

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

Check #1411

|  |  |  |   |   |                           |                |                   |             |           |
|--|--|--|---|---|---------------------------|----------------|-------------------|-------------|-----------|
| Date of Notification (1)<br>2-19-2013  |  | Name of Building Owner/Operator (2)<br>Morris Hills Regional District  |   |   |                           |                |                   |             |           |
| Agencies Notified  | Type Notification  | Street Address<br>48 Knoll Drive   |   |   |                           |                |                   |             |           |
| <input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA   | <input type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br>Amendment #1<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br>Rockaway, NJ 07866-4024   |   |   |                           |                |                   |             |           |
|  |  | Name of Contact<br>Steve A. Ternosky   | Telephone Number                                  |   |                           |                |                   |             |           |
| <b>FACILITY INFORMATION</b>  |  |  |   |   |                           |                |                   |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Morris Hills High School   |  | Type of Facility (4)<br><input checked="" type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)                    |   |   |                           |                |                   |             |           |
| Street Address<br>520 West Main Street   |  | Square Feet<br>229,760   | # of Floors<br>2                                  |   |                           |                |                   |             |           |
| City (5)<br>Rockaway   |  | Bldg. Age<br>53  |   |   |                           |                |                   |             |           |
| County (6)<br>Morris   | County Code (7)<br>(STATE USE ONLY)  | Current Use (Prior if being demolished)  |   |   |                           |                |                   |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Westchester Environmental   |  | ASCM No.   | Name of Abatement Contractor (9)<br>GL Group, Inc |   |                           |                |                   |             |           |
| Street Address<br>307 North Walnut Street  |  | Street Address<br>140 Hamburg Tpke   |   |   |                           |                |                   |             |           |
| City, State, Zip Code<br>West Chester, PA 19380  |  | City, State, Zip Code<br>Bloomingdale, NJ 07403  |   |   |                           |                |                   |             |           |
| Project Manager for Monitoring Firm<br>Paul F. McCaa   |  | Telephone No.<br>610-431-7545  | Telephone No.<br>(201)710-9725                    |   |                           |                |                   |             |           |
|  |  | License No.<br>01084   |   |   |                           |                |                   |             |           |
| Start Date (10)<br>03-26-2013  | Scheduled Completion Date (11)<br>03-28-2013   | Name of OSHA Monitor<br>GL Group, Inc  |   |   |                           |                |                   |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: |  | Street Address<br>140 Hamburg Tpke   |   |   |                           |                |                   |             |           |
|  |  | City, State, Zip Code<br>Bloomingdale, NJ 07403  |   |   |                           |                |                   |             |           |
| Scope of Work (Check All That Apply)   |  |  |   |   |                           |                |                   |             |           |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf<br><input type="checkbox"/> ≥160 sf or ≥260 lf  |  | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition  |   |   |                           |                |                   |             |           |
|  |  | <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |   |   |                           |                |                   |             |           |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)   | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)  |  |   | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |                   |             |           |
|  | Yes  | No   | N/A   |   |                           | Removal        | Repair            | Encapsulate | Enclosure |
| Stage  |  | X  |   | ACM Wiring  | 40 LF                     | X              |                   |             |           |
|  |  |  |   |   |                           |                |                   |             |           |
|  |  |  |   |   |                           |                |                   |             |           |
|  |  |  |   |   |                           |                |                   |             |           |
| Name of Registered Waste Hauler<br>GL Group, Inc   |  | NJDEP Waste Hauler ID No.<br>0033034   | Cubic Yards of Waste<br>TBD                       | Name of Registered Landfill<br>GROWS  |                           |                |                   |             |           |
| City, State<br>Bloomingdale, NJ  |  | Disposal Date<br>TBD   |   | City, State<br>Morrisville, PA  |                           |                |                   |             |           |
| Completed by<br>Elena Solakov  |  | Title<br>President   |   | Signature<br><i>Elena Solakov</i>   |                           |                | Date<br>2/19/2013 |             |           |



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

Check #1411

| Date of Notification (1)<br><b>2-19-2013</b>   |  | Name of Building Owner/Operator (2)<br><b>Morris Hills Regional District</b>  |  |  |                           |                          |        |             |           |
|--|--|---|--|--|---------------------------|--------------------------|--------|-------------|-----------|
| Agencies Notified  | Type Notification  | Street Address<br><b>48 Knoll Drive</b>   |  |  |                           |                          |        |             |           |
| <input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA   | <input type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br>Amendment #1 _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br><b>Rockaway, NJ 07866-4024</b>   |  |  |                           |                          |        |             |           |
|  |  | Name of Contact<br><b>Steve A. Ternosky</b>   | Telephone Number<br>_____                                |  |                           |                          |        |             |           |
| <b>FACILITY INFORMATION</b>  |  |   |  |  |                           |                          |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Morris Hills High School</b>  |  | Type of Facility (4)<br><input checked="" type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |  |  |                           |                          |        |             |           |
| Street Address<br><b>520 West Main Street</b>  |  | Square Feet<br><b>229,760</b>   | # of Floors<br><b>2</b>                                  |  |                           |                          |        |             |           |
| City (5)<br><b>Rockaway</b>  |  | Bldg. Age<br><b>53</b>  |  |  |                           |                          |        |             |           |
| County (6)<br><b>Morris</b>  | County Code (7)<br>(STATE USE ONLY) _____  | Current Use (Prior if being demolished)   |  |  |                           |                          |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>Westchester Environmental</b>  |  | ASCM No. _____  | Name of Abatement Contractor (9)<br><b>GL Group, Inc</b> |  |                           |                          |        |             |           |
| Street Address<br><b>307 North Walnut Street</b>   |  | Street Address<br><b>140 Hamburg Tpke</b>   |  |  |                           |                          |        |             |           |
| City, State, Zip Code<br><b>West Chester, PA 19380</b>   |  | City, State, Zip Code<br><b>Bloomington, NJ 07403</b>   |  |  |                           |                          |        |             |           |
| Project Manager for Monitoring Firm<br><b>Paul F. McCaa</b>  |  | Telephone No.<br><b>610-431-7545</b>  | Telephone No.<br><b>(201)710-9725</b>                    |  |                           |                          |        |             |           |
| License No.<br><b>01084</b>  |  |   |  |  |                           |                          |        |             |           |
| Start Date (10)<br><b>03-26-2013</b>   | Scheduled Completion Date (11)<br><b>03-28-2013</b>  | Name of OSHA Monitor<br><b>GL Group, Inc</b>  |  |  |                           |                          |        |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____ |  | Street Address<br><b>140 Hamburg Tpke</b>   |  |  |                           |                          |        |             |           |
|  |  | City, State, Zip Code<br><b>Bloomington, NJ 07403</b>   |  |  |                           |                          |        |             |           |
| Scope of Work (Check All That Apply)   |  |   |  |  |                           |                          |        |             |           |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf<br><input type="checkbox"/> ≥160 sf or ≥260 lf  |  |   |  |  |                           |                          |        |             |           |
| <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition  |  |   |  |  |                           |                          |        |             |           |
| <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure   |  |   |  |  |                           |                          |        |             |           |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility (13)  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)  |   |  | Description of Asbestos Containing Material (ACM)<br>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type           |        |             |           |
|  | Yes  | No  | N/A  |  |                           | Removal                  | Repair | Encapsulate | Enclosure |
| <b>Stage</b>   |  | <b>X</b>  |  | <b>ACM Wiring</b>  | <b>40 LF</b>              | <b>X</b>                 |        |             |           |
|  |  |   |  |  |                           |                          |        |             |           |
|  |  |   |  |  |                           |                          |        |             |           |
|  |  |   |  |  |                           |                          |        |             |           |
| Name of Registered Waste Hauler<br><b>GL Group, Inc</b>  |  | NJDEP Waste Hauler ID No.<br><b>0033034</b>   | Cubic Yards of Waste<br><b>TBD</b>                       | Name of Registered Landfill<br><b>GROWS</b>  |                           |                          |        |             |           |
| City, State<br><b>Bloomington, NJ</b>  |  | Disposal Date<br><b>TBD</b>   |  | City, State<br><b>Morrisville, PA</b>  |                           |                          |        |             |           |
| Completed by<br><b>Elena Solakov</b>   |  | Title<br><b>President</b>   | Signature<br><i>Elena Solakov</i>                        |  |                           | Date<br><b>2/19/2013</b> |        |             |           |



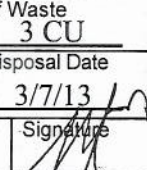
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 5:16)

CK # 25080

RECEIVED

2013 FEB 25 PM 2:08

STATE & LICENSING DIV.

|  |   |  |  |
|--|---|--|--|
| Date of Notification (1)<br><u>2/20/13</u>   |   | Name of Building Owner/Operator (2)<br><u>Tom Houston</u>  |  |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA   | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment #<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><u>59-61 N. Bridge Street</u>  |  |
|  |   | City, State, Zip Code<br><u>Red Bank, NJ 07701</u>   |  |
|  |   | Name of Contact<br><u>Tom Houston</u>  | Telephone Number<br>_____  |
| <b>FACILITY INFORMATION</b>  |   |  |  |
| Name of Facility Where Abatement is Taking Place (3)<br><u>Residence</u>   |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)                   |  |
| Street Address<br><u>59-61 N. Bridge Street</u>  |   |  |  |
| City (5)<br><u>Red Bank, NJ 07701</u>  |   | Square Feet<br><u>3000</u>   | # of Floors<br><u>2</u>  |
|  |   | Bldg. Age<br><u>90</u>   |  |
| County (6)<br><u>Mercer</u>  | County Code (7) (STATE USE ONLY)  | Current Use (Prior if being demolished)<br><u>Residence</u>  |  |
| Name of Monitoring Firm Hired by Building Owner (8)<br><u>MECS</u>   | ASCM No.  | Name of Abatement Contractor (9)<br><u>Stevens Environmental Services, Inc.</u>  |  |
| Street Address<br><u>PO Box 341</u>  |   | Street Address<br><u>PO Box 322</u>  |  |
| City, State, Zip Code<br><u>Crosswicks, NJ 08515</u>   |   | City, State, Zip Code<br><u>Allentown, NJ 08501</u>  |  |
| Project Manager for Monitoring Firm<br><u>William Weisgarber Jr.</u>   | Telephone No.<br><u>(609) 298-4070</u>  | Telephone No.<br><u>(609) 259-9688</u>   | License No.<br><u>00493</u>  |
| Start Date (10)<br><u>3/4/13</u>   | Scheduled Completion Date (11)<br><u>3/7/13</u>   | Name of OSHA Monitor<br><u>MECS</u>  |  |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other - Describe: <u>8AM - 4:30PM</u> |   | Street Address<br><u>PO Box 341</u>  |  |
|  |   | City, State, Zip Code<br><u>Crosswicks, NJ 08515</u>   |  |
| Scope of Work (Check all that apply)   |   |  |  |
| <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf  |   | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition  |  |
|  |   | <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)   | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)   |  | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) |
|  | Yes   | No   |  |
| <u>Basement</u>  |   | <input checked="" type="checkbox"/>  | <u>Thermal Pipe Insulation</u>   |
|  |   |  |  |
|  |   |  |  |
|  |   |  |  |
|  |   |  |  |
| Name of Registered Waste Hauler<br><u>Stevens Environmental Services Inc.</u>  |   | NJDEP Waste Hauler ID No.<br><u>18292</u>  | Cubic Yards of Waste<br><u>3 CU</u>  |
| City, State<br><u>Allentown, NJ</u>  |   | Disposal Date<br><u>3/7/13</u>   | Name of Registered Landfill<br><u>T.R.R.F., Inc.</u>   |
|  |   |  | City, State<br><u>Tullytown, PA</u>  |
| Completed By<br><u>Mahlon E. Stevens</u>   | Title<br><u>Project Manager</u>   | Signature<br>   | Date<br><u>2/20/13</u>   |



State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60 and 12:120)

D&S Proj. #: 2013

DATE OF NOTIFICATION (1)  
10/2/11 9/1/13

NAME OF BUILDING OWNER/OPERATOR (2)  
PHYLLIS GERBER

STREET ADDRESS  
35 ROSE AVENUE

CITY, STATE, ZIP CODE  
SPRINGFIELD, NJ

NAME OF CONTACT  
PHYLLIS GERBER

TELEPHONE NUMBER

AGENCIES NOTIFIED  
☐ EPA  
☐ DEP  
☒ DOL  
☒ DOH  
☐ DCA

TYPE NOTIFICATION  
☐ Initial  
☐ Amended  
Amendment #: \_\_\_\_\_  
☒ Emergency (including justification)  
☐ Cancellation

FACILITY INFORMATION

NAME OF FACILITY WHERE ABATEMENT IS TAKING PLACE (3)  
PHYLLIS GERBER

STREET ADDRESS  
35 ROSE AVENUE

CITY (5)  
SPRINGFIELD

COUNTY (6)  
UNION

COUNTY CODE (7)  
(State use only)

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)

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

ASCM No.  
\_\_\_\_\_

NAME OF ABATEMENT CONTRACTOR (9)  
D & S RESTORATION, INC.

STREET ADDRESS  
20 California Ave.

CITY, STATE, ZIP CODE  
Paterson, NJ 07503

TELEPHONE NUMBER  
973-345-8020

LICENSE NUMBER  
01169

NAME OF OSHA MONITOR  
D & S Restoration, Inc.

STREET ADDRESS  
20 California Avenue

CITY, STATE, ZIP CODE  
Paterson, NJ 07503

PROJECT MANAGER FOR MONITORING FIRM  
\_\_\_\_\_

PHONE NUMBER  
\_\_\_\_\_

START DATE (10)  
02/20/13

SCHED. COMPLETION DATE (11)  
02/28/13

OCCUPANCY STATUS DURING ABATEMENT (Check only one)  
☐ Facility closed/vacated during entire period of abatement.  
☐ Abatement performed outside of normal facility hours- Describe: \_\_\_\_\_  
☒ Other-Describe: NORMAL HOURS

SCOPE OF WORK (check all that apply)

- ☒ >3 sf or >3 lf  
☐ ≥160 sf or ≥260 lf
- ☒ Renovation  
☐ Demolition

- ☐ Full Containment w/negative pressure  
☐ Mini-enclosure  
☒ Glovebag procedure  
☐ Non-Exempted (\*) and Non-friable procedure

| Location of asbestos-containing material (acm) to be abated in facility (13) | Is location normally used solely by maintenance/custodial staff (12) |                                     |     | Description of asbestos-containing material (ACM) | Amount (Specify SF or LF) | R<br>e<br>m<br>o<br>v<br>e          | R<br>e<br>p<br>a<br>i<br>r | E<br>n<br>c<br>a<br>p    | E<br>n<br>c<br>l         |
|--|--|-------------------------------------|-----|---|---------------------------|-------------------------------------|----------------------------|--------------------------|--------------------------|
|  | Yes  | No                                  | N/A |   |                           |                                     |                            |                          |                          |
| BASEMENT   |  | <input checked="" type="checkbox"/> |     | PIPE INSULATION                                   | 70 L FT                   | <input checked="" type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
|  |  |                                     |     |   |                           | <input type="checkbox"/>            | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
|  |  |                                     |     |   |                           | <input type="checkbox"/>            | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
|  |  |                                     |     |   |                           | <input type="checkbox"/>            | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
|  |  |                                     |     |   |                           | <input type="checkbox"/>            | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |

REGISTERED WASTE HAULER  
D & S RESTORATION, INC.

NJDEP HAULER ID#  
13506

CUBIC YARDS OF WASTE  
1 YD

NAME OF REGISTERED LANDFILL  
TULLYTOWN, RESOURCE RECOVERY

CITY, STATE  
PATERSON, NJ 07503

DISPOSAL DATE  
02/21/13

CITY, STATE  
TULLYTOWN, PA

DATE  
02/19/13

COMPLETED BY (Print or Type)  
BOGDAN JOLDZIC

TITLE  
PRESIDENT

SIGNATURE

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



D&amp;S Proj. #: 2013

State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60 and 12:120)2013 FEB 25 PM 2:08  
& LICENSING DIV.

|   |  |   |  |
|---|--|---|--|
| Date of Notification (1)<br>10/2/11/9/13  |  | Name of Building Owner/Operator (2)<br>ROSEANN SCARPA FUCLLI  |  |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA |  | Type Notification<br><input type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment #: _____<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |  |
| Street Address<br>95 BOOREAM AVE.   |  | City, State, Zip Code<br>JERSEY CITY, NJ 07306  |  |
| Name of Contact<br>ROSEANN SCARPA FUCLLI  |  | Telephone Number  |  |

## FACILITY INFORMATION

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| Name of facility where abatement is taking place (3)<br>ROSEANN SCARPA FUCLLI   |  |  | Type of Facility (4)<br><input type="checkbox"/> School (K - 12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) |  |  |
| Street Address<br>95 BOOREAM AVE.   |  |  | Square Feet # of Floors Bldg. Age  |  |  |
| City (5)<br>JERSEY CITY   |  |  | County (6)<br>HUDSON   |  |  |
| County Code (7)<br>(State use only)   |  |  | Current Use (Prior if being demolished)  |  |  |
| Name of Monitoring Firm Hired by Bldg. Owner (8)  |  |  | ASCM No.   |  |  |
| Street Address  |  |  | Name of Abatement Contractor (9)<br>D & S RESTORATION, INC.  |  |  |
| City, State, Zip Code   |  |  | Street Address<br>20 California Ave.   |  |  |
| Project Manager for Monitoring Firm   |  |  | City, State, Zip Code<br>Paterson, NJ 07503  |  |  |
| Phone Number  |  |  | Telephone Number<br>973-345-8020   |  |  |
| Start Date (10)<br>02/20/13   |  |  | License Number<br>01169  |  |  |
| Sched. Completion Date (11)<br>02/28/13   |  |  | Name of OSHA Monitor<br>D & S Restoration, Inc.  |  |  |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility closed/vacated during entire period of abatement.<br><input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____<br><input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS |  |  | Street Address<br>20 California Avenue   |  |  |
|   |  |  | City, State, Zip Code<br>Paterson, NJ 07503  |  |  |

## Scope of Work (check all that apply)

☒ >3 sf or >3 lf☒ Renovation☐ ≥160 sf or ≥260 lf☐ Demolition☐ Full Containment w/negative pressure☒ Mini-enclosure☒ Glovebag procedure☐ Non-Exempted (\*) and Non-friable procedure

| Location of asbestos-containing material (acm) to be abated in facility (13) | Is location normally used solely by maintenance/custodial staff (12) |                                     |     | Description of asbestos-containing material (ACM) | Amount (Specify SF or LF) | R<br>e<br>m<br>o<br>v<br>e          | R<br>e<br>p<br>a<br>i<br>r | E<br>n<br>c<br>a<br>p    | E<br>n<br>c<br>l         |
|--|--|-------------------------------------|-----|---|---------------------------|-------------------------------------|----------------------------|--------------------------|--------------------------|
|  | Yes  | No                                  | N/A |   |                           |                                     |                            |                          |                          |
| BASEMENT   |  | <input checked="" type="checkbox"/> |     | PIPE INSULATION                                   | 20 L FT                   | <input checked="" type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
| BASEMENT BOILER  |  | <input checked="" type="checkbox"/> |     | Boiler Insulation                                 | 40 SQ FT                  | <input checked="" type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
|  |  |                                     |     |   |                           | <input type="checkbox"/>            | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
|  |  |                                     |     |   |                           | <input type="checkbox"/>            | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
|  |  |                                     |     |   |                           | <input type="checkbox"/>            | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |

|  |                           |                              |   |
|--|---------------------------|------------------------------|---|
| Registered Waste Hauler<br>D & S RESTORATION, INC. | NJDEP Hauler ID#<br>13506 | Cubic Yards of Waste<br>1 YD | Name of Registered Landfill<br>TULLYTOWN, RESOURCE RECOVERY |
| City, State<br>PATERSON, NJ 07503                  | Disposal Date<br>02/21/13 | City, State<br>TULLYTOWN, PA |   |
| Completed by (Print or Type)<br>BOGDAN JOLDZIC     | Title<br>PRESIDENT        | Signature                    | Date<br>02/19/13  |



D&amp;S Proj. #: 2013

Fax:

Feb 19 2013 12:46pm P001/001

State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60 and 12:120)

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| Date of Notification (1)<br>02/11/13  |  | Name of Building Owner/Operator (2)<br>ROSEANN SCARPA FUCCLLI   |  | APPROVED<br>NJ Dept. of Health & Senior Services<br>2013 FEB 25 PM 2:00<br>(Signature) [Signature] |  |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA |  | Type Notification<br><input type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment #:<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |  | Street Address<br>95 BOOREAM AVE.<br>City, State, Zip Code<br>JERSEY CITY, NJ 07306                |  |
|   |  | Name of Contact<br>ROSEANN SCARPA FUCCLLI   |  | Telephone Number   |  |

## FACILITY INFORMATION

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| Name of facility where abatement is taking place (3)<br>ROSEANN SCARPA FUCCLLI   |  |  | Type of Facility (4)<br><input type="checkbox"/> School (K - 12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) |  |  |
| Street Address<br>95 BOOREAM AVE.  |  |  | Square Feet  |  |  |
| City (5)<br>JERSEY CITY  |  |  | # of Floors  |  |  |
| County (6)<br>HUDSON   |  |  | Bldg. Age  |  |  |
| County Code (7)<br>(State use only)  |  |  | Current Use (Prior if being demolished)  |  |  |
| Name of Monitoring Firm Hired by Bldg. Owner (8)   |  |  | Name of Abatement Contractor (9)<br>D & S RESTORATION, INC.  |  |  |
| Street Address   |  |  | Street Address<br>20 California Ave.   |  |  |
| City, State, Zip Code  |  |  | City, State, Zip Code<br>Paterson, NJ 07503  |  |  |
| Project Manager for Monitoring Firm  |  |  | Telephone Number<br>973-345-8020   |  |  |
| Phone Number   |  |  | License Number<br>01169  |  |  |
| Start Date (10)<br>02/20/13  |  |  | Sched. Completion Date (11)<br>02/28/13  |  |  |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility closed/vacated during entire period of abatement.<br><input type="checkbox"/> Abatement performed outside of normal facility hours.<br>Describe:<br><input checked="" type="checkbox"/> Other Describe: NORMAL HOURS   |  |  |  |  |  |
| Scope of Work (check all that apply)<br><input checked="" type="checkbox"/> >3 sf or >3 lf<br><input type="checkbox"/> ≥180 sf or ≥260 lf<br><input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><input type="checkbox"/> Full Containment w/negative pressure<br><input checked="" type="checkbox"/> Mini-enclosure<br><input checked="" type="checkbox"/> Glovebag procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-friable procedure |  |  |  |  |  |

| Location of asbestos-containing material (acm) to be abated in facility (13) | Is location normally used solely by maintenance/custodial staff (12) |                            |     | Description of asbestos-containing material (ACM) | Amount (Specify SF or LF) | R   | R | E | E |
|--|--|----------------------------|-----|---|---------------------------|---|---|---|---|
|  | Yes  | Nn                         | N/A |   |                           |   |   |   |   |
| BASEMENT   |  |                            |     | PIPE INSULATION                                   | 20 LFT                    |   |   |   |   |
| BASEMENT BOILER  |  |                            |     | Boiler Insulation                                 | 40 SQ FT                  |   |   |   |   |
|  |  |                            |     |   |                           |   |   |   |   |
|  |  |                            |     |   |                           |   |   |   |   |
|  |  |                            |     |   |                           |   |   |   |   |
| Registered Waste Hauler<br>D & S RESTORATION, INC.                           |  | NJ DEP Hauler ID#<br>13506 |     | Cubic Yards of Waste<br>1 YD                      |                           | Name of Registered Landfill<br>TULLYTOWN, RESOURCE RECOVERY |   |   |   |
| City, State<br>PATERSON, NJ 07503  |  | Disposal Date<br>02/21/13  |     | City, State<br>TULLYTOWN, PA                      |                           |   |   |   |   |
| Completed by (Print or Type)<br>BOGDAN JOLDZIC                               |  | Title<br>PRESIDENT         |     | Signature   |                           | Date<br>02/19/13  |   |   |   |

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



State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60 and 12:120)

D&S Proj. #: 2013

CK 004491

2013 FEB 25 PM 2:00  
& LICENSING

|   |  |  |  |
|---|--|--|--|
| Date of Notification (1)<br>02/19/13    |  | Name of Building Owner/Operator (2)<br>RICH MATTESSICH |  |
| Agencies Notified                       | Type Notification  | Street Address<br>570 FERN STREET                      |  |
| <input type="checkbox"/> EPA            | <input checked="" type="checkbox"/> Initial                  | City, State, Zip Code<br>TWP. OF WASHINGTON, NJ        |  |
| <input type="checkbox"/> DEP            | <input type="checkbox"/> Amended                             | Name of Contact<br>RICH MATTESSICH                     |  |
| <input checked="" type="checkbox"/> DOL | Amendment #:   | Telephone Number                                       |  |
| <input checked="" type="checkbox"/> DOH | <input type="checkbox"/> Emergency (including justification) |  |  |
| <input type="checkbox"/> DCA            | <input type="checkbox"/> Cancellation                        |  |  |

FACILITY INFORMATION

|   |  |  |  |  |             |
|---|--|--|--|--|-------------|
| Name of facility where abatement is taking place (3)<br>RICH MATTESSICH |  |  | Type of Facility (4)<br><input type="checkbox"/> School (K - 12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) |  |             |
| Street Address<br>570 FERN STREET                                       |  |  | Square Feet  |  |             |
| City (5)<br>TWP. OF WASHINGTON  |  |  | County (6)<br>BERGEN   |  | # of Floors |
|   |  |  | County Code (7)<br>(State use only)  |  | Bldg. Age   |
|   |  |  | Current Use (Prior if being demolished)  |  |             |

|  |  |   |   |  |
|--|--|---|---|--|
| Name of Monitoring Firm Hired by Bldg. Owner (8) |  | ASCM No.                                | Name of Abatement Contractor (9)<br>D & S RESTORATION, INC. |  |
| Street Address                                   |  |   | Street Address<br>20 California Ave.                        |  |
| City, State, Zip Code                            |  |   | City, State, Zip Code<br>Paterson, NJ 07503                 |  |
| Project Manager for Monitoring Firm              |  | Phone Number                            | Telephone Number<br>973-345-8020                            |  |
|  |  |   | License Number<br>01169                                     |  |
| Start Date (10)<br>03/05/13                      |  | Sched. Completion Date (11)<br>05/18/13 |   |  |
| Name of OSHA Monitor<br>D & S Restoration, Inc.  |  |   |   |  |
| Street Address<br>20 California Avenue           |  |   |   |  |
| City, State, Zip Code<br>Paterson, NJ 07503      |  |   |   |  |

Occupancy Status During Abatement (Check only one)

☐ Facility closed/vacated during entire period of abatement.

☐ Abatement performed outside of normal facility hours- Describe: \_\_\_\_\_

☒ Other-Describe: NORMAL HOURS

Scope of Work (check all that apply)

☒ >3 sf or >3 lf ☒ Renovation

☐ ≥160 sf or ≥260 lf ☐ Demolition

☐ Full Containment w/negative pressure

☒ Mini-enclosure

☐ Glovebag procedure

☐ Non-Exempted (\*) and Non-friable procedure

| Location of asbestos-containing material (acm) to be abated in facility (13) | Is location normally used solely by maintenance/custodial staff (12) |                                     |     | Description of asbestos-containing material (ACM) | Amount (Specify SF or LF) | Remove                              | Repair                   | Encap                    | Encl                     |
|--|--|-------------------------------------|-----|---|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
|  | Yes  | No                                  | N/A |   |                           |                                     |                          |                          |                          |
| BASEMENT 5 LOCATIONS   |  | <input checked="" type="checkbox"/> |     | DUCT WORK   | 20 L FT                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  |  |                                     |     |   |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  |  |                                     |     |   |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  |  |                                     |     |   |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  |  |                                     |     |   |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|  |                           |                              |   |
|--|---------------------------|------------------------------|---|
| Registered Waste Hauler<br>D & S RESTORATION, INC. | NJDEP Hauler ID#<br>13506 | Cubic Yards of Waste<br>1 YD | Name of Registered Landfill<br>TULLYTOWN, RESOURCE RECOVERY |
| City, State<br>PATERSON, NJ 07503                  | Disposal Date<br>03/06/13 | City, State<br>TULLYTOWN, PA |   |
| Completed by (Print or Type)<br>BOGDAN JOLDZIC     | Title<br>PRESIDENT        | Signature                    | Date<br>02/19/13  |



**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT** **CHECK #4947**  
(Pursuant to N.J.A.C. 8:60 and 12:120)

1208-4536

RECEIVED

|  |   |   |  |
|--|---|---|--|
| Date of Notification (1)<br><b>2/14/13</b> |   | Name of Building Owner / Operator (2)<br><b>The College of New Jersey</b> |  |
| Agencies Notified                          | Type Notification                               | Street Address<br><b>PO Box 7718</b>                                      |  |
| <input checked="" type="checkbox"/> EPA    | <input type="checkbox"/> Initial                | City, State & Zip Code<br><b>Ewing, NJ 08628</b>                          |  |
| <input type="checkbox"/> DEP               | <input checked="" type="checkbox"/> Amended #45 | Name of Contact<br><b>Amanda Radosti</b>                                  |  |
| <input checked="" type="checkbox"/> DOL    | <input type="checkbox"/> Emergency              | Telephone Number<br><b>[REDACTED]</b>                                     |  |
| <input checked="" type="checkbox"/> DOH    | <input type="checkbox"/> Cancellation           |   |  |
| <input type="checkbox"/> DCA               |   |   |  |

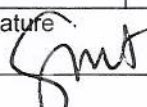
**FACILITY INFORMATION**

|   |  |  |   |  |                                |
|---|--|--|---|--|--------------------------------|
| Name of Facility Where Abatement is Taking Place (3)<br><b>The College of New Jersey</b>  |  |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |  |                                |
| Street Address<br><b>2000 Pennington Road</b>   |  |  | Square Feet      # of Floors      Bldg. Age   |  |                                |
| City (5)<br><b>Ewing</b>  | County (6)<br><b>Mercer</b>                      | County Code (7)                                      | Current Use (Prior if being demolished)<br><b>Manhole</b>   |  |                                |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>TTI Environmental</b>   |  | ASCM No.   | Name of Abatement Contractor (9)<br><b>AbateTech, Inc.</b>  |  |                                |
| Street Address<br><b>1253 North Church Street</b>   |  | Street Address<br><b>30 Maple Ave</b>                |   |  |                                |
| City, State & Zip Code<br><b>Moorestown, NJ 08057</b>   |  | City, State & Zip Code<br><b>Lumberton, NJ 08048</b> |   |  |                                |
| Project Manager for Monitoring Firm<br><b>Jim Guilardi</b>  |  | Telephone Number<br><b>856-840-8800</b>              | Telephone Number<br><b>609-265-2107</b>   |  | License Number<br><b>00529</b> |
| Scheduled Start Date (10)<br><b>11/8/12</b>   | Scheduled Completion Date (11)<br><b>2/28/13</b> |  | Name of OSHA Monitor<br><b>EMSL Analytical</b>  |  |                                |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Hours<br>Describe:<br><input checked="" type="checkbox"/> Facility Occupied During Abatement |  |  | Street Address<br><b>107 Haddon Ave.</b>  |  |                                |
|   |  |  | City, State & Zip Code<br><b>Westmont, NJ 08108</b>   |  |                                |

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

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

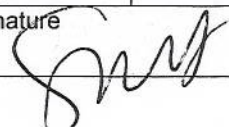
| Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) | Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) |                          |                                     | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type                      |                          |                          |                          |
|--|--|--------------------------|-------------------------------------|---|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
|  | Yes  | No                       | N/A                                 |   |                           | Removal                             | Repair                   | Encapsulate              | Enclosure                |
| <b>Manholes #3 &amp; #4</b>  | <input type="checkbox"/>   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <b>Pipe Insulation</b>  | <b>160 LF</b>             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Exterior Trench</b>   | <input type="checkbox"/>   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <b>Pipe Insulation</b>  | <b>84 LF</b>              | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>            |   |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>            |   |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>            |   |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>            |   |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>            |   |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|   |  |   |   |   |                        |
|---|--|---|---|---|------------------------|
| Name of Registered Waste Hauler<br><b>AbateTech, Inc.</b> |  | NJDEP Waste Hauler ID No.<br><b>18750</b> | Cubic Yards of Waste<br><b>15</b>   | Name of Registered Landfill<br><b>T.R.R.F. Landfill</b> |                        |
| City, State<br><b>Lumberton, NJ</b>                       |  | Disposal Date<br><b>2/28/13</b>           | City, State<br><b>Tullytown, PA</b>   |   |                        |
| Completed By (Print or Type)<br><b>Gwen Trumbetti</b>     |  | Title<br><b>Opps. Coord.</b>              | Signature<br> |   | Date<br><b>2/14/13</b> |



**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to N.J.A.C. 8:60 and 12:120)

**1302-4603**  
**Check #4946**

| Date of Notification (1)<br><b>2/14/13</b>  |   | Name of Building Owner / Operator (2)<br><b>PSE&amp;G</b>   |   |  |                           |                                     |                          |                          |                          |
|---|---|---|---|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA  | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended #<br><input type="checkbox"/> Emergency<br><input type="checkbox"/> Cancellation |   | Street Address<br><b>80 Park Plaza</b>  |  |                           |                                     |                          |                          |                          |
|   |   |   | City, State & Zip Code<br><b>Newark, NJ 07101</b>   |  |                           |                                     |                          |                          |                          |
|   |   |   | Name of Contact<br><b>Drew Shuda</b>  |  |                           |                                     |                          |                          |                          |
|   |   |   | Telephone Number<br><b></b>   |  |                           |                                     |                          |                          |                          |
| <b>FACILITY INFORMATION</b>   |   |   |   |  |                           |                                     |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br><b>PSE&amp;G Pennsauken Substation</b>  |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |   |  |                           |                                     |                          |                          |                          |
| Street Address<br><b>Route 130</b>  |   | Square Feet<br><b></b>  | # of Floors<br><b></b>  |  |                           |                                     |                          |                          |                          |
| City (5)<br><b>Pennsauken</b>   | County (6)<br><b>Camden</b>   | Bldg. Age<br><b></b>  |   |  |                           |                                     |                          |                          |                          |
| County Code (7)<br><b></b>  |   | Current Use (Prior if being demolished)<br><b>Substation Exterior</b>   |   |  |                           |                                     |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>M.E.C.S.</b>  |   | ASCM No.<br><b></b>   | Name of Abatement Contractor (9)<br><b>AbateTech, Inc.</b>  |  |                           |                                     |                          |                          |                          |
| Street Address<br><b>1224 Hamilton Ave. PO Box 33004</b>  |   | Street Address<br><b>PO Box 25</b>  |   |  |                           |                                     |                          |                          |                          |
| City, State & Zip Code<br><b>Trenton, NJ 08629</b>  |   | City, State & Zip Code<br><b>Lumberton, NJ 08048</b>  |   |  |                           |                                     |                          |                          |                          |
| Project Manager for Monitoring Firm<br><b>William Weisgarber Jr.</b>  |   | Telephone Number<br><b>609-915-1140</b>   | License Number<br><b>00529</b>  |  |                           |                                     |                          |                          |                          |
| Scheduled Start Date (10)<br><b>2/25/13</b>   | Scheduled Completion Date (11)<br><b>3/1/13</b>   | Name of OSHA Monitor<br><b>EMSL Analytical</b>  |   |  |                           |                                     |                          |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Hours<br>Describe:<br><input type="checkbox"/> Facility Occupied During Abatement   |   | Street Address<br><b>108 Haddon Ave.</b>  |   |  |                           |                                     |                          |                          |                          |
|   |   | City, State & Zip Code<br><b>Westmont, NJ 08108</b>   |   |  |                           |                                     |                          |                          |                          |
| Scope of Work (Check all that apply)  |   |   |   |  |                           |                                     |                          |                          |                          |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> ≥160 sf ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glove Bag Procedures<br><input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure |   |   |   |  |                           |                                     |                          |                          |                          |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>in Facility<br>(13)  | Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)  |   |   | Description of Asbestos-Containing Material (ACM)<br>(i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type                      |                          |                          |                          |
|   | Yes   | No  | N/A   |  |                           | Removal                             | Repair                   | Encapsulate              | Enclosure                |
| Exterior  | <input type="checkbox"/>  | <input checked="" type="checkbox"/>   | <input type="checkbox"/>  | Abandoned pipe encased in bitumastic covering (2' sections)  | 400 LF                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  |  |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  |  |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  |  |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  |  |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  |  |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  |  |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler<br><b>Waste Management</b>  |   | NJDEP Waste Hauler ID No.<br><b>1125</b>  | Cubic Yards of Waste<br><b>TBD</b>  | Name of Registered Landfill<br><b>GROWS North Landfill</b>   |                           |                                     |                          |                          |                          |
| City, State<br><b>Camden, NJ</b>  |   | Disposal Date<br><b>3/1/13</b>  |   | City, State<br><b>Morrisville, PA</b>  |                           |                                     |                          |                          |                          |
| Completed By (Print or Type)<br><b>Gwen Trumbetti</b>   |   | Title<br><b>Office Coord.</b>   | Signature<br> |  |                           |                                     | Date<br><b>2/14/13</b>   |                          |                          |



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

| Date of Notification (1)<br><b>2 / 22 / 13</b>  |   | Name of Building Owner/Operator (2)<br><b>JC Penney Corporation Inc.</b>  |  |  |                           |                                     |                          |                          |                          |
|---|---|---|--|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DHSS<br><input checked="" type="checkbox"/> DCA<br>(NJAC 5:23-8)   | Type Notification<br><input type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br>Amendment # <b>3</b><br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><b>6501 Legacy Drive</b><br>City, State, Zip Code<br><b>PLano, TX 75024</b><br>Name of Contact<br><b>Soy Thomas</b><br>Telephone Number   |  |  |                           |                                     |                          |                          |                          |
| <b>FACILITY INFORMATION</b>   |   |   |  |  |                           |                                     |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Wayne Town Center</b>  |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)  |  |  |                           |                                     |                          |                          |                          |
| Street Address<br><b>260 Wayne Town Center</b>  |   | Square Feet<br><b>150000</b>  |  |  |                           |                                     |                          |                          |                          |
| City (5)<br><b>Wayne</b>  |   | # of Floors<br><b>2</b>   |  |  |                           |                                     |                          |                          |                          |
| County (6)<br><b>Passaic</b>  |   | Bldg. Age<br><b>75</b>  |  |  |                           |                                     |                          |                          |                          |
| County Code (7) (STATE USE ONLY)  |   | Current Use (Prior if being demolished)   |  |  |                           |                                     |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>Hillmann Consulting LLC</b>   |   | ASCM No.<br><b>62252</b>  | Name of Abatement Contractor (9)<br><b>JVN Restoration Inc</b> |  |                           |                                     |                          |                          |                          |
| Street Address<br><b>1600 Route 22 East</b>   |   | Street Address<br><b>47 Foster Road</b>   |  |  |                           |                                     |                          |                          |                          |
| City, State, Zip Code<br><b>Union NJ 07083</b>  |   | City, State, Zip Code<br><b>Staten Island</b>   |  |  |                           |                                     |                          |                          |                          |
| Project Manager for Monitoring Firm<br><b>Tom Rubino</b>  |   | Telephone No.<br><b>908-956-1233</b>  | Telephone No.<br><b>718-605-6256</b>                           |  |                           |                                     |                          |                          |                          |
| License No.<br><b>00774</b>   |   | Name of OSHA Monitor<br><b>Testor Tech</b>  |  |  |                           |                                     |                          |                          |                          |
| Start Date (10)<br><b>2 / 11 / 13</b>   | Scheduled Completion Date (11)<br><b>3 / 11 / 13</b>  | Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: <b>10:00PM-6:00AM</b> |  |  |                           |                                     |                          |                          |                          |
| Street Address<br><b>10 59 Jackson Avenue</b>   |   | City, State, Zip Code<br><b>LIC, NY 11101</b>   |  |  |                           |                                     |                          |                          |                          |
| Scope of Work (Check all that apply)<br><input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf<br><input type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |   |   |  |  |                           |                                     |                          |                          |                          |
| Location of Asbestos-Containing Material (ACM)<br><b>TO BE ABATED IN Facility (13)</b>  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)   |   |  | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type                      |                          |                          |                          |
|   | Yes   | No  | N/A  |  |                           | Removal                             | Repair                   | Encapsulate              | Enclosure                |
| <b>2<sup>nd</sup> Level Home Street Dept.</b>   | <input type="checkbox"/>  | <input checked="" type="checkbox"/>   | <input type="checkbox"/>                                       | <b>VAT/MASTIC</b>  | <b>3755</b>               | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>1<sup>st</sup> Level Marchese Dept.</b>  | <input type="checkbox"/>  | <input checked="" type="checkbox"/>   | <input type="checkbox"/>                                       | <b>VAT/MASTIC</b>  | <b>850</b>                | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>                                       |  |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>                                       |  |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler<br><b>Express Waste Services LLC</b>  |   | NJDEP Waste Hauler ID No.<br><b>NJ-804</b>  | Cubic Yards of Waste<br><b>40</b>                              | Name of Registered Landfill<br><b>Global Waste Industries, Inc.</b>  |                           |                                     |                          |                          |                          |
| City, State<br><b>Newark NJ</b>   |   | Disposal Date<br><b>3/11/13</b>   |  | City, State<br><b>Hackettstown, NJ</b>   |                           |                                     |                          |                          |                          |
| Completed By (Print or Type)<br><b>John Tardy</b>   |   | Title<br><b>Senior Project Manager</b>  |  | Signature<br><i>[Signature]</i>  |                           | Date<br><b>2/22/13</b>              |                          |                          |                          |



D&amp;S Proj. #: MS 13-54

State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60 and 12:120)

|   |  |   |  |
|---|--|---|--|
| Date of Notification (1)<br>02/12/10  |  | Name of Building Owner/Operator (2)<br>HANY KALDAS  |  |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA |  | Type Notification<br><input type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment #: _____<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |  |
| Street Address<br>260 OTTAWA AVENUE   |  | City, State, Zip Code<br>HASBROUCK HEIGHTS, NJ  |  |
| Name of Contact<br>HANY KALDAS  |  | Telephone Number  |  |

## FACILITY INFORMATION

|   |  |  |  |  |                                     |
|---|--|--|--|--|-------------------------------------|
| Name of facility where abatement is taking place (3)<br>HANY KALDAS |  |  | Type of Facility (4)<br><input type="checkbox"/> School (K - 12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) |  |                                     |
| Street Address<br>260 OTTAWA AVENUE                                 |  |  | Square Feet  |  |                                     |
| City (5)<br>HASBROUCK HEIGHTS                                       |  |  | County (6)<br>BERGEN   |  | County Code (7)<br>(State use only) |
| Current Use (Prior if being demolished)                             |  |  | Bldg. Age  |  |                                     |

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| Name of Monitoring Firm Hired by Bldg. Owner (8)  |  | ASCM No.                                |  | Name of Abatement Contractor (9)<br>D & S RESTORATION, INC. |  |
| Street Address  |  |   |  | Street Address<br>20 California Ave.                        |  |
| City, State, Zip Code   |  |   |  | City, State, Zip Code<br>Paterson, NJ 07503                 |  |
| Project Manager for Monitoring Firm   |  | Phone Number                            |  | Telephone Number<br>973-345-8020                            |  |
| Start Date (10)<br>02/21/13   |  | Sched. Completion Date (11)<br>02/28/13 |  | License Number<br>01169                                     |  |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility closed/vacated during entire period of abatement.<br><input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____<br><input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS |  |   |  | Name of OSHA Monitor<br>D & S Restoration, Inc.             |  |
|   |  |   |  | Street Address<br>20 California Avenue                      |  |
|   |  |   |  | City, State, Zip Code<br>Paterson, NJ 07503                 |  |

## Scope of Work (check all that apply)

- ☒ >3 sf or >3 lf      ☐ Renovation  
☐ ≥160 sf or ≥260 lf      ☐ Demolition

- ☐ Full Containment w/negative pressure  
☐ Mini-enclosure  
☒ Glovebag procedure  
☐ Non-Exempted (\*) and Non-friable procedure

| Location of asbestos-containing material (acm) to be abated in facility (13) | Is location normally used solely by maintenance/custodial staff (12) |    |     | Description of asbestos-containing material (ACM) | Amount (Specify SF or LF) | R<br>e<br>m<br>o<br>v<br>e | R<br>e<br>p<br>a<br>i<br>r | E<br>n<br>c<br>a<br>p | E<br>n<br>c<br>l |
|--|--|----|-----|---|---------------------------|----------------------------|----------------------------|-----------------------|------------------|
|  | Yes  | No | N/A |   |                           |                            |                            |                       |                  |
| BASEMENT   |  | X  |     | PIPE INSULATION                                   | 120 L FT                  | X                          |                            |                       |                  |
|  |  |    |     |   |                           |                            |                            |                       |                  |
|  |  |    |     |   |                           |                            |                            |                       |                  |
|  |  |    |     |   |                           |                            |                            |                       |                  |
|  |  |    |     |   |                           |                            |                            |                       |                  |

|  |  |                           |  |                               |  |   |  |
|--|--|---------------------------|--|-------------------------------|--|---|--|
| Registered Waste Hauler<br>D & S RESTORATION, INC. |  | NJDEP Hauler ID#<br>13506 |  | Cubic Yards of Waste<br>2 YDS |  | Name of Registered Landfill<br>TULLYTOWN, RESOURCE RECOVERY |  |
| City, State<br>PATERSON, NJ 07503                  |  | Disposal Date<br>02/22/13 |  | City, State<br>TULLYTOWN, PA  |  | Date<br>02/20/13  |  |
| Completed by (Print or Type)<br>BOGDAN JOLDZIC     |  | Title<br>PRESIDENT        |  | Signature                     |  |   |  |



State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60 and 12:120)

D&amp;S Proj. #: MS 13-34

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| Date of Notification (1)<br>02/12/13  |  | Name of Building Owner/Operator (2)<br>HANY KALDAS  |  | APPROVED<br>NJ Dept. of Health & Senior Services<br>(signature)<br>Date: 2/20/13 Time: 10:51<br>2013 FEB 25 PM 2:08<br>LICENSING             |  |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA |  | Type Notification<br><input type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment #:<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |  | Street Address:<br>260 OTTAWA AVENUE<br>City, State, Zip Code<br>HASBROUCK HEIGHTS, NJ<br>Name of Contact<br>HANY KALDAS<br>Telephone Number |  |

## FACILITY INFORMATION

|  |  |  |   |  |  |
|--|--|--|---|--|--|
| Name of facility where abatement is taking place (3)<br>HANY KALDAS<br>Street Address<br>260 OTTAWA AVENUE<br>City (5)<br>HASBROUCK HEIGHTS<br>County (6)<br>BERGEN<br>County Code (7)<br>(State use only)   |  |  | Type of Facility (4)<br><input type="checkbox"/> School (K - 12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)<br>Square Feet # of Floors Bldg. Age<br>Current Use (Prior if being demolished)  |  |  |
| Name of Monitoring Firm Hired by Bldg. Owner (8)<br>Street Address<br>City, State, Zip Code<br>Project Manager for Monitoring Firm<br>Phone Number<br>Start Date (10)<br>02/21/13<br>Sched. Completion Date (11)<br>02/28/13<br>Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility closed/vacated during entire period of abatement.<br><input type="checkbox"/> Abatement performed outside of normal facility hours.<br>Describe:<br><input checked="" type="checkbox"/> Other Describe: NORMAL HOURS |  |  | Name of Abatement Contractor (9)<br>D & S RESTORATION, INC.<br>Street Address<br>20 California Ave.<br>City, State, Zip Code<br>Paterson, NJ 07503<br>Telephone Number<br>973-345-8020<br>License Number<br>01169<br>Name of OSHA Monitor<br>D & S Restoration, Inc.<br>Street Address<br>20 California Avenue<br>City, State, Zip Code<br>Paterson, NJ 07503 |  |  |

## Scope of Work (check all that apply)

- ☒ >3 sf or >3 lf ☐ Renovation  
☐ ≥160 sf or ≥260 lf ☐ Demolition
- ☐ Full Containment w/negative pressure  
☐ Mini-enclosure  
☒ Glovebag procedure  
☐ Non-Exempted ("") and Non-triable procedure

| Location of asbestos-containing material (acm) to be abated in facility (13) | Is location normally used solely by maintenance/custodial staff (12) |   |  | Description of asbestos-containing material (ACM) | Amount (Specify SF or LF) | Remove | Repair | Encap | Other |
|--|--|---|--|---|---------------------------|--------|--------|-------|-------|
| BASEMENT   |  | X |  | PIPE INSULATION                                   | 120 L FT                  | X      |        |       |       |
|  |  |   |  |   |                           |        |        |       |       |
|  |  |   |  |   |                           |        |        |       |       |
|  |  |   |  |   |                           |        |        |       |       |
|  |  |   |  |   |                           |        |        |       |       |

|  |                            |                               |   |
|--|----------------------------|-------------------------------|---|
| Registered Waste Hauler<br>D & S RESTORATION, INC. | NJ DEP Hauler ID#<br>13506 | Cubic Yards of Waste<br>2 YDS | Name of Registered Landfill<br>TULLYTOWN, RESOURCE RECOVERY |
| City, State<br>PATERSON, NJ 07503                  | Disposal Date<br>02/22/13  | City, State<br>TULLYTOWN, PA  |   |
| Completed by (Print or Type)<br>BOGDAN JOLDZIC     | Title<br>PRESIDENT         | Signature                     | Date<br>02/20/13  |

ASB-41

Do not use this form for asbestos licensure exempted activities.



CK  
604494

D&S Proj. #: MS 2013

State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED

2013 FEB 25 PM 2:00

ASBESTOS ABATEMENT & LICENSING

|   |  |   |  |
|---|--|---|--|
| Date of Notification (1)<br>02/12/10/13   |  | Name of Building Owner/Operator (2)<br>TOM MINDEN   |  |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA |  | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment #: _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |  |
| Street Address<br>17 FAIRFIELD TERRACE  |  | City, State, Zip Code<br>SHORT HILLS, NJ 07078  |  |
| Name of Contact<br>TOM MINDEN   |  | Telephone Number  |  |

FACILITY INFORMATION

|  |                     |                                     |  |  |  |
|--|---------------------|-------------------------------------|--|--|--|
| Name of facility where abatement is taking place (3)<br>TOM MINDEN |                     |                                     | Type of Facility (4)<br><input type="checkbox"/> School (K - 12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) |  |  |
| Street Address<br>17 FAIRFIELD TERRACE                             |                     |                                     | Square Feet # of Floors Bldg. Age  |  |  |
| City (5)<br>SHORT HILLS  | County (6)<br>ESSEX | County Code (7)<br>(State use only) | Current Use (Prior if being demolished)  |  |  |

|   |   |              |   |                         |
|---|---|--------------|---|-------------------------|
| Name of Monitoring Firm Hired by Bldg. Owner (8)  |   | ASCM No.     | Name of Abatement Contractor (9)<br>D & S RESTORATION, INC. |                         |
| Street Address  |   |              | Street Address<br>20 California Ave.                        |                         |
| City, State, Zip Code   |   |              | City, State, Zip Code<br>Paterson, NJ 07503                 |                         |
| Project Manager for Monitoring Firm   |   | Phone Number | Telephone Number<br>973-345-8020                            | License Number<br>01169 |
| Start Date (10)<br>03/06/13   | Sched. Completion Date (11)<br>03/22/13 |              | Name of OSHA Monitor<br>D & S Restoration, Inc.             |                         |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility closed/vacated during entire period of abatement.<br><input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____<br><input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS |   |              | Street Address<br>20 California Avenue                      |                         |
|   |   |              | City, State, Zip Code<br>Paterson, NJ 07503                 |                         |

Scope of Work (check all that apply)

|  |  |   |
|--|--|---|
| <input checked="" type="checkbox"/> >3 sf or >3 lf | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment w/negative pressure       |
| <input type="checkbox"/> ≥160 sf or ≥260 lf        | <input type="checkbox"/> Demolition            | <input checked="" type="checkbox"/> Mini-enclosure                  |
|  |  | <input type="checkbox"/> Glovebag procedure                         |
|  |  | <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure |

| Location of asbestos-containing material (acm) to be abated in facility (13) | Is location normally used solely by maintenance/custodial staff (12) |                                     |     | Description of asbestos-containing material (ACM) | Amount (Specify SF or LF) | R<br>e<br>m<br>o<br>v<br>e          | R<br>e<br>p<br>a<br>i<br>r | E<br>n<br>c<br>a<br>p    | E<br>n<br>c<br>l         |
|--|--|-------------------------------------|-----|---|---------------------------|-------------------------------------|----------------------------|--------------------------|--------------------------|
|  | Yes  | No                                  | N/A |   |                           |                                     |                            |                          |                          |
| BASEMENT   |  | <input checked="" type="checkbox"/> |     | DUCT INSULATION                                   | 60 SQ FT                  | <input checked="" type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
|  |  |                                     |     |   |                           | <input type="checkbox"/>            | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
|  |  |                                     |     |   |                           | <input type="checkbox"/>            | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
|  |  |                                     |     |   |                           | <input type="checkbox"/>            | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
|  |  |                                     |     |   |                           | <input type="checkbox"/>            | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |

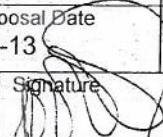
|  |                           |                              |   |
|--|---------------------------|------------------------------|---|
| Registered Waste Hauler<br>D & S RESTORATION, INC. | NJDEP Hauler ID#<br>13506 | Cubic Yards of Waste<br>1YD  | Name of Registered Landfill<br>TULLYTOWN, RESOURCE RECOVERY |
| City, State<br>PATERSON, NJ 07503                  | Disposal Date<br>03/07/13 | City, State<br>TULLYTOWN, PA |   |
| Completed by (Print or Type)<br>BOGDAN JOLDZIC     | Title<br>PRESIDENT        | Signature                    | Date<br>02/20/13  |



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

*No check*

*RECEIVED*  
2013 FEB 25 PM 2:08  
& LICENSING

| Date of Notification (1)<br>2-21-13  |   | Name of Building Owner/Operator (2)<br>PSEG  |   |   |                                 |                   |        |             |           |
|--|---|--|---|---|---------------------------------|-------------------|--------|-------------|-----------|
| Agencies Notified  | Type Notification   | Street Address<br>4000 Hadley Road   |   |   |                                 |                   |        |             |           |
| <input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA   | <input checked="" type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br>Amendment #01<br><input type="checkbox"/> Emergency (including<br>justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br>South Plainfield New Jersey 07080   |   |   |                                 |                   |        |             |           |
|  |   | Name of Contact<br>Rich Hoarle   | Telephone Number  |   |                                 |                   |        |             |           |
| <b>FACILITY INFORMATION</b>  |   |  |   |   |                                 |                   |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>McCarter Switching Station   |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes,<br>etc.) |   |   |                                 |                   |        |             |           |
| Street Address<br>33 Littleton Avenue  |   | Square Feet<br>100,000   | # of Floors<br>5  |   |                                 |                   |        |             |           |
| City (5)<br>Newark, New Jersey 07107   |   | Bldg. Age<br>55 years  |   |   |                                 |                   |        |             |           |
| County (6)<br>Essex  | County Code (7)<br>(STATE USE ONLY)   | Current Use (Prior if being demolished)<br>Not in use  |   |   |                                 |                   |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>CNS Management  |   | ASCM No.   | Name of Abatement Contractor (9)<br>Gramercy Group Inc. |   |                                 |                   |        |             |           |
| Street Address<br>208 Newtown Road   |   | Street Address<br>3000 Burns Avenue  |   |   |                                 |                   |        |             |           |
| City, State, Zip Code<br>Plainview, NY 11803   |   | City, State, Zip Code<br>Wantagh NY 11793  |   |   |                                 |                   |        |             |           |
| Project Manager for Monitoring Firm<br>Michael Nolan   |   | Telephone No.<br>917-299-7122  | Telephone No.<br>516-876-0020                           |   |                                 |                   |        |             |           |
|  |   |  | License No.<br>01085                                    |   |                                 |                   |        |             |           |
| Start Date (10)<br>1-14-13   | Scheduled Completion Date (11)<br>12-31-12  | Name of OSHA Monitor<br>Gramercy Group Inc.  |   |   |                                 |                   |        |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other - Describe: <u>Facility scheduled for demolition. No occupancy</u> |   | Street Address<br>3000 Burns Avenue  |   |   |                                 |                   |        |             |           |
|  |   | City, State, Zip Code<br>Wantagh, NY 11793   |   |   |                                 |                   |        |             |           |
| Scope of Work (Check All That Apply)   |   |  |   |   |                                 |                   |        |             |           |
| <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf  |   |  |   |   |                                 |                   |        |             |           |
| <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition  |   |  |   |   |                                 |                   |        |             |           |
| <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure  |   |  |   |   |                                 |                   |        |             |           |
| Location of<br>Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility<br>(13)  | Is Location<br>Normally<br>Used Solely by<br>Maintenance/<br>Custodial Staff?<br>(12)   |  |   | Description of<br>Asbestos Containing Material (ACM)<br>(i.e. thermal systems insulation,<br>surfacing, VAT, or<br>other miscellaneous) | Amount<br>(Specify<br>SF or LF) | Abatement<br>Type |        |             |           |
|  | Yes   | No   | N/A   |   |                                 | Removal           | Repair | Encapsulate | Enclosure |
| Please see attached  |   |  | X   | See Attached  | See Attached                    | X                 |        |             |           |
|  |   |  |   |   |                                 |                   |        |             |           |
|  |   |  |   |   |                                 |                   |        |             |           |
|  |   |  |   |   |                                 |                   |        |             |           |
| Name of Registered Waste Hauler<br>Gramercy Group Inc.   |   | NJDEP Waste<br>Hauler ID No.<br>32981  | Cubic Yards<br>of Waste<br>400                          | Name of Registered Landfill<br>GROWS North Landfill   |                                 |                   |        |             |           |
| City, State<br>Wantagh New York  |   | Disposal Date<br>3-3-13  |   | City, State<br>Morrisville PA   |                                 |                   |        |             |           |
| Completed by<br>Robert Lewin   |   | Title<br>Environmental Coordinator   |   | Signature<br>  |                                 | Date<br>2-21-13   |        |             |           |



| MATERIAL           | ESTIMATED QUANTITY |       |
|--------------------|--------------------|-------|
|                    | UNITS              | TOTAL |
| <i>Asbestos</i>    |                    |       |
| Thermal Insulation | lin. ft.           | 250   |
| Thermal Insulation | lin. ft.           | 100   |
| Thermal Insulation | lin. ft.           | 10    |
| Transite           | sq. ft.            | 250   |
| Transite           | sq. ft.            | 200   |
| Floor Tile         | sq. ft.            | 2800  |
| Floor Tile Mastic  | sq. ft.            | 3500  |
| Floor Debris       | sq. ft.            | 250   |

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CHECK # 231

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

\* EMERGENCY \*

|   |  |   |   |   |                |                                     |        |             |           |
|---|--|---|---|---|----------------|-------------------------------------|--------|-------------|-----------|
| Date of Notification (1)<br><b>2/14/12</b>  |  | Name of Building Owner/Operator (2)<br><b>MR. BRAIN ZOUBEK</b>  |   |   |                |                                     |        |             |           |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA  | Type Notification<br><input type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input checked="" type="checkbox"/> Amendment #<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><b>104<sup>TH</sup> HINCHMAN AVE</b><br>City, State, Zip Code<br><b>HADDONFIELD N.J.</b><br>Name of Contact<br><b>MR. BRAIN ZOUBEK</b>  |   |   |                |                                     |        |             |           |
| FACILITY INFORMATION  |  |   |   |   |                |                                     |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br><b>RESIDENCE</b>  |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |   |   |                |                                     |        |             |           |
| Street Address<br><b>104<sup>TH</sup> HINCHMAN AVE</b>  |  | Square Feet<br><b>2800</b>  | # of Floors<br><b>3</b>   |   |                |                                     |        |             |           |
| City (5)<br><b>HADDONFIELD NEW JERSEY</b>   |  | Bldg. Age<br><b>60YRS</b>   |   |   |                |                                     |        |             |           |
| County (6)<br><b>CAMDEN</b>   | County Code (7)<br>(STATE USE ONLY)  | Current Use (Prior if being demolished)<br><b>RESIDENT</b>  |   |   |                |                                     |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>ENVIRONMENTAL MANAGEMENT INTL</b>   |  | ASCM No.  | Name of Abatement Contractor (9)<br><b>GRAHAMTECH ENVIRONMENTAL SERVICE LLC</b>   |   |                |                                     |        |             |           |
| Street Address<br><b>34E GERMANTOWN PIKE #204</b>   |  | Street Address<br><b>14 READ DRIVE</b>  |   |   |                |                                     |        |             |           |
| City, State, Zip Code<br><b>EAST NORRITON PA. 19401</b>   |  | City, State, Zip Code<br><b>SICKLERVILLE NJ 08081</b>   |   |   |                |                                     |        |             |           |
| Project Manager for Monitoring Firm<br><b>RAYMOND J. GIORDANO</b>   |  | Telephone No.<br><b>610-277-0405</b>  | Telephone No.<br><b>856-318-1341</b>  |   |                |                                     |        |             |           |
| Start Date (10)<br><b>2/16/13</b>   |  | Scheduled Completion Date (11)<br><b>2/18/13</b>  | License No.<br><b>01158</b>   |   |                |                                     |        |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____  |  | Name of OSHA Monitor<br><b>GRAHAMTECH ENVIRONMENTAL SERVICE LLC</b>   |   |   |                |                                     |        |             |           |
| Scope of Work (Check All That Apply)<br><input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf<br><input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  | Street Address<br><b>14 READ DRIVE</b><br>City, State, Zip Code<br><b>SICKLERVILLE NJ 08081</b>   |   |   |                |                                     |        |             |           |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)  |   | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF)                                       | Abatement Type |                                     |        |             |           |
|   | Yes  | No  |   |   | N/A            | Removal                             | Repair | Encapsulate | Enclosure |
| <b>FIRST FLOOR</b>  |  | <input checked="" type="checkbox"/>   |   | <b>ASBESTOS DUCT WRAPPING</b>                                   | <b>10SF</b>    | <input checked="" type="checkbox"/> |        |             |           |
| <b>BASEMENT</b>   |  | <input checked="" type="checkbox"/>   |   | <b>ASBESTOS DUCT WRAPPING</b>                                   | <b>10SF</b>    | <input checked="" type="checkbox"/> |        |             |           |
| <b>BASEMENT</b>   |  | <input checked="" type="checkbox"/>   |   | <b>ASBESTOS PIPE INSULATION</b>                                 | <b>12LF</b>    | <input checked="" type="checkbox"/> |        |             |           |
| Name of Registered Waste Hauler<br><b>GRAHAMTECH ENVIRONMENTAL SERVICE</b>  |  | NJDEP Waste Hauler ID No.<br><b>0034500</b>   | Cubic Yards of Waste  | Name of Registered Landfill<br><b>ATLANTIC COUNTY UTILITIES</b> |                |                                     |        |             |           |
| City, State<br><b>EGG HARBOR NJ</b>   |  | Disposal Date   | City, State<br><b>EGG HARBOR NJ</b>   |   |                |                                     |        |             |           |
| Completed by<br><b>WILLIS GRAHAM</b>  |  | Title<br><b>OWNER</b>   | Signature<br><b>W.G.</b>  |   |                | Date<br><b>2/14/13</b>              |        |             |           |



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

| Date of Notification (1) <b>2-18-13</b>  |  | Name of Building Owner/Operator (2) <b>Matteo/Maintenance</b>  |   |  |                           |                |        |           |
|--|--|--|---|--|---------------------------|----------------|--------|-----------|
| Agency Notified  | Type Notification  | Street Address   |   |  |                           |                |        |           |
| <input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input type="checkbox"/> DOL<br><input type="checkbox"/> DOH<br><input type="checkbox"/> DCA   | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment #<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | <b>3125 Central Ave</b><br>City, State, Zip Code <b>Ocean City</b><br>Name of Contact <b>Matteo</b> Telephone Number   |   |  |                           |                |        |           |
| <b>FACILITY INFORMATION</b>  |  |  |   |  |                           |                |        |           |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Resident</b>  |  | Type of Facility (4)   |   |  |                           |                |        |           |
| Street Address<br><b>3125/3127 Central Ave</b>   |  | <input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter S (Other than K-12)<br><input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |   |  |                           |                |        |           |
| City (5)<br><b>Ocean City</b>  | Square Feet<br><b>2400</b>   | # of Floors<br><b>2</b>  | Bldg. Age<br><b>70</b>                          |  |                           |                |        |           |
| County (6)<br><b>Atlantic</b>  | County Code (7) (STATE USE ONLY)   | Current Use (Prior to being demolished)<br><b>Resident</b>   |   |  |                           |                |        |           |
| Name of Monitoring Firm Hired by Building Owner (8)  | ASCM No.   | Name of Abatement Contractor (9)   |   |  |                           |                |        |           |
| Street Address   |  | <b>An: Joe LLC</b>   |   |  |                           |                |        |           |
| City, State, Zip Code  |  | Street Address<br><b>1212 Burlington Ave</b>   |   |  |                           |                |        |           |
|  |  | City, State, Zip Code<br><b>Delanco NJ 08075</b>   |   |  |                           |                |        |           |
| Project Manager for Monitoring Firm  | Telephone No.  | Telephone No.<br><b>856 824 0971</b>   | License No.<br><b>01070</b>                     |  |                           |                |        |           |
| Start Date (10)<br><b>2-28-13</b>  | Scheduled Completion Date (11)<br><b>3-6-13</b>  | Name of OSHA Monitor<br><b>Self</b>  |   |  |                           |                |        |           |
| Occupancy Status During Abatement (Check only one)   |  | Street Address   |   |  |                           |                |        |           |
| <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe:  |  | City, State, Zip Code  |   |  |                           |                |        |           |
| Scope of Work (Check all that apply)   |  |  |   |  |                           |                |        |           |
| <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf   |  |  |   |  |                           |                |        |           |
| <input type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure |  |  |   |  |                           |                |        |           |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)   | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)  |  |   | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |        |           |
|  | Yes  | No   | N/A   |  |                           | Removal        | Repair | Enclosure |
| <b>outside</b>   |  |  |   | <b>(ACM) Siding</b>  | <b>1700 sq ft</b>         |                |        |           |
|  |  |  |   |  |                           |                |        |           |
|  |  |  |   |  |                           |                |        |           |
| Name of Registered Waste Hauler<br><b>Jack Robinson</b>  | NJDEP Waste Hauler ID No.<br><b>28368</b>  | Cubic Yards of Waste   | Name of Registered Landfill<br><b>WM of PA.</b> |  |                           |                |        |           |
| City, State<br><b>Bellmawr NJ</b>  | Disposal Date  | City, State<br><b>Tullytown PA</b>   |   |  |                           |                |        |           |
| Completed by<br><b>Joe Hill</b>  | Title<br><b>VP</b>   | Signature<br><b>JH</b>   | Date<br><b>2-18-13</b>                          |  |                           |                |        |           |



2013

ASB-41

\* 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)

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| Date of Notification (1)<br><b>2-18-13</b>  |  | Name of Building Owner/Operator (2)<br><b>Amechi / MANNING</b>  |                                    |  |                           |                                     |        |             |
|---|--|---|------------------------------------|--|---------------------------|-------------------------------------|--------|-------------|
| Agency Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input type="checkbox"/> DOL<br><input type="checkbox"/> DOH<br><input type="checkbox"/> DCA   | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment #<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><b>3432 West Ave</b><br>City, State, Zip Code<br><b>Ocean City</b><br>Name of Contact<br><b>Amechi</b><br>Telephone Number  |                                    |  |                           |                                     |        |             |
| <b>FACILITY INFORMATION</b>   |  |   |                                    |  |                           |                                     |        |             |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Resident</b>   |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |                                    |  |                           |                                     |        |             |
| Street Address<br><b>3432 West Ave</b>  |  | Square Feet<br><b>2400</b>  | # of Floors<br><b>2</b>            |  |                           |                                     |        |             |
| City (5)<br><b>Ocean City</b>   |  | Bldg. Age<br><b>70</b>  |                                    |  |                           |                                     |        |             |
| County (6)<br><b>Atlantic</b>   | County Code (7) (STATE USE ONLY)   | Current Use (Prior if being demolished)<br><b>Resident</b>  |                                    |  |                           |                                     |        |             |
| Name of Monitoring Firm Hired by Building Owner (8)   | ASCM No.   | Name of Abatement Contractor (9)<br><b>Ani Joe LLC</b>  |                                    |  |                           |                                     |        |             |
| Street Address  |  | Street Address<br><b>1212 Burlington Ave</b>  |                                    |  |                           |                                     |        |             |
| City, State, Zip Code   |  | City, State, Zip Code<br><b>Delanco NJ 08075</b>  |                                    |  |                           |                                     |        |             |
| Project Manager for Monitoring Firm   | Telephone No.  | Telephone No.<br><b>609 346 0916</b>  | License No.<br><b>01070</b>        |  |                           |                                     |        |             |
| Start Date (10)<br><b>2-18-13</b>   | Scheduled Completion Date (11)<br><b>3-6-13</b>  | Name of OSHA Monitor<br><b>Self</b>   |                                    |  |                           |                                     |        |             |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other - Describe:  |  | Street Address  |                                    |  |                           |                                     |        |             |
|   |  | City, State, Zip Code   |                                    |  |                           |                                     |        |             |
| Scope of Work (Check all that apply)<br><input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 280$ lf<br><input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (?) and Non-Friable Procedure |  |   |                                    |  |                           |                                     |        |             |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)  |   |                                    | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type                      |        |             |
|   | Yes  | No  | N/A                                |  |                           | Removal                             | Repair | Encapsulate |
| <b>OUTSIDE</b>  |  |   |                                    | <b>(ACM) Siding</b>  | <b>1700 SF</b>            | <input checked="" type="checkbox"/> |        |             |
|   |  |   |                                    |  |                           |                                     |        |             |
|   |  |   |                                    |  |                           |                                     |        |             |
| Name of Registered Waste Hauler<br><b>J Robinson</b>  |  | NJDEP Waste Hauler ID No.<br><b>28368</b>   | Cubic Yards of Waste               | Name of Registered Landfill<br><b>WM of Pa</b>   |                           |                                     |        |             |
| City, State<br><b>Bellmawr NJ</b>   |  | Disposal Date   | City, State<br><b>Tolletown Pa</b> |  |                           |                                     |        |             |
| Completed by<br><b>Joe Hill</b>   |  | Title<br><b>VP</b>  | Signature<br><b>JH</b>             |  |                           | Date<br><b>2-18-13</b>              |        |             |



No check

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

ETS JOB # 3915/13

AMENDMENT #

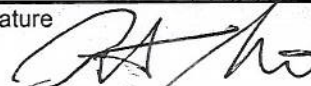
|  |   |   |  |
|--|---|---|--|
| Date of Notification (1)<br><b>2/13/2013</b>   |   | Name of Building Owner / Operator (2)<br><b>Port Authority of New York &amp; New Jersey</b>   |  |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA | Type Notification<br><input checked="" type="checkbox"/> Initial Notification<br><input type="checkbox"/> Amended Notification<br><input type="checkbox"/> Cancellation | Street Address<br><b>241 Erie Street, Room 236</b><br>City, State & Zip Code<br><b>New Jersey, NJ 07310</b><br>Name of Contact<br><b>Mr. Ralph Campione</b><br>Telephone Number |  |

FACILITY INFORMATION

|  |  |   |  |                                |                         |
|--|--|---|--|--------------------------------|-------------------------|
| Name of Facility Where Abatement is Taking Place (3)<br><b>Terminal B, B-2 Connector Departures Level</b>  |  |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) |                                |                         |
| Street Address<br><b>Newark International Airport, Newark, NJ</b>  |  |   | Square Feet<br><b>1.2 Mil</b>  | # of Floors<br><b>2</b>        | Bldg. Age<br><b>50+</b> |
| City (5)<br><b>Newark</b>  | County (6)<br><b>Essex</b>                         | County Code (7)                                     | Current Use (Prior if being demolished)<br><b>Airport</b>  |                                |                         |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>THE PORT AUTHORITY OF NY &amp; NJ</b>  |  | ASCM No.  | Name of Abatement Contractor (9)<br><b>ETS Contracting, Inc.</b>   |                                |                         |
| Street Address<br><b>241 ERIE STREET, ROOM 236</b>   |  | Street Address<br><b>160 Clay Street</b>            |  |                                |                         |
| City, State & Zip Code<br><b>JERSEY CITY, NJ 073100</b>  |  | City, State & Zip Code<br><b>Brooklyn, NY 11222</b> |  |                                |                         |
| Project Manager for Monitoring Firm<br><b>MR. RALPH CAMPIONE</b>   |  | Telephone Number<br><b>973-624-6898</b>             | Telephone Number<br><b>718-706-6300</b>  | License Number<br><b>00511</b> |                         |
| Scheduled Start Date (10)<br><b>4/1/2013</b>   | Scheduled Completion Date (11)<br><b>7/31/2013</b> |   | Name of OSHA Monitor<br><b>TESTOR TECH, INC.</b>   |                                |                         |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours -<br>Describe: <b>MONDAY - FRIDAY 7:00 AM - 3:30 PM</b><br><input type="checkbox"/> Other - Describe: |  |   | Street Address<br><b>10 59 JACKSON AVENUE</b><br>City, State & Zip Code<br><b>L.I.C., NY 11101</b>   |                                |                         |

|   |   |  |
|---|---|--|
| Scope of Work (Check all that apply)  |   |  |
| <input type="checkbox"/> Demolition<br><input checked="" type="checkbox"/> Large Project<br><input type="checkbox"/> Quantity is $\geq 3$ SF or $\geq 3$ LF ACM<br><input checked="" type="checkbox"/> Quantity is $\geq 160$ SF or $\geq 260$ LF ACM | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Other: I |  |

| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>in Facility (13) | Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) | Amount (Specify Square Feet or Linear Feet) | Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure) |
|---|--|---|---|---|
| <b>Terminal B- B-2 Connector, Dept. Level</b>   | <b>NO</b>  | <b>FIREPROOFING</b>   | <b>5,800 SF</b>                             | <b>Removal</b>  |
| <b>Terminal B- B-2 Connector, Dept. Level</b>   | <b>NO</b>  | <b>PIPE</b>   | <b>1,200 LF</b>                             | <b>Removal</b>  |

|  |                                   |   |                                 |   |  |
|--|-----------------------------------|---|---------------------------------|---|--|
| Name of Registered Waste Hauler<br><b>TRI-STATE TRANSFER</b> |                                   | NJDEP Waste Hauler ID #<br><b>2A-456</b>  | Cu. Yds. of Waste<br><b>120</b> | Name of Registered Landfill<br><b>Minerva Enterprises, Inc.</b> |  |
| City, State<br><b>Bronx, NY</b>                              |                                   | Disposal Date<br><b>TBD</b>   |                                 | City, State<br><b>Waynesburg, OH</b>                            |  |
| Completed By (Print or Type)<br><b>Richie Smith</b>          | Title<br><b>Project Executive</b> | Signature<br> |                                 | Date<br><b>2/13/2013</b>  |  |