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

ETS JOB # 3771/12, 3773/12  AMENDMENT # 2
Date of Notification (1) 2/21/12

Name of Building Owner / Operator (2)
Anheuser Busch, Inc.
Street Address
200 Route 1 South
City, State & Zip Code
Newark, NJ 07114-2298

Name of Contact
Mr. Jasso Gross
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Anheuser Busch, Inc.

Street Address
200 Route 1 South
City (5) Newark County (6) Essex County Code (7)

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

Square Feet 35,000 # of Floors 3 Bldg. Age 50+

Current Use (Prior if being demolished)
Office

Name of Monitoring Firm Hired by Building Owner (8)
Environmental Tactics, Inc.
ASCM No. 0045

Name of Abatement Contractor (9)
ETS Contracting, Inc.
Street Address
160 Clay Street
City, State & Zip Code
Brooklyn, NY 11222

Telephone Number
Telephone Number
718-708-6300 00511

Name of OSHA Monitor
Environmental Tactics, Inc.

Project Manager for Monitoring Firm
Tom Geiger
Telephone Number (732) 290-2217

Occupancy Status During Abatement (Check only one)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe: Work Area Vacated - Working Hours from 7:00am-3:30pm

Scope of Work (Check all that apply)
- Demolition
- Renovation
- Large Project
- Quantity is ≥ 3 SF or ≥ 3 LF ACM
- Quantity is ≥ 160 SF or ≥ 250 LF ACM

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 Square Feet or Linear Feet)

Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)

Stock House
- Yes
- Pipe Insulation
- 12LF Removal

Power House
- Yes
- Pipe Insulation
- 22 LF Removal

BP & S Basement
- Yes
- Pipe Insulation
- 10 LF Removal

Name of Registered Waste Hauler
Tri State Transfer
NJDEP Waste Hauler ID # 19551

Name of Registered Landfill
Minerva Enterprises

Cu. Yds. of Waste 3
Disposal Date TBD
City, State
Waynesburg, OH

Name of Registered Waste Hauler
Tri State Transfer
NJDEP Waste Hauler ID # 19551

Name of Registered Landfill
Minerva Enterprises

Completed By (Print or Type)
Richie Smith
Completed By (Print or Type)
Title Project Executive
Signature Richie Smith
Date 02/21/12

ASB-41 JUN 95 G4667
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)  2 / 23 / 12

Name of Building Owner/Operator (2)  CRDA

Agencies Notified
☐ EPA  ☐ DEP  ☑ DCA (NJAC 5:16)  ☐ DHSS  ☐ DCA (NJAC 5:23-B)

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

Street Address
1014 Atlantic Ave

City, State, Zip Code
Atlantic City, NJ 08404

Name of Contact
W. Rachelle Knight

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Block 317 - Lot 4

Street Address
1124 Blatic Ave

City (5)
Atlantic City

County (6)
Atlantic

County Code (7) (STATE USE ONLY) NA

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

Square Feet 2,500

# of Floors 3

Bldg. Age NA

Current Use (Prior if being demolished) home

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

Acer Associates

Street Address
1012 Industrial Drive

City, State, Zip Code
West Berlin, NJ 08091

Project Manager for Monitoring Firm
Vince Kriask

Telephone No. 856 809 1202

Start Date (10) 03 / 07 / 12

Scheduled Completion Date (11) 03 / 10 / 12

Occuany Status During Abatement (Check only one)
☑ Facility Closed/ Vacated During Entire Period of Abatement  ☐ Abatement Performed Outside of Normal Facility Hours - Describe

Time of Abatement: 7:00AM - 7:00PM  PM - AM

Scope of Work (Check all that apply)
☐ 23 sf or ≥3 If
☐ ≥160 sf or ≥260 If

☐ Renovation  ☐ Demolition  ☐ Full Containment with Negative Pressure

☐ Maintenance/ Custodial Staff? (12)

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

Name of Registered Waste Hauler
STG

Location Normally Used Solely by Maintenance/Custodial Staff?

3rd floor Bedroom #2  ☐  ☐  ☐  12 x 12 Green floor tile (self stick)  156 SF  ☐  ☐  ☐

1st floor kitchen  ☐  ☐  ☐  12 x 12 Green Floor tile  156 SF  ☐  ☐  ☐

1st floor kitchen  ☐  ☐  ☐  Mastic assoc with floor tile  156 SF  ☐  ☐  ☐

Cubic Yards of Waste 6 yards

Name of Registered Landfill
Minerva Landfill

Disposal Date 03/10/12

City, State
Waynesburg, OH 44688

Completed By (Print or Type) Patricia Visco

Title Office Manager

Signature

Date 2/23/11

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:66 and 12:120)

Date of Notification (1)
2/13/12

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

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

Name of Building Owner/Operator (2)
Peter Cossio

Street Address
79 Hudson Street, Retail A
City, State, Zip Code
Hoboken, NJ 07030

Name of Contact
Peter Cossio

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

Street Address
158 13th Street
City (5)
Hoboken
County (6)
Hudson

County Code (7)
(State Use Only)
N/A

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

ASCM No.

Name of Abatement Contractor (9)
D&S Abatement, Inc.

Street Address
11 Rosengren Avenue
City, State, Zip Code
Totowa, NJ 07512

Telephone No.
973-345-8686
License No.
#00675

Name of OSHA Monitor
D&S Abatement, Inc.

Street Address
11 Rosengren Avenue
City, State, Zip Code
Totowa, NJ 07512

Start Date (10)
2/29/12
Scheduled Completion Date (11)
3/01/12

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

Scope of Work (Check All That Apply)
- Renovation
- Demolition

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

<table>
<thead>
<tr>
<th>Location</th>
<th>In Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>basement</td>
<td>X</td>
<td>No</td>
<td>pipe insulation</td>
<td>150 LF</td>
<td>x</td>
</tr>
<tr>
<td>2nd floor kitchen</td>
<td>X</td>
<td>No</td>
<td>linoleum</td>
<td>100 SF</td>
<td>x</td>
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</tbody>
</table>

Name of Registered Waste Hauler
D&S Abatement, Inc.

NJ DEP Waste Hauler ID No. #20996

Cubic Yards of Waste TBD

Name of Registered Landfill
Waste Management of PA

City, State
Totowa, NJ

Disposal Date TBD

City, State
Tullytown, PA

Completed by
Deanna Brikusnin
Title: Project Manager
Signature: [Signature]
Date: 2/13/12

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

**Date of Notification (1)**
2/16/12

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

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

**Name of Building Owner/Operator (2)**
Estate of Edna Miguri Stomber

**Street Address**
440 Demarest Avenue

**City, State, Zip Code**
Oradell, NJ 07649

**Name of Contact**
Robert McGiur

**Telephone Number**

---

**FACILITY INFORMATION**

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

**Street Address**
440 Demarest Avenue

**City**
Oradell

**County**
Bergen

**County Code (7)**

**Type of Facility (4)**
- [x] Other (i.e. private & commercial buildings, homes, etc.)

**Square Feet**
N/A

**# of Floors**
N/A

**Bldg. Age**
N/A

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

**Name of Monitoring Firm Hired by Building Owner (5)**
N/A

**ASCM No.**

**Name of Abatement Contractor (6)**
D&S Abatement, Inc.

**Street Address**
11 Rosengren Avenue

**City, State, Zip Code**
Totowa, NJ 07512

**Project Manager for Monitoring Firm**

**Telephone No.**
973-345-8685

**License No.**
#00657

**Start Date (10)**
2/29/12

**Scheduled Completion Date (11)**
3/01/12

**Name of OSHA Monitor**
D&S Abatement, Inc.

**Occupancy Status During Abatement (Check Only One)**
- [x] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours
- [ ] Other – Descriptor: Occupied

**Scope of Work (Check All That Apply)**
- [x] ≥3 sf or ≥3 If
- [ ] >160 sf or ≥260 If

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Description of ACM</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>basement</td>
<td>pipe insulation</td>
<td>24 LF</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
D&S Abatement, Inc.

**NJDEP Waste Hauler ID No.**
#20985

**Cubic Yards of Waste**
TBD

**Name of Registered Landfill**
Waste Management of PA

**City, State**
Totowa, NJ

**Disposal Date**
TBD

**Name of Registered Disposal Site**

**City, State**
Tullytown, PA

**Completed by**
Deanna Brkusin

**Title**
Project Manager

**Signature**

**Date**
2/16/12

---

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

Date of Notification (1)
2/16/12

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

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

Name of Building Owner/Operator (2)
Estate of Helen Rispoli

Street Address
22 Madison Street

City, State, Zip Code
Glen Ridge, NJ 07028

Name of Contact
Richard Rispoli

Telephone Number

FACILITY INFORMATION

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

Square Feet
N/A

# of Floors
N/A

Bidg. Age
N/A

Current Use (Prior if being demolished)
House

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

Street Address
22 Madison Street

City (5)
Glen Ridge

County (6)
Essex

County Code (7)

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

ASCM No.

Name of Abatement Contractor (9)
D&S Abatement, Inc.

Street Address
11 Rosengren Avenue

City, State, Zip Code
Totowa, NJ 07512

Telephone No.
973-345-8885

License No.
#00675

Name of OSHA Monitor
D&S Abatement, Inc.

Street Address
11 Rosengren Avenue

City, State, Zip Code
Totowa, NJ 07512

Start Date (10)
2/28/12

Scheduled Completion Date (11)
2/28/12

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

Scope of Work (Check All That Apply)
- ≥3 sf or ≥3 ft
- ≥160 sf or ≥260 ft

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

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>basement</td>
<td>N/A</td>
<td>pipe insulation</td>
<td>92 LF</td>
<td></td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
D&S Abatement, Inc.

Cubic Yards of Waste
TBD

Name of Registered Landfill
Waste Management of PA

City, State
Totowa, NJ

Disposal Date
TBD

Completed by
Deanna Brkusin

Title
Project Manager

Signature

Date
2/16/12

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

Date of Notification (1)
2/16/12

Name of Building Owner/Operator (2)
Marie Flannigan

Agencies Notified
EPA
DEP
DOL
DOH
DCA

Type Notification
Initial
Amended
Emergency (Including Justification)
Cancellation

Street Address
2-21 31st Street

City, State, Zip Code
Fair Lawn, NJ 07410

Name of Contact
Marie Flannigan

FACILITY INFORMATION

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

Street Address
2-21 31st Street

City (5)
Fair Lawn

County (6)
Bergen

County Code (7)
N/A

Current Use (Prior to Demolition)
House

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

ASCM No.
N/A

Name of Abatement Contractor (9)
D&S Abatement, Inc.

Street Address
11 Rosengren Avenue

City, State, Zip Code
Totowa, NJ 07512

Project Manager for Monitoring Firm

Telephone No.
973-345-8685

License No.
#00675

Start Date (10)
2/27/12

Scheduled Completion Date (11)
2/28/12

Occupancy Status During Abatement (Check Only One)

Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours

Other - Describe: Occupied

Scope of Work (Check All That Apply)

≥3 sq ft or ≥3 if

≥160 sq ft or ≥260 lf

Renovation

Demolition

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

In Facility

(13)

Yes

No

N/A

Location

description

Amount

Abatement

Type

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

Removal

Repair

Encapsulate

Enclose

Name of Registered Waste Hauler

D&S Abatement, Inc.

Cubic Yards of Waste

TBD

Name of Registered Landfill

Waste Management of PA

City, State

Totowa, NJ

Disposal Date

TBD

City, State

Tullytown, PA

Completed by

Deanna Brkuscanin

Title

Project Manager

Signature

Print Form

Print Form

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

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

<table>
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<tr>
<th>Date of Notification (1)</th>
<th>2/13/12</th>
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<tbody>
<tr>
<td>Agencies Notified</td>
<td>EPA</td>
</tr>
<tr>
<td></td>
<td>DEP</td>
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<td></td>
<td>DCA</td>
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<tr>
<td>Type Notification</td>
<td>Initial</td>
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<td></td>
<td>Amended #</td>
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<tr>
<td></td>
<td>Emergency (including justification)</td>
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<td></td>
<td>Cancellation</td>
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<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Habitat for Humanity of Bergen County</td>
</tr>
<tr>
<td>Street Address</td>
<td>10 Banta Place, Suite 105</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Hackensack, NJ 07601</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Jacey Raimondo</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place (3) | House |
| Street Address                                      | 209 Westervelt Place |
| City (5)                                            | Oradell |
| County (6)                                          | Bergen |
| Name of Monitoring Firm Hired by Building Owner (8) | N/A |
| Street Address                                      |         |
| City, State, Zip Code                               |         |
| Project Manager for Monitoring Firm                 |         |
| Telephone No.                                       |         |
| Start Date (10)                                     | 2/23/12 |
| Scheduled Completion Date (11)                      | 2/24/12 |
| Occupancy Status During Abatement (Check Only One)  |         |
| □ Facility Closed/Vacated During Entire Period of Abatement |
| □ Abatement Performed Outside of Normal Facility Hours |
| Other - Describe: Occupied                          |         |
| Scope of Work (Check All That Apply)                |         |
| □ ≥3 sf or ≥3 ft                                    |
| □ ≥160 sf or ≥2260 ft                               |
| □ Renovation                                       |
| □ Demolition                                       |
| □ Full Containment with Negative Pressure |
| □ Mini-Enclosure                                    |
| □ Glovebag Procedure                               |
| □ Non-Exempted (*) and Non-Friable Procedure        |
| Location of Asbestos-Containing Material (ACM)      |         |
| TO BE ABATED                                         |         |
| In Facility (13)                                    |         |
| Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) | Yes |
| Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | pipe insulation |
| Amount (Specify SF or LF)                           | 24 LF |
| Abatement Type                                      |         |
| Name of Registered Waste Hauler                    |         |
| D&S Abatement, Inc.                                 |         |
| NJ DEP Waste Hauler ID No.                          | 20996 |
| Cubic Yards of Waste                                | TBD |
| Disposal Date                                       | TBD |
| City, State                                         | Tullytown, PA |
| Completed by                                        |         |
| Deanna Brkusamin                                    |         |
| Title                                               | Project Manager |
| Signature                                           |         |
| Date                                                | 2/13/12 |

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

**State of New Jersey**

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

---

**Date of Notification (1):** February 23, 2012

**Name of Building Owner/Operator (2):** Donald Grauso

**Street Address:** P O Box 628

**City, State, Zip Code:** Hoboken, NJ 07030

**Name of Contact:** Donald Grauso

---

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3):** 1916 Bay Blvd.

**City:** Lavallette

**County:** Ocean

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

**ASCM No.:** N/A

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

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

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

**Telephone Number:** 732-349-9932

**License Number:** 00624

**Name of OSHA Monitor:** E.M.S.I. Analytical

**Street Address:** 1056 Stelton Road

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

---

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

**Square Feet:** 4000 sf

**# of Floors:** 2

**Bldg. Age:** 60

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

---

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

**Scheduled Start Date (10):** 2/22/12

**Scheduled Completion Date (11):** 2/27/12

---

**Scope of Work (Check all that apply):**
- [ ] >3 sf or >3 if
- [ ] ≥160 sf or ≥260 if
- [ ] ≥300 sf or ≥500 if
- [X] Renovation
- [X] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [X] Non-Exempted (*) and Non-Friable Procedure

---

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

**Is Location Normally used Solely by Maintenance/Custodial Staff (12):**
- YES
- NO
- N/A

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

**Amount (Specify SF or LF):** 4000 sf

**Abatement Type:**
- [ ] RE MO VA L
- [ ] RE PA IR
- [ ] EN CAP SUL E
- [ ] EN CLOSURE

---

**Exterior:**
- X Asbestos siding

---

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

**NJDEP Waste Hauler ID No:** 20223

**Cubic Yards of Waste:** 4

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

---

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

**Disposal Date:** 2/28/12

**City, State:** Tullytown, Pennsylvania

---

**Completed by (Print or Type):**

**Name:** Nicholas Fennicola

**Title:** Project Manager

**Signature:**

---

*Do not use this form for asbestos licence exempted activities.*
**Amended Emergency**

**Date of Notification (1)**: 2-20-12

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

**Property Address**: 57-63 Brighton Ave, Long Branch, NJ 07740

**County**: Monmouth

**Type of Facility (4)**: Stone Apartments

**Name of Abatement Contractor (8)**: EPC Technologies Inc.

**Street Address**: P.O. Box 337, New Egypt, NJ 08233

**Telephone No.**: 609-758-3373

**License No.**: 12513

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

- [ ] Renovation Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mist-Enclosure
- [ ] Glovebox Procedure
- [ ] Non-Exempted (I) and Non-Fireable Procedure

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

- **Perimeter tiling in pile**: [X]
- **Roofing flashing/metal**: [ ]
- **Floor tiles**: [ ]
- **Standing wall**: [X]
- **Rough coat (plaster)**: [X]

**Name of Registered Waste Hauler**: Sakoutis Bros.

**City, State**: Colts Neck, NJ

**Name of Registered Landfill**: Waste Management

**City, State**: Morrisville, PA

**Date Completed**: 2-20-12

**Notes**:

- Name of Building Owner/Operator: Domenicos
- **City, State**: Colts Neck, NJ
- Telephone Number: 609-758-3373
- License No.: 12513
- **Scope of Work**: Full Containment with Negative Pressure, Mist-Enclosure, Glovebox Procedure, Non-Exempted (I) and Non-Fireable Procedure
- Location of ACM: Perimeter tiling in pile, Standing wall, Rough coat (plaster)
- Waste Hauler: Sakoutis Bros.
- Registered Landfill: Waste Management, Morrisville, PA
- Date Completed: 2-20-12

*Do not use this form for asbestos literature accomodated activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>2-23-12</th>
<th>Name of Building Owner/Operator (2)</th>
<th>Joseph Paardi</th>
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</thead>
<tbody>
<tr>
<td>Agency Notified</td>
<td></td>
<td>Type Notification</td>
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</tr>
<tr>
<td>□ EPA</td>
<td></td>
<td>□ Initial</td>
<td></td>
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<tr>
<td>□ DEP</td>
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<td>□ Amended</td>
<td></td>
</tr>
<tr>
<td>□ DOL</td>
<td></td>
<td>Amendment #</td>
<td></td>
</tr>
<tr>
<td>□ DOH</td>
<td></td>
<td>□ Emergency (including justification)</td>
<td></td>
</tr>
<tr>
<td>□ DCA</td>
<td></td>
<td>□ Cancellation</td>
<td></td>
</tr>
</tbody>
</table>

| Street Address            | 19 Park Ave |
| City, State, Zip Code     | Rumson, NJ 07760 |
| Name of Contact           | Joseph Paardi |
| Telephone Number          |               |

FACILITY INFORMATION

| Name of Facility Where Abatement is Taking Place (3) | Single Family Dwelling |
| Street Address                                       | 19 Park Ave |
| City (5)                                             | Rumson, NJ 07760 |
| County (6)                                                          | Monmouth |
| Name of Monitoring Firm Hired by Building Owner (8) | EPC Technologies |
| Street Address                                       | P.O. Box 337 |
| City, State, Zip Code                                 | New Egypt, NJ 08533 |
| Name of Abatement Contractor (9)                   | EPC Technologies, Inc |
| Street Address                                       | P.O. Box 337 |
| City, State, Zip Code                                 | New Egypt, NJ 08533 |
| Project Manager for Monitoring Firm                  | Steve Schenké |
| Telephone Number                                     | 609-758-3365 |
| License No.                                          | 00394 |
| Start Date (10)                                      | 3-6-12 |
| Scheduled Completion Date (11)                       | 3-6-12 |
| Occupancy Status During Abatement (Check only one)   |               |
| ☐ Facility Closed/Vacated During Entire Period of Abatement |       |
| ☐ Abatement Performed Outside of Normal Facility Hours |     |
| ☐ Other – Describe                                    |               |

Scope of Work (Check all that apply)

☐ 3 sf or ≤ 3 ft²
☐ ≥ 160 sf or ≤ 260 ft²

| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Basement |
| Location Normally Used Solely by Maintenance/Custodial Staff? (12) | No |
| Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Pipe Insulation |
| Amount (Specify SF or LF) | 95 LF |

| Name of Registered Waste Hauler | EPC Technologies |
| ID No.                          | 17000 |
| Cubic Yards of Waste            | 2 |
| Name of Registered Landfill     | Waste Management |

| City, State                     | NE, NJ |
| Disposal Date                   | 3-7-12 |
| City, State                     | Morrisville, PA |

Completed by

<table>
<thead>
<tr>
<th>Steve Schenké</th>
<th>Title</th>
<th>President</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Date: 2-23-12

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>2-24-12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>VFV Properties Inc</td>
</tr>
<tr>
<td>Street Address</td>
<td>P.O. Box 508</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Martinsville, NJ 08836</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Frank Marano</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Single Family Dwelling</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>1526 Dogwood Drive</td>
</tr>
<tr>
<td>City (5)</td>
<td>Piscataway NJ 08854</td>
</tr>
<tr>
<td>County (6)</td>
<td>Middlesex</td>
</tr>
<tr>
<td>County Code (7) (STATE USE ONLY)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of Facility (4)</th>
<th>Single Family Dwelling</th>
</tr>
</thead>
<tbody>
<tr>
<td>Square Feet</td>
<td>2</td>
</tr>
<tr>
<td># of Floors</td>
<td>2</td>
</tr>
<tr>
<td>Bldg. Age</td>
<td>60+</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>EPC Technologies</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASCM No.</td>
<td>N/A</td>
</tr>
<tr>
<td>Street Address</td>
<td>P.O. Box 337</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>New Egypt, NJ 08533</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Steve Schenker</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone No.</td>
<td>609-758-3365</td>
</tr>
</tbody>
</table>

| Start Date (10) | 3-7-12 |
| Scheduled Completion Date (11) | 3-7-12 |

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

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Asbestos-Containing Material (ACM)</td>
<td></td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM)</td>
<td></td>
</tr>
<tr>
<td>TO BE ABATED IN Facility (13)</td>
<td></td>
</tr>
<tr>
<td>□ Yes</td>
<td>No</td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</td>
<td></td>
</tr>
<tr>
<td>□ Yes</td>
<td>N/A</td>
</tr>
<tr>
<td>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td></td>
</tr>
<tr>
<td>□ Full Containment with Negative Pressure</td>
<td></td>
</tr>
<tr>
<td>□ Mini-Enclosure</td>
<td></td>
</tr>
<tr>
<td>□ Glovebag Procedure</td>
<td></td>
</tr>
<tr>
<td>□ Non-Exempted (*) and Non-Friable Procedure</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</th>
<th>Front Porch</th>
<th>Back Porch</th>
<th>Basement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Floor Tiles</td>
<td>150 SF</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Floor Tiles</td>
<td>150 SF</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Fine Box Packing</td>
<td>2 SF</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>EPC Technologies</th>
</tr>
</thead>
<tbody>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
<td>17000</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>2</td>
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<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
<th>Waste Management</th>
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<tbody>
<tr>
<td>Disposal Date</td>
<td>3/12/12</td>
</tr>
<tr>
<td>City, State</td>
<td>Manassas, VA</td>
</tr>
<tr>
<td>Completed by</td>
<td>Steve Schenker</td>
</tr>
<tr>
<td>Title</td>
<td>President</td>
</tr>
<tr>
<td>Signature</td>
<td>Steve Schenker</td>
</tr>
<tr>
<td>Date</td>
<td>2-24-12</td>
</tr>
</tbody>
</table>

*Do not use this form for asbestos licensure exempted activities.*
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:56 and 12:120)

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement Is Taking Place (3)</th>
<th>Piscataway Municipal Building</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>505 Sidney Road</td>
</tr>
<tr>
<td>City (4)</td>
<td>Piscataway, New Jersey 08854</td>
</tr>
<tr>
<td>County Code (7)</td>
<td>Middlesex</td>
</tr>
</tbody>
</table>

**Name of Monitoring Firm Hired by Building Owner (8)**
- ATC Associates
  - ASCM No.: 000098

**Name of Abatement Contractor (9)**
- Pernaco Inc
  - Street Address: PO Box 329
  - City, State, Zip Code: West Berlin NJ 08091

**Project Manager for Monitoring Firm**
- Brian R. Kearney
  - Telephone No.: 609-396-8800

**Start Date (10)**
- 3/8/12

**Occupancy Status During Abatement (Check Only One)**
- [x] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Other – Describe: Occupied Normal Business Hours

**Scope of Work (Check All That Apply)**
- [x] Renovation
- [ ] Demolition

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

**Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)**
- Basement Work Area #1
  - Type: Floor Tile/Mastic
  - Description: 100 SF
- Basement Work Area #2
  - Type: Floor Tile/Mastic
  - Description: 2000 SF

**Name of Registered Waste Hauler**
- Pernaco Inc
  - NJ DEP Waste Hauler ID No.: 21787
  - Cubic Yards of Waste: 10
  - Disposal Date: 3/21/12

**Completed by**
- Anthony T. Perna
  - Title: President

**Signature**

- Date: 2/24/12

---

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

Date of Notification (1)
02/23/12 Ck: 1874 $200

Name of Building Owner/Operator (2)
City of Burlington

Agencies Notified Type Notification
EPA x Initial
DEP x Amended
DOL x Amendment #1
DOH x Emergency (including justification)
DCA x Cancellation

Street Address
515 High Street

City, State, Zip Code
Burlington, New Jersey 08016

Name of Contact
Cindy A Crivaro

FACILITY INFORMATION

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

Street Address
318 1/2 Jones Avenue

City (5)
Burlington, New Jersey 08016

County (6)
Burlington

County Code (7) (STATE USE ONLY)

Name of Abatement Contractor (9)
Lillich Corporation

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

Square Feet
10,000

Subchapter 8 (Other than K-12)

# of Floors
2

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

Bldg. Age
55+

Current Use (Prior if being demolished)
Home

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

Telephone No.
973-225-8400

License No.
01104

Project Manager for Monitoring Firm

Name of OSHA Monitor
J&S Environmental Labs

Telephone No.

Street Address
606 McBride Avenue

City, State, Zip Code
Woodland Park, New Jersey 07424

Name of Registered Waste Hauler
Lillich Corporation

Disposal Date
02/29/12

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

City, State
Woodland Park, New Jersey 07424

Start Date (10)
02/27/12

Occupancy Status During Abatement (Check Only One)
Facility Closed/Vacated During Entire Period of Abatement
Abatement Performed Outside of Normal Facility Hours
Other – Describe: 8AM Start

Completed by
Tatiana Kalenikova
Title
Vice President

Compliance
Print Form

* 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)

Name of Building Owner/Operator (2)
City of Burlington

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

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

Street Address
515 High Street
City, State, Zip Code
Burlington, New Jersey 08016

Name of Contact
Cindy A Crivaro
Telephone Number

FACILITY INFORMATION

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

Street Address
318 1/2 Jones Avenue
City (5)
Burlington, New Jersey 08016

County Code (7)
Burlington

County Code (7)

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)
Lillich Corporation

Street Address
606 McBride Avenue
City, State, Zip Code
Woodland Park, New Jersey 07424

Project Manager for Monitoring Firm

Telephone No.

License No.

973-225-8400
01104

Start Date (10)
02/17/12

Scheduled Completion Date (11)
02/18/12

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

Scope of Work (Check All That Apply)
- e3 sf or e3 ft
- >160 sf or >260 ft
- Renovation
- Demolition

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

Exterior

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

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

Amount (Specify SF or LF)
1,000

Abatement Type

Name of Registered Waste Hauler
Lillich Corporation

Waste Hauler ID No.
18724

Cubic Yards of Waste
3

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

City, State
Woodland Park, New Jersey 07424

Disposal Date
02/20/12

Completed by
Tatiana Kalenikova
Title
Vice President
Signature

Date
02/06/12

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

**State of New Jersey**

**DOL - 10 DAY**

**Waiver Approved**

**Centralized Portal**

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

Hoffmann-LaRoche

**Street Address**

340 Kingsland Street

**City, State, Zip Code**

Netley, NJ 07510

**Telephone Number**

**Name of Contact**

Ed Gurka

**Type of Facility (4)**

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

**Facility Information**

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

Building 46

**City (5)**

Essex

**County (6)**

**County Code (7)**

(State Use Only)

- 340 Kingsland Street (555 West Shore Yr)

**Street Address**

Netley, NJ (Sparta, NJ)

**City, State, Zip Code**

- 07510

**Project Manager for Monitoring Firm**

- Telephone Number: 973-725-5595 (973-725-5595)

**Scheduled Start Date (10)**

[ ] 1/ [ ] 24 / [ ] 12

**Month Year**

- 02 / 24 / 12

**Month Day Year**

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

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

- 7 am - 4:30 pm

- Other - Description: 

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

- [ ] Demolition
- [X] Renovation
- [ ] Encapsulation

**Location**

- Used
- Safely

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

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

- i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous

**Amount**

- [ ] Repair
- [ ] Encapsulation

**Abatement Type**

- [ ] Removal

**Amount (Specify SP or LF)**

- 18 LF

**Measuring area this shop**: piping

**Name of Registered Waste Handler**

- NJDEP Waste Handler ID No 304597

**Cubic Yards of Waste (13)**

- Tallytown Resource Recovery & Grand Central

**Name of Registered Landfill**

- Disposal Date

**City, State**

Morriltonville PA

**Completed By (Print or Type)**

Sharon Hendee

**Title**

Owner

**Signature**

**Date**

3/23/12
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1) [ 02 / 23 / 12 ]

<table>
<thead>
<tr>
<th>Agencies Notified</th>
</tr>
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<tbody>
<tr>
<td>( ) EPA</td>
</tr>
<tr>
<td>( ) DEP</td>
</tr>
<tr>
<td>(x) DOL</td>
</tr>
<tr>
<td>(x) DOH</td>
</tr>
<tr>
<td>( ) DCA</td>
</tr>
</tbody>
</table>

Type Notification
( X) Emergency
(x) Initial Notification
() Amended Notification
( ) Cancellation

Name of Building Owner/Operator (2)
Hoffmann-LaRoche

Street Address
340 Kingsland Street

City, State, Zip Code
Nutley, NJ 07110

Name of Contact
Ed Gorka

FACILITY INFORMATION

Name of Facility Where Abatement is taking Place (3)
Building 46

Street Address
"same as above"

City (5) | County (6) | County Code (7)
---------|-----------|------------------
Nutley, NJ | Essex | 2

Square Feet | # of Floors | Bldg. Age
---------|-----------|---------

Current use (Prior if being demolished)
offices and shop

Name of Monitoring Firm Hired by Building Owner (8)
ASCM No. Owner EHS Dept. or (EHI)

Street Address
340 Kingsland (655 West Shore Tr.)

City, State, Zip Code
Nutley, NJ (Sparta, NJ)

Project Manager for Monitoring Firm
973-235-3286 (973-729-5649)

Scheduled Start Date (10) | Sched. Completion Date (11)
[ 02 / 24 / 12 ] | [ 02 / 24 / 12 ]

Month | Day | Year | Month | Day | Year

Occupancy Status During Abatement (Check only one)
[ ] Facility Closed/Vacated During Entire Period of Abatement
[ ] Abatement Performed Outside of Normal Facility Hours - Describe: [ ]
[ x ] Other - Describe: 7 am - 430 pm

Scope of Work (Check all that apply)
[ ] Full Containment with Negative Pressure w/ remote shower
[ ] Demolition
[ x ] Renovation
[ x ] Non-Friable Procedure
[ x ] Mini-Enclosure
[ x ] Glovebag Procedure

<table>
<thead>
<tr>
<th>Location Used</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mezzanine area fab shop</td>
<td>piping</td>
</tr>
</tbody>
</table>

Amount (Specify SF or LF)

Mezzanine area fab shop piping 18 LF

Name of Registered Waste Hauler
NJDEP Waste Hauler ID No 304597

Cubic Yards of Waste

Name of Registered Landfill
Tullytown Resource Recovery & Grand Central

City, State
Morrisville PA

Completed By (Print or Type)
Sharon Hendee

Title
owner

Signature

Date 2/23/12
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 02 / 23 / 12
Name of Building Owner/Operator (2) Township of Warren
Agencies Notified
- EPA
- DEP
- DCA (NJAC 5:16)
- DHSS
- DCA (NJAC 5:23-B)
Type Notification
- Initial
- Amended
- Amendment #
- Emergency (including justification)
- Cancellation
Street Address 46 Mountain Blvd.
City, State, Zip Code Warren, NJ 07059
Name of Contact Lois J. Harold

FACILITY INFORMATION
Name of Facility Where Abatement is Taking Place (3)
Township Owned Barn
Street Address 197 Mountain Ave.
City (5) Warren, NJ 07059
County (6) Somerset
County Code (?)(STATE USE ONLY)
Current Use (Prior if being demolished)
Vacant
Name of Monitoring Firm Hired by Building Owner (8)
Quest Environmental/EnviroVision
ASCM No.
Name of Abatement Contractor (9)
SMAC Corp.
Street Address 27 EAST 33RD STREET
City, State, Zip Code PATERSON NJ 07514
Start Date (10) 03 / 05 / 12
Scheduled Completion Date (11) 03 / 16 / 12
Project Manager for Monitoring Firm Darin P. Vogel
Telephone No. 908-730-7707
License No. 01110
Name of OSHA Monitor EMSL ANALYTICAL, INC
Street Address 1056 SHELTON AVE
City, State, Zip Code PISCATAWAY NJ 08854

Occupancy Status During Abatement (Check only one)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM PM AM PM
Scope of Work (Check all that apply)
- >=3 sf or >=3 Li
- >=160 sf or >=260 Li
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure
- Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)

Location
Old Barn Ceiling
South West Flat Roof
Boiler

Name of Registered Waste Hauler
SMAC Corp
NJDEP Waste Hauler ID No. 19590
Cubic Yards of Waste 40 Yards
Name of Registered Landfill Grows Landfill
Disposal Date 03/16/2012
City, State 27 E 33rd Street, Paterson, NJ - 07514
Completed By (Print or Type) Borce Gjorsoski
Title President
Signature Date 2/23/12

* Do not use this form for asbestos licensure exempted activities.
State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60-7 and 12:120-7)  
Non Sub 8  
Check # 5087

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
<th>County Code (7) (State use only)</th>
<th>Telephone Number</th>
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</thead>
<tbody>
<tr>
<td>2/12/12</td>
<td>St Clare's Health System</td>
<td>25 Pocono Road</td>
<td>Denville, NJ 07834</td>
<td></td>
<td></td>
</tr>
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**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of facility where abatement is taking place (3)</th>
<th>Total Solution Environmental</th>
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</thead>
<tbody>
<tr>
<td>St Clare's Health System</td>
<td>25 Pocono Road, Wing 4-C (Same Day Surgery)</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>City (5)</th>
<th>County (6)</th>
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</thead>
<tbody>
<tr>
<td>Denville</td>
<td>Morris</td>
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<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Bldg. Owner (8)</th>
<th>ASCM No.</th>
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<tbody>
<tr>
<td>Total Solution Environmental</td>
<td>017</td>
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<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
<th>B &amp; G Restoration, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>105 Ryerson Road</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>License Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lincoln Park, NJ 07035</td>
<td>0378</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
<th>B &amp; G Restoration, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>105 Ryerson Road</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Lincoln Park, NJ 07035</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (check all that apply)</th>
<th>Full Containment w/negative pressure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demolition</td>
<td>√</td>
</tr>
<tr>
<td>Renovation</td>
<td></td>
</tr>
<tr>
<td>&gt;3 sf or &gt;3 lf</td>
<td></td>
</tr>
<tr>
<td>≥160 sf or ≥260 lf</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of asbestos-containing material to be abated in facility (13)</th>
<th>Is location normally used solely by maintenance/custodial staff (12)</th>
<th>Description of asbestos-containing material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Remove</th>
<th>Repair</th>
<th>Encap</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Hallway / 4th Fl HSD4 &amp; SDS5</td>
<td>Yes</td>
<td>pipe insulation</td>
<td>30 lf / 26 lf &amp; 366 sf</td>
<td>√</td>
<td>√</td>
<td>√</td>
</tr>
<tr>
<td>3rd floor L&amp;D</td>
<td>No</td>
<td>pipe insulation</td>
<td>16 lf</td>
<td>√</td>
<td>√</td>
<td>√</td>
</tr>
<tr>
<td>Psych Room</td>
<td>√</td>
<td>pipe insulation</td>
<td>10 lf</td>
<td>√</td>
<td>√</td>
<td>√</td>
</tr>
<tr>
<td>Psych Room</td>
<td>√</td>
<td>contaminated brown coat</td>
<td>88 sf</td>
<td>√</td>
<td>√</td>
<td>√</td>
</tr>
<tr>
<td>1. Hallway SDS1 / SDS 2 / SDS 1</td>
<td>√</td>
<td>pipe insulation</td>
<td>40 lf / 15 lf / 7 lf</td>
<td>√</td>
<td>√</td>
<td>√</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
<th>Tullytown Resource &amp; Recovery Center</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State</td>
<td>Tullytown, PA</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>2/15 - 3/9/2012</td>
</tr>
<tr>
<td>Completed by (Print or Type)</td>
<td>Gordana Luna</td>
</tr>
<tr>
<td>Title</td>
<td>Treasurer</td>
</tr>
<tr>
<td>Signature</td>
<td>Gordana Luna</td>
</tr>
<tr>
<td>Date</td>
<td>2/24/2012</td>
</tr>
</tbody>
</table>
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)
Non Sub 8

Date of Notification (1)
1/10/2012

Name of Building Owner/Operator (2)
St Clare's Health System

A agencies Notified
☐ EPA
☐ DEP
☒ DOL
☐ DOH
☐ DCA

Type Notification
☑ Initial
☐ Amendment
☐ Cancellation

Street Address
25 Pocono Road

City, State, Zip Code
Denville, NJ 07834

Name of Contact
Drew Van Hook

ReceIRED
FEB 27, 2012

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
St Clare's Health System

Street Address
25 Pocono Road, Wing 4-C (Same Day Surgery)

City (5)
Denville, NJ 07834

County (8)
Morris

County Code (7) (State use only)

Name of Monitoring Firm Hired by Bldg. Owner (8)
Total Solution Environmental

ASCM No.
017

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

Square Feet

# of Floors

Bldg. Age

Current Use (Prior if being demolished)
Hospital

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

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

Telephone Number
973-696-6869

License Number
0378

Name of OSHA Monitor
B & G Restoration, Inc.

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

Scope of Work (check all that apply)

☒ Demolition
☒ Renovation
☐ ≥3 sf or >3 if
☐ ≥160 sf or ≥260 if

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

4th Floor
☐ Yes
☒ No
☐ N/A

Location normally used solely by maintenance/custodial staff (12)

pipe insulation

4 yards

4th Floor

3rd floor

5th floor

Registered Waste Hauler
B & G Restoration, Inc.

NDEP Hauler ID# 19563

Cubic Yards of Waste
4 yards

Disposal Date
2/15 - 2/29/2012

Name of Registered Landfill
Tullytown Resource & Recovery Center

City, State
Lincoln Park, NJ 07035

Completed by (Print or Type)
Gordana Luna

Title
Treasurer

Signature
Gordana Luna

Date
2/3/2012
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:90-7 and 12:120-7)

B & G proj. #: 2012-43

Date of Notification (1)
[1/112 1/112 17/112]

Name of Building Owner/Operator (2)
Jeff Simon

Street Address
889 Springfield Avenue
City, State, Zip Code
New Providence, NJ 07974

Name of Contact
Jeff Simon

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
Jeff Simon

Street Address
889 Springfield Avenue
City (5)
New Providence, NJ 07974

County (6)
Union

County Code (7) (State use only)

Name of Monitoring Firm Hired by Bldg. Owner (6)
n/a

ASCN No.

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

Street Address
105 Ryerson Road
City, State, Zip Code
Lincoln Park, NJ 07035

Telephone Number
973-696-6839
License Number
0378

Name of OSHA Monitor
B & G Restoration, Inc.

Street Address
105 Ryerson Road
City, State, Zip Code
Lincoln Park, NJ 07035

Scheduled Start Date (10)
3/7/2012

Scheduled Completion Date (11) 3/8/2012

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:

Scope of Work (check all that apply)
☐ Demolition ☑ Renovation
☐ >3 sf or ≥2 sf ☑ ≥160 sf or ≥260 sf

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

Is location normally used solely by maintenance/custodial staff(12)
Yes ☑ No ☐ N/A ☐

Description of asbestos-containing material (ACM)
pipe insulation

Amount (Specify SF or LF)
140 LF

Registered Waste Hauler
B & G Restoration, Inc.

N.J. DEP Hauler ID# 19563

Cubic Yards of Waste 2 yards

Name of Registered Landfill
Tullytown Resource & Recovery Center

City, State
Lincoln Park, NJ 07035

Disposal Date 3/9/12

City, State
Tullytown, PA

Completed by (Print or Type)
Gordana Luna

Title Treasurer

Signature

Date 2/27/2012
**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:80 and 5:16)

**State of New Jersey**

**Name of Building Owner/Operator (2)**
67 Whippany Investors, LLC

**Street Address**
49 Bloomfield Avenue

**City, State, Zip Code**
Mountain Lakes, NJ 07046

**Type of Facility (4)**
- School (K-12)
- Subchapter 6 (Other than K-12)
- Other (i.e., private & commercial buildings, homes, etc.)

**Name of Facility Where Abatement is Taking Place (3)**
67 Whippany Road - Bldg. 6

**Name of Abatement Contractor (9)**
Superior Abatement Inc.

**Street Address**
2 Henderson Drive, Ste A

**City, State, Zip Code**
West Caldwell, NJ 07006

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 / 23 / 12</td>
<td>67 Whippany Investors, LLC</td>
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</table>

<table>
<thead>
<tr>
<th>Agency Notified</th>
<th>Type Notification</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>67 Whippany Investors, LLC</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended Amendment #1</td>
<td>67 Whippany Investors, LLC</td>
</tr>
<tr>
<td>DCA (NJAC 5:16)</td>
<td>Emergency (including justification)</td>
<td>67 Whippany Investors, LLC</td>
</tr>
<tr>
<td>DCHA (NJAC 5:23-6)</td>
<td>Cancellation</td>
<td>67 Whippany Investors, LLC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Building Owner/Operator (2)</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>67 Whippany Investors, LLC</td>
<td>49 Bloomfield Avenue</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mountain Lakes, NJ 07046</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Contact</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ross Chomik</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>67 Whippany Road - Bldg. 6</td>
<td>49 Bloomfield Avenue</td>
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</table>

**Square Feet**

<table>
<thead>
<tr>
<th># of Floors</th>
<th>Current Use (Prior if being demolished)</th>
</tr>
</thead>
<tbody>
<tr>
<td>79,749</td>
<td>Vacant</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>County Code (7)</th>
<th>County Code (7)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Morris</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jim Proctor</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone No.</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>609-704-8850</td>
<td>(973) 808-1616</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Superior Abatement Inc.</td>
<td>2 Henderson Drive, Ste A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>West Caldwell, NJ 07006</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>01 / 04 / 12</td>
<td>06 / 15 / 12</td>
</tr>
</tbody>
</table>

**Occupy Status During Abatement**

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

**Scope of Work**

- □ 2 or more of 2 or more
- □ 100 or more of 260 or more

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

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

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

<table>
<thead>
<tr>
<th>Description of Asbestos Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>TSI Pipe Insulation</td>
<td>5,618 LF</td>
<td></td>
</tr>
<tr>
<td>TSI Pipe Fittings</td>
<td>270 EA</td>
<td></td>
</tr>
<tr>
<td>ACM Debris</td>
<td>33,792 SF</td>
<td></td>
</tr>
<tr>
<td>VAT/Mastic</td>
<td>58,445 SF</td>
<td></td>
</tr>
</tbody>
</table>

**Location of Registered Waste Hauler**

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler (15)</th>
<th>Address/State</th>
</tr>
</thead>
<tbody>
<tr>
<td>No.1 - Gary W. Gray Trucking Inc.</td>
<td>Delaware, NJ</td>
</tr>
<tr>
<td>No.2 - B. Holmes &amp; Sons</td>
<td>Tobyhanna, PA</td>
</tr>
</tbody>
</table>

**Name of Registered Landfill**

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>No.1 - G.R.O.W.S. North Landfill</td>
<td>Morrisville, PA</td>
</tr>
<tr>
<td>No.2 - Grand Central Sanitary</td>
<td>Pen Argyl, PA</td>
</tr>
</tbody>
</table>

**Disposal Date**

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/15/2012</td>
<td>Morrisville, PA</td>
</tr>
</tbody>
</table>

**Completed By**

<table>
<thead>
<tr>
<th>Nick Petrovski</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>President</td>
</tr>
</tbody>
</table>

**Signature**

<table>
<thead>
<tr>
<th>Nick Petrovski</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Date**

<table>
<thead>
<tr>
<th>2/23/2012</th>
<th>2/23/2012</th>
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</table>

*Do not use this form for asbestos licensure exempted activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:68 and 8:16)

(continued...page 2 of 2)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
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<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Contact</th>
<th>Telephone Number</th>
</tr>
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<tbody>
<tr>
<td>☑ EPA</td>
<td>☑ Initial</td>
<td></td>
<td></td>
</tr>
<tr>
<td>❏ DEP</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>❏ DCA (NJAC 5:16)</td>
<td></td>
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<tr>
<td>❏ DHSS</td>
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<td></td>
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</tr>
<tr>
<td>❏ DCA (NJAC 5:23-8)</td>
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<table>
<thead>
<tr>
<th>FACILITY INFORMATION</th>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Facility Where Abatement Is Taking Place (3)</td>
<td>☑ School (K-12)</td>
</tr>
<tr>
<td>Street Address</td>
<td>☑ Subchapter 8 (Other than K-12)</td>
</tr>
<tr>
<td>City (5)</td>
<td>☑ Other (i.e., private &amp; commercial buildings, homes, etc.)</td>
</tr>
<tr>
<td>County (6)</td>
<td></td>
</tr>
<tr>
<td>County Code (7) (STATE USE ONLY)</td>
<td></td>
</tr>
<tr>
<td>Current Use (Prior if being demolished)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td></td>
<td>Street Address</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td></td>
<td>City, State, Zip Code</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Telephone No.</td>
<td>License No.</td>
</tr>
<tr>
<td>Start Date (10) / Scheduled Completion Date (11)</td>
<td>Name of OSHA Monitor</td>
<td></td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td></td>
<td>Street Address</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check only one)</td>
<td></td>
<td>City, State, Zip Code</td>
</tr>
<tr>
<td>☑ Facility Closed/Vacated During Entire Period of Abatement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☑ Abatement Performed Outside of Normal Facility Hours - Describe</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time of Abatement: AM_ PM_ AM_</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ ≥ 3 sf or ≥ 3 If</td>
</tr>
<tr>
<td>☑ ≥160 sf or ≥260 If</td>
</tr>
<tr>
<td>☑ Renovation</td>
</tr>
<tr>
<td>☑ Demolition</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crawlspace, Mechanical Rooms</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td>Duct Insulation</td>
</tr>
<tr>
<td>1st Floor</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>Glue Dabs on Sheetrock Ceiling</td>
</tr>
<tr>
<td>Stairwells</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>Fireproof Door Insulation</td>
</tr>
<tr>
<td>Roof</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>Roofing Material &amp; Flashing</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJ/DEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nick Petrovski</td>
<td>President</td>
<td></td>
<td>2-23-12</td>
</tr>
</tbody>
</table>

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

Date of Notification (1)
12 / 22 / 11

Name of Building Owner/Operator (2)
67 Whippany Investors, LLC

Agencies Notified
☒ EPA
☒ DEP
☒ DCA (NJAC 5:16)
☒ DHSS
☒ DCA (NJAC 5:23-8)

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

Name of Facility Where Abatement is Taking Place (3)
67 Whippany Road - Bldg. 6

Street Address
49 Bloomfield Avenue

City, State, Zip Code
Mountain Lakes, NJ 07046

Name of Contact
Ross Chomik

Telephone Number

FACILITY INFORMATION

County (6)
Morris

Name of Monitoring Firm Hired by Building Owner (8)
Health & Safety Services Inc.

ASCM No.
00117

Name of Abatement Contractor (9)
Superior Abatement Inc.

Street Address
318 12th Street

City, State, Zip Code
Hammonton, NJ 08037

Project Manager for Monitoring Firm
Jim Proctor

Telephone No.
609-704-8850

Start Date (10)
01 / 04 / 12

Scheduled Completion Date (11)
03 / 02 / 12

Occupyancy Status During Abatement (Check only one)
☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement:

Scope of Work (Check all that apply)
☒ >3 sf or >3.1 ft
☒ >160 sf or >260 ft
☐ Renovation
☒ Demolition

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

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

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

Amount (Specify SF or LF)

Abatement Type

Location
Removal
Repair
Encapsulation
Endorsement

Pipe/Fittings
5,888 LF

ACM Debris / Duct Insulation
52,672 SF

VAT,Mastic,SheetrockGlue/Roofing
121,179 SF

Fire Doors
36 Units

Cubic Yards of Waste
400

Name of Registered Landfill
Minerva Landfill

City, State
New Castle, DE

Completed By (Print or Type)
Nick Petrovski

Title
President

NJDEP Waste Hauler ID No.
SW2117

Disposal Date
3/20/2012

Name of Registered Waste Hauler
Service Transport Group, Inc

City, State

Date
11/20/11
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1) 2/20/12

Name of Building Owner / Operator (2)
JC Penney Corporation

Agencies Notified
☑ EPA  ☑ Initial
☑ DEP  ☐ Amended #1
☑ DOL  ☐ Emergency
☐ DOH  ☐ Cancellation

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

Name of Contact
Richard Marnik

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
JC Penney- Store #497 Cooling Tower

Street Address
305 Mt. Hope Avenue

City (5) Rockaway
County (6) Morris
County Code (7)

Name of Monitoring Firm Hired by Building Owner (8)
Hillman Consulting, LLC

ASCM No.

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

Square Feet
# of Floors
Bldg. Age

Current Use (Prior if being demolished)

Cooling Tower

Name of Abatement Contractor (9)
AbateTech, Inc.

Street Address
PO Box 25
City, State & Zip Code
Lumberton, NJ 08048

Telephone Number
609-265-2107

License Number
00529

Name of OSHA Monitor
EMSL Analytical

Street Address
108 Haddon Ave.
City, State & Zip Code
Westmont, NJ 08108

Occupy Status During Abatement (Check only one)
☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Hours
Describe:

Scheduled Start Date (10) 2/21/12
Scheduled Completion Date (11) 2/22/12

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

Scope of Work (Check all that apply)
☐ ≥3 sf or ≥3 lf
☐ ≥150 sf ≥250 lf
☒ Renovation
☐ Demolition

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

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

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

Amount (Specify SF or LF)

Abatement Type

Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glove Bag Procedures
☒ Non-Exempted and Non-Friable Procedure

Bottom of Cooling Tower/Roof of Building

☐ ☑ ☐

Caulk
150 LF

Name of Registered Waste Hauler
AbateTech, Inc.

City, State
Lumberton, NJ

Completed By (Print or Type)
Gwen Trumbetti

Title
Opps. Coord.

NJDEP Waste Hauler ID No.
18750

Cubic Yards of Waste
4

Disposal Date
2/23/12

Name of Registered Landfill
TRRF Landfill

City, State
Tullytown, PA

Completed By (Print or Type)
Gwen Trumbetti

Title
Opps. Coord.

Signature

Date
2/20/12
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to N.J.A.C. 8:60 and 12:120)  
1202-4445  
Check #3823

Date of Notification (1) 2/22/12

Name of Building Owner / Operator (2)  
JC Penney Corporation

AGENCIES NOTIFIED  
- EPA  
- DEP  
- DOL  
- DOH  
- DCA

Type Notification  
- Initial
- Amended #2
- Emergency
- Cancellation

Street Address  
6501 Legacy Drive  
Plano, TX 75024

Name of Contact  
Richard Marnik

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
JC Penney- Store # 497 Cooling Tower

Street Address  
305 Mt. Hope Avenue

City (5)  
Rockaway  
County (6)  
Morris  
County Code (7)

Name of Monitoring Firm Hired by Building Owner (8)  
Hillman Consulting, LLC

Street Address  
1600 Route 22 East  
Union, NJ 07083-1597

Name of Abatement Contractor (9)  
AbateTech, Inc.

Street Address  
PO Box 25  
Lumberton, NJ 08048

License Number  
00529

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

Square Feet  

# of Floors  

Bldg. Age  

Current Use (Prior if being demolished)  
Cooling Tower

Project Manager for Monitoring Firm  
Thomas Rubino  
Telephone Number  
908-688-7800

Scheduled Completion Date (11) 2/24/12

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

Describe:  

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

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

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

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

Amount (Specify SF or LF)  
Caulk 150 LF

Bottom of Cooling Tower/Roof of Building  

Full Containment with Negative Pressure  
Mini-Enclosure  
Glove Bag Procedures  
Non-Exempted and Non-Friable Procedure

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

Name of Registered Waste Hauler  
AbateTech, Inc.

NJDEP Waste Hauler ID No. 18750

Cubic Yards of Waste  
4

Name of Registered Landfill  
TRRF Landfill

City, State  
Lumberton, NJ  

Disposal Date  
2/24/12

City, State  
Tullytown, PA

Completed By (Print or Type)  
Gwen Trumbetti  
Title  
Opps. Coord.  
Signature  
Date  
2/22/12
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)
02 / 22 / 12

Name of Building Owner/Operator (2)
67 Whippany Investors, LLC

Agencies Notified
☐ EPA
☐ DEP
☐ DCA (NJAC 5:16)
☐ DHSS
☐ DCA (NJAC 5:23-8)

Type Notification
☐ Initial
☐ Amended
☐ Amendment #2
☐ Emergency (including justification)
☐ Cancellation

Street Address
49 Bloomfield Avenue

City, State, Zip Code
Mountain Lakes, NJ 07046

Name of Contact
Ross Chomik

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
67 Whippany Road - Quad Building Sections 3 & 4 (Floors 1, 2, 3, Attic & Roof)

Street Address
67 Whippany Road

City (5)
Whippany

County (6)
Morris

County Code (7) [STATE USE ONLY]

Square Feet
500,000

# of Floors
3

Bidg. Age
54 years

Current Use (Prior if being demolished)
Vacant

Name of Monitoring Firm Hired by Building Owner (8)
Health & Safety Services Inc.

ASCM No.
00117

Name of Abatement Contractor (9)
Superior Abatement Inc.

Street Address
318 12th Street

City, State, Zip Code
Hammondton, NJ 08037

License No.
00411

Project Manager for Monitoring Firm
Jim Proctor

Telephone No.
609-704-8550

Telephone No.
(973) 808-1616

Start Date (10)
01 / 23 / 12

Scheduled Completion Date (11)
05 / 23 / 12

Name of OSHA Monitor
Superior Abatement, Inc.

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

Time of Abatement: AM PM PM AM

Scope of Work (Check all that apply)
☐ 33 sf or ≥ 3 if
☐ ≥ 160 sf or ≥ 280 if
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location of Material</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st, 2nd, 3rd Floors and Attic</td>
</tr>
<tr>
<td>1st, 2nd, 3rd Floors and Attic</td>
</tr>
<tr>
<td>2nd &amp; 3rd Floors</td>
</tr>
<tr>
<td>2nd &amp; 3rd Floors</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>☒</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>TSI Pipe Insulation</td>
<td>24,780 LF</td>
<td>☐</td>
</tr>
<tr>
<td>TSI Pipe Fittings</td>
<td>680 LF</td>
<td>☐</td>
</tr>
<tr>
<td>VAT/Mastic</td>
<td>162,400 SF</td>
<td>☐</td>
</tr>
<tr>
<td>Baseboard and Mastic</td>
<td>21,000 SF</td>
<td>☐</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler

| No. 1 | Gary W. Gray Trucking Inc. |
| No. 2 | R. Holmes & Sons |

NJDEP Waste Hauler ID No.
09369 / 10464

Cubic Yards of Waste
1400

Name of Registered Landfill

| No. 1 | G.R.O.W. S.W. North Landfill |
| No. 2 | Grand Central Sanitary Landfill |

City, State
No. 1 - Delaware, NJ, No. 2 - Tobyhanna, PA

Disposal Date
5/23/2012

Name of Registered Landfill
No. 1 - Morrisville, PA, No. 2 - Pen Argyl, PA

Completed By (Print or Type)
Nick Petrovski

Title
President

Signature

Date
2/22/2012

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

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

Agencies Notified  
- [ ] EPA  
- [ ] DEP  
- [ ] DCA (NJAC 6:16)  
- [ ] DHSS  
- [ ] DCA (NJAC 5:23-8)  

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

Name of Building Owner/Operator  
- [ ] Street Address  
- [ ] City, State, Zip Code  
- [ ] Name of Contact  
- [ ] Telephone Number  

FACILITY INFORMATION  

Name of Facility Where Abatement is Taking Place (3)  
- [ ] Street Address  
- [ ] City (5)  
- [ ] County (6)  
- [ ] County Code (7) (STATE USE ONLY)  
- [ ] Square Feet  
- [ ] # of Floors  
- [ ] Bldg. Age  

Name of Monitoring Firm Hired by Building Owner (8)  
- [ ] ASCM No.  
- [ ] Name of Abatement Contractor (9)  
- [ ] Street Address  
- [ ] City, State, Zip Code  
- [ ] Telephone No.  
- [ ] License No.  

Start Date (10)  
- [ ] Scheduled Completion Date (11)  
- [ ] Name of OSHA Monitor  

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

Scope of Work (Check all that apply)  
- [ ] ≥3 sf or ≥3 if  
- [ ] ≥160 sf or ≥260 if  
- [ ] Renovation  
- [ ] Demolition  
- [ ] Full Containment with Negative Pressure  
- [ ] Mini-Enclosure  
- [ ] Glovebag Procedure  
- [ ] Non-Exempted (*) and Non-Friable Procedure  

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (12)  
- [ ] Yes  
- [ ] No  
- [ ] N/A  

Is Location Normally Used Solely by Maintenance/Custodial Staff?  
- [ ] Transite  
- [ ] Fireproof Doors  
- [ ] Roofing Materials  
- [ ] Window Caulking  

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

Amount (Specify SF or LF)  
- [ ] 1,170 SF  
- [ ] 30 ea.  
- [ ] 101,200 SF  
- [ ] 978 ea.  

Name of Registered Waste Hauler  
- [ ] NJDEP Waste Hauler ID No.  
- [ ] Cubic Yards of Waste  
- [ ] 1,400  
- [ ] Name of Registered Landfill  

City, State  
- [ ] Disposal Date  
- [ ] 5/23/2012  
- [ ] City, State  

Completed By (Print or Type)  
- [ ] Nick Petrovski  
- [ ] Title  
- [ ] President  
- [ ] Signature  
- [ ] Date  

22/2/2012  

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

Date of Notification (1) 02 / 09 / 12
Name of Building Owner/Operator (2) 67 Whippany Investors, LLC

Agencies Notified
☑ EPA
☑ DEP
☑ DCA (NJAC 5:16)
☑ DHSS
☑ DCA (NJAC 5:23-8)
Type Notification
☐ Initial
☐ Amended
☐ Amendment #1
☐ Emergency (including justification)
☐ Cancellation

Street Address
49 Bloomfield Avenue
City, State, Zip Code
Mountain Lakes, NJ 07046

Name of Contact
Ross Chomick
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
67 Whippany Road - Quad Building Sections 3 & 4 (2nd & 3rd Floor & Attic)

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

Square Feet 500,000
# of Floors 3
Bldg. Age 54 years

County (5)
Morris
County Code (7)/STATE USE ONLY

Vacant
current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)
Health & Safety Services Inc.
Name of Abatement Contractor (9)
Superior Abatement Inc.

AsCM No. 00117

Street Address
318 12th Street
City, State, Zip Code
Hammonton, NJ 08037

Street Address
2 Henderson Drive, Ste A
City, State, Zip Code
West Caldwell, NJ 07006

Health & Safety Services Inc.

Telephone No. 609-704-8850
Telephone No. (973) 808-1616

License No. 00411

Project Manager for Monitoring Firm
Jim Proctor

Name of OSHA Monitor
Superior Abatement, Inc.

Start Date (10) 01 / 23 / 12
Scheduled Completion Date (11) 05 / 23 / 12

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

Scope of Work (Check all that apply)
☐ ≥3 sf or ≥3 if
☐ ≥160 sf or ≥260 if
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

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

2nd & 3rd Floor and Attic
2nd & 3rd Floor
2nd & 3rd Floor Hallway
2nd & 3rd Floor

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

Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
Pipe/Fittings
VAT/Mastic
Transite
Baseboard and Mastic

Amount (Specify SF or LF)
14,170 LF
162,400 SF
1,170 SF
21,000 SF

Abatement Type
☐ Removal
☐ Repair
☐ Encapsulate
☐ Endorse

Name of Registered Waste Hauler
No.1-Gary W. Gray Trucking Inc. NJDEP Waste Hauler License No. 093669/10464

Cubic Yards of Waste 1100

Name of Registered Landfill
(1) G.R.O.W.S. Newtown Landfill
(2) Grand Central Sanitary Landfill

Disposal Date 5/23/2012
City, State
Delaware, DE
Morrisville, PA

Completed By (Print or Type)
Nick Petrovski
Title President

Signature

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:69 and 5:16)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>01 / 13 / 12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>67 Whippany Investors, LLC</td>
</tr>
</tbody>
</table>
| Agencies Notified | □ EPA  
□ DEP  
□ DCA (NJAC 5:16)  
□ DHSS  
□ DCA (NJAC 5:23-8) |
| Type Notification | □ Initial  
□ Amended  
□ Emergency (including justification)  
□ Cancellation |
| Street Address | 49 Bloomfield Avenue |
| City, State, Zip Code | Mountain Lakes, NJ 07046 |
| Name of Contact | Ross Chomik |
| Telephone Number | |

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place (3) | 67 Whippany Road - Quad Building Sections 3 & 4 (3rd Floor & Attic) |
| Street Address | 67 Whippany Road |
| County Code (?) | |
| County Code (?) (STATE USE ONLY) | |
| Square Feet | 500,000 |
| # of Floors | 3 |
| Bidg. Age | 54 years |
| Current Use (Prior if being demolished) | Vacant |

**Name of Monitoring Firm Hired by Building Owner (8)**  
Health & Safety Services Inc.  
ASCM No. 00117

**Name of Abatement Contractor (9)**  
Superior Abatement Inc.  
Street Address  
2 Henderson Drive, Ste A

**Name of OSHA Monitor**  
Superior Abatement, Inc.  
Street Address  
2 Henderson Drive, Ste A

**Project Manager for Monitoring Firm**  
Jim Proctor  
Telephone No. 609-704-8850

**Start Date (10)**  
01 / 23 / 12

**Scheduled Completion Date (11)**  
05 / 23 / 12

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

**Time of Abatement:**
- AM
- PM
- PM
- AM

**Scope of Work (Check all that apply)**
- ☑ Full Containment with Negative Pressure  
- ☑ Mitigation  
- ☑ Glovebag Procedure  
- ☑ Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>3rd Floor and Attic</td>
<td>☑ ☑ ☑</td>
<td>Pipe/Fittings</td>
<td>7,800 LF</td>
</tr>
<tr>
<td>3rd Floor</td>
<td>☑ ☑ ☑</td>
<td>VAT/Mastic</td>
<td>98,700 SF</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**  
Service Transport Group, Inc  
NJDEP Waste Hauler ID No. SW2117

**Cubic Yards of Waste**  
500

**Name of Registered Landfill**  
Minerva Landfill  
City, State  
New Castle, DE

**Disposal Date**  
5/23/2012

**Completed By (Print or Type)**  
Nick Petrovski  
Title President

**Signature**  

**Date**  
1-13-12

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

(Pursuant to NJAC 8:80 and 5:16)

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>Name of Building Owner/Operator</th>
</tr>
</thead>
<tbody>
<tr>
<td>02/10/12</td>
<td>Vopak Terminal Perth Amboy, LLC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Facility Where Abatement is Taking Place</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ EPA</td>
<td>☑ Initial</td>
<td>Vopak Terminal (former Hess Corporation)</td>
</tr>
<tr>
<td>☑ DOLWD</td>
<td>☐ Amended</td>
<td></td>
</tr>
<tr>
<td>☑ DHSS</td>
<td>☐ Emergency (including justification)</td>
<td></td>
</tr>
<tr>
<td>☐ DCA</td>
<td>☐ Cancellation</td>
<td></td>
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<tr>
<td>(NJAC 5:23-8)</td>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>Tank Farm</th>
<th>Square Feet</th>
</tr>
</thead>
<tbody>
<tr>
<td>1250 State Street</td>
<td></td>
<td>see attached</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>Tank Farm</th>
<th># of Floors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perth Amboy</td>
<td></td>
<td>58 yrs</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>County</th>
<th>Tank Farm</th>
<th>Bidg. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Middlesex</td>
<td></td>
<td>58 yrs</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birdsall Services Group</td>
<td>000017</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lakeshore Environmental Contractors, LLC</td>
<td>01092</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date</th>
<th>Scheduled Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>02/27/12</td>
<td>04/23/12</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement</th>
<th>Scope of Work</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Facility Closed/Vacated During Entire Period of Abatement</td>
<td>☑ ≥3 sf or ≥3 If</td>
</tr>
<tr>
<td>☑ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM - PM - AM</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>TO BE ABATED IN Facility</td>
<td>(13)</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>☐ Mini-Enclosure</td>
</tr>
<tr>
<td>☐ Glovebag Procedure</td>
</tr>
<tr>
<td>☐ Non-Exempted (*) and Non-Fireable Procedure</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newark Carting, Inc.</td>
<td>IESI Corporation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newark, NJ 07105</td>
<td>21/0/2012</td>
</tr>
</tbody>
</table>

---

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

State of New Jersey

Name of Building Owner / Operator (2)
Mountainside Hospital

Agencies Notified Type Notification
EPA
☐ Initial
☐ Amended #4
☐ Emergency
☐ Cancellation

Date of Notification (1)
10/17/11

Name of Monitoring Firm Hired by Building Owner (8)
Hillman Environmental Group, LLC

City (5)
Montclair

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

Name of Abatement Contractor (9)
Asbestos and Mold Services, Corp.

County (6)
Essex

Square Feet # of Floors Bldg. Age
963,743 6 1914

Current Use (Prior to being demolished)
Hospital

County Code (7)

License No.
609-702-0400 00862

Name of OSHA Monitor
EMSL Analytical

Project Manager for Monitoring Firm
Kristen Slews

Scheduled Start Date (10)
10/28/11

Street Address
1600 Route 22 East

Street Address
3859 Sylow Blvd.

City, State & Zip Code
Union, NJ 07083

City, State & Zip Code
Hainesport, NJ 08036

Telephone Number
908-688-7800

Telephone Number
609-702-0400

License No.

Address

FACILITY INFORMATION

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility
Ph#2-Ground Floor Core Lab
Ph#2-Ground Floor Blood Bank
Ph#2-Ground Floor Various Locations
Ph#2-Ground Floor S. Corridor
Ph#2-Ground Floor Core Lab
Ph#3-Ground Floor Various Locations
Ph#4-Ground Floor Various Locations
Ph#5-Ground Floor Various Locations
Ph#6-Ground Floor Various Locations
Ph#6-Ground Floor Histology Lab
Ph#7-Ground Floor Various Locations
Ph#7-Ground Floor Various Locations

Location of

Ph#4-Ground Floor Core Lab

Ph#2-Ground Floor Blood Bank

Ph#2-Ground Floor Various Locations

Ph#2-Ground Floor S. Corridor

Ph#2-Ground Floor Core Lab

Ph#3-Ground Floor Various Locations

Ph#4-Ground Floor Various Locations

Ph#5-Ground Floor Various Locations

Ph#6-Ground Floor Various Locations

Ph#6-Ground Floor Histology Lab

Ph#7-Ground Floor Various Locations

Ph#7-Ground Floor Various Locations

Abatement Type

Removal
Repair
Encapulate
Enclose

Yes No N/A

Putty on Heating Coil
Pipe Insulation

Putty on Heating Coil
Pipe Insulation

Putty on Heating Coil
Pipe Insulation

Putty on Heating Coil
Pipe Insulation

Putty on Heating Coil
Pipe Insulation

Putty on Heating Coil
Pipe Insulation

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Pipe Insulation

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Putty on Heating Coil
Pipe Insulation

Putty on Heating Coil
Pipe Insulation

Putty on Heating Coil
Pipe Insulation

Putty on Heating Coil
Pipe Insulation
<table>
<thead>
<tr>
<th>Property</th>
<th>Various Locations</th>
<th>Putty on Heating Coil</th>
<th>Pipe Insulation</th>
<th>Cubic Yards of Waste</th>
</tr>
</thead>
<tbody>
<tr>
<td>Horizon Disposal</td>
<td>4 SF</td>
<td>13 LF</td>
<td>80</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJDEP Waste Hauler ID No.</th>
<th>Disposal Date</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>GROWS</td>
<td>22812</td>
<td>TBD</td>
<td>Morrisville, PA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kim Trumbetti</td>
<td>Admin.</td>
<td></td>
<td>2/23/12</td>
</tr>
</tbody>
</table>
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 7:26-2.12)

Date of Notification (1) 1/10/12

Name of Building Owner/Operator (2) BASF Corporation

Agencies Notified

( ) EPA
(X) DOL
(X) DOH
( ) DCA

Notification Type

( ) Initial Notification
(X) Amended Certification
( ) Cancelled

Street Address 100 Campus Drive

City, State, Zip Code Florham Park, NJ 07932

Name of Contact Frank Plechoek

Tel. Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
BASF - Building No. 5 - Tin Building

Street Address 1 James Street

City (5) Belvidere

County (6) Warren

County Code (7) 00104

( ) State Use Only

Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No.
Environmental Health Investigations, Inc.

00104

Street Address 655 West Shore Trail

City, State, Zip Code Sparta, NJ 07871

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

Sparta, NJ 07871

Project Manager for Monitoring Firm

Telephone Number 973-79-5649

William S. Kerbel, CII

Telephone Number 484-480-5931

License Number 01066

Scheduled Start Date (10) 1/23/2012

Scheduled Completion Date (11) 2/24/2012

Occupy Status During Abatement (Check only one)

( ) Facility Closed/Vacated During Entire Period of Abatement

( ) Abatement Performed Outside of Normal Facility Hours

Describe Vacant Bldg. To Be Demolished

4324 SF vacant building to be demolished in its entirety.

Other - Describe

Source of Work (Check all that apply)

(X) Demolition ( ) Renovation
(X) Large Proj. (>160 SF or >260 LF ACM) ( ) Small Proj. (>25<160 SF or >10 <260 LF ACM)
( ) Full Containment with Negative Pressure ( ) Mini-Enclosure (X) Glovebag Procedure

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

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

YES NO NA

Location

Containing Material (ACM) in

Transite Panels 1300 sf

Description of ACM (i.e., thermal systems insulation, surfacing, VAT, or other
surfaces)

Fittings & Pipe Lines 23 ft

Amount (Specify SF or LF)

Roofing 6500 sf

Abatement Type

Encap

Rep

End

Non-Friable on 2nd Page

Name of Reg. Waste Hauler NJDEP Waste Hauler ID #
Service Transport Group
A901 #20590 / SW2117

Cubic Yards of Waste 40

Name of Reg. Landfill

Minerva Enterprises

City, State

Disp. Date 2/24/2012

City, State

Completed by (Print or Type) Title Signature

Jon Monagan Project Coordinator

Date 2/24/12

No Check
Notification of Demolition or Renovation

X. Description of Planned Demolition or Renovation Work and Methods to be Used:
Building will be demolished using wet dust suppression methods with Mechanical means & methods.

XI. Description of Engineering Controls and Work Practices to be Used to Control Emissions of Asbestos at the Demolition or Renovation Site:
Wet materials during cutting operations, use rotary roof cutting instruments, lower the materials to the ground using hoists or lifts or use dust-tight chutes. Use glovebagging for pipe & fitting insulations, Non-friable intact removals for transite.

XII. Waste Transporter#1 (Non-Friable) Gary W. Gray Trucking
Address: PO Box 48, Route 48
City: Delaware County: Hunterdon State: NJ Zip: 07833
Contact: Jason Wilson Telephone: 908-475-3797

XIII. Waste Transporter#2 (Friable) Service Transport Group, Inc.
Address: 58 Pyles Lane
City: New Castle County: New Castle State: DE Zip: 19720
Contact: Tom Gaudet Telephone: 302-776-6500

XIII. Waste Disposal Site (Friable) Minerva Enterprises
Address: 9000 Minerva Rd
City: Wayne County: Stark State: OH Zip: 44668
Contact: Sara Pomera Telephone: 330-869-3425

XIV. Waste Disposal Site (Non-Friable) Hakex C&D Landfill
Address: 4378 Manning Ridge Road
City: Painted Post County: Steuben State: NY Zip: 14870
Contact: Charles Plank Telephone: 607-927-6044

XIV. If the Demolition was Ordered by a Government Agency, Please Identify the Agency Below:

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

Authority
Date of Order (MM/DD/YY)
Date Ordered to Begin (MM/DD/YY)

XV. For Emergency Renovations:

DATE and HOUR of Emergency (MM/DD/YYYY) (HH:MM)
Description of SUDDEN, UNEXPECTED EVENT

Explanation of how the Event caused unsafe conditions, or a serious disruption of industrial operations

XVI. Description of Procedures to Be Followed in the Event that Unexpected Asbestos is Found, or that Previously Non-Friable Asbestos Material Becomes Crumbled, Pulverized or Reduced to Powder
Restrict work area and regulate, wet material, notify appropriate regulatory agencies, commence cleanup using wet methods.

XVII. I Certify that an Individual, Trained in the Provisions of this Regulation (40CFR Part 61, Subpart M) Will be On-Site During the Demolition or Renovation, and that Evidence that the Required Training has Been Accomplished by this Person will be Available for Inspection During Normal Business Hours (Required one (1) year after promulgation).

Jonathan P. Manley (Signature of Owner/Operator) (Date) 3/24/12

XVIII. I Certify that the Above Information is Correct

Jonathan P. Manley (Signature of Owner/Operator) (Date) 3/24/12
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 7:26-2.12)

Date of Notification (1)
12/15/11

Name of Building Owner/Operator (2)
BASF Corporation

Agencies Notified

<table>
<thead>
<tr>
<th>Agency</th>
<th>Notification Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>(X) EPA</td>
<td>Initial Notification</td>
</tr>
<tr>
<td>(X) DOL</td>
<td>Amended Certification</td>
</tr>
<tr>
<td>(X) DOH</td>
<td>Cancelled</td>
</tr>
</tbody>
</table>

Street Address
100 Campus Drive

City, State, Zip Code
Florham Park, NJ 07932

Name of Contact
Frank Piechopta

Tel. Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
BASF – Building No. 8 – Solvent Building

Type of Facility (4)

| ( ) School (K-12) |
| ( ) Subchapter 8 (other than K-12) |
| (X) Other (i.e. private & commercial bldgs., homes, etc.) |

Sq. Feet 5760 # of Floors 4

Bldg. Age 30 +/- Current Use (prior if being demolished) Warehouse

Name of Monitoring Firm Hired by Bldg. Owner (6)
Environmental Health Investigations, Inc.

ASCM No. 00104

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

Street Address
404 N. Berry Street

City, State, Zip Code
Brea, CA 92821

Project Manager for Monitoring Firm
William S. Kerbel, CIH

Telephone Number
973-79-5649

Telephone Number
484-480-8931

License Number
01056

Scheduled Start Date (10)
1/16/2012

Scheduled Completion Date (11)
2/24/2012

Name of OSHA Monitor
Testor Tech

Street Address
10 59 Jackson Ave.

City, State, Zip Code
L.I.C. New York, 11101

Occupancy Status During Abatement (Check only one)
(X) Facility Closed/Vacated During Entire Period of Abatement
( ) Abatement Performed Outside of Normal Facility Hours -
Describe Vacant Bldg. To Be Demolished
4324 SF vacant building to be demolished in its entirety.

Other – Describe

Source of Work (Check all that apply)

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

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maint/Custodial Staff?</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>YES</td>
<td>NO</td>
<td>NA</td>
</tr>
<tr>
<td>South Loading Dock</td>
<td>X</td>
<td>Transele Panels</td>
<td>150 sf</td>
</tr>
<tr>
<td>Throughout Interior</td>
<td>X</td>
<td>Fittings &amp; Pipe Lines</td>
<td>178 lf</td>
</tr>
<tr>
<td>Exterior Roofing</td>
<td>X</td>
<td>Roofing</td>
<td>5500 sf</td>
</tr>
<tr>
<td>Windows &amp; Doors</td>
<td>X</td>
<td>Caulking</td>
<td>800 lf</td>
</tr>
<tr>
<td>Throughout</td>
<td>X</td>
<td>Fire Doors</td>
<td>12 ea</td>
</tr>
</tbody>
</table>

*Non-Friable on 2nd Page

Name of Reg. Waste Hauler
NJDEP Waste Hauler ID # A901 #20990 / SW2117

Service Transport Group

Cubic Yards of Waste
40

Name of Reg. Landfill
Minerva Enterprises

City, State
Waynesburg, OH

Disp. Date
2/24/2012

City, State

Completed by (Print or Type)
Jon Monagan

Title
Project Coordinator

Signature

Date
2/24/12
Notification of Demolition or Renovation (continued)

X. Description of Planned Demolition or Renovation Work and Methods to be Used:
Building will be demolished using wet dust suppression methods with Mechanical means & methods.

XI. Description of Engineering Controls and Work Practices to be Used to Control Emissions of Asbestos at the Demolition or Renovation Site:
Wet materials during cutting operations, use rotary roof cutting instruments, lower the materials to the ground using hoists or lifts or use dust-tight chutes. Use glovebagging for pipe & fitting insulations, Non-friable intact removals for caulking, fire doors and Transite etc.

XII. Waste Transporter#1 (Non-Friable) Gary W. Gray Trucking
Address: PO Box 48, Route 48
City: Delaware County: Hunterdon State: NJ Zip: 07833
Contact: Jason Wilson Telephone: 908-476-3797

XIII. Waste Transporter#2 (Friable) Service Transport Group, Inc.
Address: 68 Pyles Lane
City New Castle County New Castle State DE Zip: 19720
Contact Tom Gaudet Telephone: 302-776-9330

XIII. Waste Disposal Site (Friable) Minerva Enterprises
Address: 9000 Minerva Rd
City: Waynesburg County: Stark State: OH Zip: 44688
Contact: Sara Pomera Telephone: 330-866-3434

XIV. Waste Disposal Site (Non-Friable) Hakes C&D Landfill
Address: 4376 Manning Ridge Road
City: Painted Post County: Steuben State: NY Zip: 14870
Contact: Charles Plunk Telephone: 607-537-6044

XIV. If the Demolition was Ordered by a Government Agency, Please Identify the Agency Below:
Name ____________________________ Title ____________________________
Authority ____________________________ Date Ordered to Begin (MM/DD/YYYY) __________

XV. For Emergency Renovations:
DATE and HOUR of Emergency: (MM/DD/YYYY) __________ (HH:MM)
Description of SUDDEN, UNEXPECTED EVENT ____________________________
Explanation of how the Event caused unsafe conditions, or a serious disruption of industrial operations

XVI. Description of Procedures to Be Followed In the Event that Unexpected Asbestos is Found, or that Previously Non-Friable Asbestos Material Becomes Crumbled, Pulverized or Reduced to Powder
Restrict work area and regulate, wet material, notify appropriate regulatory agencies, commence cleanup using wet methods.

XVII. I Certify that an Individual, Trained in the Provisions of this Regulation (40CFR, Part 61, Subpart M) Will be On-Site During the Demolition or Renovation, and that Evidence that the Required Training has Been Accomplished by this Person will be Available for Inspection During Normal Business Hours (Required one (1) year after promulgation).

XVIII. I Certify that the Above Information is Correct

(Signature of Owner/Operator) ____________________________ (Date) 2/24/12

(Signature of Owner/Operator) ____________________________ (Date) 2/24/12
State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

**GAC Project #: 2012-310**

**Date of Notification (1)**
February 24, 2012

**Name of Building Owner/Operator (2)**
CITY OF NEWARK
Street Address
420 CITY HALL
City, State, Zip Code
NEWARK, NJ 07102
Name of Contact
MR. MEDHI MOHAMMADISH
Telephone Number

**Name of Facility Where Abatement is Taking Place (3)**
CHESTNUT STREET FIREHOUSE
Street Address
87 - 89 ELM ROAD
City, State, Zip Code
NEWARK, NJ 07102
Name of Monitoring Firm Hired by Bldg. Owner (8)
BRIGGS ASSOCIATES, INC.
ASCM No.
0004

**Type of Facility (4)**
□ School (K-12)
□ Subchapter 8 (other than K-12)
□ Other (i.e. private & commercial buildings, homes, etc.)
Sq. Feet: 15,000 SF
# of Floors: 3
Bldg. Age: 80+ years
Current Use (prior if being demolished): FIREHOUSE

**Name of Contractor (9)**
GREENWOOD ABATEMENT CONSULTANTS, INC.
Street Address
268 MAIN STREET
City, State, Zip Code
BUTLER, NJ 07405
License Number
00840

**Occupancy Status During Abatement (Check only one)**
□ Facility Closed/Vacated During Entire Period of Abatement
□ Abatement Performed Outside of Normal Facility Hours
□ Other - Describe: SUB 8 UNOCCUPIED

**Scope of Work (Check all that apply)**
□ ≥ 3 sf or ≥ 3 if
□ ≥ 200 sf or ≥ 260
□ Renovation
□ Demolition
□ Full Containment with Negative Pressure
□ Mini-Enclosure
□ Glovebag Procedure
□ Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>WALL PLASTER</td>
<td>15,000 SF</td>
<td>Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>PIPE INSULATION</td>
<td>525 LF</td>
<td>Mini-Enclosure</td>
</tr>
<tr>
<td>WIRE INSULATION</td>
<td>2,000 LF</td>
<td>Glovebag Procedure</td>
</tr>
<tr>
<td>FIRE DOORS</td>
<td>20 EA</td>
<td>Non-Exempted (*)</td>
</tr>
<tr>
<td>CEILING PLASTER</td>
<td>790 SF</td>
<td>Non-Friable Procedure</td>
</tr>
<tr>
<td>FLUE PATCH</td>
<td>5 SF</td>
<td></td>
</tr>
<tr>
<td>MOTTLED BROWN FLOOR COVERING</td>
<td>4 LF</td>
<td></td>
</tr>
</tbody>
</table>

**Name of Reg. Waste Hauler**
See Hauler Below #1 & 2
Hauler #1: Greenwood Abatement Consultants, Inc. - Butler, NJ 07405
NJDEP # D2561
Hauler #2: Newark Carting, Inc., Newark, NJ 07102
NJ DEP # 4509

**Disposal Date**
TBD

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

**Copies To:** Bismark, Inc., Attn: John Drobish and Briggs Assoc. Inc., Attn: Mr. Mike Hoodak
State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:12-20-7)

GAC Project # 2012-310

Date of Notification (1)
February 17, 2012

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

Name of Contractor (3)
BRIGGS ASSOCIATES, INC.

FACILITY INFORMATION

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

Address
3 CROSWICKS ROAD

City, State, Zip Code
BORDENTOWN, NJ 08505

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

Sq. Feet: 15,000SF # of Floors: 3 Bldg. Age: 80+ years

Current Use (prior if being demolished): FIREHOUSE

Name of Monitoring Firm Hired by Bldg. Owner (5)
GREENWOOD ABATEMENT CONSULTANTS, INC.

Street Address
268 MAIN STREET

City, State, Zip Code
BUTLER, NJ 07405

License Number
00640

Name of Reg. Waste Hauler
See Hauler Below #1 & 2

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

GAC Project # 2012-310

Date of Notification (1)  February 3, 2012

Agencies Notified
☑ EPA
☑ DCA
☑ DOH
X DEP - No Longer REQUIRED

Notification Type
☑ Initial Notification
☐ Amended Notification
☐ Emergency (including justification)
☐ Cancelled

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

Street Address
420 CITY HALL
FEB 27 2012
City, State, Zip Code
NEWARK, NJ 07102

Name of Contact
MR. MEDHI MOHAMMADISH

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

Street Address
87 - 89 ELM ROAD

City (5)
NEWARK
County (6)
ESSEX
County Code (7)
(12 Use Only)

Name of Monitoring Firm Hired by Bld. Owner (8)
BRIGGS ASSOCIATES, INC.
ASCM No.
0004

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

Sq. Feet: 15,000SF  # of Floors: 3  Bldg. Age: 80+ years

Current Use (prior if being demolished): FIREHOUSE

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

Street Address
268 MAIN STREET

City, State, Zip Code
BUTLER, NJ 07405

Name of CSHA Monitor
ENVIRONMENTAL INC.

Street Address
20-21 WARGARAW ROAD

City, State, Zip Code
FAIRLAWN, NJ

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

Street Address
268 MAIN STREET

City, State, Zip Code
BUTLER, NJ 07405

Name of CSHA Monitor
ENVIRONMENTAL INC.

Street Address
20-21 WARGARAW ROAD

City, State, Zip Code
FAIRLAWN, NJ

Scope of Work (Check all that apply)
☐ Full Containment with Negative Pressure
☐ Demolition
☐ Renovation
☐ Non-Exempted (*) and Non-Frangible Procedure
☐ Mini-Enclosure
☐ Glovebag Procedure

Location of Asbestos-Containing Material (ACM) in Facility (13)
Is Location Normally Used Solely by Maint/Custodial Staff? (12)
YES  NO  NA

Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)
Amount (Specify SF or LF)
Abatement Type
Remove, Repair, Encap, Enclose

THROUGHOUT  ☑  WALL PLASTER  15,000SF  ☑
THROUGHOUT  ☑  PIPE INSULATION  525 LF
THROUGHOUT  ☑  WIRE INSULATION  2,000 LF
THROUGHOUT  ☑  FIRE DOORS  20 EA
BOILER ROOM  ☑  CEILING PLASTER  790 SF
BOILER ROOM  ☑  FLUE PATCH  5 LF
BOILER ROOM  ☑  MOTTLED BROWN FLOOR COVERING  4 LF

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

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

Disposal Date
04/30/2012
City, State
100 New Ford Mill Rd. Maysville, Pa
15067
215-736-1700

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

Signature
Date
February 3, 2012

Copies To:  Bismark, Inc., Attn: John Drobisch  and  Briggs Assoc. Inc., Attn: Mr. Mike Hoodak
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1)
2/23/12

Name of Building Owner / Operator (2)
St. Mary of the Lakes

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

Type Notification
☐ Initial
☐ Amended
☐ Emergency
☐ Cancellation

Street Address
196 Route 70

City, State & Zip Code
Medford, NJ 08055

Name of Contact
Mr. Warren Lipka

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
St. Mary of the Lakes School

Street Address
196 Route 70

City (5) County (6) County Code (7)
Medford Burlington

Name of Monitoring Firm Hired by Building Owner (8)
RK Occupational & Environmental Analysis, Inc.

ASCM No.

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

Square Feet
50,000

# of Floors
1

Bidg. Age
40

Current Use (Prior if being demolished)

Name of Abatement Contractor (9)
Asbestos and Mold Services, Corp.

Street Address
3859 Sylon Blvd.

City, State & Zip Code
Hainesport, NJ 08036

Telephone Number
609-702-0400

License Number
00862

Name of OSHA Monitor
EMSL Analytical

Street Address
107 Haddon Ave.

City, State & Zip Code
Westmont, NJ 08108

Scheduled Start Date (10) Scheduled Completion Date (11)
03/04/12 03/04/12

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

Describe:
Isolated Area

Scope of Work (Check all that apply)
☐ ≥3 sf or ≥3 lf
☐ ≥160 sf ≥260 lf

☐ Renovation Demolition

Location of Asbestos-Containing Material (ACM)

TO BE ABATED in Facility (13)

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

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

Amount (Specify SF or LF)

Abatement Type

O&M Clean up

Mini Enclosure

Glove Bag Procedures

Non-Exempted and Non-Friable Procedure

Encapsulate

Repair & Clean Up

Endoscope

Basement/Crawlspace

Basement/Crawlspace

(Encapsulate) pipe insulation

(Approx. 8 LF)

(Clean up) fallen pipe insulation and debris throughout (4) areas

(Approx. 125.5 LF in (4) areas)

Name of Registered Waste Hauler
NJ DEP Waste Hauler ID No.
22512

Cubic Yards of Waste
4

Name of Registered Landfill
GROWS

Disposal Date
3/4/12

City, State
Trenton, NJ

City, State
Morrisville, PA

Completed By (Print or Type)
Kim Trumbetti

Title
Admin.

Signature

Date
2/23/12
**NOTIFICATION OF ASBESTOS ABATEMENT**

Pursuant to NJAC 8:60 and 12:120

---

**State of New Jersey**

**MO# 250018**

**Date of Notification (1)**

02/23/2012

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

JE 231 Realty INC

FEB 27 2012

**Agency Notified (3)**

- EPA
- DEP
- DOL
- DOH
- DCA

**Type Notification (4)**

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

**Street Address (5)**

25 Kady Lane

**City, State, Zip Code (6)**

Kendall Park, NJ 08824

**Name of Contact (7)**

Y.Y.Lien

**Telephone Number (8)**

---

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (9)**

New Brunswick, NJ 08901

**County Code (10)**

Middlesex

**County Code (11)**

ONLY

**Current Use (Prior to being demolished (12))**

---

**Type of Facility (13)**

- School (K-12)
- Subchapter 8 (Other than K-1 2)
- Other (i.e. private & commercial buildings, homes, etc.)

**Square Ft. (14)**

1080

**# of Floors (15)**

1

**Bldg. Age (16)**

1978

**Name of Abatement Contractor (17)**

Gr Tech LLC

**Street Address (18)**

576 Valley Rd #283

**City, State, Zip Code (19)**

Wayne, NJ 07470

**Telephone No. (20)**

973-638-1777

**License No. (21)**

01127

**Name of OSHA Monitor (22)**

Envirovision Consultants, Inc

**Street Address (23)**

20-21 Wagaraw Road, Bldg. # 34A

**City, State, Zip Code (24)**

Fair Lawn, NJ 07410

---

**Start Date (25)**

03/03/2012

**Scheduled Completion Date (26)**

03/05/2012

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

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

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

- >350 sf or >3 if
- ≥100 sf or >260 lf

**Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (27)**

**Is Location Normally Used Solely by Maintenance/Custodial Staff? (28)**

- Yes
- No

**Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) (29)**

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

**Amount (Specify SF or LF) (30)**

- 350 LF
- 150 SF

**Abatement Type (31)**

- Removal
- Encapsulation
- Endorse

**Name of Registered Waste Hauler (32)**

NUDEP Waste Hauler ID No.

- 0033785

**Cubic Yards of Waste (33)**

T.R.R. Inc

**Name of Registered Landfill (34)**

Tullytown, PA

**Disposal Date (35)**

02/23/2012

**Title (36)**

Owner

**Signature (37)**

N.Jevtic

**Date (38)**

02/23/2012

---

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

**Pursuant to N.J.A.C. 8:25-1 and 12:18-1**

**Date of Notification:** 2/23/12  
**Name of Building Owner/Operator:** M. HANNY GERNANDES  
**Address:** 7100 Broadway, North Bergen, NJ, 07047  
**Name of Contact:** M. HANNY GERNANDES

### FACILITY INFORMATION

- **Type of Facility:** Residential/Store  
- **Square Feet:** 3,000  
- **Occupancy Status:** Residences/Store

### Project Manager for Monitoring Firm

- **Name:** T. VALVIANO  
- **Address:** 280 Grands Ave, Englewood, NJ 07631  
- **Telephone No.:** 201-953-107

### Start Date

- **Start Date:** 2/24/2012  
- **Scheduled Completion Date:** 3/5/2012

### Scope of Work

- **Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility:** Ext. Block, Floor X  
- **Location Normally Used Solely by Maintenance/Service Staff:** Yes  
- **Description of Asbestos Containing Material (ACM):** Refer to Survey Report  
- **Amount:** 3600 SF X  
- **Abatement Type:** Removal

### Disposal

- **Disposal Date:** 3/5/2012  
- **Disposal Site:** Bethlehems, PA 18015  
- **Permit:** 30 YRS  

### Responsible Party

- **Name:** J. MAIORANO  
- **Title:** Estimator  
- **Signature:**

---

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

Date of Notification (1) 2/1/2012  

Name of Building Owner/Operator (2)  
NJ DOT Region Central 

Agencies Notified  
(X) EPA  
(X) DOL  
(X) DEP  
(X) DCA  

Notification Type  
( ) Initial Notification  
( ) Amended Certification  
( ) Cancelled  

Street Address  
1035 Parkway Ave  
City, State, Zip Code  
Trenton, NJ 08625  

Name of Contact Kiran Amin  

FACILITY INFORMATION  

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

Street Address  
501 Hoes Lane  
City (5)  
Piscataway  
County (6)  
Middlesex  
County Code (7)  
(State Use Only)  

Name of Monitoring Firm Hired by Bldg. Owner (8)  
L.R. Kimball  
ASCM No. 00103  

Name of Contractor (9)  
Neuber Env. Svcs., Inc.  

Street Address  
411 Riverview Plaza  
City, State, Zip Code  
Trenton, NJ 08611  

Project Manager for Monitoring Firm  
Mr. Robert Kowalczyk  
Telephone Number  
215.282.8300 x8377  

Scheduled Start Date (10)  
2/27/2012  

Scheduled Completion Date (11)  
3/2/2012  

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

Describe  

Other -  
Describe  

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

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

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

YES  
NO  
NA  

Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)  

Amount (Specify SF or LF)  

Abatement Type  
Rem.  
Rep.  
Encap.  
Enclos.  

Description  

Mail to: NJDEP-OSH-BRRT  
401 E. State St., PO 114  
Trenton, NJ 08625-0414  
Telephone 609-984-5620  
C:\WORD\MYDOCS\ASBESTOS  
9/18/00
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 7:26-2.12)

Date of Notification (1) 2/1/2012

Name of Building Owner/Operator (2)
NJ DOT Region Central

Agencies Notified
(X) EPA
(X) DEP
( ) DOL
( ) DOH
( ) DCA

Notification Type
( ) Initial Notification
(X) Amended Certification
( ) Cancelled

Street Address
1035 Parkway Ave

City, State, Zip Code
Trenton, NJ 08625

Name of Contact Kiran Amin

FACILITY INFORMATION

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

Street Address
900 East Lincoln Highway

City (5) Piscataway
County (6) Middlesex
County Code (7) [State Use Only]

Name of Monitoring Firm Hired by Bldg. Owner (8)
L.R. Kimball

ASIC No. 00103

Name of Contractor (9)
Neuber Env. Svcs., Inc.

Street Address
42 Ridge Road

City State, Zip Code
Phoenixville, PA 19460

Trenton, NJ 08611

Project Manager for Monitoring Firm
Mr. Robert Kowalczyk

Telephone Number
215.282.8300 x8377

Scheduled Start Date (10)
2/27/2012

Scheduled Completion Date (11)
3/2/2012

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

Describe

Other -

Describe

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

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

Is Location Normally Used Solely by Maint./Custodial Staff? (12)
YES NO NA

Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)

Amount (Specify SF or LF)

Abatement Type

Rem Rep Encap Enclose

Porch Roof
XXX Roof shingles 300 sf XXX

Roof
XXX Chimney Flashing 150 sf XXX

Windows
XXX Window Caulk 72 lf XXX

Door
XXX Door caulk 80 lf XXX

Name of Reg. Waste Hauler
NJDEP Waste Hauler ID # 23504

Cubic Yards of Waste
10 yards

Name of Reg. Landfill
C&A Carbone, Inc.

City, State
Valley Cottage, NY

Disp. Date 3/2012

City, State
West Nyack, NY

 Completed by (Print or Type)
Jeffrey A. LaRiviere
Title V.P.

Signature

Date 2/21/2012

Mail to: NJDEP-DSHW-BRRT 401 E. State St., PO 414
414 Telephone 609-984-6520
Trenton, NJ 08625-0414

C:\WORD\MYDOCS\ASBESTOS
9/18/00
# NOTIFICATION OF ASBESTOS ABATEMENT

**State of New Jersey**

(Pursuant to NJAC 8:60-7 and 12:120-7)

## Date of Notification (1)
2/23/12

## Agenecies Notified
- [ ] EPA
- [X] Initial Notification
- [ ] DNR
- [ ] Amended Notification
- [ ] DOL
- [ ] Emergency
- [ ] DCAG
- [ ] Cancellation

## Name of Building Owner/Operator (2)
Scott Thomas

## Street Address
59 Ryerson Avenue

## City, State, Zip Code
Newton, NJ 07860

## Name of Contact
Scott Thomas

## Telephone Number

### FACILITY INFORMATION

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

**Street Address**
59 Ryerson Avenue

**City (5)**
Newton

**County (6)**
Sussex

**County Code (7)**
N/A

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

**Square Feet**
1700

**# of Floors**
2

**Bldg. Age**
60

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

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

**Street Address**
86 Christopher St.

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

**Name of OSHA Monitor**
N/A

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

**License Number**
00371

### Project Manager for Monitoring Firm

**Telephone Number**
N/A

### Name of Monitoring Firm hired by Building Owner (8)

**ASCM No.**
67

## Scheduled Start Date (10)
3/3/12

## Sched. Completion Date (11)
3/4/12

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

### Scope of Work (Check all that apply)
- [X] 23 sf or 23 lf
- [ ] 160 sf or 260 lf
- [X] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [X] Glovebag Procedure
- [ ] Non-Friable Procedure

## Location of Asbestos-Containing Material (ACM)

### TO BE ABATED

- [X] basement

### Location Normally Used

- [ ] Maintenance
- [ ] Custodial Staff

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

- [X] Insulation, surfacing, VAT, or other miscellaneous

### Amount (Specify SF or LF)

- [X] 125 1f

### Abatement Type

- [ ] Removal
- [ ] Encapsulation

## Name of Registered Waste Hauler

AZTECH MANAGEMENT, INC.

**NJDPR Waste Disposal No.**
17040

**Cubic Yards of Waste**
1.5

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

**City, State**
Morrisville, PA 19067

**Disposal Date**
3/5/12

## Completed By (Print or Type)
Constantine Vivian

**Title**
President

**Signature**

**Date**
2/23/12
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 13:128-)

Name of Building Owner/Operator (2)
Lisa Curran

Street Address
413 Devon Street

City, State, Zip Code
Keary, NJ 07932

Name of Contact
Lisa Curran

FACILITY INFORMATION

Type of Facility (4)
| School (K-12) |
| Subchapter 8 (Other than K-13) |

Square Footage
| # of Floors |
| Bidg. Age |

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

Location
413 Devon Street

County Code
(STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)
Ascen

Name of Abatement Contractor (9)
J.B. Contracting & Environmental Consulting, Inc.

Street Address
1141 Route 23
Wayne NJ 07470

Telephone Number
973 628-9500

License No.
000468

Name of OSHA Monitor
Enviro Vision Consultants, Inc.

Street Address
20-21 Wagaware Road, Bldg. #34A
Fairlawn NJ 07410

Telephone Number
973-636-9165

License No.

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

Scopes of Work (Check all that apply)

[ ] Renovation

[ ] Demolition

[ ] ≥ 3 sf or ≥ 3 lfr

[ ] ≥ 160 sf or ≥ 200 ft

Baseline

Pipe Insulation

Extraction

Cubic Yards of Waste

Name of Registered Waste Hauler
J.B. Contracting & Environmental Consulting, Inc.

City, State
Wayne NJ 07470

Completed by (Print or Type)
Jerry Bilettoni

Date
2/21/2012

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

Date of Notification (1) 2/23/12

Name of Building Owner/Operator (2) Stephen News

Agencies Notified
[ ] EPA
[ ] DEP
[ ] DOL
[ ] DOH
[ ] DCA
Type Notification
[ ] Initial Notification
[ ] Amended Notification
[ ] EMERGENCY
[ ] Cancellation

Street Address 1307 Florence Avenue
City, State, Zip Code Plainfield, NJ 07060

Name of Contact James

FACILITY INFORMATION

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

Street Address 1307 Florence Avenue
City (5) Plainfield
County (6) Union
County Code (7) (STATE USE ONLY)

Name of Monitoring Firm hired by Building Owner (8) ASCM No.
N/A 67

Street Address
City, State, Zip Code

Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.
Street Address 86 Christopher St.
City, State, Zip Code Montclair, NJ 07042

Telephone Number (973) 744-8800
License Number 00371

Name of OSHA Monitor N/A
Street Address
City, State, Zip Code

Scheduled Start Date (10) 3/5/12
Sched. Completion Date (11) 3/6/12

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

Scope of Work (Check all that apply)
[ ] 3 sf or > 3 l.f.
[ ] > 160 sf or > 260 l.f.
[ ] Renovation
[ ] Demolition

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

<table>
<thead>
<tr>
<th>Location Normally Used</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
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</thead>
<tbody>
<tr>
<td>Basement</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pipe Insulation</td>
<td></td>
<td></td>
<td>135 l.f</td>
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</tbody>
</table>

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.
NUDEP Waste Hauler ID No. 17040
City, State Montclair, NJ 07042

Cubic Yards of Waste 1.5
Disposal Date 3/7/12
Name of Registered Landfill G.R.O.W.S.
City, State Morrisville, PA 19067

Completed By (Print or Type) Constantine Vivian
Title President
Signature Date 2/23/12
## NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

**State of New Jersey**

### Name of Building Owner/Operator
Morris Elm LLC

**FACILITY INFORMATION**

- **Name of Facility Where Abatement is Taking Place**
  - Regency on Elm
- **Street Address**
  - 41 Elm St.
- **City**
  - Morristown
- **Square Feet**
  - 70,000
- **# of Floors**
  - 5
- **Bldg. Age**
  - 50+

### Abatement Contractor

- **Name of Abatement Contractor**
  - BRISTOL ENVIRONMENTAL, INC.
- **Street Address**
  - 1123 BEAVER STREET
- **City, State, Zip Code**
  - BRISTOL, PA 19007

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

- ≥3 sf or ≥3 if (Renovation, Demolition)
- ≥180 sf or ≥280 if (Full Containment with Negative Pressure, Mini-Enclosure, Glovebag Procedure, Non-Encapsulated)

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

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

### Location

- **Boiler room**
  - Pipe Insulation: 250 LF
  - Tank Insulation: 125 SF

### Name of Registered Waste Hauler

- SERVICE TRANSPORT GROUP, INC.
- NJDEP Waste Hauler ID No. 20990

### Disposal Date

- City, State: WAYNESBURG, OH 44688

**Date of Notification**

- 2 / 8 / 12

**Name of Monitoring Firm Hired by Building Owner**

- CRITERION LABS, INC.

**Telephone No.**

- 215-244-1300

**ASCM No.**

**License No.**

- 00509

**Start Date**

- 2 / 23 / 12

**Scheduled Completion Date**

- 2 / 27 / 12

**completed By**

- Brian Scafiro

---

*Do not use this form for asbestos licensure exempted activities.*
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 6:16)

<table>
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<tr>
<th>Date of Notification (1)</th>
<th>2 / 9 / 12</th>
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<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Morris Elm LLC</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>Type Notification</td>
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<tr>
<td>EPA 0857</td>
<td>Initial</td>
</tr>
<tr>
<td>NJ DOLWVD 9959</td>
<td>Amended</td>
</tr>
<tr>
<td>DHSS 0846</td>
<td>Amendment #</td>
</tr>
<tr>
<td>[ ] DCA (NJAC 5:23-8)</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>[ ] Cancellation</td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
<td>41 Elm St., Suite 1C</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Morristown, NJ 07960</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Shaun Mekkawy</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

### FACILITY INFORMATION

- **Name of Facility Where Abatement is Taking Place (3)**: Regency on Elm
- **Type of Facility (4)**: 
  - [ ] School (K-12)
  - [ ] Subchapter 8 (Other than K-12)
  - [ ] Other (i.e., private and commercial buildings, homes, etc.)
- **Square Feet**: 70,000
- **# of Floors**: 5
- **Bldg. Age**: 50+
- **Current Use (Prior if being demolished)**: |

### Name of Monitoring Firm Hired by Building Owner (8)
- **Criterion Labs, Inc.**

### ASCM No.
- **Name of Abatement Contractor (9)**: 
  - **BRISTOL ENVIRONMENTAL, INC.**
  - **Street Address**: 1123 BEAVER STREET
  - **City, State, Zip Code**: BRISTOL, PA 19007
  - **Telephone No.**: 215-788-6040
  - **License No.**: 00509

### Project Manager for Monitoring Firm
- **Mike Panapresso**
  - **Telephone No.**: 215-244-1300

### Start Date (10) 2 / 23 / 12 Scheduled Completion Date (11) 2 / 27 / 12

### Occupancy Status During Abatement (Check only one)
- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [x] Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 8:00AM-4:30PM/ 4:30PM-8:00AM

### Scope of Work (Check all that apply)
- [x] ≥3 sf or ≥3 if
- [x] ≥160 sf or ≥260 if
- [ ] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

### Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
- **Amount (Specify SF or LF)**: 250 LF

### Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility
- **Boiler room**
- **Pipe insulation**
- **Boiler room**
- **Tank insulation**

### Name of Registered Waste Hauler
- **SERVICE TRANSPORT GROUP, INC.**
- **NJDEP Waste Hauler ID No.**: 20990
- **Cubic Yards of Waste**: 10
- **Name of Registered Landfill**: MINERVA LANDFILL
- **City, State**: WAYNESBURG, OH 44688

### Completed By (Print or Type)
- **Title**: Estimator
- **Signature**: Brian Scafro

### Date: 2/9/12

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

Date of Notification (1):
02/22/2012

Name of Building Owner/Operator (2):
Patrick Cleary

Emergency Notification:
11 Morris Avenue
City, State, Zip Code:
Riverdale, NJ 07457
Name of Contact:
Patrick Cleary

FACILITY INFORMATION

Type of Facility (4):
Private home

Name of Facility Where Abatement is Taking Place (3):
11 Morris Avenue
City, State, Zip Code:
Riverdale, NJ 07457

County Code (7) (STATE USE ONLY):

Current Use (Prinize Being Demolished):

Name of Monitoring Firm Hired by Building Owner (5):
Gr Tech LLC

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

Telephone No.:
973-638-1777

License No.:
01127

Name of Abatement Contractor (6):
Envirovision Consultants, Inc

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

Start Date (7):
02/23/2012

Scheduled Completion Date (11):
02/24/2012

Facility Closed/Valved During Entire Period of Abatement (Check only one):

Abatement Performed Outside of Normal Facility Hours (Check if applicable):

Scope of Work (Check all that apply):

Location of Asbestos-Containing Material (ACM) to be Abated:

In Location Normally Used Solely by Maintenance Staff:

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

Abatement Type:

Yes
No

Full Containment with Negative Pressure
Mini-Enclosure
Glueing Procedure
Non-Exempted (7) and Non-Exemptible Procedure

Reno
Demol

X
X

Amount
110 LF
8 LF

Name of Registered Waste Handler:
Gr Tech LLC

City, State:
Wayne, NJ 07470

Disposal Date:
T.R.R.F., Inc

City, State:
Tullytown, PA

02/23/2012

Completed by:
N. Javtic
Title:
Owner

Do not use this form for asbestos removal by exemptible activities.