedure ( ) Non-Friable Outdoor Work

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

2nd Level

Is Location Normally Used Solely by Maintenance/Janitorial Staff? (12) YES NO NA
Flooring Mastics 1600

Abatement Type
Rem. Rep. Encap Dispose

Name of Reg. Waste Hauler
Waste Management of NJ
NJDEP Waste Hauler ID # 17273

Cubic Yards of Waste 10
Name of Reg. Landfill
G.R.O.W.S. Landfill

City, State 208 Patterson Avenue
Disp. Date 2/22/13
City, State Morrisville, PA

Completed by (Print or Type) Joe White
Title Project Coordinator
Signature
Date 2/8/13
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2/7/13</td>
<td>PINELANDS CONSTRUCTION</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>□ DEP</td>
<td>Amended</td>
</tr>
<tr>
<td>□ DOL</td>
<td>Amendment #</td>
</tr>
<tr>
<td>□ DOH</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>□ DCA</td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>300 77 TH. ST.</td>
<td>SEA ISLE CITY, N.J., 08243</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Contact</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>FAULK EDDARDI</td>
<td></td>
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</table>

<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>RESIDENCE</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Current Use (Prior if being demolished)</th>
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</thead>
<tbody>
<tr>
<td>VACANT</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (5)</th>
<th>ASCM No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (6)</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>KLEEMCO, INC.</td>
<td>309 S. SPRUCE AVE.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>MAPLE SHADE, N.J., 08052</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>856-779-0472</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>License No.</th>
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</thead>
<tbody>
<tr>
<td>00444</td>
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<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>J. S. LEMN</td>
</tr>
</tbody>
</table>

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</tbody>
</table>

Scope of Work (Check all that apply)
- □ 23 sf or ≥23 sf
- □ 2160 sf or ≥2160 sf
- □ Demolition
- □ Renovation
- □ 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

- Yes
- No
- N/A

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

- TRANSITE 2000

Amount (Specify SF or LF)

Abatement Type

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

Name of Registered Waste Hauler

KLEEMCO, INC.

<table>
<thead>
<tr>
<th>NDEP Waste Handler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>17904</td>
<td></td>
<td>C. M. C. M. V. A.</td>
</tr>
</tbody>
</table>

City, State

MAPLE SHADE, N.J.

Completed By

JOSEPH KLEEM

Signature

J. S. LEMN

Date

2/7/13

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

Date of Notification (1)
02/05/2013

Name of Building Owner/Operator (2)
BERKELEY COLLEGE

Street Address
44 RIFLE CAMP ROAD

City, State, Zip Code
WOODLAND PARK, NJ 07424

Name of Contact
TOM ALESSANDRILLO

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

.Type Notification
☐ Initial
☒ Amended
Amendment # 6
☐ Emergency (including justification)
☐ Cancellation

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
BERKELEY COLLEGE BUILDING # 5 & 4

Street Address
44 RIFLE CAMP ROAD

City (5)
WOODLAND PARK

County (6)
PASADENA

County Code (7)
PASADENA

Name of Monitoring Firm Hired by Building Owner (8)
ENVIROVISION CONSULTANTS, INC.

ASCN No.
0079

Name of Abatement Contractor (9)
PAL ENVIRONMENTAL SERVICES

Street Address
20-21 WAGARAW ROAD BUILDING 34A

City, State, Zip Code
FAIR LAWN, NJ 07410

Project Manager for Monitoring Firm
FREDERICK LARSON

Telephone No.
973-636-4545

Telephone No.
718-349-9000

License No.
00853

Start Date (10)
12/14/2012

Scheduled Completion Date (11)
02/15/2013

Occupy Status During Abatement (Check Only One)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☒ Occupied - Describe: OCCUPIED NJAC 5-23-8 REGULAR HOURS WITH WEEKENDS & EVENING IF NECESSARY TO FINISH

Scope of Work (Check All That Apply)
☐ 256 sf or 256 if
☒ 1600 sf or 2860 if
☒ Renovation
☐ Demolition

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

LOWER, GRUND & SECOND FLOOR

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, VAT, or other miscellaneous)

LOWER, GRUND & SECOND FLOOR
PIPE INSULATION

LOWER, GRUND & SECOND FLOOR
VAT

GROUND FLOOR
PIPE INSULATION

Amount (Specify SF or LF)
3,150 LF

Abatement Type
☐ Removal
☐ Repair
☐ Encapsulate
☐ Endorse

Name of Registered Waste Hauler
ATC

NUDEP Waste Hauler ID No.
04181

Cubic Yards of Waste
50 YARDS

Name of Registered Landfill
MINERVA ENTERPRISES

Disposal Date
12/17/2012

City, State
SHIRLEY, NY

Completed by
ANN ALI

Title
ADMINISTRATIVE

Signature

Date
02/05/2013

* Do not use this form for asbestos licensure exempted activities.
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:18)

Date of Notification (1)
02 / 06 / 13

Name of Building Owner/Operator (2)
Ronald Pimpao

2013 FEB 11 PM 2:08

Agency's Notified
☐ EPA
☐ DOLWD
☒ DHSS
☐ DCA (NJAC 5:23-8)

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

Name of Facility Where Abatement is Taking Place (3)
Private house
612 Union Avenue
City (5)
Elizabeth, NJ 07208
County (6)
Union
County Code (7) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)
ASCM No.
Gr Tech LLC
Name of Abatement Contractor (9)

Street Address
612 Union Avenue
City, State, Zip Code
Elizabeth, NJ 07208

Project Manager for Monitoring Firm
Gr Tech LLC
Telephone No.
973-638-1777
License No.
01127

Start Date (10)
02 / 15 / 13
Scheduled Completion Date (11)
02 / 16 / 13
Name of OSHA Monitor
Envirovision Consultants, Inc

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

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

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

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)
Pipe insulation 60 LF

Amount (Specify SIF or LF)

Abatement Type
☐ Removal
☐ Encapsulate
☒ Endure

Name of Registered Waste Hauler
Gr Tech LLC

0033785

Cubic Yards of Waste
TBD

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

Disposal Date
TBD

City, State
Tullytown, PA

Completed By (Print or Type)
N. Jevtic

ASB-41
MAY 11

Title
Owner

Signature

Date
02/06/2013

*Do not use this form for asbestos licence exempted activities.
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Refer to NJAC 8:60-4:2.11(30))

**REMEMBER - MAIL IN HARD COPY**  
DOL - 10 DAY  

Date of Notification:  
02/01/2013

Name of Building Owner/Operator:  

Piyank R Patel

Residence:  
Stewartsville, NJ  

County Code:  
USE ONLY

Type of Facility:  
- School (K-12)  
- Subchecker  
- Other (i.e., commercial buildings, homes, etc.)

Facility Where Abatement is Taking Place:  

Street Address:  
2477 Hwy 57  
Stewartsville, NJ

Zip Code:  
07886

Square Feet:  
1,500 SF  

Type of Abatement:  
- Dry
- Wet

Management:  
DIA General Construction, Inc.

Name of Abatement Contractor:  

Address:  
1380 Clifton Avenue, PMB Suite 218  
Clifton, NJ 07012  

Telephone No:  
973-389-0089  

City, State, Zip Code:  
Clifton, NJ 07012

Currently Use (Prior to beginning demolition):  

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

Support of Work:  
- Yes or No  
- Description

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Description</th>
<th>Amount (SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>Pipe/Elbow Insulation</td>
<td>90 LF</td>
</tr>
<tr>
<td></td>
<td>Boiler Insulation</td>
<td>40 SF</td>
</tr>
</tbody>
</table>

Name of Registered Waste Handler:  
Service Transport Group

City, State:  
New Castle, DE

Completed By:  
Milan Njiric  
Title:  Vice President  
Signature: [Signature]  
Date:  02/01/2013

**Do not use this form for asbestos licensure exempted activities**
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:69 and 12:120)

Date of Notification (1)
2/6/13

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

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

Name of Building Owner/Operator (2)
Administration Building Camden City Public Schools

Street Address
201 N Front Street

City, State, Zip Code
Camden NJ 08101

Name of Contact
Steve

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Administration Building Camden City Public Schools

Street Address
201 N Front Street

City (5)
Camden NJ 08101

County (6)
Camden

County Code (7)

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

Square Feet
1000+

# of Floors
1+

Bldg. Age
35+

Current Use (Prior if being demolished)

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

ASCM No.

Name of Abatement Contractor (9)
Pernaco Inc

Street Address
Po Box 329

City, State, Zip Code
West Berlin NJ 08091

Project Manager for Monitoring Firm

Telephone No.
856-753-9800

License No.
00727

Start Date (10)
2/6/13

Scheduled Completion Date (11)
2/7/13

Name of OSHA Monitor
Same

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

City, State, Zip Code

Scope of Work (Check All That Apply)
☐ ≥3 sf or ≥3 if
☒ ≥160 sf or ≥260 if

Renovation
☐ Demolition

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

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

Room 322

Location

Yes
No
N/A

Room 322

Floor tile

Amount

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

Abatement Type

Removal
Repair
Encapsulation

Name of Registered Waste Hauler
United Containers
NJDEP Waste Hauler ID No.
22459

Cubic Yards of Waste
2

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

City, State
Elm NJ

Disposal Date
6/7/13

City, State
Morrisville PA 19067

Completed by
Anthony T Perna
Title
President
Signature

Date
2/6/13

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

**NOTIFICATION OF ABBATEMENT**

(Pursuant to NJAC 8:60 and 12:120)

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<thead>
<tr>
<th>Date of Notification (1)</th>
<th>2/16/13</th>
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<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>PINELANDS CONSTRUCTION</td>
</tr>
<tr>
<td>Street 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 E., Jr.</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>212 105TH ST</td>
</tr>
<tr>
<td>City (5)</td>
<td>Stone Harbor</td>
</tr>
<tr>
<td>County Code (7)</td>
<td>CAPE MAY</td>
</tr>
<tr>
<td>Current Use (Prior to being demolished)</td>
<td>VACANT</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>Klemco Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td>369 S. SPRUCE AVE.</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Maple Shade, N.J., 08052</td>
</tr>
<tr>
<td>License No.</td>
<td>0044</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>Joseph Klemm</td>
</tr>
<tr>
<td>Street Address</td>
<td>369 S. SPRUCE AVE.</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Maple Shade, N.J., 08052</td>
</tr>
<tr>
<td>Scope of Work (Check all that apply)</td>
<td>Renovation, Demolition</td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</td>
<td>TRANSITE</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, etc.)</td>
<td></td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td>2500 SF</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>Klemco Inc.</td>
</tr>
<tr>
<td>NIDEP Waste Hauler ID No.</td>
<td>17904</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td></td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>C.M.C.M.A.</td>
</tr>
<tr>
<td>Disposal Date</td>
<td></td>
</tr>
<tr>
<td>City, State</td>
<td>Woodbine, N.J.</td>
</tr>
<tr>
<td>Completed By</td>
<td>Joseph Klemm</td>
</tr>
<tr>
<td>Title</td>
<td>V.P.</td>
</tr>
<tr>
<td>Signature</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>2/16/13</td>
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*Do not use this form for asbestos licensure exempted activities.*
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:69 and 12:120)

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<td>BPA, DEP, DOH, DOL</td>
</tr>
<tr>
<td>Type Notification</td>
<td>Amended</td>
</tr>
<tr>
<td>Street 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 Edvard</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></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>108 W. 177TH ST.</td>
</tr>
<tr>
<td>City</td>
<td>OCEAN CITY</td>
</tr>
<tr>
<td>County</td>
<td>CAPE MAY</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (6)</td>
<td>N/A</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>Klemco Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td>369 S. SPRUCE AVE.</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>MAPLE SHORE, N.J., 08052</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td></td>
</tr>
<tr>
<td>Telephone Number</td>
<td>856-729-0472</td>
</tr>
<tr>
<td>License No.</td>
<td>004344</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>2/16/13</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>2/17/13</td>
</tr>
<tr>
<td>Occupancy Status During Abatement</td>
<td>☑ Vacant</td>
</tr>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
<td>X</td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
<td>☑</td>
</tr>
<tr>
<td>Scope of Work (Check all that apply)</td>
<td></td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</td>
<td>SIDING</td>
</tr>
<tr>
<td>Location Normally Used Solely by Maintenance/Custodial Staff? (12)</td>
<td>☑</td>
</tr>
<tr>
<td>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td>TRANSITE</td>
</tr>
<tr>
<td>Amount</td>
<td>3000SF</td>
</tr>
<tr>
<td>Abatement Type</td>
<td></td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>Klemco Inc.</td>
</tr>
<tr>
<td>NJ/DEP Waste Hauler ID No.</td>
<td>17904</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td></td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>C.M., M.V.A.</td>
</tr>
<tr>
<td>Disposal Date</td>
<td></td>
</tr>
<tr>
<td>City, State</td>
<td>MAPLE SHORE, N.J.</td>
</tr>
<tr>
<td>Completed By</td>
<td>Joseph Klemc</td>
</tr>
<tr>
<td>Title</td>
<td>V/P</td>
</tr>
<tr>
<td>Signature</td>
<td>Joseph Klemc</td>
</tr>
</tbody>
</table>

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

**Date of Notification (1):** 2/6/13  
**Name of Building Owner/Operator (2):** PINELANDS CONSTRUCTION

**Agencies Notified:**  
- [ ] EPA  
- [ ] DEP  
- [ ] ODL  
- [ ] DOH  
- [ ] DCA

**Type Notification:**  
- [ ] Initial  
- [ ] Amended  
- [ ] Emergency (including justification)  
- [ ] Cancellation

**Street Address:**  
- 300 77 TH ST.

**City, State, Zip Code:**  
- Sea Isle City, N.J., 08243

**Name of Contact:**  
- Paul E. Wood

**Telephone Number:**  
- [ ]

**FACILITY INFORMATION**

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

**Street Address:**  
- 212 105TH ST.

**City (5):** SPOKE NARROW

**County (6):** CAPE MAY

**County Code (7) (STATE USE ONLY):**  
- [ ]

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

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

**ASCM No.:**  
- [ ]

**Name of Abatement Contractor (9):** KLEMCO INC.

**Street Address:**  
- 369 S. SPRUCE AVE.

**City, State, Zip Code:**  
- Maple Shade, N.J., 08052

**License No.:**  
- 00444

**Telephone No.:**  
- 856-729-0477

**Name of OSHA Monitor:** J. 369 S. SPRUCE AVE.

**City, State, Zip Code:**  
- Maple Shade, N.J., 08052

**Start Date (10):** 2/20/13  
**Scheduled Completion Date (11):** 2/22/13

**Occupancy Status During Abatement (Check only one):**  
- [x] Old
  - [ ] New
  - [ ] Vacate
  - [ ] Other - Describe:

**Scope of Work (Check all that apply):**  
- [ ] 2,000+
  - [ ] 1,000+
  - [ ] 400+

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRANSITE</td>
<td>(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td>2000</td>
</tr>
</tbody>
</table>

**Abatement Type:**  
- [ ] Removal  
- [ ] Repair  
- [ ] Encapsulate  
- [ ] Endure

**Name of Registered Waste Hauler:** KLEMCO INC.

**NJDEP Waste Handler ID No.:** 17904

**Cubic Yards of Waste:**  
- [ ]

**Name of Registered Landfill:** C.M.C.M.U.A.

**City, State:** MAPLE SHADE, N.J.

**Completed By:** Joseph Klemm

**Title:** V.P

**Signature:**  
- [ ]

**Date:** 2/6/13

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

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:29 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>Name of Building Owner/Operator</th>
</tr>
</thead>
<tbody>
<tr>
<td>2/17/2013</td>
<td>Mark Hung</td>
</tr>
</tbody>
</table>

**Agency Notified**

- [ ] EPA
- [ ] DEP
- [ ] DOL
- [ ] DOI
- [ ] DCA

**Street Address**

- 22 W. Riveria Ave
- Ocean gate, NJ 08740

**City, State, Zip Code**

- Ocean gate, NJ 08740

**Type of Facility**

- [ ] School (K-12)
- [ ] Subchapter 9 (Other than K-12)
- [ ] Other (i.e., private & commercial buildings, homes, etc.)

**Square Feet**

- 1500

**Current Use**

- [ ] Renovation
- [ ] Demolition

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Description</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sides of building</td>
<td>ACM's Treside</td>
<td>1500 SF</td>
<td>Entablature</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Handler**

- J. Robinson Waste

**Cubic Yards of Waste**

- TBD

**Name of Registered Landfill**

- WM of Pa

**City, State**

- Bellmoeur, NJ

**Completed by**

- Joe Hill, VP

*Do not use this form for asbestos-laden materials; contact the New Jersey Environmental Protection Agency for assistance.*
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) February 6, 2013

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

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

Name of Building Owner/Operator (2) T Fiore Demolition

Street Address: 645 Fisher Blvd.

City, State, Zip Code: Toms River, NJ 08753

Name of Contact: Bill

Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Residence

Street Address: 121 West Pelican Way

City: Ocean Beach III

County: Ocean

County Code (7) (STATE USE ONLY):

Square feet: 800 sf

# of Floors: 1

Bldg. Age: 60

Current Use (Prior if being demolished): Residence

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

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

Street Address: 1056 Stelton Road

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

Scope of Work (Check all that apply):

[ x ] >3 sf or ≥3 if
[ x ] ≥160 sf or ≥260 if
[ x ] Renovation

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

Exterior: X

Asbestos siding: 700 sf

Abatement Type:

Amount (Specify SF or LF):

Removal: X

Repair: -

Encapsulation: -

Enclosure:

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

Name of Registered Waste Hauler:

Guardian Contracting, Inc.

NJDPR Waste Hauler ID No.: 20223

Cubic Yards of Waste: 3

Name of Registered Landfill:

T.R.R.F.

City, State:

Toms River, New Jersey

Disposal Date: 2/11/13

City, State:

Tullytown, Pennsylvania

Completed by (Print or Type):

Nicholas Fernicola

Title:

Project Manager

Signature:

Date: 2/6/2013

*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)

Date of Notification (1) February 6, 2013

Name of Building Owner/Operator (2) 
Ocean Beach Property Management

Street Address P. O. Box 474
City, State, Zip Code Lavallette, NJ 08735

Name of Contact Tom Costello
Telephone Number

FACILITY INFORMATION

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

Street Address 3356 Seaview Road
City Ocean Beach III
County Code (7) (STATE USE ONLY)
Ocean

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

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

Project Manager for Monitoring Firm Telephone Number

Scheduled Start Date (10) 2/7/13
Scheduled Completion Date (11) 2/8/13

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 ≥260 ft
[ ] Renovation
[ ] Demolition

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

Is Location Normally Used Solely by Maintenance/Custodial Staff

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

Amount (Specify SF or LF)

Abatement Type

REM OVAL
RE PAIR
EN CA P S UE
EN CLOSURE

Exterior

Asbestos siding

Name of Registered Waste Hauler Guardian Contracting, Inc.

NJDEP Waste Hauler ID No. 20223
Cubic Yards of Waste 3
Name of Registered Landfill T.R.R.F.

City, State Toms River, New Jersey
Disposal Date 2/11/13
City, State Tullytown, Pennsylvania

Completed by (Print or Type)
Nicholas Fernicola
Title Project Manager
Signature

Date 2/6/2013

*Do not use this form for asbestos licensure exempted activities.
Date of Notification: February 6, 2013

**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>Residence</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>
<th>Current Use (Prior if being demolished)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1500 sf</td>
<td>1</td>
<td>60</td>
<td>Residence</td>
</tr>
</tbody>
</table>

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

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

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

- [ ] >3 sf or ≥3 lf
- [X] ≥160 sf or ≥260 lf
- [X] Renovation
- [X] Demolition
- [ ] 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 in facility (13)**

<table>
<thead>
<tr>
<th>Exterior</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>X</td>
<td>NO</td>
<td>Asbestos siding</td>
<td>1100 sf</td>
<td>X</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler: Guardian Contracting, Inc.

<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>T.R.R.F.</td>
</tr>
</tbody>
</table>

City, State: Toms River, New Jersey

Disposal Date: 2/11/13

City, State: Tullytown, Pennsylvania

Completed by (Print or Type): Nicholas Ferminola
Title: Project Manager
Signature: Nick
Date: 2/6/13

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

**Date of Notification (1)**
2-5-13

**Agencies Notified**
[X] EPA
[X] IDEP
[X] DOL
[X] DOH
[X] DCA

**Type Notification**
[X] Initial Notification
[X] Amended Notification
[X] Emergency
[X] Cancellation

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

**Street Address**
24 CORTLAND STREET

**City, State, Zip Code**
BELLEVILLE, NJ, 07009

**Name of Contact**
CHARLIE

### FACILITY INFORMATION

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

**Street Address**

**City (5)**

**County (6)**

**Essex**

**County Code (7)**

**STATE USE ONLY**

1800

**Square Feet**

1800

**# of Floors**

3

**Bldg. Age**

70

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

**Type of Facility (4)**

[X] Subchapter 8 (Other than K-12)

[X] Other (i.e., private & commercial buildings, homes, etc.)

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

**Name of Abatement Contractor (9)**
AZTECH MANAGEMENT, INC.

**Street Address**
86 Christopher St.

**City, State, Zip Code**
Montclair, NJ 07042

**Name of OSHA Monitor**
N/A

**Telephone Number**
(973) 744-8800

**License Number**
00371

**Project Manager for Monitoring Firm**
N/A

**Telephone Number**
N/A

**Scheduled Start Date (10)**
2-14-13

**Scheduled Completion Date (11)**
2-15-13

**Month**

2

**Day**

14

**Year**

2013

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

[X] Facility Closed/Abandoned During Entire Period of Abatement

[N/A]

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

[X] Full Containment with Negative Pressure

[X] Demolition

[X] Mini-Enclosure

[X] Glovebag Procedure

[X] Non-Permeable Procedure

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

**Location Normally Used**

[X] Yes

No

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

[X] Yes

No

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

pipes, insulation, surfaces, etc.

**Amount (Specify SF or LF)**

42 LF

**Abatement Type**

R E M O V A L

R E P A I R

E N C L O S U R E

**Name of Registered Waste Hauler**
AZTECH MANAGEMENT, INC.

**NJDEP Waste Hauler ID No.**
17040

**Cubic Yards of Waste**

1.5

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

**City, State**
Montclair, NJ 07042

**Disposal Date**
2-16-2013

**City, State**
Morrisville, PA 19067

**Completed By (Print or Type)**
Constantine Vivian

**Title**
President

**Signature**

**Date**
2-5-13
# NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

**Date of Notification (1)**
2-5-2013

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

**Street Address**
104 MIDLAND BLVD.

**City, State, Zip Code**
MAPLEWOOD, NJ, 07040

**Name of Contact**
SHERRY WEINSTEIN

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

**Square Feet**
1850

**# of Floors**
2

**Bldg. Age**
83

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

---

### FACILITY INFORMATION

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

**City (5)**

**County (6)**

**County Code (7)**

**State Use Only**
ESSEX

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

**Owner ASCH No.**
N/A

**Name of Abatement Contractor (9)**
AZTECH MANAGEMENT, Inc.

**Street Address**
86 Christopher St.

**City, State, Zip Code**
Montclair, NJ 07042

**Telephone Number**
(973) 744-8800

**License Number**
00371

**Name of OSHA Monitor**
N/A

**Street Address**

**City, State, Zip Code**

---

### Project Manager for Monitoring Firm Telephone Number
N/A

**Scheduled Start Date (10)**
2-6-2013

**Sched. Completion Date (11)**
2-7-2013

**Month**

**Day**

**Year**

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

---

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

[X] >3 sf or >3 lf
[X] Renovation

[X] 160 sf or >260 lf
[X] Demolition

[X] Non-Friable Procedure

---

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

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

**TO BE ABATED**

**In Facility**

**Location**

**Location Normally Used**

**By Maintenance/Custodial Staff (12)**

**Yes**

**No**

---

### BASEMENT

**Location**

**X PIPE INSULATION**

**Cubic Yards of Waste**

**17040**

**Disposal Date**

**2-8-2013**

**City, State**

**Montclair, NJ 07042**

**Name of Registered Landfill**

**G.R.O.W.S.**

---

**Name of Registered Waste Hauler**

**AZTECH MANAGEMENT, INC.**

**NJDEP Waste Hauler ID No.**

**17040**

**Completed By (Print or Type)**

**Constantine Vivian**

**Title**

**President**

**Signature**

**Date**

2-5-2013
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:69-7 and 12:120-7)

Date of Notification (1):
2-5-2013

Name of Building Owner/Operator (2):
Dan Tower

Street Address:
1253 Barbara Avenue

City, State, Zip Code:
Union, NJ, 07083

Name of Contact:
Dan Tower

FACILITY INFORMATION

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

Type of Facility (4):

City (5)
UNION

County Code (7):
(STATE USE ONLY)

1800

Square Feet:
2

% of Floors:
65

Bldg. Age:
Current Use (Prior if being demolished):

Name of Abatement Contractor (9):
AZTECH MANAGEMENT, INC.

Street Address:
86 Christopher St.

License Number:
00371

City, State, Zip Code:
Montclair, NJ 07042

Name of OSHA Monitor:
N/A

Telephone Number:
(973) 744-8800

Name of Monitoring Firm hired by Building:
N/A

Telephone Number (8):
N/A

ASCN No.

Project Manager for Monitoring Firm:

Scheduled Start Date (10):
2-6-2013

Sched. Completion Date (11):
2-7-2013

Month Day Year:

Month Day Year:

Occupancy Status During Abatement (Check only one):
[X] Facility Closed/Vacated During Entire Period of Abatement

Other Occupancy Descriptions:

Scope of Work (Check all that apply):

[X] Renovation

[X] 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):

Location of Asbestos-Containing Material (ACM)

BASEMENT

PIPE INSULATION

45 LF

[X]

Location of Waste

Cubic Yards of Waste:
1.5

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

City, State:
Montclair, NJ 07042

Disposal Date:
2-8-2013

City, State:
Morrisville, PA 19067

Completed By (Print or Type):
Constantine Vivian

Title:
President

Signature:

Date:
2-5-2013
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:69 and 12:126)

Date of Notification (1)  
1-28-2013

Name of Building Owner/Operator (2)  
Affordable Remodelers INC.

Agencies Notified  
\( \square \) EPA  
\( \square \) DEP  
\( \square \) DOL  
\( \square \) DOH  
\( \square \) DCA

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

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

Street Address  
24 Birdseye Glen.

City (5)  
Verona NJ. 07044

County (6)  
Essex  
County Code (7)  
(STATE USE ONLY)  
2800  
# of Floors  
2  
Bldg. Age  
60+

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

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

Street Address  
235 Virginia Ave.

City, State, Zip Code  
Jersey City NJ 07304

Project Manager for Monitoring Firm  
Telephone No.

Start Date (10)  
1-29-2013

Scheduled Completion Date (11)  
1-29-2013

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

Scope of Work (Check All That Apply)  
\( \square \) ≥3 sq ft or ≥3 if  
\( \square \) ≥150 sq ft or ≥250 if  
\( \square \) Renovation  
Demolition  
\( \square \) Full Containment with Negative Pressure  
\( \square \) Mini-Enclosure  
\( \square \) Glovebag Procedure  
\( \square \) Non-Exempted (*) and Non-Flammable Procedure

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

In Facility (13)  

Is Location Normally Used Soley by Maintenance/ Custodial Staff? (12)  
\( \square \) Yes  
\( \square \) No  
N/A

Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  
Pipe Insulation  
10LF

Amount (Specify SF or LF)  

Abatement Type  
Removal  
Repair  
Encapsulation  
Enterprise

Name of Registered Waste Hauler  
Name of Registered Landfill

Tri-State Transfer Associated  
Minerva Enterprise.

NJDEP Waste Hauler ID No.  
2A-456

Cubic Yards of Waste  
1

Disposal Date  
1-29-2013

City, State  
Wyensburg-Ohio

Completed by  
Tiffany Nunez  
Office Manager  
Signature  
Date  
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)  

Date of Notification (1)  
2/4/13  

Agency Notified  
- EPA  
- DEP  
- DOL  
- DOH  
- DCA  

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

Name of Building Owner/Operator (2)  
Joann Byrnes / Private Home  

Street Address  
77 Lynn Ann  

City, State, Zip Code  
Manahawkin NJ 08005  

Name of Contact  
Joann  

FACILITY INFORMATION  

Name of Facility Where Abatement is Taking Place (3)  
Joann Byrnes / Private Home  

Street Address  
77 Lynn Ann  

City (6)  
Manahawkin NJ 08005  

Square Feet  
1000+  

County Code (7)  
(STATE USE ONLY)  

Current Use (Prior to being demolished)  
Home  

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

Name of Abatement Contractor (9)  
Pernaco Inc  

Street Address  
PO Box 329  

City, State, Zip Code  
West Berlin NJ 08091  

Telephone No.  
856-753-9800  

License No.  
00727  

Project Manager for Monitoring Firm  
N/A  

Name of OSHA Monitor  
Same  

Start Date (10)  
2/13/13  

Scheduled Completion Date (11)  
2/18/13  

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  
- ≥160 sf or ≥260 If  
- Renovation  
- Demolition  
- Full Containment with Negative Pressure  
- Mini-Enclosure  
- Glovebag Procedure  
- Non-Exempted (*) and Non-Friable Procedure  

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

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

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

Amount (Specify SF or LF)  

Abatement Type  

Exterior Siding  
1100 SF  

Amount of Waste  
3  

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

City, State  
Elm NJ  

Completed by  
Anthony T Perna  
Title  
President  

Disposal Date  
2/18/13  

City, State  
Morrisonville PA 19067  

Date  
2/4/13  

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:80 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>2/4/13</th>
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</table>

<table>
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<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Building Owner/Operator (2)</th>
<th>Camden County College</th>
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<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DEP</td>
<td>Amended Amendment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOL</td>
<td>Emergency (including justification)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOH</td>
<td>Cancellation</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>200 College Dr</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Blackwood NJ 08012</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Name of Contact</th>
<th>Lenny</th>
</tr>
</thead>
</table>

| FACILITY INFORMATION | Type of Facility (4) | |
|----------------------|----------------------||
| Name of Facility Where Abatement Is Taking Place (5) | School (K-12) | |
| Wilson Hall East Foyer area | Subchapter 8 (Other than K-12) | |
| Street Address | Other (i.e. private & commercial buildings, homes, etc.) | |
| 200 College Dr | |

<table>
<thead>
<tr>
<th>City (5)</th>
<th>Blackwood NJ 08012</th>
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<table>
<thead>
<tr>
<th>County (6)</th>
<th>Camden</th>
</tr>
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<table>
<thead>
<tr>
<th>County Code (7)</th>
<th>(STATE USE ONLY)</th>
</tr>
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<table>
<thead>
<tr>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
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<tbody>
<tr>
<td>1000 +</td>
<td>2</td>
<td>35+</td>
</tr>
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</table>

| Current Use (Prior if being demolished) |

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor (9)</th>
<th>Pernaco Inc</th>
</tr>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>PO Box 329</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>West Berlin NJ 08091</th>
</tr>
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<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
<th>Telephone No.</th>
<th>License No.</th>
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<tr>
<td></td>
<td></td>
<td>856-753-9800</td>
<td>00727</td>
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<table>
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<tr>
<th>Start Date (10)</th>
<th>2/18/13</th>
<th>Scheduled Completion Date (11)</th>
<th>2/22/13</th>
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<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check Only One)</th>
<th>Same</th>
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</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</td>
<td></td>
</tr>
<tr>
<td>Other – Describe: during normal hours section closed off</td>
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</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
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<tbody>
<tr>
<td>≥2 sf or ≥3 ft</td>
</tr>
<tr>
<td>≥150 sf or ≥260 ft</td>
</tr>
<tr>
<td>x</td>
</tr>
<tr>
<td>Mini-Enclosure</td>
</tr>
<tr>
<td>Glovebag Procedure</td>
</tr>
<tr>
<td>Non-Exempted (*) and Non-Friable Procedure</td>
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</tbody>
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<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>
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<tbody>
<tr>
<td>Foyer area</td>
<td>Yes</td>
<td>Floor Tile / mastic</td>
<td>120 SF</td>
<td>x</td>
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</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJDEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>United Containers</td>
<td>22459</td>
<td>2</td>
<td>G.R.O.W.S.</td>
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</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Elm NJ</th>
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<tr>
<th>Disposal Date</th>
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<table>
<thead>
<tr>
<th>City, State</th>
<th>Morrisville PA 19067</th>
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<table>
<thead>
<tr>
<th>Completed by</th>
<th>Anthony T Perna</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Title</th>
<th>President</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date 2/4/13</th>
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</thead>
</table>

* 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)

Date of Notification (1)
2/4/13

Name of Building Owner/Operator (2)
Stephen Cook / Private Home

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

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

Street Address
43 Barry Lane

City, State, Zip Code
Manahawkin NJ 08050

Name of Contact
Stephen

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Stephen Cook / Private Home

Street Address
43 Barry Lane

City (8)
Manahawkin NJ 08050

County (6)
Ocean

County Code (7)

Current Use (Prior if being demolished)
Private Home

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

ASCM No.

Name of Abatement Contractor (9)
Pennaco Inc

Street Address
PO Box 329

City, State, Zip Code
West Berlin NJ 08091

Project Manager for Monitoring Firm

Telephone No.

Start Date (10)
2/15/13

Scheduled Completion Date (11)
2/21/13

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

Scope of Work (Check All That Apply)
- 23 sf or ≥3f
- ≥160 sf or ≥260 sf
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Fireable Procedure

Name of Registered Waste Hauler
United Containers

NJDEP Waste Hauler ID No.
22459

Cubic Yards of Waste
2

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

City, State
Elm NJ

Disposal Date
2/21/13

Completed by
Anthony T Perna

Title
President

Signature

Date
2/4/13

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)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>2/4/13</th>
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</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Gall Dymond / Private Home</td>
</tr>
<tr>
<td><strong>Agencies Notified</strong></td>
<td><strong>Type Notification</strong></td>
</tr>
<tr>
<td>EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended</td>
</tr>
<tr>
<td>DOL</td>
<td>Amendment #</td>
</tr>
<tr>
<td>DOH</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>DCA</td>
<td>Cancellation</td>
</tr>
<tr>
<td><strong>Street Address</strong></td>
<td>61 Rona</td>
</tr>
<tr>
<td><strong>City, State, Zip Code</strong></td>
<td>Manahawkin NJ 08005</td>
</tr>
<tr>
<td><strong>Name of Contact</strong></td>
<td>Gall</td>
</tr>
<tr>
<td><strong>Telephone Number</strong></td>
<td>________</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement Is Taking Place (3) | Gall Dymond / Private Home |
| **Type of Facility (4)** | |
| School (K-12) | |
| Subchapter 8 (Other than K-12) | |
| Other (i.e. private & commercial buildings, homes, etc.) | |
| **Street Address** | 61 Rona |
| **Square Feet** | 1000+ |
| **# of Floors** | 1 |
| **Bldg. Age** | 35+ |
| **County Code (7)** | ________ |
| **Current Use (Prior if being demolished)** | Home |
| **Name of Monitoring Firm Hired by Building Owner (8)** | N/A |
| **ASCM No.** | ________ |
| **Name of Abatement Contractor (9)** | Pernaco Inc |
| **Street Address** | PO Box 329 |
| **City, State, Zip Code** | West Berlin NJ 08091 |
| **License No.** | 00727 |
| **Telephone No.** | 856-753-9800 |
| **Project Manager for Monitoring Firm** | ________ |
| **Telephone No.** | ________ |
| **Start Date (10)** | 2/13/13 |
| **Scheduled Completion Date (11)** | 2/18/13 |
| **Name of OSHA Monitor** | Same |
| **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 | |
| ≥160 sf or ≥260 sf | |
| 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** | ________ |
| **Extension** | ________ |
| **Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)** | Yes No N/A |
| **Description of Asbestos-Containing Material (ACM)** | ________ |
| (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | |
| **Amount (Specify SF or LF)** | 1100 SF |
| **Abatement Type** | ________ |
| **Endorsement** | ________ |

| Exterior Siding | Exterior Siding |
|__________|__________|

| Name of Registered Waste Hauler | United Containers |
|__________|__________|
| NJDEP Waste Hauler ID No. | 22459 |
| **Cubic Yards of Waste** | 3 |
| **Name of Registered Landfill** | G.R.O.W.S. |
| **City, State** | Morrisville PA 19067 |
| **Disposal Date** | 2/18/13 |
| **Completed by** | Anthony T Perna |
| **Title** | President |
| **Signature** | ________ |
| **Date** | 2/4/13 |

* 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)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>01/30/2013</th>
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<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Jim Virenko</td>
</tr>
<tr>
<td>Street Address</td>
<td>33 Industrial Dr.</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Pennsville, NJ 08070</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Jim Virenko</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place (3) | Siegfried USA Inc. |
| Street Address | 33 Industrial Dr. |
| City, State, Zip Code | Pennsville, NJ 08070 |
| County Code (7) | Salem |
| Square Feet | 2000 |
| # of Floors | 1 |
| Bldg. Age | Appx 50 |
| Current Use | Appx 50 |
| Name of Monitoring Firm Hired by Building Owner (8) | Her-Tech, Inc. |
| Street Address | 14 Head Dr. |
| City, State, Zip Code | Sicklerville, NJ 08081 |
| License No | 637-081 |
| Telephone No | 856-468-7565 |
| Telephone No | 856-318-1341 |
| Name of Abatement Contractor (9) | Graham-Tech Environmental Service |
| Street Address | 14 Head Dr. |
| City, State, Zip Code | Sicklerville, NJ 08081 |

**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: 7:00 AM - 3:30 PM - 7:00 AM

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

**Abatement Type**
- 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**

<table>
<thead>
<tr>
<th>3 Fume Hoods</th>
<th>Transite Asbestos Ranks</th>
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</thead>
</table>

**Abatement Type**
- Removal

**Name of Registered Waste Hauler**
Graham-Tech Environmental

**Cubic Yards of Waste**
Garms

**Disposal Date**
Sicklerville, NJ 08081

**Date**
1-30-13

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

State of New Jersey

Date of Notification (1)
2/4/13

Name of Building Owner/Operator (2)
Stanly Baguchinsky/Private Home

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

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

Name of Building Owner/Operator (2)
Stanly Baguchinsky/Private Home

Street Address
1179 Beach Haven West Blvd

City, State, Zip Code
Manahawkin NJ 08005

Name of Contact
Stanly

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)
Stanly Baguchinsky/Private Home

Street Address
1179 Beach Haven West Blvd

City (5)
Manahawkin NJ 08005

County (6)
Ocean

County Code (7)
(STATE USE ONLY)

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

ASCM No.

Name of Abatement Contractor (9)
Pernaco Inc

Street Address
PO Box 329

City, State, Zip Code
West Berlin NJ 08091

Project Manager for Monitoring Firm

Telephone No.

License No.

Start Date (10)
2/13/13

Scheduled Completion Date (11)
2/18/13

Current Use (Prior if being demolished)
Home

Occupancy Status During Abatement (Check Only One)

Name of OSHA Monitor
Same

Street Address

City, State, Zip Code

Scope of Work (Check All That Apply)

Full Containment with Negative Pressure
Min Enclosure
Glovebag Procedure
Non Exempted (*) and Non Risible Procedure

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

Is Location Normally Used Solely by Maintenance/Custodial Staff?

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

Amount (Specify SF or LF)

Abatement Type

Removal

Encapsulate

Endocard

Exterior Siding

1100 SF

Exterior Siding

1100 SF

Renovation

Demolition

Yes

No

N/A

Cubic Yards of Waste

22459
3

Name of Registered Waste Hauler
United Containers

NJ/DEP Waste Hauler ID No.

Disposal Date
2/18/13

City, State

Morrisville PA 19067

G.R.O.W.S.

City, State Zip Code

Completed by
Anthony T Perna

Title
President

Signature

Date
2/4/13

* Do not use this form for asbestos licensure exempted activities.
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 7:26-2.12)

Date of Notification (1): 1/30/13

Agencies Notified: 
- DEP
- DOL
- DOH
- DCA

Notification Type: 
- Initial Notification
- Amended Certification
- Cancelled

Name of Building Owner/Operator (2): Paulsboro Refining Company
Street Address: 800 Billingsport Rd
City, State, Zip Code: Paulsboro, NJ 08066
Name of Contact: Ravi Jarecha
Tel. Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Paulsboro Refining Company
Street Address: 800 Billingsport Rd
City (5): Paulsboro
County (6): Gloucester
County Code (7): [State Use Only]

Name of Monitoring Firm Hired by Bldg. Owner (9): [ASCM No.]
Name of Contractor (9): K.A. Industrial Services LLC
Street Address: 800 Billingsport Rd
City State, Zip Code: Paulsboro, NJ 08066
Telephone Number: 856-224-4392
License Number: 00857

Project Manager for Monitoring Firm: [Name]
Telephone Number: [Number]

Scheduled Start Date (10): 2/13/13
Scheduled Completion Date (11): 2/22/13

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

Other - Describe - Removal within restricted work area in outside areas

Source of Work (Check all that apply):
- (X) Demolition
- (X) Renovation
- Full Containment with Negative Pressure
- Glovebox Procedure

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Normally Used Solely by Maint./Custodial Staff? (12)</th>
<th>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other misc.)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>PDA Unit I-Transite Panel Sliding on substation</td>
<td>NA</td>
<td>NO</td>
<td>~1,000 SF</td>
<td>X</td>
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</table>

Name of Reg. Waste Hauler: Waste Management, Inc.
NJDEP Waste Hauler ID #: 17273
Cubic Yards of Waste: < 1 CY
Name of Reg. Landfill: Gloucester County Landfill
City, State: South Harrison, NJ
Disp. Date: Various

Completed by (Print or Type): ANDREW GREEN
Title: MANAGER - KENNY ATLANTIC
Signature: [Signature]
Date: 1/30/13

Mail to: NJDEP-DHWH-BRRTTP
401 E. State St., PO 414
Trenton, NJ 08625-0414
Telephone: 609-984-6620

C:\WORD\MYDOCS\ASBESTOS
9/18/00
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<td>Agencies Notified</td>
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<tr>
<td>Type of Modification</td>
<td>Amended</td>
</tr>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>LONG BRANCH SEWERS NS, AVE, LIVER, N.J.</td>
</tr>
<tr>
<td>Street Address</td>
<td>150 SOLINE AVE, LIVER, N.J.</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>LONG BRANCH, N.J, 07740</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>TONY</td>
</tr>
<tr>
<td>FACILITY INFORMATION</td>
<td></td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>LONG BRANCH SEWERS NS, AVE, LIVER, N.J.</td>
</tr>
<tr>
<td>Street Address</td>
<td>150 SOLINE AVE, LIVER, N.J.</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>LONG BRANCH, N.J, 07740</td>
</tr>
<tr>
<td>Name of Abatement Contractor (6)</td>
<td>ACE INSULATION CO., INC.</td>
</tr>
<tr>
<td>Street Address</td>
<td>95 MONROE AVE</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>COLTS NECK, N.J, 07726</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>201-294-1757</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>ACE INSULATION CO., INC.</td>
</tr>
<tr>
<td>Street Address</td>
<td>95 MONROE AVE</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>COLTS NECK, N.J, 07726</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>201-294-1757</td>
</tr>
<tr>
<td>County Code (7)</td>
<td>03</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>ACE INSULATION CO., INC.</td>
</tr>
<tr>
<td>Street Address</td>
<td>95 MONROE AVE</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>COLTS NECK, N.J, 07726</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>201-294-1757</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>ACE INSULATION CO., INC.</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>201-294-1757</td>
</tr>
<tr>
<td>Full Date of Completion (11)</td>
<td>2-22-13</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>2-15-13</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check one only)</td>
<td>Abatement Performed Outside of Normal Facility Hours</td>
</tr>
<tr>
<td>Scope of Work (Check all that apply)</td>
<td>7am - 7pm</td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</td>
<td>SANDING</td>
</tr>
<tr>
<td>In Location</td>
<td>YES</td>
</tr>
<tr>
<td>Location</td>
<td>1500 SQ FT</td>
</tr>
<tr>
<td>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, WAI, or other miscellaneous)</td>
<td>YES</td>
</tr>
<tr>
<td>Amount (Square Feet or Linear Feet)</td>
<td>1500 SQ FT</td>
</tr>
<tr>
<td>Abatement Type</td>
<td>YES</td>
</tr>
<tr>
<td>Name of Registered Waste Handler</td>
<td>ACE INSULATION CO.</td>
</tr>
<tr>
<td>Name of Registered Waste Handler (5)</td>
<td>ACE INSULATION CO.</td>
</tr>
<tr>
<td>Date of Receipt of Waste or Material</td>
<td>2-6-13</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>GROWS</td>
</tr>
<tr>
<td>City, State</td>
<td>COLTS NECK, N.J, 07726</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>2-22-13</td>
</tr>
</tbody>
</table>

* Do not use this form for asbestos removal exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:68 and 12:120)

Date of Notification (1):
2-7-13

Name of Building Owner/Operator (2):
HOUSTON LAKES BOARD OF ED

Agencies Notified:
- [ ] EPA
- [ ] DEP
- [ ] SHDL
- [ ] DOH
- [ ] OCA

Type Notification:
- [ ] Initial
- [ ] Amended
- [ ] Amendment if
- [ ] Emergency (including justification)
- [ ] Cancellation

Street Address:
2700 BALLARD

City, State, Zip Code:
HATONTAIK, LAKES, NJ 07748

Name of Contact:
MARK PRUSIKA

FACILITY INFORMATION

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

Street Address:
51 GLEN ROAD

City:
HATONTAIK LAKES

County:
MORRIS

Square Feet:
5000

# of Floors:

Bidg. Age:

County Code (7) (STATE USE ONLY):

Public Contracts:

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

Current Use (Prior if being demolished):

Name of Monitoring Firm Hired by Building Owner (8):
DETELA ASSOCIATES

ASCM No.:
CO012

Name of Abatement Contractor (9):
ABS ENVIRONMENTAL SERVICES LLC

Street Address:
475 CAGE DR, P.O. BOX 483

City, State, Zip Code:
ENGLEWOOD NJ 07631

Telephone No.:
973-568-3500

License No.:
703

Contract No.:

Name of OSHA Monitor:

Start Date (10):
2/11/13

Scheduled Completion Date (11):
3/11/13

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):
- [ ] ≥3 ft or ≥3 if
- [ ] ≥160 sf or ≥260 if
- [ ] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure

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

IN FACILITY:

(13)

Yes No N/A

PIPE INSULATION:

(12)

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

Amount (Specify SF or LF):

Abatement Type:

Name of Registered Waste Hauler:

UDEP Waste Hauler ID No.:

Cubic Yards of Waste:

Name of Registered Landfill:

City, State:

Disposal Date:

City, State:

Completed By:
ANDREW SCOTT HUGGINS

Title: Owner

Signature:

Date:
2-7-13

* Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Wildwood School</th>
<th>Pipe Insulation</th>
<th>1 LF</th>
<th>Repair ends</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement Boys Room</td>
<td>Cardboard Pipe Insulation</td>
<td>1 LF</td>
<td>Repair ends</td>
</tr>
<tr>
<td>Basement Girls Room</td>
<td>Pipe Insulation</td>
<td>1 LF</td>
<td>Repair</td>
</tr>
<tr>
<td>Janitors' Closet</td>
<td>Pipe Insulation above ceiling</td>
<td>1 LF</td>
<td>Repair</td>
</tr>
<tr>
<td>Room 106</td>
<td>Pipe Insulation Fitting</td>
<td>1 LF</td>
<td>Repair</td>
</tr>
<tr>
<td>Boiler Room</td>
<td>Pipe Insulation Fitting</td>
<td>1 LF</td>
<td>Repair</td>
</tr>
<tr>
<td>Slop Sink – Library</td>
<td>Pipe Insulation Fitting</td>
<td>1 LF</td>
<td>Repair</td>
</tr>
</tbody>
</table>
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 2-7-13
Name of Building Owner/Operator (2) MOUNTAIN LAKES BOARD OF ED
Agencies Notified
☐ EPA
☐ DEP
☐ DOL
☐ DOH
☐ DOA
Type Notification
☐ Initial
☐ Amended
☐ Amendment
☐ Emergency (including justification)
☐ Cancellation
Street Address 400 BOULEVARD
City, State, Zip Code MOUNTAIN LAKES, NJ
Name of Contact MARK PRUSWA

FACILITY INFORMATION
Name of Facility Where Abatement is Taking Place (3) MOUNTAIN LAKES
Street Address 910 POWERVILLE ROAD
City (5) MOUNTAIN LAKES
County (6) MARRIS
County Code (7) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner DETAIL ASSOCIATES
ACSM No. 12013
Name of Abatement Contractor (9) ABS ENVIRONMENTAL SERVICES, INC
Street Address 300 GRAND AVE
City, State, Zip Code EAGLEWOOD, NJ 07018
Telephone No. 201-764-5805
License No. 00553-80800
Name of OSHA Monitor

Start Date (10) 2-11-13
Scheduled Completion Date (11) 3-11-13

Scope of Work (Check all that apply)
☐ ≥ 3 sf or ≥ 3 If
☐ ≥160 sf or ≥260 If
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini Enclosure
☐ Glovebox Procedure

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

<table>
<thead>
<tr>
<th>Facility</th>
<th>Normally Used Solely by Maintenance/Custodial Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>PIPE INSULATION</td>
<td>X</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
NJDEP Waste Hauler ID No.
Cubic Yards of Waste
Name of Registered Landfill
City, State

Completed By AMBROSE SINTILLEJ, OWNER
Title
Signature
Date 2-7-13

* Do not use this form for asbestos licensure exempted activities.*
<table>
<thead>
<tr>
<th>Location</th>
<th>Work Description</th>
<th>Quantity</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hallway Above Drop Ceiling</td>
<td>Joints w/ FG Pipe Insulation</td>
<td>10 LF</td>
<td>Repair</td>
</tr>
<tr>
<td>Hallway Above Drop Ceiling</td>
<td>Joints w/ FG Pipe Insulation</td>
<td>3 LF</td>
<td>Repair</td>
</tr>
<tr>
<td>Hallway Between Rooms 164-174</td>
<td>Cardboard Pipe Wrap</td>
<td>80 LF</td>
<td>Repair</td>
</tr>
<tr>
<td>Boiler Room</td>
<td>Hot Water Tank Lagging</td>
<td>1 SF</td>
<td>Repair</td>
</tr>
<tr>
<td>Hallway Outside Boiler Room</td>
<td>Joints w/ FG Pipe Insulation</td>
<td>3 LF</td>
<td>Repair</td>
</tr>
</tbody>
</table>
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:80 and 12:120)  

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>02/01/2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>THE PRUDENTIAL INSURANCE COMPANY OF AMERICAS</td>
</tr>
<tr>
<td>Street Address</td>
<td>751 BROAD STREET FIFTH FLOOR</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>NEWARK, NEW JERSEY 07102</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>MR. RICHARD HUMMERS</td>
</tr>
</tbody>
</table>

FACILITY INFORMATION  

| Name of Facility Where Abatement is Taking Place (3) | FORMER KLEIN BUILDING |
| Street Address | 689-691 BROAD STREET |
| City (5) | NEWARK |
| County (6) | ESSEX |
| County Code (7) (STATE USE ONLY) |  |

Name of Monitoring Firm Hired by Building Owner (8)  
ENVIRONMENTAL HEALTH INVESTIGATIONS INC.  
ASCN No. 00194  

Name of Abatement Contractor (9)  
PAL ENVIRONMENTAL SERVICES  
Street Address | 11-02 QUEENS PLAZA SOUTH |
City, State, Zip Code | LONG ISLAND CITY, NY 11101 |

Project Manager for Monitoring Firm  
BILL KERBEL  
Telephone No. | 973-729-5649 |

Start Date (10) | 02/18/2013 |
Scheduled Completion Date (11) | 05/18/2013 |

Occupancy Status During Abatement (Check Only One):  
☐ Facility Closed/Vacated During Entire Period of Abatement  
☐ Abatement Performed Outside of Normal Facility Hours  
☐ Other - Describe: BUILDING IS VACANT & SCHEDULED FOR DEMOLITION  

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

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

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

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

Amount (Specify SF or LF)  

Abatement Type  
Removal ☐ Repair ☐ Encapsulate ☐ Enclosure ☑  

SEE ATTACHED ACM TABLE FOR DETAILS  

Name of Registered Waste Hauler  
NJDEP Waste Hauler ID No. 24310/19551  
Cubic Yards of Waste 160  
Name of Registered Landfill  
MINERVIA ENTERPRISES  
City, State  WAYNESBURG, OH 44688  
Disposal Date 3/18/2013  
5/18/2013  
Completed by  
ANN ALI  
Title ADMINISTRATIVE  
Signature  
Date 02/01/2013
Building:

<table>
<thead>
<tr>
<th>Location/Room</th>
<th>Type of Asbestos Material</th>
<th>Approximate Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>689-691 Broad (S. Klein) - Roof - Entire Perimeter</td>
<td>Roof Flashing - Entire Perimeter</td>
<td>1,150 Linear Feet</td>
</tr>
<tr>
<td>689-691 Broad (S. Klein) - Roof - Freight Elevator Mechanical Room</td>
<td>Electric Insulator</td>
<td>28 Square Feet</td>
</tr>
<tr>
<td>689-691 Broad (S. Klein) - Roof - Freight Elevator Mechanical Room</td>
<td>Electric Wire Insulation Wrap</td>
<td>30 Linear Feet</td>
</tr>
<tr>
<td>689-691 Broad (S. Klein) - Roof - Cooling Tower</td>
<td>Transite™ Cooling Tower Siding</td>
<td>520 Square Feet</td>
</tr>
<tr>
<td>689-691 Broad (S. Klein) - Roof - Cooling Tower</td>
<td>Transite™ Cooling Tower Baffles</td>
<td>625 Square Feet</td>
</tr>
<tr>
<td>689-691 Broad (S. Klein) - Roof - Parapet</td>
<td>Parapet Tar - Entire Parapet Perimeter - Using 2.5’ Average Parapet Wall Height</td>
<td>2,875 Square Feet</td>
</tr>
<tr>
<td>689-691 Broad (S. Klein) - 8th Floor - South East Wall</td>
<td>Duct Insulation</td>
<td>2 Square Feet</td>
</tr>
<tr>
<td>689-691 Broad (S. Klein) - 7th Floor - Northwest Area</td>
<td>Grey 9”X9” Floor Tile - Not Mastic</td>
<td>12,500 Square Feet</td>
</tr>
<tr>
<td>689-691 Broad (S. Klein) - 6th Floor - North Side of Floor</td>
<td>Beige 9”X9” Floor Tile &amp; Mastic</td>
<td>2,000 Square Feet</td>
</tr>
<tr>
<td>689-691 Broad (S. Klein) - 6th Floor - Southwest Side of Floor</td>
<td>White 12”X12” Floor Tile &amp; Mastic</td>
<td>3,250 Square Feet</td>
</tr>
<tr>
<td>689-691 Broad (S. Klein) - 6th Floor - Center of Floor</td>
<td>Black 9”X9” Floor Tile &amp; Mastic</td>
<td>13,700 Square Feet</td>
</tr>
<tr>
<td>Location/Room</td>
<td>Type of Asbestos Material</td>
<td>Approximate Quantity</td>
</tr>
<tr>
<td>---------------</td>
<td>---------------------------</td>
<td>----------------------</td>
</tr>
<tr>
<td>689-691 Broad (S. Klein) - 6th Floor - South Side Central Portion of Floor</td>
<td>Green 9”X9” Floor Tile – Not Mastic</td>
<td>1,550 Square Feet</td>
</tr>
<tr>
<td>689-691 Broad (S. Klein) - 5th Floor - East Side</td>
<td>Beige 9”X9” Floor Tile – Not Mastic – Under Light Pink 9”X9” Floor Tile Below</td>
<td>21,150 Square Feet</td>
</tr>
<tr>
<td>689-691 Broad (S. Klein) - 5th Floor - North Area</td>
<td>Light Pink 9”X9” Floor Tile – Top Layer – Not Mastic</td>
<td>21,150 Square Feet</td>
</tr>
<tr>
<td>689-691 Broad (S. Klein) - 5th Floor - Walls</td>
<td>Wall Plaster – Base Coat</td>
<td>8,500 Square Feet</td>
</tr>
<tr>
<td>689-691 Broad (S. Klein) - 5th Floor - Ceiling Around Escalator</td>
<td>Transite™ Panels</td>
<td>650 Square Feet</td>
</tr>
<tr>
<td>689-691 Broad (S. Klein) - 4th Floor - Center of Floor</td>
<td>Light Pink 9”X9” Floor Tile – Not Mastic – Entire Floor</td>
<td>21,000 Square Feet</td>
</tr>
<tr>
<td>689-691 Broad (S. Klein) - 4th Floor - Walls</td>
<td>Wall Plaster – Base Coat</td>
<td>8,500 Square Feet</td>
</tr>
<tr>
<td>689-691 Broad (S. Klein) - 3rd Floor - Floor</td>
<td>Off White 9”X9” Floor Tile – Not Mastic – Under 12”X12” Floor Tile</td>
<td>1,200 Square Feet</td>
</tr>
<tr>
<td>689-691 Broad (S. Klein) - 3rd Floor - Walls</td>
<td>Wall Plaster – Base Coat</td>
<td>8,500 Square Feet</td>
</tr>
<tr>
<td>689-691 Broad (S. Klein) - 3rd Floor - Floor</td>
<td>White w/ Black 12”X12” Floor Tile &amp; Mastic Over Off White 9”X9” Floor Tile</td>
<td>4,200 Square Feet</td>
</tr>
<tr>
<td>689-691 Broad (S. Klein) - 3rd Floor - Floor</td>
<td>Beige w/ Brown 9”X9” Floor Tile &amp; Mastic</td>
<td>15,400 Square Feet</td>
</tr>
<tr>
<td>689-691 Broad (S. Klein) - 3rd Floor - Floor</td>
<td>Pipe Insulation Debris</td>
<td>Entire Floor 21,150 Square Feet</td>
</tr>
<tr>
<td>689-691 Broad (S. Klein) - 2nd Floor - Floor - Top Layer</td>
<td>Beige w/ Red 9”X9” Floor Tile &amp; Mastic</td>
<td>5,000 Square Feet</td>
</tr>
<tr>
<td>Location/Room</td>
<td>Type of Asbestos Material</td>
<td>Approximate Quantity</td>
</tr>
<tr>
<td>---------------------------------------------------</td>
<td>---------------------------------------------------------------------</td>
<td>----------------------</td>
</tr>
<tr>
<td>689-691 Broad (S. Klein) - 2nd Floor - Floor -</td>
<td>9&quot;X9&quot; Floor Tile &amp; Padding – Under Some of the Red 9&quot; Floor Tile</td>
<td>2,500 Square Feet</td>
</tr>
<tr>
<td>Bottom Layer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>689-691 Broad (S. Klein) - 2nd Floor - Walls</td>
<td>Wall Plaster – Base Coat – 14&quot; High Ceilings</td>
<td>9,910 Square Feet</td>
</tr>
<tr>
<td>689-691 Broad (S. Klein) - 2nd Floor - Floor</td>
<td>Gray 9&quot;X9&quot; Floor Tile – Not Mastic</td>
<td>2,500 Square Feet</td>
</tr>
<tr>
<td>689-691 Broad (S. Klein) - 2nd Floor - Windows</td>
<td>Glazing Compound</td>
<td>14 Windows</td>
</tr>
<tr>
<td>689-691 Broad (S. Klein) - 1st Floor Mezzanine –</td>
<td>Wall Plaster – Base Coat – 8’ High Ceilings</td>
<td>3,625 Square Feet</td>
</tr>
<tr>
<td>Walls</td>
<td></td>
<td></td>
</tr>
<tr>
<td>689-691 Broad (S. Klein) - 1st Floor Mezzanine –</td>
<td>Pipe Insulation – Straight Sections</td>
<td>10 Linear Feet</td>
</tr>
<tr>
<td>Above Halsey St. Doors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>689-691 Broad (S. Klein) - 1st Floor – Loading</td>
<td>Transite™ Wall Panels Above Doors</td>
<td>100 Square Feet</td>
</tr>
<tr>
<td>Dock</td>
<td></td>
<td></td>
</tr>
<tr>
<td>689-691 Broad (S. Klein) - 1st Floor – Loading</td>
<td>Pipe Insulation</td>
<td>60 Linear Feet</td>
</tr>
<tr>
<td>Dock</td>
<td></td>
<td></td>
</tr>
<tr>
<td>689-691 Broad (S. Klein) - 1st Floor – Southwest</td>
<td>Beige 9&quot;X9&quot; Floor Tile</td>
<td>1,200 Square Feet</td>
</tr>
<tr>
<td>Section of Floor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>689-691 Broad (S. Klein) - 1st Floor – Southwest</td>
<td>Floor Covering – Under Beige 9&quot;X9&quot; Floor Tile</td>
<td>650 Square Feet</td>
</tr>
<tr>
<td>Section of Floor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>689-691 Broad (S. Klein) - 1st Floor – Southwest</td>
<td>Yellow/Red 9&quot;X9&quot; Floor Tile &amp; Mastic</td>
<td>250 Square Feet</td>
</tr>
<tr>
<td>Section of Floor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>689-691 Broad (S. Klein) - 1st Floor – West End</td>
<td>Pipe Insulation – Straight Sections &amp; Fittings</td>
<td>50 Linear Feet</td>
</tr>
<tr>
<td>of Floor – Under Mezzanine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Location/Room</td>
<td>Type of Asbestos Material</td>
<td>Approximate Quantity</td>
</tr>
<tr>
<td>------------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------------------</td>
<td>--------------------------</td>
</tr>
<tr>
<td>689-691 Broad (S. Klein) - 1st Floor - Walls - Includes Area Under Mezzanine</td>
<td>Wall Plaster - Base Coat - 8' High Ceilings Under Mezzanine &amp; 16' High Ceilings in Non Mezzanine Area - Additional Sampling May Be Required</td>
<td>11,120 Square Feet</td>
</tr>
<tr>
<td>689-691 Broad (S. Klein) - 1st Floor - Corridor East of Boiler Room</td>
<td>Pipe Insulation - Straight Sections &amp; Fittings</td>
<td>125 Linear Feet</td>
</tr>
<tr>
<td>689-691 Broad (S. Klein) - 1st Floor - Room South of Boiler Room</td>
<td>Pipe Insulation - Straight Sections &amp; Fittings</td>
<td>30 Linear Feet</td>
</tr>
<tr>
<td>689-691 Broad (S. Klein) - 1st Floor - Corridor Outside of Freight Elevator</td>
<td>Pipe Insulation - Straight Sections &amp; Fittings</td>
<td>225 Linear Feet</td>
</tr>
<tr>
<td>689-691 Broad (S. Klein) - Basement - Boiler Room</td>
<td>Boiler Insulation - 3 Boilers</td>
<td>1,500 Square Feet</td>
</tr>
<tr>
<td>689-691 Broad (S. Klein) - Basement - Boiler Room</td>
<td>Pipe Insulation - Misc. Dia. Pipes &amp; Fittings</td>
<td>250 Linear Feet</td>
</tr>
<tr>
<td>689-691 Broad (S. Klein) - Basement - Boiler Room</td>
<td>Pipe Insulation Debris on Floor</td>
<td>1,500 Square Feet</td>
</tr>
<tr>
<td>689-691 Broad (S. Klein) - Basement - Electrical Room - Off Boiler Room</td>
<td>Pipe Insulation - Misc. Dia. Pipes &amp; Fittings</td>
<td>3 Linear Feet</td>
</tr>
<tr>
<td>689-691 Broad (S. Klein) - Basement - Electrical Room - Off Boiler Room</td>
<td>Pipe Insulation Debris on Floor - Includes Soil</td>
<td>900 Square Feet</td>
</tr>
<tr>
<td>689-691 Broad (S. Klein) - Basement - Room South of Boiler Room</td>
<td>Tank Insulation Similar to Boiler Insulation</td>
<td>100 Square Feet</td>
</tr>
<tr>
<td>Location/Room</td>
<td>Type of Asbestos Material</td>
<td>Approximate Quantity</td>
</tr>
<tr>
<td>---------------</td>
<td>---------------------------</td>
<td>----------------------</td>
</tr>
<tr>
<td>689-691 Broad (S. Klein) - Basement - Rooms &amp; Corridors South of Boiler Room</td>
<td>Pipe Insulation Debris on Floor</td>
<td>300 Square Feet</td>
</tr>
<tr>
<td>689-691 Broad (S. Klein) - Basement - HVAC Room</td>
<td>Pipe Insulation Debris on Floor</td>
<td>1,350 Square Feet</td>
</tr>
<tr>
<td>689-691 Broad (S. Klein) - Basement - West Stairwell</td>
<td>Pipe Insulation</td>
<td>8 Linear Feet</td>
</tr>
<tr>
<td>689-691 Broad (S. Klein) - Basement - Center Stairwell</td>
<td>Pipe Insulation Debris on Floor</td>
<td>300 Square Feet</td>
</tr>
<tr>
<td>689-691 Broad (S. Klein) - Basement - Main East / West Section of Building</td>
<td>Pipe Insulation Debris on Floor</td>
<td>1,980 Linear Feet</td>
</tr>
</tbody>
</table>

5.03 Asbestos Materials – 693-695 Broad Street - Former Sitt Building (Includes original 15 story building designated 693A and 3 level rear extension designated 693B in this report.)

Provided below is a summary of the identified asbestos materials for the former Sitt Building located at 693-695 Broad Street including those materials found in the rear addition to the building:

<table>
<thead>
<tr>
<th>Location/Room</th>
<th>Type of Asbestos Material</th>
<th>Approximate Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>693-695 Broad - Basement - Rear Storage Room</td>
<td>Off White 12”X12” Floor Tile – Not Mastic</td>
<td>180 Square Feet</td>
</tr>
<tr>
<td>693-695 Broad - Basement - Entire Basement Floor</td>
<td>Brown 9”X9” Floor Tile</td>
<td>6,750 Square Feet</td>
</tr>
</tbody>
</table>