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

Date of Notification (1) 12/28/11

Name of Building Owner/Operator (2) John Nienczyk

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

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

Street Address 43 N 7th St
City, State, Zip Code Kenilworth, NJ

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

Facility Code (7) (STATE USE ONLY)

Square Feet 0
No of Floors
Bldg. Age

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

Current Use (Prior if being demolished)

Name of Monitor/Advisor Assigned (9)

Name of Abatement Contractor (9)
E Giese & Son

County Code (7) (STATE USE ONLY)

Governmental/Agency/Contractor Telephone No. 212-421-6289

Name of OSHA Monitor SAM

Current Use 0

Start Date (10) 1/1/12
Suggested Completion Date (11) 1/8/12

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

Scope of Work (Check all that apply)
☐ 23 sf or 23 sq ft
☐ 201 sf or 201 sq ft
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Min Enclosure
☐ Glovebag Procedure
☐ Non Exempted (*) and Non-Friable Procedure
☐ Other - Describe:

Location of Asbestos-Containing Material (ACM)

TO BE ABATED IN Facility

Name of Registered Waste Hauler
Eastern Waste

Name of Registered Landfill
Freehold Landfill

Completed By
Frank Giese

* Do not use this form for asbestos licensure exempted activities.
### Date of Notification
1/3/2012

### Name of Building Owner/Operator
NJ Dept. of Military and Veterans Affairs

### Street Address
101 Eggert's Crossing Road

### City, State, Zip Code
Lawrenceville, NJ 08648

### Name of Contact
Mark Ramos

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

### Square Feet
2300

### # of Floors
1

### Bldg. Age
50+

### Name of Facility Where Abatement is Taking Place
West Orange National Guard Armory

### Street Address
1315 Pleasant Valley Way

### City, State, Zip Code
West Orange, NJ 07052

### County Code (STATE USE ONLY)
Essex

### Current Use (Prior to being demolished)
Armory

### Name of Monitoring Firm Hired by Building Owner
Whitman

### ASCM No.

### Name of Abatement Contractor
RICI CORP

### Street Address
41 LIBERTY STREET

### City, State, Zip Code
PASSAIC, NJ 07055

### Project Manager for Monitoring Firm
Kevin Lovely

### Telephone No.
732-390-1585

### Name of OSHA Monitor
RICI CORP

### Telephone No.
973-614-1266

### License No.
00838

### Occupancy Status During Abatement
- [ ] Facility Close/Sealed During Entire Period of Abatement
- [x] Abatement Performed Outside of Normal Facility Hours
- [ ] Other - Describe

### Start Date
02/21/2012

### Scheduled Completion Date
04/21/2012

### Scope of Work
- [x] < 3 sf or < 3 if
- [x] 1.50 sf or < 260 sf
- [ ] 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)

<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>Pipe Insulation including elbows &amp; joints</td>
<td>100 LF</td>
<td></td>
</tr>
<tr>
<td>Wall and Ceiling plaster</td>
<td>2,300 SF</td>
<td></td>
</tr>
</tbody>
</table>

### Name of Registered Waste Hauler
RICI CORP

### NJDEP Waste Hauler ID No.
29051

### Cubic Yards of Waste
TBD

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

### City, State
MORRISVILLE, PA

### Completed by
RISTO TRAIKOV

### Title
PRESIDENT

### Signature

---

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

(Pursuant to NJAC 8:66 and 12:120)

**State of New Jersey**

**Name of Building Owner/Operator:**
Atlantic Health Systems

**Name of Contact:**
Michelle DiGangi

**Facility Information**

- **Type of Facility:** Hospital
- **Square Feet:** 30,000
- **Bldg. Age:** 55+
- **Current Use (Prior if being demolished):** Hospital

**Name of Facility Where Abatement is Taking Place:**
Morristown Hospital

**Street Address:**
100 Madison Avenue

**City:**
Morristown, New Jersey 07962

**County:**
Morris

**Name of Monitoring Firm Hired by Building Owner:**
Birdsell Services Group

**ASCN No.:**

**Name of Abatement Contractor:**
Lillich Corporation

**Street Address:**
606 McBride Avenue

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

**Project Manager for Monitoring Firm:**
Charles Shneekcloub

**Telephone No.:**
973-225-8400

**License No.:**
01104

**Occupancy Status During Abatement:**
- Facility Closed/ Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other – Describe: 4pm

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

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

<table>
<thead>
<tr>
<th>Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Pathology-Lab Level C</td>
<td>TSI</td>
</tr>
<tr>
<td>N/A</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:**
Lillich Corporation

**NJDEP Waste Hauler ID No.:**
19724

**Cubic Yards of Waste:**
2

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

**Disposal Date:**
01/06/12

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

**Completed by:**
Tatiana Kelenikova

**Title:**
Vice President

**Signature:**

*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:** 11/21/12  

**Name of Building Owner/Operator:** CRATHECIA CONTRACTING  
**Address:** 155 N. J., GREENFIELD, N.J., ASPENOS CONTROL & REMOVAL  
**Name of Contact:** BRUCE BRENNIG  
**Facility Information:**  
- **Type of Facility:** RESIDENCE  
- **Square Feet:**  
- **# of Floors:**  
- **Age:**  
- **Current Use:** VACANT  
- **County Code:** CAPE MAY  
- **Although Code:** NO  
- **Name of Abatement Contractor:** KLEIN CH. INC.  
- **Street Address:** 369 S. SPRUCE AVE., MAPLE SHADE, N.J., 08052  
- **License No.:** 00034  
- **Name of OSHA Monitor:** J. O. KLEIN  
- **Street Address:** 369 S. SPRUCE AVE., MAPLE SHADE, N.J., 08052  
- **Type of Abatement:** Demolition  
- **Location of Asbestos-Containing Material (ACM) TO BE ABDATED IN FACILITY:**  
- **Location Normal Used So as to Damage or Incur Custodial Staff:**  
- **Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous):** TRANSITE  
- **Amount:** 25000  
- **Abatement Type:** 
  - **Removal:**  
  - **Encapsulate:**  
  - **Label:**  
  - **Non-Nuisance (N) and Non-Friable (F) Procedure:**  

**Name of Registered Waste Hauler:** KLEIN CH. INC.  
**Name of Registered Landfill:** E.H.M. MUA.  
**Disposal Date:**  
**City, State:** WOOLSEY, N.J.  
**Completed By:** JOSEPH KLEIN  
**Title:** V.P.  
**Signature:** JOSEPH KLEIN  
**Date:** 11/21/12

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

Date of Notification (1)
12/15/11

Name of Building Owner/Operator (2)
BASF Corporation

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

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

Street Address
100 Campus Drive
Florham Park, NJ 07932

City, State, Zip Code
Florham Park, NJ 07932

Name of Contact
Frank Plechota

FACILITY INFORMATION

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

Sq. Feet 21920 # of Floors 2

Bldg. Age 30 +/-

Current Use (prior if being demolished) Warehouse

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

Name of Monitoring Firm Hired by Bldg. Owner (8)
ASCM No.
05104

Environmental Health Investigations, Inc.

Street Address
655 West Shore Trail
City, State, Zip Code
Sparta, NJ 07877

Schaumburg, IL 60173

Project Manager for Monitoring Firm
William S. Kernel, CIH

Telephone Number
973-79-5649

Street Address
404 N. Berry Street
City, State, Zip Code
Berea, OH 44017

Telephone Number
484-480-8931

License Number
01066

Scheduled Start Date (10)
1/3/2012

Scheduled Completion Date (11)
2/10/2012

Name of OSHA Monitor
Testor Tech

Street Address
1059 Jackson Ave.
City, State, Zip Code
Berea, OH 44017

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
21,920 sf building to be demolished in its entirety

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)
(X) Full Containment with Negative Pressure (X) Mini-Enclosure (X) Glovebag Procedure (X) Non-Friable Outdoor Work

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

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

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

Amount (Specify SF or LF)

Abatement Type


Throughout Interior X Pipe Fittings 100 ea X

Throughout Interior X Pipe Insulation 150 lf X

Throughout Interior X VAT & Mastic 920 sf X

SW Corner Interior/Exterior X Transite Panels 800 sf X

Vessels Outside X Tar Paper & Fittings 1300 sf & 40 ea X

Outside Windows X Window & Door Caulk 1600 lf X

Roof X Roof Flashing 600 sf X

Name of Reg. Waste Hauler
NJDEP Waste Hauler ID #
Name of Reg. Landfill
Minerva Enterprises

Service Transport Group
A901 #209960 / SW2117

Cubic Yards of Waste
40

Completed by (Print or Type)
Jon Monagan
Title
Project Coordinator

Signature

Date 1/3/12

58 Pyles Lane – New Castle, DE
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. Full negative air containments for VAT and chemical removals for mastics. Non-friable intact removals for caulking etc.

XII. Waste Transporter#1 Waste Management

<table>
<thead>
<tr>
<th>Address</th>
<th>100 Ave. A</th>
</tr>
</thead>
<tbody>
<tr>
<td>City</td>
<td>Newark</td>
</tr>
<tr>
<td>County</td>
<td>Essex</td>
</tr>
<tr>
<td>State</td>
<td>NJ</td>
</tr>
<tr>
<td>Zip</td>
<td>07114</td>
</tr>
<tr>
<td>Contact</td>
<td>Susan Rubinetti (Layton)</td>
</tr>
<tr>
<td>Telephone</td>
<td>201-208-2258</td>
</tr>
</tbody>
</table>

Waste Transporter#2 Service Transport Group, Inc.

<table>
<thead>
<tr>
<th>Address</th>
<th>58 Pyles Lane</th>
</tr>
</thead>
<tbody>
<tr>
<td>City</td>
<td>New Castle</td>
</tr>
<tr>
<td>County</td>
<td>New Castle</td>
</tr>
<tr>
<td>State</td>
<td>DE</td>
</tr>
<tr>
<td>Zip</td>
<td>19770</td>
</tr>
<tr>
<td>Contact</td>
<td>Tom Gaudet</td>
</tr>
<tr>
<td>Telephone</td>
<td>302-778-6530</td>
</tr>
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</table>

XIII. Waste Disposal Site Minerva Enterprises

<table>
<thead>
<tr>
<th>Address</th>
<th>9000 Minerva Rd</th>
</tr>
</thead>
<tbody>
<tr>
<td>City</td>
<td>Waynesburg</td>
</tr>
<tr>
<td>County</td>
<td>Stark</td>
</tr>
<tr>
<td>State</td>
<td>PA</td>
</tr>
<tr>
<td>Zip</td>
<td>44448</td>
</tr>
<tr>
<td>Contact</td>
<td>Sara Pomeroy</td>
</tr>
<tr>
<td>Telephone</td>
<td>330-866-3435</td>
</tr>
</tbody>
</table>

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>
<tbody>
<tr>
<td>Authority</td>
<td></td>
</tr>
<tr>
<td>Date of Order (MM/DD/YY)</td>
<td>Date Ordered to Begin (MM/DD/YY)</td>
</tr>
</tbody>
</table>

XV. For Emergency Renovations:

<table>
<thead>
<tr>
<th>DATE and HOUR of Emergency: (MM/DD/YY)</th>
<th>(HH:MM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description of SUDDEN, UNEXPECTED EVENT</td>
<td></td>
</tr>
</tbody>
</table>

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 (40 CFR, 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).

(XSignature of Owner/Operator) (Date) 1/3/12

XVIII. I Certify that the Above Information is Correct

(XSignature of Owner/Operator) (Date) 1/3/12
NOTIFICATION OF ASPEROS ABATEMENT
(Pursuant to NJ.A.C. 7:26-2.12)

**Date of Notification (1)**
12/15/11

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

**Street Address**
100 Campus Drive

**City, State, Zip Code**
Florham Park, NJ 07932

**Name of Contact**
Frank Piechoeta

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**FACILITY INFORMATION**

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

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

**Sq. Feet** 5760

**# of Floors** 4

**Bldg. Age** 30 +/-

**Current Use (prior if being demolished)** Warehouse

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**Name of Monitoring Firm Hired by Bldg. Owner (5)**
ASCM No.
00104

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

---

**Street Address**
1 James Street

**City, State, Zip Code**
Belvidere, Warren, 07403

**County Code (7)**
County (6)
( ) State Use Only

---

**Name of Monitoring Firm Hired by Bldg. Owner (8)**
Environmental Health Investigations, Inc.

**Environmental Health Investigations, Inc.**

---

**Street Address**
655 West Shore Trail

**City, State, Zip Code**
Sparta, NJ 07871

**Project Manager for Monitoring Firm**
William S. Kerbel, CIH

**Telephone Number**
973-79-5649

---

**Street Address**
404 N. Berry Street

**City, State, Zip Code**
Brea, CA 92821

**License Number**
01068

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

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

---

**Description of Vacant Bldg. To Be Demolished**
4324 SF vacant building to be demolished in its entirety.

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**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>Is Location Normally Used</th>
<th>SOLELY BY MAINT/CUSTODIAL STAFF? (12)</th>
<th>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>South Leading Dock</td>
<td>X</td>
<td>Transite Panels</td>
<td>150 sf</td>
<td>X</td>
</tr>
<tr>
<td>Throughout Interior</td>
<td>X</td>
<td>Fittings &amp; Pipe Lines</td>
<td>178 LF</td>
<td>X</td>
</tr>
<tr>
<td>Exterior Roofing</td>
<td>X</td>
<td>Roofing</td>
<td>5500 sf</td>
<td>X</td>
</tr>
<tr>
<td>Windows &amp; Doors</td>
<td>X</td>
<td>Caulking</td>
<td>800 LF</td>
<td>X</td>
</tr>
<tr>
<td>Throughout</td>
<td>X</td>
<td>Fire Doors</td>
<td>12 ea</td>
<td>X</td>
</tr>
</tbody>
</table>

---

**Name of Req. Waste Hauler**
NJ/DEP Waste Hauler ID # A901 #20990 / SW2117

**Cubic Yards of Waste**
40

**Name of Req. Landfill**
Minerva Enterprises

**Disp. Date**
2/24/2012

**City, State**
Waynesburg, OH

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**Completed by (Print or Type)**
Jon Monagan

**Title**
Project Coordinator

**Signature**

---

**Date**
1/3/12
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 Waste Management
Address: 106 Ave. A
City: Newark  County: Essex  State: NJ  Zip: 07114
Contact: Susan Rubinetti (Layton)  Telephone: 201-266-2258

Waste Transporter#2 Service Transport Group, Inc.
Address 58 Pyles Lane
City New Castle  County New Castle  State DE  Zip 19720
Contact Tom Gaudet  Telephone 302-778-5930

XIII. Waste Disposal Site Minerva Enterprises
Address: 9000 Minerva Rd
City: Waynesburg  County: Stark  State: PA  Zip: 44688
Contact: Sara Pomera  Telephone: 330-866-3435

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

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/YY) (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).

[Signature of Owner/Operator]  [Date] 1/2/12

XVIII. I Certify that the Above Information is Correct

[Signature of Owner/Operator]  [Date] 1/5/12
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C.7:26-2.12)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>12/15/11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>BASF Corporation</td>
</tr>
<tr>
<td>Agency notified</td>
<td>Notification Type</td>
</tr>
<tr>
<td>( ) EPA</td>
<td>( ) Initial Notice</td>
</tr>
<tr>
<td>( ) DOL</td>
<td>( ) Amended Certification</td>
</tr>
<tr>
<td>( ) DOH</td>
<td>( ) Canceled</td>
</tr>
<tr>
<td>( ) DCA</td>
<td></td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>BASF - Building No. 2 New Shipping Warehouse</td>
</tr>
<tr>
<td>Street Address</td>
<td>100 Campus Drive</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Florham Park, NJ 07932</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Frank Piotrowski</td>
</tr>
<tr>
<td>Tel. Number</td>
<td></td>
</tr>
<tr>
<td>FACILITY INFORMATION</td>
<td></td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Bldg. Owner (8)</td>
<td>ASCM No. 00104</td>
</tr>
<tr>
<td>Environmental Health Investigations, Inc.</td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
<td>655 West Shore Trail</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Brea, CA 92821</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>William S. Kerbel, CIH</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>973-79-5649</td>
</tr>
<tr>
<td>Street Address</td>
<td>404 N. Barry Street</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Brea, CA 92821</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>484-480-8931</td>
</tr>
<tr>
<td>License Number</td>
<td>01065</td>
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<tr>
<td>Scheduled Start Date (10)</td>
<td>1/9/2012</td>
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<tr>
<td>Scheduled Completion Date (11)</td>
<td>2/10/2012</td>
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<tr>
<td>Name of CSHA Monitor</td>
<td>Testex Tech</td>
</tr>
<tr>
<td>Street Address</td>
<td>1059 Jackson Ave.</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Brea, CA 92821</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td></td>
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<tr>
<td>Occupancy Status During Abatement (Check only one)</td>
<td></td>
</tr>
<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>Describe Vacant Bldg. To Be Demolished</td>
<td>70020 sf warehouse building to be demolished in its entirety</td>
</tr>
<tr>
<td>Other - Describe</td>
<td></td>
</tr>
<tr>
<td>Source of Work (Check all that apply)</td>
<td></td>
</tr>
<tr>
<td>( ) Demolition</td>
<td>( ) Renovation</td>
</tr>
<tr>
<td>( ) Large Proj. (&gt;160 LF or &gt;260 LF ACM)</td>
<td>( ) Small Proj. (&gt;25&lt;160 SF or &gt;10 &lt;260 LF ACM)</td>
</tr>
<tr>
<td>( ) Minor Proj. (&lt;25 SF or &lt;10 LF ACM)</td>
<td>( ) Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>( ) Mini-Enclosure</td>
<td>( ) Glovebag Procedure</td>
</tr>
<tr>
<td>( ) Non Frible Outdoor Work</td>
<td></td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) in Facility (13)</td>
<td></td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</td>
<td>YES</td>
</tr>
<tr>
<td>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</td>
<td></td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td>6500 sf</td>
</tr>
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<td>Abatement Type</td>
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<tr>
<td>Roof Flashing</td>
<td>X</td>
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<tr>
<td>Roof Flashing</td>
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</tr>
<tr>
<td>Name of Reg. Waste Hauler</td>
<td>NJDEP Waste Hauler ID # A903 #20959/6 SW3917</td>
</tr>
<tr>
<td>Service Transport Group</td>
<td>Cubic Yards of Waste 40</td>
</tr>
<tr>
<td>Name of Reg. Landfill</td>
<td>Minerva Enterprises</td>
</tr>
<tr>
<td>City, State</td>
<td>Waynesburg, OH</td>
</tr>
<tr>
<td>Disp. Date</td>
<td>2/10/12</td>
</tr>
<tr>
<td>Date</td>
<td>1/03/12</td>
</tr>
<tr>
<td>Completed by (Print or Type)</td>
<td>Title</td>
</tr>
<tr>
<td>Jon Monagan</td>
<td>Project Coordinator</td>
</tr>
</tbody>
</table>
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.

XII. Waste Transporter#1 Waste Management
Address: 100 Ave. A,
City: Newark
County: Essex
State: NJ
Zip: 07114
Telephone: 201-206-2258

Contact: Susan Rubinetti (Layton)

XIII. Waste Transporter#2 Service Transport Group, Inc.
Address 58 Pyles Lane
City: New Castle
County: New Castle
State: DE
Zip: 19720
Telephone: 302-778-5930

Contact: Tom Caudet

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

Date of Order (MM/DD/YYYY)
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 (40 CFR, 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)

Signature of Owner/Operator
(Date) 1/3/12

XVIII. I Certify that the Above Information is Correct

Signature of Owner/Operator
(Date) 1/3/12
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)

Name of Building Owner/Operator (2)
CRDA

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

Type Notification
[X] 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

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Block 183 --LOT 66

Street Address
3 Georgia Terrace

City (5)
Atlantic City

Square Feet
3000

County (6)
Atlantic

No. of Floors
2

County Code (7)(STATE USE ONLY)

Bldg. Age
NA

Current Use (Prior if being demolished)
home

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

ASCM No.
117

Name of Abatement Contractor (9)
Controlled Environmental Systems

Street Address
318 12th Street

City, State, Zip Code
Hamonton, NJ 08037

Telephone No.
609-704-8850

Telephone No.
215-542-7000

License No.
00847

Name of OSHA Monitor
CES

Project Manager for Monitoring Firm
Jim Proctor

Start Date (10)

1 / 17 / 12

Scheduled Completion Date (11)

1 / 27 / 12

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

Time of Abatement: 7:00AM-5:00PM

Scope of Work (Check all that apply)

[ ] 33 sf or < 33 sf
[ ] 160 sf or > 260 sf

[ ] Renovation
[ ] Demolition

Location of Asbestos-Containing Material (ACM)

TO BE ABATED

IN Facility

Yes No N/A

Location
Exterior
Exterior

Is Location Normally Used Solely by Maintenance/Custodial Staff?

Yes No N/A

Description of Asbestos Containing Material (ACM)

(i.e., thermal systems insulation, surfacing,

VAT, or other miscellaneous)

Amount

Specify SF or LF

Abatement Type

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

Removal
Repair
Encapsulation
Enclosure

Name of Registered Waste Hauler
STG

NJ/DEP Waste
Hauler ID No.
20990

Cubic Yards of
Waste
5

Name of Registered Landfill
Minerva Landfill

City, State
Waynesburg, OH 44688

Disposal Date
1/30/12

Completed By (Print or Type)
Patricia Visco
Office Manager

Signature
Patricia Visco

Date
11/4/11

* 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>1 / 3 / 12</td>
<td>CRDA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
<th>Name of Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>1014 Atlantic Ave</td>
<td>Atlantic City, NJ 08404</td>
<td>W. Rachelle Knight</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DCA (NJAC 5:16)</td>
<td>Amendment #</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>DHSS</td>
<td>Emergency (including justification)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DCA (NJAC 5:23-8)</td>
<td>Cancellation</td>
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FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Block 163 - LOT 19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>2302 Leopold Terrace</td>
</tr>
<tr>
<td>City (5)</td>
<td>Atlantic City</td>
</tr>
<tr>
<td>County (5)</td>
<td>Atlantic</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>Health &amp; Safety Services, Inc</td>
</tr>
<tr>
<td>ASCM No.</td>
<td>117</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>Controlled Environmental Systems</td>
</tr>
<tr>
<td>Street Address</td>
<td>1121 N. Bethlehem Pike - Suite 60</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Hammonton, NJ 08037</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Jim Proctor</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>609-704-8850</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>1 / 17 / 12</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>1 / 27 / 12</td>
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<tr>
<td>Occupancy Status During Abatement (Check only one)</td>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
<td>Describe Time of Abatement: 7:00AM-5:00PM PM AM</td>
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<tr>
<td>Scope of Work (Check all that apply)</td>
<td>2.3 sf or ≥3 if</td>
</tr>
<tr>
<td></td>
<td>≥160 sf or ≥260 if</td>
</tr>
<tr>
<td></td>
<td>Renovation</td>
</tr>
<tr>
<td></td>
<td>Demolition</td>
</tr>
<tr>
<td></td>
<td>Full Containment with Negative Pressure</td>
</tr>
<tr>
<td></td>
<td>Mini-Enclosure</td>
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<tr>
<td></td>
<td>Glovebag Procedure</td>
</tr>
<tr>
<td></td>
<td>Non-Exempted (*) and Non-Friable Procedure</td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</td>
<td>Yes No N/A</td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</td>
<td></td>
</tr>
<tr>
<td>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
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</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td>100 LF</td>
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<tr>
<td>Abatement Type</td>
<td>Removal</td>
</tr>
<tr>
<td></td>
<td>Encapsulate</td>
</tr>
<tr>
<td></td>
<td>Endurred</td>
</tr>
<tr>
<td>Exterior</td>
<td>Flashing</td>
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<tr>
<td></td>
<td>Roofing</td>
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<tr>
<td>Name of Registered Waste Hauler</td>
<td>STG</td>
</tr>
<tr>
<td>NJ/DEP Waste Hauler ID No.</td>
<td>20990</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>8</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>Minerva Landfill</td>
</tr>
<tr>
<td>City, State</td>
<td>New Castle, DE</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>1/30/12</td>
</tr>
<tr>
<td>City, State</td>
<td>Waynesburg, OH 44688</td>
</tr>
<tr>
<td>Completed By (Print or Type)</td>
<td>Patricia Visco</td>
</tr>
<tr>
<td>Title</td>
<td>Office Manager</td>
</tr>
<tr>
<td>Signature</td>
<td>Patricia Visco</td>
</tr>
<tr>
<td>Date</td>
<td>/14/1</td>
</tr>
</tbody>
</table>

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

- **Name of Facility Where Abatement is Taking Place:** Residential Property
- **Type of Facility:** School (K-12)
- **Sq. Feet:** 5000
- **# of Floors:** 2
- **Bldg. Age:** 60

### Project Details

- **Street Address:** 82 McAdoo Ave, NJ 07305
- **City:** Jersey City
- **County:** Hudson
- **Telephone Number:** (201)325-0055
- **License Number:** 01124

### Occupancy Status During Abatement

- **Facility Closed/Vacated During Entire Period of Abatement:** Yes
- **Abatement Performed Outside of Normal Facility Hours:** Yes
- **Other - Describe:** Unoccupied during abatement

### Source of Work

- **Minor Project (< 25 SF or < 10 LF ACM):** Yes
- **Small Project (25 < 160 SF or >10 <260 LF ACM):** Yes
- **Large Project (>160 SF or > 260 LF ACM):** No

### Description of ACM

- **Location Normally Used Solely by Maintenance or Custodial Staff:** No

### Abatement Details

- **Location of Asbestos-Containing Material (ACM) To be Abated in Facility:**
  - **Basement:** TSI Pipe Insulation
  - **Cubic Yards of Waste:** 1
  - **Abatement Type:** Removal

### Contractors

- **Name of Contractor:** ISES, Inc.
- **Street Address:** 3300 Hudson Avenue, Union City, NJ 07087

### Waste Disposal

- **Name of Reg. Landfill:** Cumberland County Landfill
- **Disp. Date:** 01/15/2012
- **City:** Newburg, PA 17242

### Certifications

- **Completed by:** Jorge Delgado
- **Title:** Project Supervisor
- **Signature:** (Signature)
- **Date:** 01/02/2012
<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>1 / 3 / 12</th>
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<tbody>
<tr>
<td>Name of Building Owner/Operator</td>
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</tr>
<tr>
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</tr>
<tr>
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<td>1 / 27 / 12</td>
</tr>
<tr>
<td>City of Abatement</td>
<td>Atlantic City</td>
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<tr>
<td>County Code</td>
<td>550</td>
</tr>
<tr>
<td>Current Use (Prior to being demolished)</td>
<td>Home</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>CES</td>
</tr>
<tr>
<td>Street Address</td>
<td>1121 N. Bethlehem Pike - Suite 60</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Spring House, PA 19477</td>
</tr>
<tr>
<td>Scope of Work</td>
<td>3 sf or ≥3 sf</td>
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<tr>
<td>≥10 sf or ≥160 sf</td>
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<tr>
<td>≥260 sf</td>
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<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility TO BE ABATED</td>
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</tr>
<tr>
<td>1st floor</td>
<td>No</td>
</tr>
<tr>
<td>2nd floor</td>
<td>No</td>
</tr>
<tr>
<td>Roof</td>
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<tr>
<td>Is Location Normally Used Solely by Maintenance/ Custodial Staff?</td>
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<tr>
<td>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, RIVAT, or other miscellaneous)</td>
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