**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>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 / 4 / 14</td>
<td>New Jersey Department of Transportation</td>
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<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
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<tr>
<td>EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>DOH</td>
<td>Amended Amendment #1-2/17/14</td>
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<tr>
<td>DCA (NJAC 5:23-8)</td>
<td>Emergency (including justification)</td>
</tr>
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<td></td>
<td>Cancellation</td>
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<th>Street Address</th>
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<tbody>
<tr>
<td>PO Box 600</td>
<td>Trenton, NJ 08625-0600</td>
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<table>
<thead>
<tr>
<th>Name of Contact</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Andrew Yorke</td>
<td></td>
</tr>
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</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
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<tbody>
<tr>
<td>Parcel M-56 - Former Dynamic Trucking</td>
</tr>
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<table>
<thead>
<tr>
<th>Street Address</th>
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<tbody>
<tr>
<td>177 Pennsylvania Avenue</td>
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<table>
<thead>
<tr>
<th>City (5)</th>
<th>State Code (7)</th>
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<tr>
<td>Kearny, NJ</td>
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<table>
<thead>
<tr>
<th>County (5)</th>
<th>County Code (7)</th>
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<tbody>
<tr>
<td>Hudson</td>
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<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shaw Environmental Inc</td>
<td></td>
<td>Bristol Environmental Inc</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>128 S. Tryon Street - Interstate Tower</td>
<td>732-939-3707</td>
<td>00509</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Charlotte, NC 28202</td>
<td>128 South Tryon Street, Interstate Tower</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gary Wywra</td>
<td>732-939-3707</td>
<td>00509</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ON HOLD</td>
<td>1 / 1 /</td>
</tr>
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<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
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<tbody>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM/PM/AM/PM/AM</td>
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</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>&gt; 3 sf or &gt; 3 if</td>
</tr>
<tr>
<td>&gt; 160 sf or &gt; 260 if</td>
</tr>
<tr>
<td>Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>Renovation</td>
</tr>
<tr>
<td>Demolition</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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</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN FACILITY (13)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Throughout</td>
<td>Yes</td>
</tr>
<tr>
<td>Exterior of Structure</td>
<td></td>
</tr>
<tr>
<td>Along Elevated Loading Docks</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Floor Tile &amp; Mastic</td>
<td>4200 SF</td>
</tr>
<tr>
<td>Ext. Caulking &amp; Roof Tar Flashing</td>
<td>270 LF</td>
</tr>
<tr>
<td>Ext. Expansion Joint Material</td>
<td>254 LF</td>
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</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler Waste Management</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></td>
<td>SW1724</td>
<td>GROWS North Landfill</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
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<tbody>
<tr>
<td>Camden, NJ</td>
<td></td>
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<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patrick T. DeCaro</td>
<td>Estimator</td>
<td>Patrick T. DeCaro</td>
<td>2/17/14</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 8:58 and 5:16)

Date of Notification (1)

| 2 | 4 | 14 |

Name of Building Owner/Operator (2)
New Jersey Department of Transportation

Agencies Notified
- EPA 9462
- DOLWD/579
- DOH 500
- DCA (NJAC 5:23-B)
Type Notification
- Initial
- Amended
- Amendment #___
- Emergency (including justification)
- Cancellation

Street Address
PO Box 600
City, State, Zip Code
Trenton, NJ 08625-0600

Name of Contact
Andrew Yorke

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Parcel M-56 - Former Dynamic Trucking

Street Address
177 Pennsylvania Avenue
City (5) Kearny, NJ
City Code (6)
Hudson
County Code (7)
County Code (STATE USE ONLY)
Current Use (Prior if being demolished)
Former Warehouse Distribution Center

Name of Monitoring Firm Hired by Building Owner (8)
Shaw Environmental Inc

Name of Abatement Contractor (9)
Bristol Environmental Inc

Street Address
128 S. Tryon Street - Interstate Tower
City, State, Zip Code
Charlotte, NC 28202

Project Manager for Monitoring Firm
Gary Wywara
Telephone No.
732-939-3707
License No.
00509

Start Date (10)
2 / 18 / 14
Scheduled Completion Date (11)
3 / 7 / 14
Name of OSHA Monitor
Shaw Environmental 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 AM-PM

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

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

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

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

Throughout

Exterior of Structure

Along Elevated Loading Docks

Name of Registered Waste Hauler

Waste Management
NJDEP Waste Hauler ID No.
SW1724
Cubic Yards of Waste

Name of Registered Landfill
GROWS North Landfill

City, State
Camden, NJ
Disposal Date

City, State
Morrisville, PA

Completed By (Print or Type)
Patrick T. DeCaro
Title
Estimator
Signature
Patrick T. DeCaro
Date
2/4/14

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

**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:58 and 12:62)

**Date of Notification (1)**
2-12-2014

**Borough of Keansburg**

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

**Street Address**
29 Church Street
Keansburg, NJ 07734

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

**Name of Facility Where Abatement Is Taking Place (3)**
House for Demo

**Street Address**
10 Beechwood Ave.

**City (5)**
Keansburg

**County (6)**
Monmouth

**Maximum Silica Content**

**Name of Registered Waste Hauler (9)**
Loznica Management Corp

**Name of Abatement Contractor (9)**
Loznica Management Corporation

**Project Manager for Monitoring Firm**

**Telephone No.**
973-706-7950

**License No.**
01193

**Start Date (10)**
2-18-2013

**Scheduled Completion Date (11)**
2-24-2014

**Occupancy Status During Abatement (Check Only One)**
- [x] Residence
- [ ] Commercial

**Abatement Description**
- [x] Removal
- [ ] Demolition

**Perimeter front, side, west side of rooms (remnants of tiles)**
- [x] 9x3 Floor Tile
- [ ] 10 SF

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

**Name of Registered Landfill**
GROWS Landfill

**City, State**
Lincoln Park, NJ 07035

**Signature**
E. Cirone

---

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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:69 and 12:102)

Date of Notification (1) 2/17/14

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

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

Name of Building Owner/Operator (2) Infante Associates, Inc.

Street Address 9 Robinson Lane

City, State, Zip Code Ridgewood, New Jersey 07450

Name of Contact Mark Infante

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Toyota Building

Street Address 1095 Route 17 North

City (5) Ramsey, New Jersey 07446

County (6) Bergen

Current Use (Prior if being demolished) Car Dealership

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

Square Footage 10,000

# of Floors 2

Bidg. Age 55+

License No. 01104

Name of Abatement Contractor (6) Lillich Corporation

Street Address 806 McBride Avenue

City, State, Zip Code Woodland Park, NJ 07424

Name of OSHA Monitor J&S Environmental

Street Address 2533 Route 22 West

City, State, Zip Code Union, New Jersey 07083

Project Manager for Monitoring Firm

Telephone No. 973-541-6228

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

Amount (Specify SF or LF) 420 SF

Location of Asbestos-Containing Material (ACM)
- Roof
- Flashing

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

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

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

Name of Registered Waste Hauler Lillich Corporation

City, State Woodland Park, New Jersey 07424

Completed by Tatiana Kalenikova Title Vice President

Signature

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

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

**Date of Notification (1):** 01/14/14

**Name of Building Owner/Operator (2):** Infante Associates, Inc.

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

**Toyota Building**

**Street Address:**

1086 Route 17 North

**City (5):** Ramsey, New Jersey 07446

**County Code (7):** Bergen

**Type of Facility (4):** Car Dealership

**Square Feet:** 10,000

**# of Floors:** 2

**Bldg. Age:** 55

**Current Use (Prior to being demolished):**

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

**Name of Abatement Contractor (9):** Lillich Corporation

**Street Address:** 608 McBride Avenue

**City, State, Zip Code:** Woodland Park, NJ 07424

**Project Manager for Monitoring Firm:**

**Telephone No.:**

973-641-8226

**License No.:** 01104

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

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

**Start Date (10):** 01/05/14

**Scheduled Completion Date (11):** 02/21/14

**Name of OSHA Monitor:** J&S Environmental

**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):**

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
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<tbody>
<tr>
<td>Roof</td>
<td>420 SF</td>
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<tr>
<td>Flashing</td>
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**Name of Registered Waste Hauler:**

**Lillich Corporation**

**NJDEP Waste Hauler ID No.:** 18724

**Cubic Yards of Waste:** 10

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

**City, State:** Woodland Park, New Jersey 07424

**Disposal Date:**

**Completed by:**

**Title:** Vice President

**Signature:**

**Date:** 1/14/14

---

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

Date of Notification (1)
02 / 17 / 14

Name of Building Owner/Operator (2)
Rosemarie O'Hara

State of New Jersey

Address
12 Balmiere Pkw.

City, State, Zip Code
Cranford, NJ 07016

Telephone Number
Rosemarie O'Hara

FACILITY INFORMATION

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

Street Address
12 Balmiere Pkw.

City (5)
Cranford, NJ 07016

County Code (7) (STATE USE ONLY)

Union

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

Name of Abatement Contractor (9)

Street Address
576 Valley Rd #283

City, State, Zip Code
Wayne, NJ 07470

Project Manager for Monitoring Firm
Telephone No.
973-638-1777

License No.
01127

Name of OSHA Monitor
Environvision Consultants, Inc

Street Address
20-21 Wagarow Road, Bldg. # 34A

City, State, Zip Code
Fair Lawn, NJ 07410

Start Date (10)
02 / 27 / 14

Scheduled Completion Date (11)
02 / 28 / 14

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

Abatement Performed Outside of Normal Facility Hours - Describe
Time of Abatement: AMPM/PMAM

Scope of Work (Check all that apply)
>3 sf or >3 If
≥ 160 sf or ≥ 250 If
Renovation
Demolition

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

Yes No N/A

Pipe insulation
100 LF

Name of Registered Waste Hauler
Gr Tech LLC

NOSP Waste Facility ID No.
0033785

Cubic Yards of Waste
TBD

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

Disposal Date
TBD

City State
Fair Lawn, PA

Completed By (Print or Type)
N. Jevtic

Title
Owner

Signature
Date
02/17/2014

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

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 5:60 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>12/7/13</th>
<th>Name of Building Owner/Operator (2)</th>
<th>Riverview Gardens</th>
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<tr>
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<td></td>
<td>Type Notification</td>
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<tr>
<td>NJEA/EPA</td>
<td></td>
<td>Initial 0</td>
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<tr>
<td>NJDEP/DOE</td>
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<td>Amended 0</td>
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<td></td>
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<td></td>
<td>Emphasis (including</td>
<td></td>
</tr>
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<td>NJDCA</td>
<td></td>
<td>justifications)</td>
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<tr>
<td>NJDOE</td>
<td></td>
<td>Cancellation</td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
<td></td>
<td>JGarden Terr</td>
<td></td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td></td>
<td>No: Arlington N.J.</td>
<td></td>
</tr>
<tr>
<td>Name of Contact</td>
<td></td>
<td>Mr. J. Beller</td>
<td></td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
<td></td>
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**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement Is Taking Place (3)</th>
<th>1 Garden Terr</th>
</tr>
</thead>
<tbody>
<tr>
<td>City (4)</td>
<td>No: Arlington</td>
</tr>
<tr>
<td>County (5)</td>
<td>Bergen</td>
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<tr>
<td>Name of Abatement Contractor (6)</td>
<td>Novatech Inc</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Novatech Inc</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>12/16/13</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>2/30/15</td>
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<tr>
<td>Occupancy Status During Abatement (Check only one)</td>
<td></td>
</tr>
<tr>
<td>C) Facility Closed/Vacated During Entire Period of Abatement</td>
<td></td>
</tr>
<tr>
<td>D) Abatement Performed Outside of Normal Facility Hours</td>
<td></td>
</tr>
<tr>
<td>E) Other - Describe</td>
<td></td>
</tr>
<tr>
<td>Scope of Work (Check all that apply)</td>
<td></td>
</tr>
<tr>
<td>C) ≥ 3 sf or ≥ 3 ft</td>
<td></td>
</tr>
<tr>
<td>D) ≥ 160 sf or ≥ 200 sf</td>
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<tr>
<td>Is Location Normally Used Solely by Maintenanced Custoded Staff? (12)</td>
<td>Yes</td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenanced Custoded Staff? (12)</td>
<td>Yes</td>
</tr>
<tr>
<td>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VCT, or other miscellaneous)</td>
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</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</td>
<td></td>
</tr>
<tr>
<td>CRAWLSPACES 43</td>
<td>X PIPE INSULATION</td>
</tr>
<tr>
<td>GARAGES 3</td>
<td>X PIPE INSULATION</td>
</tr>
<tr>
<td>M.T. BASEMENT</td>
<td>X PIPE INSULATION</td>
</tr>
<tr>
<td>Name of Registered asbestos Handler</td>
<td>Novatech Inc</td>
</tr>
<tr>
<td>NJDEP Waste Handler ID No.</td>
<td>118561</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>G.R.O.W.S.</td>
</tr>
<tr>
<td>City, State</td>
<td>No: Arlington</td>
</tr>
<tr>
<td>City, State</td>
<td>Bergen</td>
</tr>
<tr>
<td>City, State</td>
<td>Bergen</td>
</tr>
<tr>
<td>Completed by</td>
<td>Eunus. Ameida</td>
</tr>
<tr>
<td>Title</td>
<td>President</td>
</tr>
</tbody>
</table>

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

Date of Notification (1) | 12/7/13
---|---
Name of Affected Owner/Operator (2) | RIVERVIEW GARDENS

Agency Notified | DEP | Initial
---|---|---
Street Address | 1 GARDEN TERR NO. ARLINGTON N.J.
City, State, Zip Code | ARLINGTON, N.J.

Name of Contractor (4) | NOVATECH, INC.

Type of Facility (4) | School (K-12) | Other (e.g., private & commercial buildings, homes, etc.)
---|---|---

Name of Facility Where Abatement is Taking Place (5)

City (9) | BERGEN |
---|---|
County Code (6) | BERGEN |

Name of Monitoring Firm Hired by Building Owner (8) | NOVATECH, INC.

ASCM No. | NOVATECH, INC.

Name of Abatement Contractor (9) | NOVATECH, INC.

Street Address | P.O. Box 214
City, State, Zip Code | OLD BRIDGE N.J. 08857

Telephone No. | "305-2000 7500"
License No. | 00 806

Project Manager for Monitoring Firm | NOVATECH, INC.

Telephone No. | "305-2000 7500"
License No. | 00 806

Start Date (10) | 12/7/13
---|---|
Estimated Completion Date (11) | 2/7/14

Occupancy Status During Abatement (Check all that apply)

Facility Closed/Unoccupied During Entire Period of Abatement | Yes
---|---

Abatement Performed Outside of Normal Facility Hours | No
---|---

Other - Describe: | (a)

Scope of Work (Check all that apply)

Omnisignation | No
---|---

Demolition | No
---|---

Full Containment with Negative Pressure | Yes
---|---

Containment Procedure | Yes
---|---

Wet-Enclosure Procedure | No
---|---

Non-Enclosed (II) and Non-Viable Procedure | No
---|---

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

Crawl Spaces and Garages

Yes | No
---|---

Description of Location Normally Used Before Maintenance Custodial Staff (12)

Pipe Insulation | Yes
---|---

10,000 LF | No
---|---

90 LF each | No
---|---

Name of Registered Waste Handler | NOVATECH, INC.

N.J. DEP Waste-Hauler ID No. | 18601

Cubic Yards of Waste | 40

Name of Registered Chemist | G. ROSS PA

Regulatory Agency | NJ DEP

City, State | OLD BRIDGE N.J. 08857

Disposal Date | 12/7/13

Completed by | President

Date | 12/7/13

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

Date of Notification (1) FEB. 17, 2014

Name of Building Owner/Operator (2) JOSEPH CAGGIANO

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) JOSEPH CAGGIANO PROPERTY

Street Address 33 GROSS AVENUE

City, State, Zip Code EDISON, NJ 08837

Type of Facility (4)

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

Square Feet 875 SF

# of Floors 1

Bldg. Age 1950

Current Use (Prior if being demolished) RESIDENCE

Occcupancy Status During Abatement (Check Only One)

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

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥33 sf
☑ ≥160 sf or ≥260 sf

☐ Renovation
☑ Demolition

Location of Asbestos-Containing Material (ACM)

TO BE ABATED

In Facility (13)

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

Yes ☐ No ☑ N/A

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

Asbestos Containing Siding

Amount (Specify SF or LF) 875 sf

Abatement Type ☑

EXTERIOR SIDING

X

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

Name of Registered Waste Hauler Finishing Touch Asbestos Abatement Corp., I

NJDEP Waste Hauler ID No. 12056

Cubic Yards of Waste 5 cy

Name of Registered Landfill Grows North Landfill

City, State Long Branch, NJ 07740

Disposal Date 3/7/14

City, State Morrisville, NJ

Completed by Joseph P. Miller

Title President

Signature Date 2/17/14
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
2/17/14

Name of Building Owner/Operator (2)
Danielle Goyal

Agencies Notified

Name of Contact
Danielle Goyal

Type Notification

Street Address
225 River Street

City, State, Zip Code
Hoboken, NJ 07030

FACILITY INFORMATION

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

Square Feet
2200

Current Use (Prior if being demolished)

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

# of Floors
2

Bldg. Age
50

Name of Monitoring Firm Hired by Building Owner (5)

Project Manager for Monitoring Firm

ASCM No.

Telephone No.

Name of Abatement Contractor (6)
ABS Environmental Services, LLC

License No.
703

Street Address
4 E Gate Drive, PO Box 483

City, State, Zip Code
Glenwood, NJ 07418

Start Date (10)
2/28/14

Scheduled Completion Date (11)
3/14/14

Name of OSHA Monitor

Occupancy Status During Abatement (Check Only One)

Street Address

City, State, Zip Code

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

Location Normally Used Solely by Maintenance/Custodial Staff?

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
Enclosure

Name of Registered Waste Hauler

NJ/DEP Waste Hauler ID No.
15939

Cubic Yards of Waste
10

Name of Registered Landfill
GROWS

Freehold Cartage

Disposal Date
TBD

City, State
Morrisville, PA

Completed by
Andrew Scott Higgins
Title
President

Signature

Date
2/17/14

* Do not use this form for asbestos licensure exempted activities.
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 7:29-2.12)

<table>
<thead>
<tr>
<th>Date of Notification (7)</th>
<th>Notification Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>2/7/14</td>
<td>Initial Notification</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Building Owner/Operator (21)</th>
<th>Name of Contractor (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sunoco Partners Marketing &amp; Terminals</td>
<td>KA Industrial Services, LLC.</td>
</tr>
<tr>
<td>L.P. Eagle Point Facility</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>1940 Crown Point Road</td>
<td>Westville, NJ 07093</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>City (9)</th>
<th>County (8)</th>
<th>County Code (7)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Westville</td>
<td>Gloucester</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement Is Taking Place (23)</th>
<th>Description of ACM (i.e., thermal systems insulation, surfacing, VAT, or other materials)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sunoco Partners Marketing &amp; Terminals, L.P. Eagle Point Facility</td>
<td>(X) Hoses, (X) Sprinkler systems, (X) Intumescent, (X) Calcium Silicate, (X) Other (specify)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Source of Work (Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(X) Demolition (X) Repairs</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) in Facility (13)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10' (X) spray system, (X) asbestos pipe, (X) asbestos ducting</td>
<td>(X) 7 SF</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location Name Used Solely by Maint/Custodial Staff (12)</th>
<th>Description of ACM (i.e., thermal systems insulation, surfacing, VAT, or other materials)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(X) Asbestos spray system</td>
<td>(X) 7 SF</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Proposed Abatement Method (14)</th>
<th>Estimated Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(X) Vacuum</td>
<td>7 SF</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Reg. Waste Hauler</th>
<th>Company Name of Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>NuDem Waste Haulers, Inc.</td>
<td>NuDem Waste Haulers, Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City State</th>
<th>Contact Person</th>
</tr>
</thead>
<tbody>
<tr>
<td>South Harrison, NJ</td>
<td>Andrew Green</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mail to:</th>
<th>Telephone:</th>
</tr>
</thead>
<tbody>
<tr>
<td>NuDem DEHA/BRTP</td>
<td>809-984-8820</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Completion</th>
<th>Date of Start</th>
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<tbody>
<tr>
<td>2/7/14</td>
<td>2/7/14</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Person Authorized to Dispose of Waste</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: Andrew Green</td>
</tr>
<tr>
<td>Title: Manager - KAS</td>
</tr>
<tr>
<td>Signature: [Signature]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Completion</th>
<th>Date of Start</th>
</tr>
</thead>
<tbody>
<tr>
<td>20</td>
<td>20</td>
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</tbody>
</table>
State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-14

Date of Notification (1) February 17, 2014

Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ

Agencies Notified

☐ EPA
☐ DCA
☐ DOL
☐ DEP- No Longer REQUIRED
☐ DOH

Notification Type

☐ Initial Notification
☐ Amended Notification
☐ Emergency (including justification)
☐ Canceled

Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT.
27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS

City, State, Zip Code PISCATAWAY, NJ 08854

Name of Contact MICHAEL SMITH, ENV.
HEALTH & SAFETY

Name of Facility Where Abatement is Taking Place (3)
UNIVERSITY BEHAVIORAL HEALTH CTR., BLDG# 3690

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

Sq. Feet: N/A
# of Floors: 2
Bldg. Age: 60+ years

Current Use (prior if being demolished): ACADEMIC

Street Address BUSCH CAMPUS

City, State, Zip Code PISCATAWAY, NJ 08854

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

ASCM No. 0098

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

Street Address 268 MAIN STREET

City, State, Zip Code BUTLER, NJ 07405

Project Manager for Monitoring Firm BRIAN KEARNY

Telephone Number 609-386-8800

Scheduled Start Date (10) 03/05/14

Scheduled Completion Date (11) 03/17/14

Occupancy Status During Abatement (Check only one)
☐ Facility Closed/Vacated During Entire Period of Abatement
☒ Abatement Performed Outside of Normal Facility Hours - Describe
☐ Other - Describe: Shift Hours: 6:00PM - 5:00AM

Scope of Work (Check all that apply)

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

Reno

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

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

VAT/FLOORING/MASTIC

Cubics of Waste: 10 CY

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

Hauler ID #1 Greenwood Abatement Consultants, Inc. – Butler, NJ 07405
NJDEP # 12561
Hauler ID #2 Horizon Disposal Services, Inc., Trenton, NJ 08611
NJ DEP # 22812

Disposal Date 03/17/14

City, State 100 New Ford Mill Rd. Morrisville, PA 19067
215-736-1700

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

Signature Raymond C. Pedalino
Date February 17, 2014

Copies To: Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:50 and 12:120)

Date of Notification (1)
02/07/14

Agency Notified
EPA  DEP  DOH  DCA

Type Notification
Initial  Amendment

Street Address
4200 AMON CARTER BLVD

City, State, Zip Code
FORT WORTH TX 76155

Name of Building Owner/Operator (2)
BANK OF AMERICA

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
247 JACKSON RD

City (5)
BERLIN

County (6)
CAMDEN

County Code (7)

Name of Facility

Name of Abatement Contractor (9)
AAA LEAD PROFESSIONALS

ASCM No.

Full Containment with Negative Pressure

Scope of Work (Check All That Apply)
Renovation
Demolition

Project Manager for Monitoring Firm

Telephone No.

License No.

Start Date (10)
02/17/14

Scheduled Completion Date (11)
02/11/14

Name of OSHA Monitor
AAA LEAD PROFESSIONALS

City, State, Zip Code
LAKEWOOD, NJ 08701

Cubic Yards of Waste

Disposal Date
02/17/14

Name of Registered Landfill
IESI

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

Location of Asbestos-Containing Material (ACM)
Used Solely by Maintenance/Custodial Staff?

Yes  No  N/A

EXTERIOR

SANDING

Amount

Removal
Repair
Encapsulation

Endorse

Name of Registered Waste Hauler
NEWARK CARTING

Title
OWNER

City, State
NEWARK, NJ

Completed by
JOSEPH PERLSTEIN

Date
02/07/14

* Do not use this form for asbestos licensure exempted activity
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:59 and 12:120)  

Date of Notification (1) 02/18/14  
Name of Building Owner/Operator (2) JOHN & COROLYN SZELIGA  

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

Type Notification  
- Initial  
- Amendement #  
- Emergency (including justification)  
- Cancellation  

Street Address  
406 ATLANTIC AVE  
City, State, Zip Code  
SPRING LAKE, NJ 07762  

Name of Contact  
JOHN & COROLYN SZELIGA  
Telephone Number  

Name of Facility Where Abatement is Taking Place (3)  
406 ATLANTIC AVE  

City (5)  
SPRING LAKE  
County (6)  
MONMOUTH  

Square Feet  
1500  
# of Floors  
2  
Bldg. Age  

Name of Monitoring Firm Hired by Building Owner (8)  
ASCM No.  
Name of Abatement Contractor (9)  
AAA LEAD PROFESSIONALS  
Street Address  
6 WHITE DOVE COURT  

City, State, Zip Code  
LAKEWOOD, NJ 08701  

Project Manager for Monitoring Firm  
Telephone No.  
732-668-9078  
License No.  
1200  

Start Date (10)  
02/28/14  
Scheduled Completion Date (11)  
03/03/14  

Name of GSHA Monitor  
AAA LEAD PROFESSIONALS  
Street Address  
6 WHITE DOVE COURT  
City, State, Zip Code  
LAKEWOOD, NJ 08701  

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 ≥3 if  
- ≥160 sf or ≥290 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)  

Yes  
No  
N/A  

BASEMENT  
FLOOR TILES  
500SF  
X  

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

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

Amount (Specify SF or LF)  

Abatement Type  
Removal  
Encapsulate  
Endorse  
Name of Registered Waste Hauler  
NEWARK CARTING  

NJDEP Waste Hauler ID No.  
04509  

Cubic Yards of Waste  
5  

Name of Registered Landfill  
IESI  

City, State, Zip Code  
NEWARK, NJ  

Disposal Date  
03/03/14  

City, State  
BETHLEHEM, PA  

Completed by  
JOSEPH PERLSTEIN  
Title  
OWNER  
Signature  

Date  
02/18/14  

* Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Date</th>
<th>Requestor</th>
<th>Address</th>
<th>Electrician</th>
<th>Asbestos Material</th>
</tr>
</thead>
<tbody>
<tr>
<td>2-14-2014</td>
<td>W. INDRUK</td>
<td>134 MONTCLAIR AVE</td>
<td>W. INDRUK</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>MONTCLAIR, NJ 07042</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2-18-2014</td>
<td>Omega Environmental Inc</td>
<td>280 Bryler St</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hackensack, NJ 07601</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Best Removal Inc**

- **Address**: 456 S. River St, Hackensack, NJ 07601
- **Phone**: 201-329-7444
- **Fax**: 90389

- **Coverage**: 8AM - 5PM
- **Contact**: 90389

**Reported Asbestos Material**

<table>
<thead>
<tr>
<th>Material</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>LWR</td>
<td>Basement Boiler RM</td>
</tr>
<tr>
<td>X</td>
<td>Insulation</td>
</tr>
<tr>
<td></td>
<td>LWR</td>
</tr>
<tr>
<td>X</td>
<td>Insulation</td>
</tr>
</tbody>
</table>

**Break-Through**

- **Best Removal Inc**: 17X09
- **Minerva Enterprises**: 2-19-14
- **Waynesburg, Oh**: 2-14-14

**Estimator**: P. Valles
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 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>02/17/14</td>
<td>Brick Township Board of Education</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>101 Hendrickson Avenue</td>
</tr>
<tr>
<td>DOL</td>
<td>Amended</td>
<td></td>
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<tr>
<td>DOH</td>
<td>Emergency (including justification)</td>
<td></td>
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<tr>
<td>DCA</td>
<td>Cancellation</td>
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<table>
<thead>
<tr>
<th>City (6)</th>
<th>State, Zip Code</th>
<th>City, State, Zip Code</th>
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</thead>
<tbody>
<tr>
<td>Brick, New Jersey 08724</td>
<td>Brick, New Jersey 08724</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>County Code (7) (STATE USE ONLY)</th>
<th>Current Use (Prior if being demolished)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ocean</td>
<td>High School</td>
</tr>
</tbody>
</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>Brick Township High School</td>
<td>School (K-12)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>346 Chambers Bridge Road</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bidg. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>50,000</td>
<td>2</td>
<td>55+</td>
</tr>
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<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (5)</th>
<th>ASCM No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brinkerhoff Environmental Services</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
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<tbody>
<tr>
<td>1805 Atlantic Avenue</td>
<td>732-223-2225</td>
<td>973-225-8400</td>
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</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
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<tbody>
<tr>
<td>11/18/13</td>
<td>03/31/14</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check Only Once)</th>
<th>Full Containment with Negative Pressure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
<td></td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
<td></td>
</tr>
<tr>
<td>Other - Descriptor: 2PM-11:30PM</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>x 23 sf or 231f</td>
<td>9,745 SF</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interior/Exterior Masonry Openings</td>
<td>x Tremolite, glazing frame caulking window</td>
<td>Removal</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lilich Corporation</td>
<td>80</td>
<td>G.R.O.W.S Landfill</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>04/01/14</td>
<td>Morrisville, Pennsylvania</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tatjana Kalentikova</td>
<td>Vice President</td>
<td>[Signature]</td>
<td>02/17/14</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 12:820)

Date of Notification (1)
11/05/13  CK#2897  $200

Name of Building Owner/Operator (2)
Brick Township Board of Education

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

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

Street Address
101 Hendrickson Avenue
City, State, Zip Code
Brick, New Jersey 08724

Name of Contact
James Edwards

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Brick Township High School

Street Address
346 Chambers Bridge Road
City, State, Zip Code
Brick, New Jersey 08724

County Code (7)
County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished)
High School

Name of Monitoring Firm Hired by Building Owner (8)
Brinkerhoff Environmental Services

ASCM No.

Name of Abatement Contractor (9)
Lilich Corporation

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

Square Feet
50,000

# of Floors
2

Bldg. Age
55+

Name of GSHA Monitor
J&S Environmental Labs, LLC

Street Address
1005 Atlantic Avenue
City, State, Zip Code
Manasquan, New Jersey 08736

Project Manager for Monitoring Firm
Jason Hooper

Telephone No.
732-223-2225

License No.
01104

Start Date (10)
11/18/13

Scheduled Completion Date (11)
02/28/14

Occupy Status During Abatement (Check Only One)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☒ Other – Describe: 2PM-11:30PM

Scope of Work (Check All That Apply)
☒ 23 sf or < 50 sf
☒ 150 sf or < 200 sf
☐ Renovation
☒ Demolition

Location of Asbestos-Containing Material (ACM)

TO BE ABATED
In Facility

(13)

Is Location Normally Used Solely by Maintenance/Custodial Staff?
Yes ☒ No ☐ N/A ☐

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

Amount (Specify SF or LF)

Abatement Type

Location of Masonry Openings

Interior/Exterior

☐ Interior
☒ Exterior

calk, glazing frame caulk window

9,745 SF

Name of Registered Waste Hauler
Lilich Corporation

NJDEP Waste Hauler ID No.
187224

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

Cubic Yards of Waste
80

Disposal Date
03/03/14

City, State
Morristown, Pennsylvania

Completed by
Tatiana Kalenikova

Title
Vice President

Signature
Date
11/05/13

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

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>Name of Building Owner/Operator</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-21-2014</td>
<td>Mr. Caplan</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agency Notified</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Amended</td>
</tr>
<tr>
<td>DOH</td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 Valley Stream Circle</td>
<td>Morris Plains, NJ</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Operating Firm</th>
<th># of Floors</th>
<th>Bldg. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Morris</td>
<td>1</td>
<td>50+</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner</th>
<th>ABCM No.</th>
<th>Name of Ablation Contractor</th>
</tr>
</thead>
<tbody>
<tr>
<td>n/a</td>
<td>n/a</td>
<td>Loznica Management Corporation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>n/a</td>
<td>n/a</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>n/a</td>
<td>01139</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date</th>
<th>Scheduled Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-22-2014</td>
<td>1-27-2014</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Ablation (Check Only One)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Closed/ Vacated During Entire Period of Ablation</td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>X X (f or b) 1'</td>
</tr>
<tr>
<td>X X (f or b) 2'160 sf or 2'260 sf</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>TO BE ABATED In Facility</td>
<td>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location Normally Used Solely by Maintenance/ Custodial Staff?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>VAT</td>
<td>Extrication</td>
</tr>
<tr>
<td>150 SF</td>
<td></td>
</tr>
</tbody>
</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>Loznica Management Corporation</td>
<td>0033137</td>
<td>TBD</td>
<td>GROWS Landfill</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>TBD</td>
<td>Morrisville, PA 19067</td>
</tr>
</tbody>
</table>

**Other**

- Full Containment with Negative Pressure
- Mini-Endoscope
- Glovebag Procedure
- Non-Exempted (*) and Non-Peritable Procedure

---

*Do not use this form for asbestos licence exempted activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:86 and 12:120)

Date of Notification (1):
2/18/14

Agencies Notified
EPA
DEP
DOL
DOH
DCA

Type Notification
Initial
Amended
Amendment #
Emergency (Including Justification)
Cancellation

Name of Building Owner/Operator (2):
Stan Brajer Private Home

Street Address:
88 Florence

City, State, Zip Code:
Manahawkin NJ 08050

Name of Contact:
Stan

Name of Facility Where Abatement is Taking Place (3):
Stan Brajer Private Home

Street Address:
88 Florence

City (5):
Manahawkin NJ 08050

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

Telephone No.:
856-753-9800

License No.:
00727

Start Date (10):
2/18/14

Scheduled Completion Date (11):
2/24/14

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):
≥3,500 sf or ≥3,600 ft
≥1,600 sf or ≥2,600 ft

Renovation
Demolition

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13):
Exterior Siding through-out

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):
Exterior Siding
Floor Tile

Amount (Specify SF or LF):
1000 SF
600 SF

Abatement Type:

Name of Registered Waste Hauler:
United Containers

NJDEP Waste Hauler ID No.:
22459

Cubic Yards of Waste:
3

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

City, State:
Elm NJ

Disposal Date:
2/24/14

City, State:
Morrisville PA 19067

Completed by:
Anthony T Perna
Title:
President

Signature:
Date:
2/18/14

* 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):** 2/18/14  
**Name of Building Owner/Operator (2):** MARK QUIGLEY  
**FEB 21, 2014**

**Agency Notified (3):**
- [ ] EPA
- [x] OSHA
- [x] DOL
- [ ] DOH
- [ ] DCA

**Type Notification (4):**
- [ ] Initial
- [x] Amend
- [x] Cancellation

**Name of Facility Where Abatement is Taking Place (5):**
**1 GLADNEY AVE**

**City (6):** TOMS RIVER  
**County (7):** OCEAN

**Square Feet (8):** 1,200  
**# of Stories (9):** 1  
**Bldg Age (10):** 60 yrs.

**Current Use (Prior to being demolished):**
- [ ] School (K-12)
- [x] Subchapter 8 (Other than K-12)
- [x] Other (i.e., private & commercial buildings, homes, etc.)

**Name of Building Owner (11):**
**Name of Monitoring Firm Hired by Building Owner (12):**
**ASCM No. (13):**

**Name of Abatement Contractor (14):**
**Street Address (15):**
**City, State, Zip Code (16):**
**Telephone No. (17):**
**License No. (18):**

**Start Date (19):**
**Scheduled Completion Date (20):**

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

**Scope of Work (Check all that apply):**
- [ ] ≥3 sf or ≥3 ft²
- [x] ≥160 sf or ≥280 ft²
- [ ] Renovation
- [x] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [x] Non-Exempted (*) and Non-Filtrable Procedure

**Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (21):**
- [ ] Demolition of
- [ ] Wall panels
- [ ] Ceiling panels
- [ ] Doors
- [ ] Windows
- [ ] Floor panels
- [ ] Other

**Name of Registered Waste Hauler (22):**
**USDOT # (23):**

**City, State (24):**

**Complated By (25):**

**Signature (26):**

---

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