

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

RECEIVED

2013 JAN 10 PM 2:58

| Date of Notification (1) 12/07/2012 | | Name of Building Owner/Operator (2) North Brunswick TOD Associates | | | | | | | |
|---|--|---|---------------------------------------|--|---------------------------|----------------|--------------------------|-------------|-----------|
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 2300 US Route 1 North City, State, Zip Code North Brunswick, NJ 08902 Name of Contact Nimish Patel Telephone Number | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Commercial Space | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address 2300 US Route 1 North | | Square Feet 200,000 | # of Floors 2 | | | | | | |
| City (5) North Brunswick | | Bldg. Age 60+ | | | | | | | |
| County (6) Middlesex | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Commercial Space | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | ASCM No. | Name of Abatement Contractor (9) Valiant Associates, LLC | | | | | | | |
| Street Address | | Street Address 145 Mill Street | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Paterson, NJ 07501 | | | | | | | |
| Project Manager for Monitoring Firm | Telephone No. | Telephone No. 973-553-5374 | License No. 01108 | | | | | | |
| Start Date (10) 12/8/2012 | Scheduled Completion Date (11) 1/30/2013 | Name of OSHA Monitor Valiant Associates, LLC | | | | | | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: | | Street Address 145 Mill Street City, State, Zip Code Paterson, NJ 07501 | | | | | | | |
| Scope of Work (Check all that apply) <input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Govebag Procedure <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 |
| Building 8 - Throughout | | | X | Elbow Insulation | 50 LF | X | | | |
| Building 8 - Mechanical Room Closet | | | X | Floor tiles/Mastic | 150 SF | X | | | |
| Building 8 - Room next to Mechanical Room | | | X | Floor tiles/Mastic | 80 SF | X | | | |
| Name of Registered Waste Hauler Service Transport Group | | NJDEP Waste Hauler ID No. 20990 | Cubic Yards of Waste 10 | Name of Registered Landfill Minerva Landfill | | | | | |
| City, State New Castle, DE | | Disposal Date 1/30/2013 | City, State Waynesburgh, OH | | | | | | |
| Completed By Miodrag Stamenovic | | Title Project Manager | Signature <i>M. Stamenovic</i> | | | | Date 1/04/2013 | | |

ASB41

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

List of Asbestos Containing Materials to be Removed from the Following Location :


Note : Is location normally used by maintenance/custodial : N/A

**2300 Route 1 North
North Brunswick, NJ**

| Location of ACM to abated in facility | Description of ACM (i.e thermal systems insulation, surfacing, VAT or other miscellaneous) | Amount (Specify SF or LF) |
|--|---|----------------------------------|
| Building # 42 - 1st floor | Elbow insulation | 596 each (Wrap & Cut Methods) |
| Building # 42 - 2nd floor | Elbow insulation | 644 each (Wrap & Cut Methods) |
| Building # 42 - Penthouse | Elbow insulation | 290 each (Wrap & Cut Methods) |

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NJ DEPT OF ENVIRONMENTAL
& LICENSING

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

| Date of Notification (1) 01 / 04 / 13 | | Name of Building Owner/Operator (2) H. Carlson & Sons, Inc. | | | | | | | |
|---|--|--|-------------------------------------|--|--|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 7201 Black Horse Pike | | | | | | | |
| | | City, State, Zip Code Mays Landing, NJ 08330 | | | | | | | |
| | | Name of Contact Mr. Harry Carlson | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Please see Page 2 attached list of facilities to be demolished by others | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | | | | | | | |
| Street Address Please see Page 2 for the street addresses of the facilities | | Square Feet Page 2 | | | | | | | |
| City (5) East Brunswick | | # of Floors Page 2 | | | | | | | |
| County (6) Middlesex County | | Bldg. Age Page 2 | | | | | | | |
| County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) Vacant | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) AET | | ASCM No. | | | | | | | |
| Street Address 28 N. Pennel Road | | Name of Abatement Contractor (9) Alliance Environmental Systems | | | | | | | |
| City, State, Zip Code Media, PA 19063 | | Street Address 550 East Union Street | | | | | | | |
| Project Manager for Monitoring Firm Eric Houseknecht | | City, State, Zip Code West Chester, PA 19382 | | | | | | | |
| Telephone No. 908-296-1132 | | Telephone No. 610-701-9000 | | | | | | | |
| License No. 00508 | | | | | | | | | |
| Start Date (10) 01 / 21 / 13 | | Scheduled Completion Date (11) 02 / 22 / 13 | | | | | | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM- PM/3:30PM- AM | | Name of OSHA Monitor AET | | | | | | | |
| Street Address 28 N. Pennel Road | | | | | | | | | |
| City, State, Zip Code Media, PA 19063 | | | | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| <input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Please see Page 2 for a detailed list | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Please see Page 2 for a detailed list | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler N.E.T.S. | | NJDEP Waste Hauler ID No. 18947 | | Cubic Yards of Waste 25 | Name of Registered Landfill Allied BFI Imperial | | | | |
| City, State Hazelton, PA | | Disposal Date TBD | | City, State Imperial, PA | | | | | |
| Completed By (Print or Type) John Heemer | | Title Estimator | | Signature  | | Date 1/4/13 | | | |

| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility | | | | Description of Asbestos-Containing Material (ACM) | Amount (Specify SF or LF) | Removal | Repair | Encapsulate | Enclosure |
|--|--------------------------|--------------------------|-------------------------------------|--|------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| | YES | NO | N/A | | | | | | |
| Vitamin Store and Garage - 380 Route 18 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Sheet Flooring - 2nd Floor | 454 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1 story, 1200 SF Approx. bldg age - 50 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Sheet Flooring - 1st Floor | 754 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Exterior Transite | 292 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Transmission Shop - 378 Route 18 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 12" Floor Tile and Mastic - 2 layers | 336 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1 story, 2000 SF Approx bldg age - 40 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 12" Floor Tile and Mastic - 1 layer | 72 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Joint Compound - Walls and Ceilings | 2,180 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Asphalt Roof Shingles | 1,600 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Asphalt Roofing Sheet | 2,415 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Roof Flashing | 747 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Igal Photography - 382 Route 18 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Residual Mastic on Concrete Floor | 952 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1 story, 4500 SF approx. bldg age - 50 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Mastic Associated with 12" Tile | 737 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 9" Floor Tile | 983 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 9" Floor Tile, Felt Paper and Mastic | 351 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Pipe Insulation | 150 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Exterior Duct Coating | 1,000 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Asphalt Roof Field and Flashing | 3,105 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22 West Ferris Street (Route 18 and Ferris St) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Floor Tile and Mastic | 58 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 stories, 1200 SF Approx. bldg age - 50 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Exterior Transite | 496 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Chimney Flashing | 38 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 24 West Ferris Street (Route 18 and Ferris St) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Exterior Transite | 500 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 stories, 1200 SF Approx. age - 50 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | | | | |
| 55 West Ferris Street (Route 18 and Ferris St) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Floor Tile and Mastic | 1,495 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1 story, 10,200 SF Approx. bldg age - 50 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Pipe Insulation | 720 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Exterior Transite | 12 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Roof Flashing and Parapet Copping | 792 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Joint Compound - Walls and Ceilings | 5,050 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Pipe Fittings | 51 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

| Date of Notification (1) 01 / 09 / 13 | | Name of Building Owner/Operator (2) Moorestown Friends Association | | | | | | | |
|---|--|--|---|---|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 110 E. Main Street | | | | | | | |
| | | City, State, Zip Code Moorestown, NJ 08057 | | | | | | | |
| | | Name of Contact Lisa Carbone Warren | Telephone Number _____ | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Former ACME | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | | | | | | | |
| Street Address 123 Chester Avenue | | | | | | | | | |
| City (5) Moorestown, NJ 08057 | | Square Feet 14,000 | # of Floors 2 | | | | | | |
| | | Bldg. Age 1951 | | | | | | | |
| County (6) Burlington | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Vacant, under construction | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) RT Environmental | | ASCM No. | Name of Abatement Contractor (9) ecoservices, LLC | | | | | | |
| Street Address 215 West Church Street | | Street Address 407 West Lincoln Highway, Suite 40 | | | | | | | |
| City, State, Zip Code King of Prussia, PA 19406 | | City, State, Zip Code Exton, PA 19341 | | | | | | | |
| Project Manager for Monitoring Firm Tony Alessandrini | Telephone No. 610-265-1510 | Telephone No. 484-872-8884 | License No. 01161 | | | | | | |
| Start Date (10) 01 / 19 / 13 | Scheduled Completion Date (11) 01 / 21 / 13 | Name of OSHA Monitor EMSL | | | | | | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM | | Street Address 200 Route 130 North | | | | | | | |
| | | City, State, Zip Code Cinnaminson, NJ 08077 | | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition | | | | | | | | | |
| <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" 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 |
| 2nd Floor Mezz | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Transite | 200 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"/> |
| | <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 ecoservices, LLC | | NJDEP Waste Hauler ID No. 34757 | Cubic Yards of Waste 1 | Name of Registered Landfill Minerva Enterprises | | | | | |
| City, State Exton, PA | | Disposal Date TBD | | City, State Waynesburg, OH | | | | | |
| Completed By (Print or Type) Jack Bally | Title Sr. Project Manager | | | Signature <i>Jack Bally</i> | Date 1/9/13 | | | | |

9.2013 9:13AM

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

REMEMBER - MAIL IN HARD COPY

Club #

29880

2013 JAN 10 PM 2:58

| | | | |
|--------------------------------------|---|---|--|
| Date of Notification (1) 01/08/13 | | Name of Building Owner/Operator (2) Princeton University | |
| Month/Day/Year | | Street Address P.O. box 2158 | |
| Agency Notified | Type Notification | City, State, Zip Code Princeton NJ 08543 | |
| FPA | <input checked="" type="checkbox"/> Initial | Name of Contact Robert Ottagio | |
| DEP | <input type="checkbox"/> Notification | Telephone Number W/ | |
| DCA | <input type="checkbox"/> Amended | | |
| DOH | <input type="checkbox"/> Notification | | |
| | <input type="checkbox"/> Cancellation | | |

FACILITY INFORMATION

| | | | | | |
|--|------------|---|--|------------------|------------------------|
| Name of Facility Where Abatement is Taking Place (3) Princeton University -- Forrestal Campus - Sayer Hall Basement | | | Type of Facility (4) <input type="checkbox"/> School (K12) <input checked="" type="checkbox"/> Subchapter S (Other than K12) <input checked="" type="checkbox"/> Other (i.e. Private & commercial buildings, homes, etc.) | | |
| Street Address 300 Forrestal Road | | | Square Feet 10000 | # of Floors 3 | Bldg. Age 50 |
| City (5) Princeton | County (6) | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) University | | |
| Name of Monitoring Firm Hired by Building Owner (8) Pennmont Associates Inc | | ASCM No. | Name of Abatement Contractor (9) Associated Specialty Contracting | | |
| Street Address 515 Grove Street Suite 1B | | | Street Address 98 L. & C. Avenue | | |
| City, State, Zip Code Madison Heights NJ | | Telephone Number 856-547-0505 | City, State, Zip Code Glen Mills, PA 19341 | | |
| Project Manager of Monitoring Firm Alan Lloyd | | | Telephone Number 610-364-9622 | | Licence Number 1108 |
| Scheduled Start Date (10) 01/09/13 Month/Day/Year | | Sched. Completion Date (11) 01/10/13 Month/Day/Year | Name of OSHA Monitor Criterion Labs | | |
| Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Describe: 7:00 AM to 3:30 PM Other - Describe: | | | Street Address 3370 Progressive Drive City, State, Zip Code Bensalem PA 19020 | | |

Scope of work (Check all that apply)

☒ Demolition ☒ Renovation ☒ Full Containment with Negative Pressure

☒ >3 sf or >3 lf ☒ Mini-Enclosure

☒ >160 sf or >260 lf ☒ Glovebag Procedure

☐ Non-Friable Procedure

| Location of Asbestos - Containing Material (ACM) TO BE ABATED in Facility (13) | Is Location Normally Used Safely 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 | | | R | E | M | O | V |
| Basement Boiler room | | <input checked="" type="checkbox"/> | | pipe insulation | 10 LF | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

| | | | |
|---|----------------------------|-------------------------------|--------------------------------------|
| Name of Registered Waste Hauler Horizon Disposal | NJDEP Waste Hauler ID No. | Cubic Yards of Waste 2 | Name of Registered Landfill GROWS |
| City, State Trenton NJ | Disposal Date As needed | City, State Morrisville PA | |
| Completed By (Print or Type) Mark Goshow | Title Project Manager | Signature Mark Goshow | Date 1/8/13 |

State of New Jersey

Check # 10406

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

| | | | |
|---|--|--|--|
| Date of Notification (1) 1-4-2013 | | Name of Building Owner/Operator (2) Joseph Dries | |
| Agencies Notified | Type Notification | Street Address 36 Richmond Ave. | |
| <input type="checkbox"/> EPA | <input checked="" type="checkbox"/> Initial Notification | City, State, Zip Code Ridgewood, NJ, 07450 | |
| <input type="checkbox"/> DEP | <input type="checkbox"/> Amended Notification | Name of Contact Joseph Dries | |
| <input checked="" type="checkbox"/> DOL | <input type="checkbox"/> EMERGENCY | Telephone Number [REDACTED] | |
| <input checked="" type="checkbox"/> DOH | <input type="checkbox"/> Cancellation | | |
| <input type="checkbox"/> DCA | | | |

FACILITY INFORMATION

| | | | |
|---|---|--|--------------------------------|
| Name of Facility Where Abatement is Taking Place (3) Same as above | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) | |
| Street Address 36 RICHMOND AVE | | Square Feet | # of Floors Bldg. Age |
| City (5) RIDGEWOOD | COUNTY BERGEN | County Code (7) (STATE USE ONLY) | |
| Name of Monitoring Firm hired by Building Owner (8) N/A | | Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc. | |
| Street Address | | Street Address 86 Christopher St. | |
| City, State, Zip Code | | City, State, Zip Code Montclair, NJ 07042 | |
| Project Manager for Monitoring Firm | Telephone Number N/A | Telephone Number (973) 744-8800 | License Number 00371 |
| Scheduled Start Date (10) Month 1 Day 18 Year 2013 | Sched. Completion Date (11) Month 1 Day 21 Year 2013 | Name of OSHA Monitor N/A | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <u>«OffHours Descript»</u> <input type="checkbox"/> Other - Describe: <u>«Other Occupancy Descript»</u> | | Street Address | |
| | | City, State, Zip Code | |

Scope of Work (Check all that apply)

☒ >3 sf or >3 lf
☐ >160 sf or >260 lf

☒ Renovation
☐ Demolition

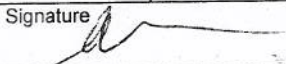
☐ Full Containment with Negative Pressure
☒ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Friable Procedure

| 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 | | | R E M O V A L | R E P A I R | E N C A P S U L E | E N C L O S U R E |
| Basement | | | X | DUCT/JOINT INSULATION | 8 LF | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | | | | |
|---|-------|---|---|--|
| Name of Registered Waste Hauler AZTECH MANAGEMENT, INC. | | NJDEP Waste Hauler ID No. 17040 | Cubic Yards of Waste .25 | Name of Registered Landfill G.R.O.W.S. |
| City, State Montclair, NJ 07042 | | Disposal Date 1-22-2013 | City, State Morrisville, PA 19067 | |
| Completed By (Print or Type) | Title | Signature | Date | |

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


CHECK 11863

| | | | | | | | | | |
|--|---|--|---|---|---------------------------|----------------|----------------|-------------|-----------|
| Date of Notification (1) 1/7/13 | | Name of Building Owner/Operator (2) US Masters Residential Property (USA) Fund | | | | | | | |
| Agencies Notified | Type Notification | Street Address 1000 Plaza Two, Floor 10, Harborside Financial Center | | | | | | | |
| <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ | City, State, Zip Code Jersey City, NJ 07311 | | | | | | | |
| <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Name of Contact Daniel Bailey | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) house | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address 84 Bowers Road | | Square Feet 2000 | # of Floors 2 | | | | | | |
| City (5) Jersey City | | Bldg. Age 50 | | | | | | | |
| County (6) Hudson | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | ASCM No. | Name of Abatement Contractor (9) ABS Environmental Services, LLC | | | | | | |
| Street Address | | Street Address 4 E Gate Drive, PO Box 483 | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Glenwood, NJ 07418 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. 973-583-8500 | License No. 703 | | | | | | |
| Start Date (10) 1/16/13 | Scheduled Completion Date (11) 1/30/13 | Name of OSHA Monitor | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____ | | Street Address | | | | | | | |
| | | City, State, Zip Code | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | | | | | | |
| | | <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (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 |
| attic | | | x | pipe insulation | 85 LF | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Freehold Cartage | | NJDEP Waste Hauler ID No. 15939 | Cubic Yards of Waste 10 | Name of Registered Landfill GROWS N Landfill | | | | | |
| City, State Freehold NJ | | Disposal Date TBD | | City, State Morrisville PA | | | | | |
| Completed by Andrew Scott Higgins | | Title President | | Signature  | | | Date 1/7/13 | | |


* Emergency *

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

CKR2931
2013 JAN 10 PM 2:58
ASBESTOS CONTROL
& LICENSING

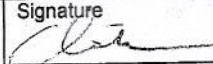
| Date of Notification (1) 1/4/13 | | Name of Building Owner/Operator (2) Joan D'Abruzzo / Residence | | | | | | | |
|--|---|--|---|--|---------------------------|----------------|--------|-------------|-----------|
| Agencies Notified | Type Notification | Street Address 1300 East Beach Avenue | | | | | | | |
| <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Brigantine, NJ 08203 | | | | | | | |
| | | Name of Contact Joan | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Joan D'Abruzzo / Residence | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address 1300 East Beach Avenue | | Square Feet 1000+ | # of Floors 2 | | | | | | |
| City (5) Brigantine, NJ 08203 | | Bldg. Age 35+ | | | | | | | |
| County (6) Atlantic | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) Residence | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | ASCM No. | Name of Abatement Contractor (9) Pernaco Inc | | | | | | |
| Street Address | | Street Address PO Box 329 | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code West Berlin NJ 08091 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. 856-753-9800 | License No. 00727 | | | | | | |
| Start Date (10) 1/5/13 | Scheduled Completion Date (11) 1/6/13 | Name of OSHA Monitor Same | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____ | | Street Address | | | | | | | |
| | | City, State, Zip Code | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf | | <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition | | | | | | | |
| | | <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" 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 |
| Exterior Siding | | | X | Exterior Siding | 1800 SF | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler United Containers | | NJDEP Waste Hauler ID No. 22459 | Cubic Yards of Waste 3 | Name of Registered Landfill G.R.O.W.S. | | | | | |
| City, State Elm NJ | | Disposal Date 1/5/13 | | City, State Morrisville PA 19067 | | | | | |
| Completed by Anthony T Perna | | Title President | | Signature  | | Date 1/4/13 | | | |

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

| Date of Notification (1) 1/7/13 | | Name of Building Owner/Operator (2) Paul Delgudice / Residence | | | | | | | |
|--|---|---|---|--|---------------------------|----------------|----------------|-------------|-----------|
| Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 68 Marguerite | | | | | | | |
| | | City, State, Zip Code Manahawkin NJ 08050 | | | | | | | |
| | | Name of Contact Paul | | | | | | | |
| <div style="text-align: right; font-weight: bold;">2013 JAN 10 PM 2:58</div> | | | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Paul Delgudice / Residence | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address 68 Marguerite | | Square Feet 1000+ | # of Floors 1 | | | | | | |
| City (5) Manahawkin NJ 08050 | | Bldg. Age 35+ | | | | | | | |
| County (6) Ocean | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Residence | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | ASCM No. | Name of Abatement Contractor (9) Pernaco Inc | | | | | | |
| Street Address | | Street Address PO Box 329 | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code West Berlin NJ 08091 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. 856-753-9800 | License No. 00727 | | | | | | |
| Start Date (10) 1/17/13 | Scheduled Completion Date (11) 1/23/13 | Name of OSHA Monitor Same | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: | | Street Address | | | | | | | |
| | | City, State, Zip Code | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" 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 |
| Exterior Siding | | | | Exterior Siding | 1400 Sf | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler United Containers | | NJDEP Waste Hauler ID No. 22459 | Cubic Yards of Waste 2 | Name of Registered Landfill G.R.O.W.S | | | | | |
| City, State Elm NJ | | Disposal Date 1/23/13 | | City, State Morrisville PA 19067 | | | | | |
| Completed by Anthony T Perna | | Title President | | Signature  | | | Date 1/7/13 | | |

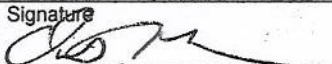
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

REC'D 2945
RECEIVED

| | | | | | | | | | |
|--|---|---|--|---|---------------------------|----------------|----------------|-------------|-----------|
| Date of Notification (1) 1/7/13 | | Name of Building Owner/Operator (2) Barbra Bell/ Residence | | | | | | | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 8 Claudia | | | | | | | |
| | | City, State, Zip Code Manahawkin NJ 08050 | | | | | | | |
| | | Name of Contact Barbar | | | | | | | |
| <p align="center">FACILITY INFORMATION</p> | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Barbra Bell/ Residence / Residence | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address 8 Claudia | | Square Feet 1000 + | # of Floors 1 | | | | | | |
| City (5) Manahawkin NJ 08050 | | Bldg. Age 35+ | | | | | | | |
| County (6) Ocean | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Residence | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | ASCM No. | Name of Abatement Contractor (9) Pernaco Inc. | | | | | | |
| Street Address | | Street Address PO Box 329 | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code West Berlin NJ 08091 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. 856-753-9800 | License No. 00727 | | | | | | |
| Start Date (10) 1/18/13 | Scheduled Completion Date (11) 1/24/13 | Name of OSHA Monitor Same | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: | | Street Address | | | | | | | |
| | | City, State, Zip Code | | | | | | | |
| Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" 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 |
| Exterior Siding | | | X | Exterior Siding | 1300 Sf | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler United Containers | | NJDEP Waste Hauler ID No. 22459 | Cubic Yards of Waste 2 | Name of Registered Landfill G.R.O.W.S | | | | | |
| City, State Elm NJ | | Disposal Date 1/24/13 | | City, State Morrisville PA 19067 | | | | | |
| Completed by Anthony T Perna | | Title President | | Signature  | | | Date 1/7/13 | | |

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

CK 2944 RECEIVED
2013 JAN 10 PM 2:58
& LIC. CENTER

| | | | | | | | | | |
|--|---|---|--|--|---------------------------|----------------|----------------|-------------|-----------|
| Date of Notification (1) 1/7/13 | | Name of Building Owner/Operator (2) Donald Babar / Residence | | | | | | | |
| Agencies Notified | Type Notification | Street Address 27 North Yarmouth Av. | | | | | | | |
| <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ | City, State, Zip Code Longport NJ 08403 | | | | | | | |
| <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Name of Contact Donald | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Donald Babar / Residence | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address 27 North Yarmouth Av. | | Square Feet 1000 + | # of Floors 2 | | | | | | |
| City (5) Longport NJ 08403 | | Bldg. Age 35+ | | | | | | | |
| County (6) Ocean | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) Residence | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | ASCM No. . | Name of Abatement Contractor (9) Pernaco Inc. | | | | | | |
| Street Address | | Street Address PO Box 329 | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code West Berlin NJ 08091 | | | | | | | |
| Project Manager for Monitoring Firm | Telephone No. | Telephone No. 856-753-9800 | License No. 00727 | | | | | | |
| Start Date (10) 1/18/13 | Scheduled Completion Date (11) 1/24/13 | Name of OSHA Monitor Same | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____ | | Street Address | | | | | | | |
| | | City, State, Zip Code | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition | <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" 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 |
| Exterior Siding | | | X | Exterior Siding | 1700 Sf | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler United Containers | | NJDEP Waste Hauler ID No. 22459 | Cubic Yards of Waste 3 | Name of Registered Landfill G.R.O.W.S | | | | | |
| City, State Elm NJ | | Disposal Date 1/24/13 | | City, State Morrisville PA 19067 | | | | | |
| Completed by Anthony T Perna | | Title President | | Signature  | | | Date 1/7/13 | | |

CHECK#

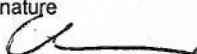
2593

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

| | | | |
|--|---|--|--|
| Date of Notification (1) <u>1/7/13</u> | | Name of Building Owner/Operator (2) <u>PINELANDS CONSTRUCTION</u> | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address <u>300 77 TH ST.</u> | |
| | | City, State, Zip Code <u>SEA ISLE CITY, N.J. 08243</u> | |
| | | Name of Contact <u>FRANK EDUARDI</u> | Telephone Number <u></u> |
| FACILITY INFORMATION | | | |
| Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u> | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) | |
| Street Address <u>117 89TH ST.</u> | | Square Feet <u></u> | # of Floors <u>2</u> |
| City (5) <u>SEA ISLE CITY</u> | | Bldg. Age <u></u> | |
| County (6) <u>CAPE MAY</u> | County Code (7) (STATE USE ONLY) <u></u> | Current Use (Prior if being demolished) <u>VACANT</u> | |
| Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u> | | ASCM No. <u></u> | Name of Abatement Contractor (9) <u>KLEMMCO INC.</u> |
| Street Address <u></u> | | Street Address <u>369 S. SPRUCE AVE.</u> | |
| City, State, Zip Code <u></u> | | City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u> | |
| Project Manager for Monitoring Firm <u></u> | | Telephone No. <u>856-779-0472</u> | License No. <u>00444</u> |
| Start Date (10) <u>1/21/13</u> | Scheduled Completion Date (11) <u>1/28/13</u> | Name of OSHA Monitor <u>JOSEPH KLEMM</u> | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: <u></u> | | Street Address <u>369 S. SPRUCE AVE.</u> | |
| | | City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u> | |
| Scope of Work (Check all that apply) | | | |
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf | | <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) <u>SIDING</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) |
| | Yes | No | |
| | | | <u>TRANSITE</u> |
| | | | <u>1200 LF</u> |
| | | | |
| | | | |
| Name of Registered Waste Hauler <u>KLEMMCO INC.</u> | | NJDEP Waste Hauler ID No. <u>17904</u> | Name of Registered Landfill <u>C.M.C.M.V.A.</u> |
| City, State <u>MAPLE SHADE, N.J.</u> | | Disposal Date <u></u> | City, State <u>WOODBINE, N.J.</u> |
| Completed By <u>JOSEPH KLEMM</u> | Title <u>V/P</u> | Signature <u>Joseph Klemm</u> | Date <u>1/7/13</u> |

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

CR 2933

| Date of Notification (1) 1/7/13 | | Name of Building Owner/Operator (2) Carol Hoffman / residence | | | | | | | |
|--|--|---|---|--|---------------------------|----------------|--------|-------------|-----------|
| Agencies Notified | Type Notification | Street Address 14 S Spinnaker Av | | | | | | | |
| <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Little Egg Harbor NJ 08087 | | | | | | | |
| <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | | Name of Contact Carol | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Carol Hoffman / residence | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address 14 S Spinnaker Av | | Square Feet 1000+ | # of Floors 1 | | | | | | |
| City (5) Little Egg Harbor NJ 08087 | | Bldg. Age 35+ | | | | | | | |
| County (6) Ocean | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Residence | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | ASCM No. | Name of Abatement Contractor (9) Pernaco Inc | | | | | | | |
| Street Address | | Street Address PO Box 329 | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code West Berlin NJ 08091 | | | | | | | |
| Project Manager for Monitoring Firm | Telephone No. | Telephone No. 856-753-9800 | License No. 00727 | | | | | | |
| Start Date (10) 1/16/13 | Scheduled Completion Date (11) 1/27/13 | Name of OSHA Monitor Same | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____ | | Street Address City, State, Zip Code | | | | | | | |
| Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <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 |
| Exterior Siding | | | x | Exterior Siding | 1300 Sf | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler United Containers | | NJDEP Waste Hauler ID No. 22459 | Cubic Yards of Waste 3 | Name of Registered Landfill G.R.O.W.S. | | | | | |
| City, State Elm NJ | | | Disposal Date 1/27/13 | City, State Morrisville PA 19067 | | | | | |
| Completed by Anthony T Perna | | Title President | Signature  | | | Date 1/7/13 | | | |

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

Recd 4228
RECEIVED
2013 JAN 10 PM 2:58

| | | | | | | | |
|---|---|---|--|---|----------------|----------|--------|
| Date of Notification (1) 1-7-2013 | | Name of Building Owner/Operator (2) M. HUBERTUS | | | | | |
| Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 1 TAFT DRIVE City, State, Zip Code SHORT HILLS, NJ 07078 Name of Contact M. HUBERTUS Telephone Number | | | | | |
| FACILITY INFORMATION | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) M. HUBERTUS | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | |
| Street Address 1 TAFT DRIVE | | Square Feet 3100 | # of Floors 3 | | | | |
| City (5) SHORT HILLS | | Bldg. Age 87 YRS | | | | | |
| County (6) ESSPX | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) RESIDENCE | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | ASCM No. | Name of Abatement Contractor (9) Best Removal Inc | | | | | |
| Street Address | | Street Address 450 S. River St | | | | | |
| City, State, Zip Code | | City, State, Zip Code Hackensack, N.J. 07601 | | | | | |
| Project Manager for Monitoring Firm | Telephone No. | Telephone No. 201-329-7444 | License No. 00388 | | | | |
| Start Date (10) 1-16-2013 | Scheduled Completion Date (11) 1-18-2013 | Name of OSHA Monitor Omega Environmental Inc | | | | | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8AM - 5PM | | Street Address 280 Huyler St City, State, Zip Code South Hackensack, N.J. 07606 | | | | | |
| Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | |
| | Yes | No | | | N/A | Removal | Repair |
| BASEMENT / CRAWL SPACE | | | X | THERMAL INSULATION | 230 LF | X | |
| | | | | | | | |
| | | | | | | | |
| Name of Registered Waste Hauler Best Removal Inc | | NJDEP Waste Hauler ID No. 17109 | Cubic Yards of Waste 2405 | Name of Registered Landfill Minerva Enterprises | | | |
| City, State Hackensack, N.J. 07601 | | Disposal Date 1-18-2013 | | City, State Waynesburg, Oh | | | |
| Completed by R. Veldran | Title Estimator | Signature R. Veldran | | Date 1-7-2013 | | | |

ASB-41

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

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

Check # 8457

2013 JAN 10 PM 1:18

| Date of Notification (1) 1-8-13 | | Name of Building Owner/Operator (2) Edward Bullwinkel | | | | | | | |
|--|--|---|--|--|---------------------------|-------------------------------------|--------|-------------|-----------|
| Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 106 Hardy Rd | City, State, Zip Code Red Bank NJ 07701 | | | | | | |
| | | Name of Contact Ed Bullwinkel | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Single family Dwelling | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address 106 Hardy Rd | | Square Feet | # of Floors 2 | | | | | | |
| City (5) Red Bank, NJ 07701 | | Bldg. Age 90+ | | | | | | | |
| County (6) Monmouth | | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies | | ASCM No. N/A | Name of Abatement Contractor (9) EPC Technologies, Inc | | | | | | |
| Street Address P.O. Box 337 | | Street Address P.O. Box 337 | | | | | | | |
| City, State, Zip Code New Egypt NJ 08533 | | City, State, Zip Code New Egypt NJ 08533 | | | | | | | |
| Project Manager for Monitoring Firm Steve Schenker | | Telephone No. 609-758-3365 | License No. 00394 | | | | | | |
| Start Date (10) 1-18-13 | Scheduled Completion Date (11) 1-21-13 | Name of OSHA Monitor EPC Technologies, Inc | | | | | | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: | | Street Address P.O. Box 337 | | | | | | | |
| | | City, State, Zip Code New Egypt NJ 08533 | | | | | | | |
| Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (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 | <input checked="" type="checkbox"/> | | | Air Duct with Paper | 10 LF | <input checked="" type="checkbox"/> | | | |
| 1 Floor Kitchen | | <input checked="" type="checkbox"/> | | Air Duct with Paper | 20 LF | <input checked="" type="checkbox"/> | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler EPC Technologies | | NJDEP Waste Hauler ID No. 17000 | Cubic Yards of Waste 1 | Name of Registered Landfill Waste Management | | | | | |
| City, State NE NJ | | Disposal Date 1-21-13 | | City, State Morrisville PA | | | | | |
| Completed by Steve Schenker | | Title President | Signature Steve Schenker | | Date 1-8-13 | | | | |

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

| | | | |
|---|--|---|--|
| Date of Notification (1) 1-4-12 | | Name of Building Owner/Operator (2) MAGGIE KONNER | |
| Agencies Notified | Type Notification | Street Address 20 KNOLLWOOD TERRACE | |
| <input type="checkbox"/> EPA | <input checked="" type="checkbox"/> Initial Notification | City, State, Zip Code CALDWELL, NJ, 07006 | |
| <input type="checkbox"/> DEP | <input type="checkbox"/> Amended Notification | Name of Contact MAGGIE KONNER | |
| <input checked="" type="checkbox"/> DOL | <input type="checkbox"/> EMERGENCY | Telephone Number 212-261-1111 | |
| <input checked="" type="checkbox"/> DOH | <input type="checkbox"/> Cancellation | | |
| <input type="checkbox"/> DCA | | | |

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2013 JAN 10 PM 2:58

ASBESTOS CONTROL & TESTING INC.

FACILITY INFORMATION

| | | | | | |
|--|--|--|--|-------------------------------------|-------------------------|
| Name of Facility Where Abatement is Taking Place (3) Same as above | | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) | | |
| Street Address 20 KNOLLWOOD TERRACE | | | Square Feet 2700 | | |
| City (5) CALDWELL | | | County (6) Essex ESSEX | County Code (7) (STATE USE ONLY) | # of Floors 2 |
| | | | Bldg. Age 84 | | |
| | | | Current Use (Prior if being demolished) | | |

| | | | | | |
|---|--|---|--|--|--|
| Name of Monitoring Firm hired by Building Owner (8) N/A | | ASCM No. | | Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc. | |
| Street Address | | | | Street Address 86 Christopher St. | |
| City, State, Zip Code | | | | City, State, Zip Code Montclair, NJ 07042 | |
| Project Manager for Monitoring Firm | | Telephone Number N/A | | Telephone Number (973) 744-8800 | |
| Sched. Start Date (10) Month 1 Day 14 Year 2013 | | Sched. Completion Date (11) Month 1 Day 15 Year 2013 | | License Number 00371 | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript» <input type="checkbox"/> Other - Describe: «Other Occupancy Descript» | | | | Name of OSHA Monitor N/A | |
| | | | | Street Address | |
| | | | | City, State, Zip Code | |

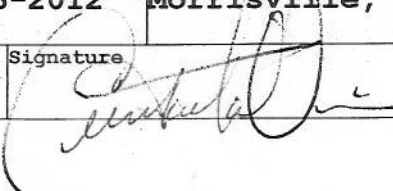
Scope of Work (Check all that apply)

☒ >3 sf or >3 lf
☐ >160 sf or >260 lf

☒ Renovation
☐ Demolition

☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☒ Glovebag Procedure
☐ 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 | | | R E M O V A L | R E P A I R | E N C A P S U L | E N C L O S U R E |
| Basement | | | X | Pipe insulation | 60 lf | X | | | |
| | | | | | | | | | |

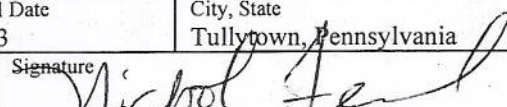
| | | | | | | |
|---|--|---|--|---|--|-------------------------|
| Name of Registered Waste Hauler AZTECH MANAGEMENT, INC. | | NJDEP Waste Hauler ID No. 17040 | | Cubic Yards of Waste 1.5 | Name of Registered Landfill G.R.O.W.S. | |
| City, State Montclair, NJ 07042 | | Disposal Date 1-16-2012 | | City, State Morrisville, PA 19067 | | |
| Completed By (Print or Type) Constantine Vivian | | Title President | | Signature  | | Date 1-4-2013 |

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

| | | | |
|--|---|---|------------------|
| Date of Notification (1) January 7, 2013 | | Name of Building Owner/Operator (2) American Building Renovations | |
| Agencies Notified | Type of Notification | Street Address | |
| <input checked="" type="checkbox"/> EPA | <input type="checkbox"/> Initial Notification | 191 Lincoln Avenue | |
| <input type="checkbox"/> DEP | <input type="checkbox"/> Amended Notification | City, State, Zip Code | |
| <input checked="" type="checkbox"/> DOL | Amendment # _____ | Little Falls, NJ 07424 | |
| <input checked="" type="checkbox"/> DOH | <input checked="" type="checkbox"/> Emergency (including justification) | Name of Contact | Telephone Number |
| <input type="checkbox"/> DCA | <input type="checkbox"/> Cancellation | Huey | |

FACILITY INFORMATION

| | | | | | |
|---|--|---|---|--|----------------|
| Name of Facility Where Abatement is Taking Place (3) Residence | | | Type of Facility (4) | | |
| Street Address 805 South Drive | | | <input type="checkbox"/> School (K-12) | | |
| | | | <input type="checkbox"/> Subchapter 8 (other than K12) | | |
| City Brick | | | Square feet | | |
| | | | 2500 sf | | |
| County (6) Ocean | | County Code (7) (STATE USE ONLY) | # of Floors | Bldg. Age | |
| | | | 2 | 60 | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | | Name of Abatement Contractor (9) Guardian Contracting, Inc. | | |
| Street Address | | | Street Address | | |
| | | | 1889 Route 9, Unit 61 | | |
| City, State, Zip Code | | | City, State, Zip Code | | |
| | | | Toms River, New Jersey 08755-1271 | | |
| Project Manager for Monitoring Firm | | Telephone Number | Telephone Number | | License Number |
| | | | 732-349-9932 | | 00624 |
| Scheduled Start Date (10) 1/8/13 | | Scheduled Completion Date (11) 1/9/13 | | Name of OSHA Monitor E.M.S.L. Analytical | |
| Occupancy Status During Abatement (Check only one) | | | Street Address | | |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement | | | 1056 Stelton Road | | |
| <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours | | | City, State, Zip Code | | |
| <input type="checkbox"/> Other - Describe _____ | | | Piscataway, New Jersey 08854 | | |
| Scope of Work (Check all that apply) | | | | | |
| <input type="checkbox"/> >3 sf or ≥3 lf | | <input type="checkbox"/> Renovation | | <input type="checkbox"/> Full Containment with Negative Pressure | |
| <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | <input checked="" type="checkbox"/> Demolition | | <input type="checkbox"/> Mini-Enclosure | |
| | | | | <input type="checkbox"/> Glovebag Procedure | |
| | | | | <input checked="" 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) 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 | | | |
|--|--|---|--|---|--|---------------------------------|----------------------------|---|---|
| | | | | | | R E M O V A L | R E P A I R | E N C A P S U L E | E N C L O S U R E |
| Exterior | | X | | Asbestos siding | 2350 sf | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Guardian Contracting, Inc. | | NJDEP Waste Hauler ID No. 20223 | | Cubic Yards of Waste 4 | Name of Registered Landfill T.R.R.F. | | | | |
| City, State Toms River, New Jersey | | Disposal Date 1/10/13 | | City, State Tullytown, Pennsylvania | | | | | |
| Completed by (Print or Type) Nicholas Fernicola | | Title Project Manager | | Signature  | | | Date 1/7/2013 | | |

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

CN #
1733

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

| | | | |
|---|---|--|---|
| Date of Notification (1) 1-7-13 | | Name of Building Owner/Operator (2) CRAIN GOETSCH | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 6 NEVIUS ST | City, State, Zip Code RARITAN NJ 08869 |
| | | Name of Contact CRAIN | Telephone Number 908 852 8732 |
| FACILITY INFORMATION | | | |
| Name of Facility Where Abatement is Taking Place (3) CRAIN GOETSCH | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) | |
| Street Address 6 NEVIUS ST | | Square Feet 1800 | # of Floors 2 |
| City (5) RARITAN NJ 08869 | | Bldg. Age 80 | |
| County (6) MIDDLESEX | | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) House |
| Name of Monitoring Firm Hired by Building Owner (8) | | ASCM No. | Name of Abatement Contractor (9) ACE INSULATION CO INC |
| Street Address | | Street Address 95 MONTROSE RD | |
| City, State, Zip Code | | City, State, Zip Code COLTS NECK NJ 07722 | |
| Project Manager for Monitoring Firm | | Telephone No. 732 294 1757 | License No. 00029 |
| Start Date (10) 1-23-13 | Scheduled Completion Date (11) 1-30-13 | Name of OSHA Monitor ACE INSULATION CO INC | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7am - 7pm | | Street Address 95 MONTROSE RD | |
| | | City, State, Zip Code COLTS NECK NJ 07722 | |
| Scope of Work (Check all that apply) | | | |
| <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 200 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Basement | 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) Pipe |
| | Yes | No | |
| | | | Amount (Specify SF or LF) 150 LF |
| | | Abatement Type Remove <input type="checkbox"/> Repair <input type="checkbox"/> Encapsulate <input type="checkbox"/> Enclosure <input type="checkbox"/> | |
| Name of Registered Waste Hauler ACE INSULATION CO INC | | NJDEP Waste Hauler ID No. 12086 | Cubic Yards of Waste |
| City, State COLTS NECK NJ 07722 | | Disposal Date | Name of Registered Landfill IGSI |
| Completed By Jack GALL | | Title OPS mgr | City, State RETHLEM PA |
| Signature Jack GALL | | Date | |

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

SEE ATTACHED OPEN FILING

| | | | | |
|--|--|---|--|--|
| Date of Notification (1) 1-8-13 | | Name of Building Owner/Operator (2) ALCATEL-LUCENT TECHNOLOGIES | | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA | | Street Address 600 MOUNTAIN AVE. City, State, Zip Code MURRAY HILL, NJ 07974 Name of Contact LARRY FEDERICO Telephone Number _____ | | |
| Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | FACILITY INFORMATION | | |
| Name of Facility Where Abatement is Taking Place (3) ALCATEL-LUCENT TECHNOLOGIES, INC Street Address 600 MOUNTAIN AVE. City (5) MURRAY HILL, NJ 07974 County (6) UNION | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) Square Feet N/A # of Floors _____ Bldg Age _____ Current Use (Prior to being demolished) OFFICES | | |
| Name of Monitoring Firm Hired by Building Owner (8) HILLMAN ENVIRONMENTAL Street Address 1600 ROUTE 22 EAST. City, State, Zip Code UNION, NJ 07803 Project Manager for Monitoring Firm MIKE NELSON Telephone No. 908-688-7800 | | Name of Abatement Contractor (9) UNIPRO, INC. Street Address 173 KARKUS AVE. City, State, Zip Code WOODBIDGE, NJ Telephone No. 732-726-3111 License No. 00615 | | |
| Start Date (10) 1-10-13 Scheduled Completion Date (11) 1-12-13 | | Name of OSHA Monitor HILLMAN ENVIRONMENTAL Street Address 1600 ROUTE 22 EAST City, State, Zip Code UNION NJ 07803 | | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: OUTDOOR-UNDERGROUND PIPE | | | | |
| Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> >160 sf or ≥ 280 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) AT BLDG. 15. BELOW GRADE STEAM PIPE (3") | | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) THERMAL INSULATION |
| | | | | Amount (Specify SF or LF) 12 LF. |
| | | | | Abatement Type Removal <input checked="" type="checkbox"/> Repair <input checked="" type="checkbox"/> Encapsulate <input type="checkbox"/> Enclosure <input type="checkbox"/> |
| Name of Registered Waste Hauler NEWARK CARTING, INC. City, State NEWARK NJ | | NJDEP Waste Hauler ID No. 4509 | | Cubic Yards of Waste 2 Disposal Date 1-12-13 |
| | | Name of Registered Landfill G.R.O.W.S., INC. City, State MORRISVILLE, PA. | | Signature David T. Tolchin Date 1-8-13 |
| Completed By DAVID T. TOLCHIN | | Title PRES. | | |

- FOR 2013 -
OPEN FILING

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

RECEIVED
2013 JAN 10 PM 2:58
STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION
& LICENSING

| | | | | | | |
|---|--|---|---|---|--------|-------------|
| Date of Notification (1) 01-04-13 | | Name of Building Owner/Operator (2) ALCATEL-LUCENT TECHNOLOGIES INC | | | | |
| Agency Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA | Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 600 MOUNTAIN AVE. | | | | |
| | | City, State, Zip Code MURRAY HILL, NJ 07974 | | | | |
| | | Name of Contact LARRY FEDERICO | Telephone Number | | | |
| FACILITY INFORMATION | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) ALCATEL-LUCENT TECHNOLOGIES, INC | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | |
| Street Address 600 MOUNTAIN AVE. | | Square Feet 300000 | # of Floors 5 | | | |
| City (5) MURRAY HILL, N.J. 07974 | | Bldg. Age 65+ | | | | |
| County (6) UNION | | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) OFFICES | | | |
| Name of Monitoring Firm Hired by Building Owner (8) HILLMANN ENVIRONMENTAL | | ASCM No. | Name of Abatement Contractor (9) UNIPRO, INC. | | | |
| Street Address 1600 RT. 22 EAST | | Street Address 173 KARKUS AVE. | | | | |
| City, State, Zip Code UNION, NJ 07803 | | City, State, Zip Code WOODBIDGE, NJ 07095 | | | | |
| Project Manager for Monitoring Firm MIKE NELSON | | Telephone No. 908-688-7800 | License No. 00615 | | | |
| Start Date (10) OPEN | Scheduled Completion Date (11) OPEN | | Name of OSHA Monitor HILLMANN ENVIRONMENTAL | | | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: | | Street Address 1600 RT. 22 EAST | | | | |
| | | City, State, Zip Code UNION, NJ. 07803 | | | | |
| Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | |
| | | | | Removal | Repair | Encapsulate |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Name of Registered Waste Hauler NEWARK CARTING, INC. | | NJDEP Waste Hauler ID No. 4509 | Cubic Yards of Waste | Name of Registered Landfill GROWS, INC. | | |
| City, State NEWARK, N.J. | | Disposal Date | City, State MORRISVILLE, PA. | | | |
| Completed by DAVID T. TOLCHIN | Title PRES. | Signature David T. Tolchin | Date 01-04-13 | | | |

Check # 8057

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

| | | | | | | | | | | |
|--|---|---|----------|---|---|--|--------|-------------|-----------|--|
| Date of Notification (1) 1/4/13 | | Name of Building Owner/Operator (2) OUR LADY OF GRACE CHURCH | | <div style="border: 1px solid black; padding: 5px;"> RECEIVED APPROVED Dept. of Health & Senior Services Jan 11 2013 Time: 8:29 AM </div> | | | | | | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA | | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | | | Street Address 395 DELAND PL | | | | |
| | | City, State, Zip Code FAIRVIEW NJ 07022 | | | | Name of Contact FRED / JOE | | | | |
| FACILITY INFORMATION | | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) RECTORY OUR LADY OF GRACE | | | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | |
| Street Address 395 DELAND PL | | | | Square Feet 2000 | | | | | | |
| City (5) FAIRVIEW | | | | # of Floors 2 | | | | | | |
| County (6) BERGEN | | | | Bldg. Age 60 | | | | | | |
| County Code (7) BERGEN | | | | Current Use (Prior to being demolished) RECTORY | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | ASCM No. | | Name of Abatement Contractor (9) A. Mac Contracting Inc. | | | | | | |
| Street Address | | | | Street Address 105 Lowell Road | | | | | | |
| City, State, Zip Code | | | | City, State, Zip Code Glen Rock, N.J. 07452 | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. | | Telephone No. 201-262-5841 | | | | | | |
| Start Date (10) 1/4/13 | | Scheduled Completion Date (11) 1/5/13 | | License No. 00156 | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: | | | | Name of OSHA Monitor Omega Environmental Services Inc. | | | | | | |
| | | | | Street Address 280 Huyler Street | | | | | | |
| | | | | City, State, Zip Code Hackensack, NJ 07606 | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | | |
| <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf | | <input checked="" type="checkbox"/> Renovation | | <input checked="" type="checkbox"/> Full Containment with Negative Pressure | | | | | | |
| <input type="checkbox"/> ≥ 160 sf or ≥ 250 lf | | <input type="checkbox"/> Demolition | | <input type="checkbox"/> Mini-Enclosure | | | | | | |
| | | | | <input type="checkbox"/> Glovebag Procedure | | | | | | |
| | | | | <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) BASEMENT + STAIR LANDING | 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) 30 LF | Abatement Type | | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure | |
| | | | X | PIPE | | X | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Name of Registered Waste Hauler Rovic Transport | | NJDEP Waste Hauler ID No. 20785 | | Cubic Yards of Waste 1 | | Name of Registered Landfill IESI PA Bethlehem Landfill Corp. | | | | |
| City, State Riverton, New Jersey 07457 | | Disposal Date 1/4/13 | | City, State Bethlehem, PA 18015 | | | | | | |
| Completed by R. McDonald | | Title President | | Signature [Signature] | | Date 1/4/13 | | | | |

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

| | | | |
|---|--|---|--|
| Date of Notification (1) 1-4-2013 | | Name of Building Owner/Operator (2) Mr. Beeck | |
| Agencies Notified | Type Notification | Street Address 25 Linwood Terr | |
| <input type="checkbox"/> EPA | <input checked="" type="checkbox"/> Initial Notification | City, State, Zip Code Caldwell, NJ, 07006 | |
| <input type="checkbox"/> DEP | <input type="checkbox"/> Amended Notification | Name of Contact Mr. Beeck | |
| <input checked="" type="checkbox"/> DOL | <input type="checkbox"/> EMERGENCY | Telephone Number | |
| <input checked="" type="checkbox"/> DOH | <input type="checkbox"/> Cancellation | | |
| <input type="checkbox"/> DCA | | | |

RECEIVED

2013 JAN 10 PM 2:58

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

| | | | | | |
|--|--|--|--|--|--|
| Name of Facility Where Abatement is Taking Place (3) Same as above | | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) | | |
| Street Address 25 LINWOOD TERRACE | | | Square Feet 1400 | | |
| City (5) CALDWELL | | | # of Floors 2 | | |
| County (6) Essex ESSEX | | | Bldg. Age 1935 | | |
| County Code (7) (STATE USE ONLY) | | | Current Use (Prior if being demolished) | | |

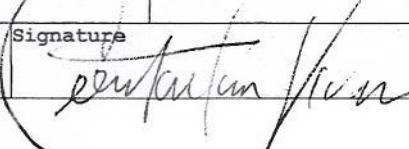
| | | | | | |
|---|--|---|--|--|--|
| Name of Monitoring Firm hired by Building Owner (8) N/A | | ASCM No. | | Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc. | |
| Street Address | | | | Street Address 86 Christopher St. | |
| City, State, Zip Code | | | | City, State, Zip Code Montclair, NJ 07042 | |
| Project Manager for Monitoring Firm | | Telephone Number N/A | | Telephone Number (973) 744-8800 | |
| Scheduled Start Date (10) Month 1 Day 15 Year 2013 | | Sched. Completion Date (11) Month 1 Day 16 Year 2013 | | License Number 00371 | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript» <input type="checkbox"/> Other - Describe: «Other Occupancy Descript» | | | | Name of OSHA Monitor N/A | |
| Scope of Work (Check all that apply) | | | | Street Address | |
| | | | | City, State, Zip Code | |

☒ ≥3 sf or ≥3 lf
☐ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☒ Glovebag Procedure
☐ 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 | | | R E M O V A L | R E P A I R | E N C A P S U L E | E N C L O S U R E |
| Basement | | | X | PIPE INSULATION | 120 LF | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | | | | | | | |
|---|--|---|--|---|--|--|--|
| Name of Registered Waste Hauler AZTECH MANAGEMENT, INC. | | NJDEP Waste Hauler ID No. 17040 | | Cubic Yards of Waste 1.5 | | Name of Registered Landfill G.R.O.W.S. | |
| City, State Montclair, NJ 07042 | | Disposal Date 1-17-2013 | | City, State Morrisville PA 19067 | | | |
| Completed By (Print or Type) Constantine Vivian | | Title President | | Signature  | | Date 1-4-2013 | |

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

Check # 9009
2013 JAN 10 PM 2:58

| Date of Notification (1) 1-7-13 | | Name of Building Owner/Operator (2) Pennrose Properties | | | | | | | |
|---|--|---|---|---|---------------------------|-------------------------------------|--------|-------------|-----------|
| Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 1101 North 31st Street | | | | | | | |
| | | City, State, Zip Code Philadelphia, PA 19121 | | | | | | | |
| | | Name of Contact Ryan Bailey | | | | | | | |
| | | Telephone Number _____ | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) 177 Monmouth Avenue | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address 177 Monmouth Avenue | | Square Feet 2,500 | # of Floors 3 | | | | | | |
| City (5) Trenton, NJ | | Bldg. Age 65 | | | | | | | |
| County (6) Mercer | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) vacant | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) EHS Environmental, Inc. | | ASCM No. _____ | Name of Abatement Contractor (9) Plymouth Environmental Co., Inc. | | | | | | |
| Street Address 411 Southgate Court, Suite E | | Street Address 923 Haws Avenue | | | | | | | |
| City, State, Zip Code Mickleton, NJ 08056 | | City, State, Zip Code Norristown, PA 19401 | | | | | | | |
| Project Manager for Monitoring Firm Jack Carney | | Telephone No. 856-224-0080 | Telephone No. 610-239-9920 | | | | | | |
| Start Date (10) 1-9-13 | | Scheduled Completion Date (11) 1-23-13 | License No. 00398 | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____ | | Name of OSHA Monitor Plymouth Environmental Co., Inc. | | | | | | | |
| | | Street Address 923 Haws Avenue | | | | | | | |
| | | City, State, Zip Code Norristown, PA 19401 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) 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 | | <input checked="" type="checkbox"/> | | pipe insulation | 200 LF | <input checked="" type="checkbox"/> | | | |
| basement | | <input checked="" type="checkbox"/> | | flue packing | 4 SF | <input checked="" type="checkbox"/> | | | |
| 1st floor | | <input checked="" type="checkbox"/> | | VAT | 125 SF | <input checked="" type="checkbox"/> | | | |
| Name of Registered Waste Hauler Robinson Waste | | NJDEP Waste Hauler ID No. 17304 | Cubic Yards of Waste 30 | Name of Registered Landfill Tullytown Resource Recovery | | | | | |
| City, State Bellmawr, NJ | | Disposal Date 1-25-13 | | City, State Tullytown, PA | | | | | |
| Completed by James Kelly | | Title President | | Signature <i>James Kelly</i> | | Date 1-7-13 | | | |

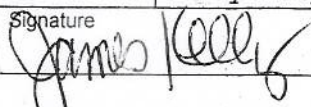
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Check # 9008
2013 JAN 10 PM 2:58

| Date of Notification (1) 1-7-13 | | Name of Building Owner/Operator (2) Pennrose Properties | | | | | | | |
|---|--|---|---|---|---------------------------|-----------------------|--------|-------------|-----------|
| Agencies Notified | Type Notification | Street Address 1101 North 31st Street | | | | | | | |
| <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Philadelphia, PA 19121 | | | | | | | |
| | | Name of Contact Ryan Bailey | Telephone Number _____ | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) 165 Monmouth Avenue | | Type of Facility (4) | | | | | | | |
| Street Address 165 Monmouth Avenue | | <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| City (5) Trenton, NJ | | Square Feet 2,500 | # of Floors 3 | | | | | | |
| County (6) Mercer | | County Code (7) (STATE USE ONLY) _____ | Bldg. Age 65 | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) EHS Environmental, Inc. | | ASCM No. _____ | Name of Abatement Contractor (9) Plymouth Environmental Co., Inc. | | | | | | |
| Street Address 411 Southgate Court, Suite E | | Street Address 923 Haws Avenue | | | | | | | |
| City, State, Zip Code Mickleton, NJ 08056 | | City, State, Zip Code Norristown, PA 19401 | | | | | | | |
| Project Manager for Monitoring Firm Jack Carney | | Telephone No. 856-224-0080 | License No. 00398 | | | | | | |
| Start Date (10) 1-9-13 | Scheduled Completion Date (11) 1-23-13 | Name of OSHA Monitor Plymouth Environmental Co., Inc. | | | | | | | |
| Occupancy Status During Abatement (Check Only One) | | Street Address 923 Haws Avenue | | | | | | | |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____ | | City, State, Zip Code Norristown, PA 19401 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <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 |
| basement | | x | | pipe insulation | 200 LF | x | | | |
| basement | | x | | flue packing | 4 SF | x | | | |
| 1st floor | | x | | VAT | 125 SF | x | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Robinson Waste | | NJDEP Waste Hauler ID No. 17304 | Cubic Yards of Waste 30 | Name of Registered Landfill Tullytown Resource Recovery | | | | | |
| City, State Bellmawr, NJ | | | Disposal Date 1-25-13 | City, State Tullytown, PA | | | | | |
| Completed by James Kelly | | Title President | Signature <i>James Kelly</i> | | | Date 1-7-13 | | | |

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

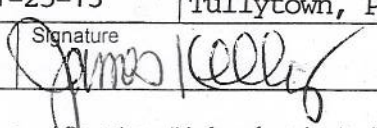
RECEIVED
CHECK # 9605
JAN 10 PM 2:58
ASBESTOS ABATEMENT
& LICENSING

| Date of Notification (1) 1-7-13 | | Name of Building Owner/Operator (2) Pennrose Properties | | | | | | | |
|---|--|---|---|---|---------------------------|-----------------------|--------|-------------|-----------|
| Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 1101 North 31st Street | | | | | | | |
| | | City, State, Zip Code Philadelphia, PA 19121 | | | | | | | |
| | | Name of Contact Ryan Bailey | Telephone Number _____ | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) 153 Monmouth Avenue | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address 153 Monmouth Avenue | | Square Feet 2,500 | # of Floors 3 | | | | | | |
| City (5) Trenton, NJ | | Bldg. Age 65 | | | | | | | |
| County (6) Mercer | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) vacant | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) EHS Environmental, Inc. | | ASCM No. _____ | Name of Abatement Contractor (9) Plymouth Environmental Co., Inc. | | | | | | |
| Street Address 411 Southgate Court, Suite E | | Street Address 923 Haws Avenue | | | | | | | |
| City, State, Zip Code Mickleton, NJ 08056 | | City, State, Zip Code Norristown, PA 19401 | | | | | | | |
| Project Manager for Monitoring Firm Jack Carney | | Telephone No. 856-224-0080 | Telephone No. 610-239-9920 | | | | | | |
| Start Date (10) 1-9-13 | | Scheduled Completion Date (11) 1-23-13 | License No. 00398 | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____ | | Name of OSHA Monitor Plymouth Environmental Co., Inc. | | | | | | | |
| | | Street Address 923 Haws Avenue | | | | | | | |
| | | City, State, Zip Code Norristown, PA 19401 | | | | | | | |
| Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (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 | | pipe insulation | 200 LF | X | | | |
| basement | | X | | flue packing | 4 SF | X | | | |
| 1st floor | | X | | VAT | 125 SF | X | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Robinson Waste | | NJDEP Waste Hauler ID No. 17304 | Cubic Yards of Waste 30 | Name of Registered Landfill Tullytown Resource Recovery | | | | | |
| City, State Bellmawr, NJ | | Disposal Date 1-25-13 | | City, State Tullytown, PA | | | | | |
| Completed by James Kelly | | Title President | Signature  | | | Date 1-7-13 | | | |

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

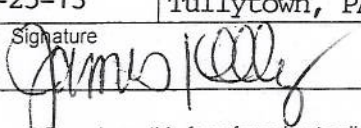
Check # 9007
RECEIVED

2013 JAN 10 PM 2:58

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|--|--|---|---|---|---------------------------|-----------------------|--------|-------------|-----------|
| Date of Notification (1) 1-7-13 | | Name of Building Owner/Operator (2) Pennrose Properties | | | | | | | |
| Agencies Notified | Type Notification | Street Address 1101 North 31st Street | | | | | | | |
| <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Philadelphia, PA 19121 | | | | | | | |
| | | Name of Contact Ryan Bailey | | | | | | | |
| | | Telephone Number _____ | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) 163 Monmouth Avenue | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address 163 Monmouth Avenue | | | | | | | | | |
| City (5) Trenton, NJ | | Square Feet 2,500 | # of Floors 3 | | | | | | |
| | | Bldg. Age 65 | | | | | | | |
| County (6) Mercer | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) vacant | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) EHS Environmental, Inc. | | ASCM No. _____ | Name of Abatement Contractor (9) Plymouth Environmental Co., Inc. | | | | | | |
| Street Address 411 Southgate Court, Suite E | | Street Address 923 Haws Avenue | | | | | | | |
| City, State, Zip Code Mickleton, NJ 08056 | | City, State, Zip Code Norristown, PA 19401 | | | | | | | |
| Project Manager for Monitoring Firm Jack Carney | | Telephone No. 856-224-0080 | Telephone No. 610-239-9920 | | | | | | |
| | | License No. 00398 | | | | | | | |
| Start Date (10) 1-9-13 | Scheduled Completion Date (11) 1-23-13 | Name of OSHA Monitor Plymouth Environmental Co., Inc. | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____ | | Street Address 923 Haws Avenue | | | | | | | |
| | | City, State, Zip Code Norristown, PA 19401 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" 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 |
| Exterior | | X | | door & window caulk | 540 LF | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Robinson Waste | | NJDEP Waste Hauler ID No. 17304 | Cubic Yards of Waste 30 | Name of Registered Landfill Tullytown Resource Recovery | | | | | |
| City, State Bellmawr, NJ | | Disposal Date 1-25-13 | | City, State Tullytown, PA | | | | | |
| Completed by James Kelly | | Title President | Signature  | | | Date 1-7-13 | | | |

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

Check # 9006
RECEIVED

| Date of Notification (1) 1-7-13 | | Name of Building Owner/Operator (2) Pennrose Properties | | | | | | | |
|---|--|---|---|---|---------------------------|-----------------------|--------|-------------|-----------|
| Agencies Notified | Type Notification | Street Address 1101 North 31st Street | | | | | | | |
| <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL | <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ | City, State, Zip Code Philadelphia, PA 19121 | | | | | | | |
| <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Name of Contact Ryan Bailey | Telephone Number _____ | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) 157 Monmouth Avenue | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address 157 Monmouth Avenue | | Square Feet 2,500 | # of Floors 3 | | | | | | |
| City (5) Trenton, NJ | | Bldg. Age 65 | | | | | | | |
| County (6) Mercer | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) vacant | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) EHS Environmental, Inc. | | ASCM No. _____ | Name of Abatement Contractor (9) Plymouth Environmental Co., Inc. | | | | | | |
| Street Address 411 Southgate Court, Suite E | | Street Address 923 Haws Avenue | | | | | | | |
| City, State, Zip Code Mickleton, NJ 08056 | | City, State, Zip Code Norristown, PA 19401 | | | | | | | |
| Project Manager for Monitoring Firm Jack Carney | | Telephone No. 856-224-0080 | License No. 00398 | | | | | | |
| Start Date (10) 1-9-13 | Scheduled Completion Date (11) 1-23-13 | Name of OSHA Monitor Plymouth Environmental Co., Inc. | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____ | | Street Address 923 Haws Avenue | | | | | | | |
| | | City, State, Zip Code Norristown, PA 19401 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <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 |
| basement | | x | | pipe insulation | 200 LF | x | | | |
| basement | | x | | flue packing | 4 SF | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Robinson Waste | | NJDEP Waste Hauler ID No. 17304 | Cubic Yards of Waste 30 | Name of Registered Landfill Tullytown Resource Recovery | | | | | |
| City, State Bellmawr, NJ | | Disposal Date 1-25-13 | | City, State Tullytown, PA | | | | | |
| Completed by James Kelly | | Title President | Signature  | | | Date 1-7-13 | | | |