

21398

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

|  |   |  |                          |  |   |  |                          |                          |                          |
|--|---|--|--------------------------|--|---|--|--------------------------|--------------------------|--------------------------|
| Date of Notification (1)<br><b>02 / 28 / 12</b>  |   | Name of Building Owner/Operator (2)<br><b>North Jersey Recycling</b>   |                          | <div style="border: 2px solid black; padding: 10px; display: inline-block;"> <b>RECEIVED</b><br/><br/> <b>FEB 29 2012</b><br/><br/> <small>ASBESTOS CONTROL &amp; REMEDIATION</small> </div>                                 |   |  |                          |                          |                          |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DHSS<br><input checked="" type="checkbox"/> DCA (NJAC 5:23-8)   |   | Type Notification<br><input type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |                          |  |   | Street Address<br><b>6000 Westside Avenue PO Box 188</b> |                          |                          |                          |
|  |   | City, State, Zip Code<br><b>North Bergen NJ 07047</b>  |                          |  |   | Name of Contact<br><b>Stephen Guido</b>                  |                          |                          |                          |
|  |   |  |                          |  |   | Telephone Number<br>_____                                |                          |                          |                          |
| <b>FACILITY INFORMATION</b>  |   |  |                          |  |   |  |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br><b>300 Washington Street</b>   |   |  |                          | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) |   |  |                          |                          |                          |
| City (5)<br><b>Hoboken</b>   |   |  |                          | Square Feet<br><b>5,000</b>  | # of Floors<br><b>3</b>   |  |                          |                          |                          |
| County (6)<br><b>Hudson</b>  |   |  |                          | County Code (7)(STATE USE ONLY)  | Bldg. Age<br><b>80</b>  |  |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)  |   |  |                          | Current Use (Prior if being demolished)  |   |  |                          |                          |                          |
| Street Address   |   | ASCM No.   |                          | Name of Abatement Contractor (9)<br><b>JVN Restoration Inc</b>   |   |  |                          |                          |                          |
| City, State, Zip Code  |   |  |                          | Street Address<br><b>47 Foster Road</b>  |   |  |                          |                          |                          |
| Project Manager for Monitoring Firm  |   | Telephone No.  |                          | City, State, Zip Code<br><b>Staten Island NY 10309</b>   |   |  |                          |                          |                          |
| Start Date (10)<br><b>02 / 29 / 12</b>   |   | Scheduled Completion Date (11)<br><b>02 / 29 / 12</b>  |                          | Telephone No.<br><b>718-605-6256</b>   |   |  |                          |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM |   | License No.<br><b>00774</b>  |                          | Name of OSHA Monitor   |   |  |                          |                          |                          |
| Scope of Work (Check all that apply)<br><input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation<br><input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition   |   | Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure                |                          | Street Address   |   |  |                          |                          |                          |
|  |   |  |                          | City, State, Zip Code  |   |  |                          |                          |                          |
| Location of Asbestos-Containing Material (ACM)<br><b>TO BE ABATED</b><br>IN Facility (13)  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |  |                          | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)   | Amount (Specify SF or LF)<br><b>150 LF</b>                      | Abatement Type   |                          |                          |                          |
|  | Yes   | No   | N/A                      |  |   | Removal  | Repair                   | Encapsulate              | Enclosure                |
|  | <input type="checkbox"/>  | <input checked="" type="checkbox"/>  | <input type="checkbox"/> |  |   | <input checked="" type="checkbox"/>                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/> |  |   | <input type="checkbox"/>                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/> |  |   | <input type="checkbox"/>                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler<br><b>Express Waste Services LLC</b>   |   | NJDEP Waste Hauler ID No.<br><b>NJ-804</b>   |                          | Cubic Yards of Waste<br><b>5</b>   | Name of Registered Landfill<br><b>IMinerva Enterprises Inc.</b> |  |                          |                          |                          |
| City, State<br><b>Newark, NJ</b>   |   | Disposal Date<br><b>2/29/2012</b>  |                          | City, State<br><b>Waynesburg, OH</b>   |   |  |                          |                          |                          |
| Completed By (Print or Type)<br><b>John Tardy</b>  |   | Title<br><b>Senior Project Manager</b>   |                          | Signature<br><i>John Tardy</i>   |   | Date<br><b>2/28/12</b>                                   |                          |                          |                          |

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

| Date of Notification (1)<br>02/24/12   |  | Name of Building Owner/Operator (2)<br>Community Food Bank of NJ   |   |   |                           |                |                  |             |           |
|--|--|--|---|---|---------------------------|----------------|------------------|-------------|-----------|
| Agencies Notified<br><input type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA   | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br>31 Evans Terminal Rd.  |   |   |                           |                |                  |             |           |
|  |  | City, State, Zip Code<br>Hillside NJ 07205   |   |   |                           |                |                  |             |           |
|  |  | Name of Contact<br>Jim Doty  | Telephone Number<br>[REDACTED]                          |   |                           |                |                  |             |           |
| <b>FACILITY INFORMATION</b>  |  |  |   |   |                           |                |                  |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Community Food Bank of NJ  |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)                    |   |   |                           |                |                  |             |           |
| Street Address<br>31 Evans Terminal Rd.  |  | Square Feet<br>285,000   | # of Floors<br>2  |   |                           |                |                  |             |           |
| City (5)<br>Hillside   |  | Bldg. Age<br>80 years  |   |   |                           |                |                  |             |           |
| County (6)<br>Union  | County Code (7)<br>(STATE USE ONLY) _____  | Current Use (Prior if being demolished)<br>food bank   |   |   |                           |                |                  |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>N/A   |  | ASCM No.   | Name of Abatement Contractor (9)<br>Lesco Services Inc. |   |                           |                |                  |             |           |
| Street Address   |  | Street Address<br>156 Maple Ave  |   |   |                           |                |                  |             |           |
| City, State, Zip Code  |  | City, State, Zip Code<br>Wallington NJ 07057   |   |   |                           |                |                  |             |           |
| Project Manager for Monitoring Firm  |  | Telephone No.<br>973-406-7341  | License No.<br>01107                                    |   |                           |                |                  |             |           |
| Start Date (10)<br>03/05/12  | Scheduled Completion Date (11)<br>03/14/12   | Name of OSHA Monitor<br>Leslaw Nalodka   |   |   |                           |                |                  |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____ |  | Street Address<br>156 Maple Ave  |   |   |                           |                |                  |             |           |
|  |  | City, State, Zip Code<br>Wallington NJ 07057   |   |   |                           |                |                  |             |           |
| Scope of Work (Check All That Apply)   |  |  |   |   |                           |                |                  |             |           |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf  |  | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition  |   |   |                           |                |                  |             |           |
|  |  | <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |   |   |                           |                |                  |             |           |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)   | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)  |  |   | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |                  |             |           |
|  | Yes  | No   | N/A   |   |                           | Removal        | Repair           | Encapsulate | Enclosure |
| boiler room  |  | *  |   | boiler insulation   | 900sf.                    | *              |                  |             |           |
|  |  |  |   |   |                           |                |                  |             |           |
|  |  |  |   |   |                           |                |                  |             |           |
|  |  |  |   |   |                           |                |                  |             |           |
| Name of Registered Waste Hauler<br>Newark Carting Inc.   |  | NJDEP Waste Hauler ID No.<br>05409   | Cubic Yards of Waste<br>20                              | Name of Registered Landfill<br>GROWS  |                           |                |                  |             |           |
| City, State<br>Newark NJ   |  | Disposal Date<br>03/14/12  |   | City, State<br>Morrisville PA.  |                           |                |                  |             |           |
| Completed by<br>Leslaw Nalodka   |  | Title<br>President   |   | Signature<br><i>[Signature]</i>   |                           |                | Date<br>02/24/12 |             |           |



**State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:26 and 12:12)**

*ok* #3383

|  |  |   |   |                             |                |          |        |               |           |
|--|--|---|---|-----------------------------|----------------|----------|--------|---------------|-----------|
| Date of Notification (1)<br><b>2-24-12</b>   |  | Name of Building Owner/Operator (2)<br><b>R. KOBEL</b>  |   |                             |                |          |        |               |           |
| Agencies Notified  | Type Notification  | Street Address  |   |                             |                |          |        |               |           |
| <input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA   | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment #<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | <b>156 HARDING ROAD</b><br>City, State, Zip Code<br><b>GLEN ROCK, NJ 07452</b>  |   |                             |                |          |        |               |           |
|  |  | Name of Contact<br><b>R. KOBEL</b>  | Telephone Number  |                             |                |          |        |               |           |
| <b>FACILITY INFORMATION</b>  |  |   |   |                             |                |          |        |               |           |
| Name of Facility Where Abatement is Taking Place (3)<br><b>R. KOBEL</b>  |  | Type of Facility (4)  |   |                             |                |          |        |               |           |
| Street Address<br><b>156 HARDING ROAD</b>  |  | <input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter S (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)   |   |                             |                |          |        |               |           |
| City (5)<br><b>GLEN ROCK</b>   |  | Square Feet<br><b>2100</b>  | # of Floors<br><b>2</b>   |                             |                |          |        |               |           |
| County (6)<br><b>BERGEN</b>  |  | Bldg. Age<br><b>66 YRS</b>  |   |                             |                |          |        |               |           |
| County Code (7)<br>(STATE USE ONLY)  |  | Current Use (Prior if being demolished)<br><b>RESIDENCE</b>   |   |                             |                |          |        |               |           |
| Name of Monitoring Firm Hired by Building Owner (8)  |  | ASCM No.  | Name of Abatement Contractor (9)  |                             |                |          |        |               |           |
| Street Address   |  | Best Removal Inc  |   |                             |                |          |        |               |           |
| City, State, Zip Code  |  | Street Address  |   |                             |                |          |        |               |           |
| Project Manager for Monitoring Firm  |  | 450 South River St  |   |                             |                |          |        |               |           |
| Telephone No.  |  | City, State, Zip Code   |   |                             |                |          |        |               |           |
| Start Date (10)<br><b>3-6-12</b>   |  | Hackensack, N.J. 07601  |   |                             |                |          |        |               |           |
| Scheduled Completion Date (11)<br><b>3-7-12</b>  |  | Telephone No.<br><b>201-329-7444</b>  | License No.<br><b>00388</b>   |                             |                |          |        |               |           |
| Occupancy Status During Abatement (Check Only One)   |  | Name of OSHA Monitor  |   |                             |                |          |        |               |           |
| <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other - Describe: <b>8 AM to 5 PM</b> |  | Omega Environmental Services  |   |                             |                |          |        |               |           |
| Scope of Work (Check All That Apply)   |  | Street Address  |   |                             |                |          |        |               |           |
| <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf<br><input type="checkbox"/> ≥ 160 sf or ≥ 200 lf<br><input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition   |  | 280 Huyler St   |   |                             |                |          |        |               |           |
|  |  | City, State, Zip Code   |   |                             |                |          |        |               |           |
|  |  | South Hackensack, N.J. 07606  |   |                             |                |          |        |               |           |
|  |  | <input type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |   |                             |                |          |        |               |           |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)   | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)  |   | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF)   | Abatement Type |          |        |               |           |
|  | Yes  | No  |   |                             | N/A            | Removal  | Repair | Encapsulation | Enclosure |
| <b>BASEMENT</b>  |  |   | <b>X</b>  | <b>THERMAL INSULATION</b>   | <b>75 LF</b>   | <b>X</b> |        |               |           |
|  |  |   |   |                             |                |          |        |               |           |
|  |  |   |   |                             |                |          |        |               |           |
| Name of Registered Waste Hauler  |  | NJDEP Waste Hauler ID No.   | Cubic Yards of Waste  | Name of Registered Landfill |                |          |        |               |           |
| <b>ATLANTIC WASTE SERVICES</b>   |  | <b>22592</b>  | <b>3/4 YD</b>   | <b>IESI LANDFILL</b>        |                |          |        |               |           |
| City, State  |  | Disposal Date   | City, State   |                             |                |          |        |               |           |
| <b>ROCHELLE PARK, N.J.</b>   |  | <b>3-7-12</b>   | <b>BETHLEHEM, PA. 18015</b>   |                             |                |          |        |               |           |
| Completed by   |  | Title   | Signature   | Date                        |                |          |        |               |           |
| <b>R. VELDRAN</b>  |  | <b>Estimator</b>  | <i>R. Veldran</i>   | <b>2-24-12</b>              |                |          |        |               |           |



APPROVED  
NJ Dept. of Health & Senior Services  
(signature)  
Date: 2/24/12 Time: 9:25  
Emergency Notification

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

Check # 1300

|  |   |   |  |   |                |  |        |
|--|---|---|--|---|----------------|--|--------|
| Date of Notification (1)<br><b>02/24/2012</b>  |   | Name of Building Owner/Operator (2)<br><b>Actavis</b>   |  |   |                |  |        |
| Agency Notified<br><input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA   |   | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment #<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |  |   |                |  |        |
| Street Address<br><b>200 Elmora Avenue</b>   |   | City, State, Zip Code<br><b>Elizabeth, NJ 07202</b>   |  |   |                |  |        |
| Name of Contact<br><b>Robert Marchese</b>  |   | Telephone Number  |  |   |                |  |        |
| FACILITY INFORMATION   |   |   |  |   |                |  |        |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Pharmaceutical manufacture</b>  |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter S (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)               |  |   |                |  |        |
| Street Address<br><b>200 Elmora Avenue</b>   |   | Square Feet   |  |   |                |  |        |
| City (5)<br><b>Elizabeth, NJ 07202</b>   |   | # of Floors   |  |   |                |  |        |
| County (6)<br><b>Union</b>   |   | Bldg. Age   |  |   |                |  |        |
| County Code (7) (STATE USE ONLY)<br><b>Union</b>   |   | Current Use (Prior if being demolished)   |  |   |                |  |        |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>Gr Tech LLC</b>  |   | Name of Abatement Contractor (9)<br><b>Gr Tech LLC</b>  |  |   |                |  |        |
| Street Address   |   | Street Address<br><b>576 Valley Rd #283</b>   |  |   |                |  |        |
| City, State, Zip Code  |   | City, State, Zip Code<br><b>Wayne, NJ 07470</b>   |  |   |                |  |        |
| Project Manager for Monitoring Firm  |   | Telephone No.<br><b>973-638-1777</b>  |  |   |                |  |        |
| Telephone No.  |   | License No.<br><b>01127</b>   |  |   |                |  |        |
| Start Date (10)<br><b>02/25/2012</b>   |   | Scheduled Completion Date (11)<br><b>02/27/2012</b>   |  |   |                |  |        |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe:   |   | Name of OSHA Monitor<br><b>Envirovision Consultants, Inc</b>  |  |   |                |  |        |
| Street Address<br><b>20-21 Wagaraw Road, Bldg #34A</b>   |   | City, State, Zip Code<br><b>Fair Lawn, NJ 07410</b>   |  |   |                |  |        |
| Scope of Work (Check all that apply)<br><input checked="" type="checkbox"/> >3 sf or >3 lf<br><input type="checkbox"/> ≥160 sf or >280 lf<br><input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted ("C") and Non-Frangible Procedure |   |   |  |   |                |  |        |
| Location of Asbestos-Containing Material (ACM)<br><b>TO BE ABATED</b><br>IN Facility (13)  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |   | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF)<br><b>50 LF</b> | Abatement Type |  |        |
|  | Yes   | No  |  |   | N/A            | Removal  | Repair |
| <b>1st floor-storage area</b>  |   | <b>x</b>  | <b>Pipe insulation</b>   |   | <b>x</b>       |  |        |
| Name of Registered Waste Hauler<br><b>Gr Tech LLC</b>  |   | NJDEP Waste Hauler ID No.<br><b>0033785</b>   |  | Cubic Yards of Waste                      |                | Name of Registered Landfill<br><b>T.R.R.F. Inc</b> |        |
| City, State<br><b>Wayne, NJ 07470</b>  |   | Disposal Date   |  | City, State<br><b>Tullytown, PA</b>       |                | Date<br><b>02/24/2012</b>                          |        |
| Completed by<br><b>N. Jevtic</b>   |   | Title<br><b>Owner</b>   |  | Signature<br><i>N. Jevtic</i>             |                | Date<br><b>02/24/2012</b>                          |        |
| ASB-41   |   |   |  |   |                |  |        |

Do not use this form for asbestos licensure exempted activities.



VIA MAIL  
US MAIL  
CH# 2475

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

| Date of Notification (1)<br><u>2/25/12</u>   |   | Name of Building Owner/Operator (2)<br><u>MS CHERYL CASPER</u>  |                                   |  |                           |                        |        |             |           |
|--|---|---|-----------------------------------|--|---------------------------|------------------------|--------|-------------|-----------|
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA   | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment #<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><u>31 VIRGINIA ST</u>   |                                   |  |                           |                        |        |             |           |
|  |   | City, State, Zip Code<br><u>SO. RIVER N.J. 08857</u>  |                                   |  |                           |                        |        |             |           |
|  |   | Name of Contact<br><u>M. CASPER</u>   |                                   |  |                           |                        |        |             |           |
|  |   | Telephone Number<br><u>[REDACTED]</u>   |                                   |  |                           |                        |        |             |           |
| <b>FACILITY INFORMATION</b>  |   |   |                                   |  |                           |                        |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br><u>31 VIRGINIA ST</u>  |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)                              |                                   |  |                           |                        |        |             |           |
| Street Address<br><u>31 VIRGINIA ST</u>  |   | Square Feet<br><u>2,000</u>   | # of Floors<br><u>1</u>           |  |                           |                        |        |             |           |
| City (5)<br><u>SO. RIVER</u>   |   | Bldg. Age<br><u>60</u>  |                                   |  |                           |                        |        |             |           |
| County (6)<br><u>MIDDLESEX</u>   | County Code (7) (STATE USE ONLY)  | Current Use (Prior if being demolished)<br><u>RESIDENT</u>  |                                   |  |                           |                        |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)  |   | Name of Abatement Contractor (9)<br><u>NOVATECH INC</u>   |                                   |  |                           |                        |        |             |           |
| Street Address   |   | Street Address<br><u>P.O. Box 814</u>   |                                   |  |                           |                        |        |             |           |
| City, State, Zip Code  |   | City, State, Zip Code<br><u>OLD BRIDGE N.J. 08857</u>   |                                   |  |                           |                        |        |             |           |
| Project Manager for Monitoring Firm  |   | Telephone No.<br><u>732 238-7500</u>  | License No.<br><u>00806</u>       |  |                           |                        |        |             |           |
| Start Date (10)<br><u>3/05/12</u>  | Scheduled Completion Date (11)<br><u>3/06/12</u>  | Name of OSHA Monitor<br><u>NOVATECH INC</u>   |                                   |  |                           |                        |        |             |           |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____ |   | Street Address<br><u>P.O. Box 814</u>   |                                   |  |                           |                        |        |             |           |
|  |   | City, State, Zip Code<br><u>OLD BRIDGE N.J. 08857</u>   |                                   |  |                           |                        |        |             |           |
| Scope of Work (Check all that apply)   |   |   |                                   |  |                           |                        |        |             |           |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf<br><input type="checkbox"/> ≥160 sf or ≥260 lf  |   | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition   |                                   |  |                           |                        |        |             |           |
|  |   | <input type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                                   |  |                           |                        |        |             |           |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED IN Facility (13)</u>   | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)   |   |                                   | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type         |        |             |           |
|  | Yes   | No  | N/A                               |  |                           | Removal                | Repair | Encapsulate | Enclosure |
| <u>CRAWL SPACE</u>   |   |   | <u>X</u>                          | <u>PIPE INSULATION</u>   | <u>18 LF</u>              | <u>X</u>               |        |             |           |
|  |   |   |                                   |  |                           |                        |        |             |           |
|  |   |   |                                   |  |                           |                        |        |             |           |
| Name of Registered Waste Hauler<br><u>NOVATECH INC</u>   |   | NJDEP Waste Hauler ID No.<br><u>18501</u>   | Cubic Yards of Waste<br><u>10</u> | Name of Registered Landfill<br><u>G.R.O.W.S</u>  |                           |                        |        |             |           |
| City, State<br><u>OLD BRIDGE N.J. 08857</u>  |   | Disposal Date<br><u>3/7/12</u>  |                                   | City, State<br><u>FORBUSH P.A.</u>   |                           |                        |        |             |           |
| Completed By<br><u>CARLOS ALMEIDA</u>  |   | Title<br><u>PRESIDENT</u>   | Signature<br><u>[Signature]</u>   |  |                           | Date<br><u>2/25/12</u> |        |             |           |



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

|   |  |  |                                       |
|---|--|--|---------------------------------------|
| Date of Notification (1)<br><div style="text-align: center;">2 / 8 / 12</div>   |  | Name of Building Owner/Operator (2)<br><b>Morris Elm LLC</b> |                                       |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DHSS<br><input type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br>Amendment # <b>2-2/23/12</b><br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><b>41 Elm St., Suite 1C</b>                |                                       |
|   |  | City, State, Zip Code<br><b>Morristown, NJ 07960</b>         |                                       |
|   |  | Name of Contact<br><b>Shaun Mekkawy</b>                      | Telephone Number<br><b>[REDACTED]</b> |

RECEIVED  
FEB 29 2012

| FACILITY INFORMATION  |  |  |  |
|---|--|--|--|
| Name of Facility Where Abatement is Taking Place (3)<br><b>Regency on Elm</b>   |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) |  |
| Street Address<br><b>41 Elm St.</b>   |  | Square Feet<br><b>70,000</b>   | # of Floors<br><b>5</b>  |
| City (5)<br><b>Morristown</b>   |  | Bldg. Age<br><b>50+</b>  |  |
| County (6)<br><b>Morris</b>   | County Code (7) (STATE USE ONLY)   | Current Use (Prior if being demolished)  |  |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>Criterion Labs, Inc.</b>  |  | ASCM No.   | Name of Abatement Contractor (9)<br><b>BRISTOL ENVIRONMENTAL, INC.</b> |
| Street Address<br><b>3370 Progress Dr</b>   |  | Street Address<br><b>1123 BEAVER STREET</b>  |  |
| City, State, Zip Code<br><b>Bensalem, PA 19020</b>  |  | City, State, Zip Code<br><b>BRISTOL, PA 19007</b>  |  |
| Project Manager for Monitoring Firm<br><b>Mike Panapresso</b>   | Telephone No.<br><b>215-244-1300</b>   | Telephone No.<br><b>215-788-6040</b>   | License No.<br><b>00509</b>  |
| Start Date (10)<br><div style="text-align: center;">2 / 23 / 12</div>   | Scheduled Completion Date (11)<br><div style="text-align: center;">2 / 27 / 12</div> | Name of OSHA Monitor<br><b>BRISTOL ENVIRONMENTAL, INC.</b>   |  |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: <b>8:00AM-4:30PM</b> / <b>PM</b> - <b>AM</b><br><i>(REV#2)</i>  |  | Street Address<br><b>1123 BEAVER STREET</b>  |  |
|   |  | City, State, Zip Code<br><b>BRISTOL, PA 19007</b>  |  |
| Scope of Work (Check all that apply)  |  |  |  |
| <input type="checkbox"/> >3 sf or >3 lf<br><input checked="" type="checkbox"/> >160 sf or >260 lf<br><input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |  |  |

| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |                          |                          | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type                      |                          |                          |                          |
|---|---|--------------------------|--------------------------|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
|   | Yes   | No                       | N/A                      |  |                           | Removal                             | Repair                   | Encapsulate              | Enclosure                |
| Boiler room   | <input checked="" type="checkbox"/>                                   | <input type="checkbox"/> | <input type="checkbox"/> | Pipe Insulation  | 250 LF                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Boiler room   | <input checked="" type="checkbox"/>                                   | <input type="checkbox"/> | <input type="checkbox"/> | Tank Insulation  | 125 SF                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |  |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |  |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|   |                           |   |                                   |  |  |
|---|---------------------------|---|-----------------------------------|--|--|
| Name of Registered Waste Hauler<br><b>SERVICE TRANSPORT GROUP, INC.</b> |                           | NJDEP Waste Hauler ID No.<br><b>20990</b> | Cubic Yards of Waste<br><b>10</b> | Name of Registered Landfill<br><b>MINERVA LANDFILL</b> |  |
| City, State<br><b>NEW CASTLE, DE 19720</b>                              |                           | Disposal Date                             |                                   | City, State<br><b>WAYNESBURG, OH 44688</b>             |  |
| Completed By (Print or Type)<br><b>Brian Scafiro</b>                    | Title<br><b>Estimator</b> | Signature<br><i>Brian Scafiro</i>         |                                   | Date<br><b>2/23/12</b>                                 |  |



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



|   |  |  |  |  |                           |                                     |                          |                          |                          |
|---|--|--|--|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1)<br><u>2</u> / <u>8</u> / <u>12</u>   |  | Name of Building Owner/Operator (2)<br><b>Morris Elm LLC</b>   |  |  |                           |                                     |                          |                          |                          |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DHSS<br><input type="checkbox"/> DCA<br>(NJAC 5:23-8)  | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br>Amendment # <u>1-2/22/12</u><br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><b>41 Elm St., Suite 1C</b><br>City, State, Zip Code<br><b>Morristown, NJ 07960</b>  |  |  |                           |                                     |                          |                          |                          |
|   |  | Name of Contact<br><b>Shaun Mekkawy</b>  | Telephone Number<br>[REDACTED]   |  |                           |                                     |                          |                          |                          |
| <b>FACILITY INFORMATION</b>   |  |  |  |  |                           |                                     |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Regency on Elm</b>   |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)   |  |  |                           |                                     |                          |                          |                          |
| Street Address<br><b>41 Elm St.</b>   |  | Square Feet<br><b>70,000</b>   | # of Floors<br><b>5</b>  |  |                           |                                     |                          |                          |                          |
| City (5)<br><b>Morristown</b>   |  | Bldg. Age<br><b>50+</b>  |  |  |                           |                                     |                          |                          |                          |
| County (6)<br><b>Morris</b>   | County Code (7) (STATE USE ONLY)   | Current Use (Prior if being demolished)  |  |  |                           |                                     |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>Criterion Labs, Inc.</b>  |  | ASCM No.   | Name of Abatement Contractor (9)<br><b>BRISTOL ENVIRONMENTAL, INC.</b> |  |                           |                                     |                          |                          |                          |
| Street Address<br><b>3370 Progress Dr</b>   |  | Street Address<br><b>1123 BEAVER STREET</b>  |  |  |                           |                                     |                          |                          |                          |
| City, State, Zip Code<br><b>Bensalem, PA 19020</b>  |  | City, State, Zip Code<br><b>BRISTOL, PA 19007</b>  |  |  |                           |                                     |                          |                          |                          |
| Project Manager for Monitoring Firm<br><b>Mike Panapresso</b>   |  | Telephone No.<br><b>215-244-1300</b>   | License No.<br><b>00509</b>  |  |                           |                                     |                          |                          |                          |
| Start Date (10)<br><u>2</u> / <u>23</u> / <u>12</u>   | Scheduled Completion Date (11)<br><u>2</u> / <u>27</u> / <u>12</u>   | Name of OSHA Monitor<br><b>BRISTOL ENVIRONMENTAL, INC.</b>   |  |  |                           |                                     |                          |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: <u>9:00AM-5:30PM</u> PM- <u>      </u> AM |  | Street Address<br><b>1123 BEAVER STREET</b><br>City, State, Zip Code<br><b>BRISTOL, PA 19007</b>   |  |  |                           |                                     |                          |                          |                          |
| Scope of Work (Check all that apply)  |  |  |  |  |                           |                                     |                          |                          |                          |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf   |  | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |  |                           |                                     |                          |                          |                          |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)   | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)  |  |  | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type                      |                          |                          |                          |
|   | Yes  | No   | N/A  |  |                           | Removal                             | Repair                   | Encapsulate              | Enclosure                |
| Boiler room   | <input checked="" type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>   | Pipe Insulation  | 250 LF                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Boiler room   | <input checked="" type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>   | Tank Insulation  | 125 SF                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   |  |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   |  |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler<br><b>SERVICE TRANSPORT GROUP, INC.</b>   |  | NJDEP Waste Hauler ID No.<br><b>20990</b>  | Cubic Yards of Waste<br><b>10</b>                                      | Name of Registered Landfill<br><b>MINERVA LANDFILL</b>   |                           |                                     |                          |                          |                          |
| City, State<br><b>NEW CASTLE, DE 19720</b>  |  | Disposal Date  |  | City, State<br><b>WAYNESBURG, OH 44688</b>   |                           |                                     |                          |                          |                          |
| Completed By (Print or Type)<br><b>Brian Scafiro</b>  |  | Title<br><b>Estimator</b>  |  | Signature<br><i>Brian Scafiro</i>  |                           | Date<br><u>2/22/12</u>              |                          |                          |                          |



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

*Ch # 2223*

|   |   |   |  |  |                |                                     |                          |                          |                          |
|---|---|---|--|--|----------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1)<br><div style="text-align: center;">2 / 9 / 12</div>   |   | Name of Building Owner/Operator (2)<br><b>Morris Elm LLC</b>  |  |  |                |                                     |                          |                          |                          |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA 0857<br><input checked="" type="checkbox"/> DOLWD 99.53<br><input checked="" type="checkbox"/> DHSS 0840<br><input type="checkbox"/> DCA (NJAC 5:23-8)   | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><b>41 Elm St., Suite 1C</b><br>City, State, Zip Code<br><b>Morristown, NJ 07960</b><br>Name of Contact<br><b>Shaun Mekaway</b>  |  |  |                |                                     |                          |                          |                          |
|   |   | <div style="text-align: right;">FEB 29 2012</div> Telephone Number  |  |  |                |                                     |                          |                          |                          |
| <b>FACILITY INFORMATION</b>   |   |   |  |  |                |                                     |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Regency on Elm</b>   |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)                            |  |  |                |                                     |                          |                          |                          |
| Street Address<br><b>41 Elm St.</b>   |   |   |  |  |                |                                     |                          |                          |                          |
| City (5)<br><b>Morristown</b>   |   | Square Feet<br><b>70,000</b>  | # of Floors<br><b>5</b>  |  |                |                                     |                          |                          |                          |
| County (6)<br><b>Morris</b>   |   | Bldg. Age<br><b>50+</b>   |  |  |                |                                     |                          |                          |                          |
| County Code (7) (STATE USE ONLY)  |   | Current Use (Prior if being demolished)   |  |  |                |                                     |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>Criterion Labs, Inc.</b>  |   | Name of Abatement Contractor (9)<br><b>BRISTOL ENVIRONMENTAL, INC.</b>  |  |  |                |                                     |                          |                          |                          |
| Street Address<br><b>3370 Progress Dr</b>   |   | Street Address<br><b>1123 BEAVER STREET</b>   |  |  |                |                                     |                          |                          |                          |
| City, State, Zip Code<br><b>Bensalem, PA 19020</b>  |   | City, State, Zip Code<br><b>BRISTOL, PA 19007</b>   |  |  |                |                                     |                          |                          |                          |
| Project Manager for Monitoring Firm<br><b>Mike Panapresso</b>   |   | Telephone No.<br><b>215-244-1300</b>  | License No.<br><b>00509</b>  |  |                |                                     |                          |                          |                          |
| Start Date (10)<br><div style="text-align: center;">2 / 23 / 12</div>   | Scheduled Completion Date (11)<br><div style="text-align: center;">2 / 27 / 12</div>  | Name of OSHA Monitor<br><b>BRISTOL ENVIRONMENTAL, INC.</b>  |  |  |                |                                     |                          |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: <b>8:00AM-4:30PM</b> PM- AM |   | Street Address<br><b>1123 BEAVER STREET</b>   |  |  |                |                                     |                          |                          |                          |
|   |   | City, State, Zip Code<br><b>BRISTOL, PA 19007</b>   |  |  |                |                                     |                          |                          |                          |
| Scope of Work (Check all that apply)  |   |   |  |  |                |                                     |                          |                          |                          |
| <input type="checkbox"/> >3 sf or >3 lf<br><input checked="" type="checkbox"/> >160 sf or >260 lf   |   | <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |  |                |                                     |                          |                          |                          |
| Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> IN Facility (13)   | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)   |   | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF)                              | Abatement Type |                                     |                          |                          |                          |
|   | Yes   | No  |  |  | N/A            | Removal                             | Repair                   | Encapsulate              | Enclosure                |
| Boiler room   | <input checked="" type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>   | Pipe Insulation  | 250 LF         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Boiler room   | <input checked="" type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>   | Tank Insulation  | 125 SF         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>   |  |                | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>   |  |                | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler<br><b>SERVICE TRANSPORT GROUP, INC.</b>   |   | NJDEP Waste Hauler ID No.<br><b>20990</b>   | Cubic Yards of Waste<br><b>10</b>  | Name of Registered Landfill<br><b>MINERVA LANDFILL</b> |                |                                     |                          |                          |                          |
| City, State<br><b>NEW CASTLE, DE 19720</b>  |   | Disposal Date   |  | City, State<br><b>WAYNESBURG, OH 44688</b>             |                |                                     |                          |                          |                          |
| Completed By (Print or Type)<br><b>Brian Scaffiro</b>   |   | Title<br><b>Estimator</b>   |  | Signature<br><i>Brian Scaffiro / jh</i>                |                |                                     | Date<br><b>2/9/12</b>    |                          |                          |




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

CK# 3655

|   |   |   |   |   |                           |                          |        |             |           |
|---|---|---|---|---|---------------------------|--------------------------|--------|-------------|-----------|
| Date of Notification (1)<br><b>2-24-2012</b>  |   | Name of Building Owner/Operator (2)<br><b>Henry Rivkin</b>  |   |   |                           |                          |        |             |           |
| Agencies Notified   | Type Notification   | Street Address<br><b>33 Alexandria Road</b>   |   |   |                           |                          |        |             |           |
| <input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA  | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br><b>Morristown, NJ 07960</b>  |   |   |                           |                          |        |             |           |
|   |   | Name of Contact<br><b>David</b>   | Telephone Number<br>_____   |   |                           |                          |        |             |           |
| <b>FACILITY INFORMATION</b>   |   |   |   |   |                           |                          |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br><b>House</b>  |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)   |   |   |                           |                          |        |             |           |
| Street Address<br><b>36 Summit Street</b>   |   | Square Feet<br><b>2500</b>  | # of Floors<br><b>2</b>   |   |                           |                          |        |             |           |
| City (5)<br><b>East Orange</b>  |   | Bldg. Age<br><b>50+</b>   |   |   |                           |                          |        |             |           |
| County (6)<br><b>Essex</b>  | County Code (7)<br>(STATE USE ONLY) _____   | Current Use (Prior if being demolished)<br><b>House</b>   |   |   |                           |                          |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>n/a</b>   |   | ASCM No.<br><b>n/a</b>  | Name of Abatement Contractor (9)<br><b>Jadar Contracting, LLC</b> |   |                           |                          |        |             |           |
| Street Address<br><b>n/a</b>  |   | Street Address<br><b>22 Troy Lane</b>   |   |   |                           |                          |        |             |           |
| City, State, Zip Code<br><b>n/a</b>   |   | City, State, Zip Code<br><b>Lincoln Park, NJ 07035</b>  |   |   |                           |                          |        |             |           |
| Project Manager for Monitoring Firm<br><b>n/a</b>   | Telephone No.<br><b>n/a</b>   | Telephone No.<br><b>973-706-7950</b>  | License No.<br><b>01088</b>                                       |   |                           |                          |        |             |           |
| Start Date (10)<br><b>3-10-2012</b>   | Scheduled Completion Date (11)<br><b>3-12-2012</b>  | Name of OSHA Monitor<br><b>Jadar Contracting, LLC</b>   |   |   |                           |                          |        |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br>Other - Describe: <u>9am - 5 pm</u> |   | Street Address<br><b>22 Troy Lane</b>   |   |   |                           |                          |        |             |           |
|   |   | City, State, Zip Code<br><b>Lincoln Park, NJ 07035</b>  |   |   |                           |                          |        |             |           |
| Scope of Work (Check All That Apply)  |   |   |   |   |                           |                          |        |             |           |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf   |   | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition   |   |   |                           |                          |        |             |           |
|   |   | <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |   |   |                           |                          |        |             |           |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility (13)   | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)   |   |   | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type           |        |             |           |
|   | Yes   | No  | N/A   |   |                           | Removal                  | Repair | Encapsulate | Enclosure |
| Basement  |   |   | X   | VAT (no mastic)   | 300 SF                    | X                        |        |             |           |
|   |   |   |   |   |                           |                          |        |             |           |
|   |   |   |   |   |                           |                          |        |             |           |
| Name of Registered Waste Hauler<br><b>Jadar Contracting, LLC</b>  |   | NJDEP Waste Hauler ID No.<br><b>0033137</b>   | Cubic Yards of Waste<br><b>TBD</b>                                | Name of Registered Landfill<br><b>G.R.O.W.S. Landfill</b>   |                           |                          |        |             |           |
| City, State<br><b>Lincoln Park, NJ 07035</b>  |   |   | Disposal Date<br><b>TBD</b>                                       | City, State<br><b>Morrisville, PA 19067</b>   |                           |                          |        |             |           |
| Completed by<br><b>Lillie Lazarevich</b>  |   | Title<br><b>Secretary</b>   | Signature<br><i>Lillie Lazarevich</i>                             |   |                           | Date<br><b>2-24-2012</b> |        |             |           |



CHECK # 1142

| <b>Date of Notification (1)</b><br>2-24-12  |  | <b>Name of Building Owner / Operator (2)</b><br><b>GAF</b>   |                                     |  |   |  |                                       |                          |                               |                          |
|---|--|--|-------------------------------------|--|---|--|---------------------------------------|--------------------------|-------------------------------|--------------------------|
| <b>Agencies Notified</b><br><input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA   |  | <b>Type Notification</b><br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Emergency<br><input type="checkbox"/> Cancellation |                                     | <b>Street Address</b><br>14911 Quorum Drive, Suite 600<br><b>City, State &amp; Zip Code</b><br>Dallas, TX 75254<br><b>Name of Contact</b><br>Fred Bright<br><b>Telephone Number</b><br><div style="background-color: black; width: 100px; height: 1em;"></div> |   |  |                                       |                          |                               |                          |
| <b>FACILITY INFORMATION</b>   |  |  |                                     |  |   |  |                                       |                          |                               |                          |
| <b>Name of Facility Where Abatement is Taking Place (3)</b><br><b>GAF</b>   |  |  |                                     | <b>Type of Facility (4)</b><br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)                               |   |  |                                       |                          |                               |                          |
| <b>Street Address</b><br><b>South King Street</b>   |  |  |                                     | <b>Square Feet</b><br><b>2 to 3</b>  |   | <b># of Floors</b><br><b>NA</b>  |                                       |                          |                               |                          |
| <b>City (5)</b><br><b>Gloucester</b>  |  | <b>County (6)</b><br><b>Gloucester</b>   |                                     | <b>Bldg. Age</b><br><b>NA</b>  |   |  |                                       |                          |                               |                          |
| <b>County Code (7)</b>  |  |  |                                     | <b>Current Use (Prior if being demolished)</b><br><b>Power Station</b>   |   |  |                                       |                          |                               |                          |
| <b>Name of Monitoring Firm Hired by Building Owner (8)</b>  |  |  | <b>ASCM No.</b>                     |  | <b>Name of Abatement Contractor (9)</b><br><b>Mid Atlantic Abatement, LLC</b>   |  |                                       |                          |                               |                          |
| <b>Street Address</b>   |  |  |                                     | <b>Street Address</b><br><b>PO Box 1314</b>  |   |  |                                       |                          |                               |                          |
| <b>City, State &amp; Zip Code</b>   |  |  |                                     | <b>City, State &amp; Zip Code</b><br><b>Cherry Hill, NJ 08003</b>  |   |  |                                       |                          |                               |                          |
| <b>Project Manager for Monitoring Firm</b>  |  |  | <b>Telephone Number</b>             |  | <b>Telephone Number</b><br><b>609-567-0950</b>  |  | <b>License Number</b><br><b>01114</b> |                          |                               |                          |
| <b>Scheduled Start Date (10)</b><br><b>3-7-12</b>   |  | <b>Scheduled Completion Date (11)</b><br><b>3-7-12</b>   |                                     | <b>Name of OSHA Monitor</b><br><b>EMSL Analytical</b>  |   |  |                                       |                          |                               |                          |
| <b>Occupancy Status During Abatement (Check only one)</b><br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm<br>Describe:<br><input type="checkbox"/> Facility Occupied During Abatement |  |  |                                     | <b>Street Address</b><br><b>107 Haddon Ave.</b>  |   |  |                                       |                          |                               |                          |
|   |  |  |                                     | <b>City, State &amp; Zip Code</b><br><b>Westmont, NJ 08108</b>   |   |  |                                       |                          |                               |                          |
| <b>Scope of Work (Check all that apply)</b>   |  |  |                                     |  |   |  |                                       |                          |                               |                          |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf  |  | <input type="checkbox"/> Renovation  |                                     | <input type="checkbox"/> Full Containment with Negative Pressure   |   |  |                                       |                          |                               |                          |
| <input type="checkbox"/> ≥160 sf ≥260 lf  |  | <input type="checkbox"/> Demolition  |                                     | <input checked="" type="checkbox"/> Mini-Enclosure   |   |  |                                       |                          |                               |                          |
|   |  |  |                                     | <input checked="" type="checkbox"/> Glove Bag Procedures   |   |  |                                       |                          |                               |                          |
|   |  |  |                                     | <input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure   |   |  |                                       |                          |                               |                          |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)  |  | Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)   |                                     |  | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) | Amount (Specify SF or LF)  | Abatement Type                        |                          |                               |                          |
|   |  | Yes  | No                                  | N/A  |   |  | Removal                               | Repair                   | Encapsulate                   | Enclose                  |
| Rear of building  |  | <input type="checkbox"/>   | <input checked="" type="checkbox"/> | <input type="checkbox"/>   | Removal of broken transite Panel  | < 3 sq.ft.   | <input checked="" type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/> |
|   |  | <input type="checkbox"/>   | <input type="checkbox"/>            | <input type="checkbox"/>   |   |  | <input type="checkbox"/>              | <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/> |
|   |  | <input type="checkbox"/>   | <input type="checkbox"/>            | <input type="checkbox"/>   |   |  | <input type="checkbox"/>              | <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/> |
|   |  | <input type="checkbox"/>   | <input type="checkbox"/>            | <input type="checkbox"/>   |   |  | <input type="checkbox"/>              | <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/> |
|   |  | <input type="checkbox"/>   | <input type="checkbox"/>            | <input type="checkbox"/>   |   |  | <input type="checkbox"/>              | <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/> |
|   |  | <input type="checkbox"/>   | <input type="checkbox"/>            | <input type="checkbox"/>   |   |  | <input type="checkbox"/>              | <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/> |
|   |  | <input type="checkbox"/>   | <input type="checkbox"/>            | <input type="checkbox"/>   |   |  | <input type="checkbox"/>              | <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/> |
|   |  | <input type="checkbox"/>   | <input type="checkbox"/>            | <input type="checkbox"/>   |   |  | <input type="checkbox"/>              | <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/> |
| <b>Name of Registered Waste Hauler</b><br><b>Freehold Cartage</b>   |  | <b>NJDEP Waste Hauler ID No.</b>   |                                     | <b>Cubic Yards of Waste</b>  |   | <b>Name of Registered Landfill</b><br><b>G.R.O.W.S.</b>  |                                       |                          |                               |                          |
| <b>City, State</b><br><b>Freehold, NJ</b>   |  |  |                                     | <b>Disposal Date</b><br><b>3-14-12</b>   |   | <b>City, State</b><br><b>Morrisville, PA</b>   |                                       |                          |                               |                          |
| <b>Completed By (Print or Type)</b><br><b>Theodore S. Budzynski</b>   |  |  |                                     | <b>Title</b><br><b>Gen. Mgr.</b>   |   | <b>Signature</b><br> |                                       |                          | <b>Date</b><br><b>3-24-12</b> |                          |



MO  
0855872

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

DOL - 10 DAY

FEB 22 2012

WAIVER APPROVED

|  |  |  |  |   |  |  |  |   |  |   |  |
|--|--|--|--|---|--|--|--|---|--|---|--|
| Date of Notification (1)<br>2/22/12  |  | Name of Building Owner/Operator (2)<br>Yancy Fugel   |  | Street Address<br>926 Norgate Drive   |  | City, State, Zip Code<br>Ridgewood, NJ 07450   |  | Name of Contact<br>Artie Brossler   |  | Telephone Number<br>7 6   |  |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input checked="" type="checkbox"/> DCA |  | Type Notification<br><input type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment #<br><input checked="" type="checkbox"/> Emergency (Including justification)<br><input type="checkbox"/> Cancellation |  | FACILITY INFORMATION  |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter B (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)  |  | Square Foot<br>N/A  |  | # of Floors<br>N/A  |  |
| Name of Facility Where Abatement is Taking Place (3)<br>Yancy Fugel  |  | Street Address<br>66 East Ridgewood Avenue   |  | City (5)<br>Ridgewood   |  | County (6)<br>Bergen   |  | County Code (7)<br>(STATE USE ONLY)   |  | Current Use (Prior if being demolished)<br>store                      |  |
| Name of Monitoring Firm Hired by Building Owner (8)<br>N/A   |  | ASCM No.   |  | Name of Abatement Contractor (9)<br>D&S Abatement, Inc.   |  | Street Address<br>11 Rosengren Avenue  |  | City, State, Zip Code<br>Totowa, NJ 07512   |  | Telephone No.<br>973-345-8685   |  |
| Project Manager for Monitoring Firm  |  | Telephone No.  |  | License No.<br>#00675   |  | Name of OSHA Monitor<br>D&S Abatement, Inc.  |  | Street Address<br>11 Rosengren Avenue   |  | City, State, Zip Code<br>Totowa, NJ 07512                             |  |
| Start Date (10)<br>2/23/12   |  | Scheduled Completion Date (11)<br>2/24/12  |  | Occupancy Status During Abatement (Check Only One)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br>Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other -- Describe: Occupied |  | Scope of Work (Check All That Apply)<br><input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf<br><input type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><input checked="" type="checkbox"/> Full Containment with Negative Pressure<br>Mini-Enclosure<br>Glovebag Procedure<br>Non-Exempted (C) and Non-Friable Procedure |  | Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility (13) |  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |  |
| basement   |  | X  |  | pipe insulation   |  | 100 LF   |  | X   |  |   |  |
| Name of Registered Waste Hauler<br>D&S Abatement, Inc.   |  | NJDEP Waste Hauler ID No<br>#20996   |  | Cubic Yards of Waste<br>TBD   |  | Name of Registered Landfill<br>Waste management of PA  |  | City, State<br>Tullytown, PA  |  | Disposal Date<br>TBD  |  |
| Completed by<br>Deanna Brkusanin   |  | Title<br>Project manager   |  | Signature<br><i>Deanna Brkusanin</i>  |  | Date<br>2/22/12  |  |   |  |   |  |