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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>12/07/2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>North Brunswick TOD Associates</td>
</tr>
<tr>
<td>Street Address</td>
<td>2300 US Route 1 North</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>North Brunswick, NJ 08902</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Nimish Patel</td>
</tr>
<tr>
<td>Type of Facility (4)</td>
<td>Commercial Space</td>
</tr>
<tr>
<td>Current Use (Prior to being demolished)</td>
<td>Commercial Space</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commercial Space</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>2300 US Route 1 North</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>North Brunswick</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>County Code (7) (STATE USE ONLY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Middlesex</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASCM No.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vailiant Associates, LLC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>145 Mill Street</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paterson, NJ 07501</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone No.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>START DATE (10)</th>
<th>SCHEDULED COMPLETION DATE (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/8/2012</td>
<td>1/30/2013</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>3+ sf or 3+ ft</td>
</tr>
<tr>
<td>160 sf or 260 ft</td>
</tr>
<tr>
<td>Demolition</td>
</tr>
<tr>
<td>Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>Mini-Enclosure</td>
</tr>
<tr>
<td>Govebag Procedure</td>
</tr>
<tr>
<td>Non-Exempted (*) and Non-Friable Procedure</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Building 8 - Throughout</td>
</tr>
<tr>
<td>Building 8 - Mechanical Room Closet</td>
</tr>
<tr>
<td>Building 8 - Room next to Mechanical Room</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler Service Transport Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>NJ/DEP Waste Hauler ID No. 20990</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cubic Yards of Waste 10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Registered Landfill</td>
</tr>
<tr>
<td>Minerva Landfill</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Castle, DE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/30/2013</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Project Manager</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mindrag Stamenovic</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/04/2013</td>
</tr>
</tbody>
</table>

* 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

<table>
<thead>
<tr>
<th>Location of ACM to abated in facility</th>
<th>Description of ACM (i.e. thermal systems insulation, surfacing, VAT or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Building # 42 - 1st floor</td>
<td>Elbow insulation</td>
<td>596 each (Wrap &amp; Cut Methods)</td>
</tr>
<tr>
<td>Building # 42 - 2nd floor</td>
<td>Elbow insulation</td>
<td>644 each (Wrap &amp; Cut Methods)</td>
</tr>
<tr>
<td>Building # 42 - Penthouse</td>
<td>Elbow insulation</td>
<td>290 each (Wrap &amp; Cut Methods)</td>
</tr>
</tbody>
</table>
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
- EPA
- DOLWD
- DHSS
- DCA (NJAC 5:23-8)
- Other

Type Notification
- Initial
- Amended
- Emergency (including justification)
- 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

Street Address
Please see Page 2 for the street addresses of the facilities

City (5)
East Brunswick

County (6)
Middlesex County

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

ASCM No.

Name of Abatement Contractor (9)
Alliance Environmental Systems

Street Address
550 East Union Street
City, State, Zip Code
West Chester, PA 19382

Project Manager for Monitoring Firm
Eric Houseknecht

Telephone No.
908-296-1132

Current Use (Prior if being demolished)

Square Feet

# of Floors

Bldg. Age

Start Date (10) 01 / 21 / 13 Scheduled Completion Date (11) 02 / 22 / 13 Name of OSHA Monitor
AET

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

Time of Abatement: 7AM - 3:30PM

Scope of Work (Check all that apply)
- ≥3 sf or ≥1 if
- ≥160 sf or ≥260 if
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

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)

Cubic Yards of Waste

Name of Registered Landfill
Allied BFI Imperial

N.E.T.S.

NJDIP Waste Hauler ID No.
18947

Disposal Date
TBD

City, State
Imperial, PA

Completed By (Print or Type)
John Heemer

Title
Estimator

Signature

Date

* Do not use this form for asbestos license exempted activities.
<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Removal</th>
<th>Repair</th>
<th>Encapsulate</th>
<th>Enclosure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vitamin Store and Garage - 380 Route 18</td>
<td>Sheet Flooring - 2nd Floor</td>
<td>454 SF</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td>1 story, 1200 SF Approx. bldg age - 50</td>
<td>Sheet Flooring - 1st Floor</td>
<td>754 SF</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td></td>
<td>Exterior Transite</td>
<td>292 SF</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td>Transmission Shop - 378 Route 18</td>
<td>12&quot; Floor Tile and Mastic - 2 layers</td>
<td>336 SF</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td>1 story, 2000 SF Approx bldg age - 40</td>
<td>12&quot; Floor Tile and Mastic - 1 layer</td>
<td>72 SF</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
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<tr>
<td></td>
<td>Joint Compound - Walls and Ceilings</td>
<td>2,180 SF</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td></td>
<td>Asphalt Roof Shingles</td>
<td>1,600 SF</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td></td>
<td>Asphalt Roofing Sheet</td>
<td>2,415 SF</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td></td>
<td>Roof Flashing</td>
<td>747 SF</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td>Legal Photography - 382 Route 18</td>
<td>Residual Mastic on Concrete Floor</td>
<td>952 SF</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td>1 story, 4500 SF approx. bldg age - 50</td>
<td>Mastic Associated with 12&quot; Tile</td>
<td>737 SF</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td></td>
<td>9&quot; Floor Tile</td>
<td>983 SF</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td></td>
<td>9&quot; Floor Tile, Felt Paper and Mastic</td>
<td>351 SF</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td></td>
<td>Pipe Insulation</td>
<td>150 LF</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td></td>
<td>Exterior Duct Coating</td>
<td>1,000 SF</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td></td>
<td>Asphalt Roof Field and Flashing</td>
<td>3,105 SF</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td>22 West Ferris Street (Route 18 and Ferris St)</td>
<td>Floor Tile and Mastic</td>
<td>58 SF</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td>2 stories, 1200 SF Approx. bldg age - 50</td>
<td>Exterior Transite</td>
<td>496 SF</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td></td>
<td>Chimney Flashing</td>
<td>38 SF</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td>24 West Ferris Street (Route 18 and Ferris St)</td>
<td>Exterior Transite</td>
<td>500 SF</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td>2 stories, 1200 SF Approx. age - 50</td>
<td>Floor Tile and Mastic</td>
<td>1,495 SF</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
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<tr>
<td>55 West Ferris Street (Route 18 and Ferris St)</td>
<td>Pipe Insulation</td>
<td>720 LF</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
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<tr>
<td>1 story, 10,200 SF Approx. bldg age - 50</td>
<td>Exterior Transite</td>
<td>12 SF</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
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<tr>
<td></td>
<td>Roof Flashing and Parapet Coping</td>
<td>792 SF</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td></td>
<td>Joint Compound - Walls and Ceilings</td>
<td>5,050 SF</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td></td>
<td>Pipe Fittings</td>
<td>51 LF</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
</tr>
</tbody>
</table>
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
☐ EPA
☐ DOLWD
☐ DHSS
☐ DCA (NJAC 5:23-8)

Type Notification
☐ Initial
☐ Amended
☐ Emergency (including justification)
☐ 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)
☐ School (K-12)
☐ Subchapter 8 (Other than K-12)
☒ Other (i.e., private and commercial buildings, homes, etc.)

City (5)
Moorestown, NJ 08057

County (6)
Burlington

Square Feet
14,000

Current Use (Prior if being demolished)
Vacant, under construction

County Code (7)*STATE USE ONLY*

Name of Monitoring Firm Hired by Building Owner (6)
RT Environmental

Name of Abatement Contractor (9)
ecoservices, LLC

ASCM No.

Street Address
123 Chester Avenue

Street Address
215 West Church Street

City, State, Zip Code
King of Prussia, PA 19406

City, State, Zip Code
Exton, PA 19341

Project Manager for Monitoring Firm
Tony Alessandri

Telephone No.
610-265-1510

Telephone No.
484-872-8884

License No.
01161

Name of OSHA Monitor
EMSL

Start Date (10) 01 / 01 / 13

Scheduled Completion Date (11) 01 / 21 / 13

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

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

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

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

Yes ☐ 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

Abatement Type

Transite
200 SF

☐ Removal ☐ Repair ☐ Encapsulate ☐ Endure

2nd Floor Mezz

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

Date 1/9/13

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

- **State of New Jersey**
- **Notification of Asbestos Abatement**
- **In Abeyance**

**Date of Notification (1)**
- Initial
- 06/04/13

**Name of Building Owner/Operator (2)**
- Princeton University

**Street Address**
- P.O. Box 2158
- City: State, Zip Code: Princeton NJ 08543

**Name of Contractor**
- Robert Ojeda

**Telephone Number**
- \(<123>456-7890\)

**Name of Facility Where Abatement is Taking Place (3)**
- Princeton University -- Forrestal Campus - Sayre Hall Basement

**Street Address**
- 300 Foras Road

**City (5)**
- Princeton

**County (6)**
- Middlesex

**Census Code (7)**
- 07002

**Current Use (Prior to being Demolished)**
- University

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

**Subchapter A (Other than K-12)**
- Other (i.e. Private & Commercial Buildings, homes, etc.)

**Square Feet of Floor Area**
- 10000

**Building Age**
- 60

**Current Use**
- University

**Name of Monitoring Firm(s)**
- ASCM No.

**Name of Abatement Contractor (9)**
- Associated Specialty Contractors

**Street Address**
- 98 Locust Ave
- City, State, Zip Code: Glen Mills, PA 19342

**Telephone Number**
- 610-364-9232

**License Number**
- 1105

**Name of OS/HEA Monitors**
-Criterion Labs

**Schedule Date of Start (10)**
- 01/05/13

**Schedule Date of Completion (11)**
- 01/19/13

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

**Abatement Performed Onsite or Offsite**
- Onsite

**Scope of Work (Check all that apply)**
- Demolition
  - 300 or 0
  - 200 or 0

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>Pipe insulation 10 LF</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Handler**
- NUDIP Waste Handler ID No.

**Cubic Yards of Waste**
- 2

**Name of Registered Transfer**
- GROWS

**Horizon Disposal**
- City, State: Trenton, NJ

**Disposal Date As Noted**
- 01/19/13

**Completed by (Printed or Type)**
- Mark Gershman

**Signature**
- [Signature]

**Date**
- 01/19/13
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

State of New Jersey

Date of Notification (1)
1-4-2013

Name of Building Owner/Operator (2)
Joseph Dries

Street Address
36 Richmond Ave.

City, State, Zip Code
Ridgewood, NJ, 07450

Name of Contact
Joseph Dries

Telephone Number
N/A

Name of Facility Where Abatement is Taking Place (3)
Same as above

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

Square Feet
N/A

Current Use (Prior if being demolished)
N/A

Name of Company Hired by Building Owner (5)
AZTECH MANAGEMENT, Inc.

Street Address
86 Christopher St.

City, State, Zip Code
Montclair, NJ 07042

Telephone Number
(973) 744-8800

License Number
00371

Name of OSHA Monitor
N/A

Project Manager for Monitoring Firm
N/A

Telephone Number
N/A

Scheduled Start Date (10)
Month 1 Day 18 Year 2013

Sched. Completion Date (11)
Month 1 Day 21 Year 2013

Month 1 Day 18 Year 2013

Occupancy Status During Abatement (Check only one)
[X] Facility Closed/Vacated During Entire Period

Abatement Performed Outside of Normal Facility Hours - Describe: Off Hours Description

Other - Describe: Other Occupancy Description

Scope of Work (Check all that apply)
[X] Renovation

[X] 3 sf or > 3 if

[ ] 160 sf or > 260 if

[X] Demolition

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

Location Normally Used Solely By Maintenance/Custodial Staff

[X] Basement

Location (13)

Yes No N/A

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

Amount (Specify SF or LF)

Abatement Type

[ ] Full Containment with Negative Pressure

[X] Mini-Enclosure

[ ] Glovebag Procedure

[ ] Non-Friable Procedure

Name of Registered Waste Hauler
AZTECH MANAGEMENT, INC.

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

City, State
Montclair, NJ 07042

Disposal Date
1-22-2013

Complied By (Print or Type)

Title

Signature

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

Date of Notification (1)
1/7/13

Name of Building Owner/Operator (3)
US Masters Residential Property (USA) Fund

Agencies Notified
[ ] EPA
[ ] DEP
[ ] DOL
[ ] DOH
[ ] DCA

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

Street Address
1000 Plaza Two, FJoor 10, Harborside Financial Center

City, State, Zip Code
Jersey City, NJ 07311

Name of Contact
Daniel Bailey

FACILITY INFORMATION

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

Street Address
84 Bowers Road

City (6)
Jersey City

County Code (7)
Hudson

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

Name of Abatement Contractor (9)
ABS Environmental Services, LLC

Type of Facility (4)
[ ] School (K-12)
[ ] Subchapter 3 (Other than K-12)
[ ] Other (i.e. private & commercial, buildings, homes, etc.)

Square Feet
2000

# of Floors
2

Bidg. Age
50

Current Use (Prior it being demolished)

Name of OSHA Monitor

Street Address
4 E Gate Drive, PO Box 483

City, State, Zip Code
Glenwood, NJ 07418

Telephone No.
973-563-8500

License No.
703

Start Date (10)
1/16/13

Scheduled Completion Date (11)
1/30/13

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

Scope of Work (Check All That Apply)
[ ] 25 sq ft or 25 ft
[ ] 150 sq ft or 1500 ft

Renovation
Demolition

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

Location of Asbestos-Containing Material (ACM)

TO BE ABATED

In Facility (13)

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

Yes No N/A

attic x

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

pipe insulation

Amount

85 LF

Abatement Type

Removal
Repair
Encapsulate
Enclosure

Name of Registered Waste Hauler

NJ DEP Waste Hauler ID No. 15939

Cubic Yards of Waste

10

Name of Registered Landfill

GROWS N Landfill

Disposal Date

TBD

City, State
Morrisville PA

Completed by
Andrew Scott Higgins

Title
President

Signature

Date
1/7/13

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

Date of Notification (1)
1/4/13

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

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

Name of Building Owner/Operator (2)
Joan D'Abruzzo / Residence

Street Address
1300 East Beach Avenue

City, State, Zip Code
Brigantine, NJ 08203

Name of Contact
Joan

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Joan D'Abruzzo / Residence

Street Address
1300 East Beach Avenue

City (5)
Brigantine, NJ 08203

County (6)
Atlantic

County Code (7)

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
PO Box 329

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)
1/8/13

Occupy Status During Abatement (Check Only One)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours

Scope of Work (Check All That Apply)
- 23 sf or 23 if
- 250 sf or 2580 if
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

13

Exterior Siding

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

Location of Exterior Siding

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

Amount (Specify SF or LF)
1800 SF

Abatement Type

Name of Registered Waste Hauler
United Containers

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
Morristown, PA 19067

Completed by
Anthony T. Perna

Title
President

Signature

Date
1/4/13

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

### Date of Notification (1)
1/7/13

### Name of Building Owner/Operator (2)
P. Delgadillo / Residence

### Street Address
68 Marguerite

### City State Zip Code
Manahawkin NJ 08050

### Name of Contact
Paul

### FACILITY INFORMATION

**Name of Facility Where Abatement Is Taking Place (3)**

**Paul Delgadillo / Residence**

**Street Address**
68 Marguerite

**City (5)**
Manahawkin NJ 08050

**County (6)**
Ocean

**Type of Facility (4)**

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

**Square Feet**
1000+

**# of Floors**
1

**Bldg. Age**
35+

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

**Name of Abatement Contractor (9)**
Pernaco Inc

**Street Address**
PO Box 329

**City, State, Zip Code**
West Berlin NJ 08091

**Telephone No.**
856-753-9800

**License No.**
00727

**Name of OSHA Monitor**
Same

**Street Address**

**City, State, Zip Code**

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

- [x] ≥ 300 sf or ≥ 300 if
- [x] ≥ 1600 sf or ≥ 2600 if
- [ ] Renovation
- [x] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Globebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exterior Siding</td>
<td></td>
<td></td>
<td></td>
<td>Exterior Siding</td>
<td>1400 sf</td>
</tr>
</tbody>
</table>

### Name of Registered Waste Hauler

**United Containers**

**City, State**
Elm NJ

**Name of Registered Landfill**

**G.R.O.W.S**

**Disposal Date**
1/23/13

**City, State**
Morrisville PA 19067

**Completed by**

Anthony T Perna

**Title**
President

**Signature**

**Date**
1/7/13

---

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>1/7/13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Barbra Bell/Residence</td>
</tr>
<tr>
<td>Street Address</td>
<td>8 Claudia</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Manahawkin NJ 08050</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Barbra Bell/Residence/Residence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Square Feet</td>
<td>1000+</td>
</tr>
<tr>
<td># of Floors</td>
<td>1</td>
</tr>
<tr>
<td>Bidg. Age</td>
<td>35+</td>
</tr>
<tr>
<td>Current Use (Prior if being demolished)</td>
<td>Residence</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>Pernaco Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td>PO Box 329</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>West Berlin NJ 08091</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone No.</td>
<td>856-753-9800</td>
</tr>
<tr>
<td>License No.</td>
<td>00727</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>1/18/13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of OSHA Monitor</td>
<td>Same</td>
</tr>
<tr>
<td>Street Address</td>
<td></td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
<th>x Renovation Demolition</th>
</tr>
</thead>
<tbody>
<tr>
<td>- ≥ 2 sf or ≥ 2 if</td>
<td>x</td>
</tr>
<tr>
<td>- ≥ 160 sf or ≥ 250 if</td>
<td></td>
</tr>
<tr>
<td>- Full Containment with Negative Pressure, Mini-Enclosure, Glovebag Procedure, Non-Exempted (*) and Non-Friable Procedure</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exterior Sliding</td>
<td>x</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>x 1300 Sq</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>United Containers</th>
</tr>
</thead>
<tbody>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
<td>22459</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
<th>G.R.O.W.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disposal Date</td>
<td>1/24/13</td>
</tr>
<tr>
<td>City, State</td>
<td>Morrisville PA 19067</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by</th>
<th>Anthony T Perna</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>President</td>
</tr>
</tbody>
</table>

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

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

**Data of Notification (1)**
- 1/7/13

**Agencies Notified (2)**
- EPA
- DEP
- DOL
- DOH
- DCA

**Type Notification**
- Initial
- Amended
- Amendment # 3
- Emergency (including justification)
- Cancellation

**Name of Building Owner/Operator (2)**
- Donald Babar / Residence

**Street Address**
- 27 North Yarmouth Av.

**City, State, Zip Code**
- Longport NJ 08403

**Name of Contact**
- Donald

**FACILITY INFORMATION**

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

**Square Feet**
- 1000 +

**# of Floors**
- 2

**Bldg. Age**
- 35+

**County Code (7)**

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

**Name of Facility Where Abatement is Taking Place (3)**
- Donald Babar / Residence

**Street Address**
- 27 North Yarmouth Av.

**City (5)**
- Longport NJ 08403

**County (6)**
- Ocean

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

**ASCM No.**

**Name of Abatement Contractor (8)**
- Pernaco Inc.

**Street Address**
- PO Box 329

**City, State, Zip Code**
- West Berlin NJ 08091

**Project Manager for Monitoring Firm**

**Telephone No.**
- 856-753-9800

**License No.**
- 00727

**Start Date (10)**
- 1/19/13

**Scheduled Completion Date (11)**
- 1/24/13

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

**Scope of Work (Check All That Apply)**
- ≥3 sf or ≥3 if
- ≥160 sf or ≥260 if
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-NFPA Procedure

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

- Exterior Siding

**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)**
- Exterior Siding
- 1700 sf

**Cubic Yards of Waste**
- 3

**Name of Registered Waste Hauler**
- United Containers

**NJDEP Waste Hauler ID No.**
- 22459

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

**City, State**
- Morrisville PA 19067

**Disposal Date**
- 1/24/13

**Completed by**
- Anthony T Perna

**Title**
- President

**Signature**

**Date**
- 1/7/13

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>1/7/13</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
</tr>
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<tbody>
<tr>
<td>✓ EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>✓ DEP</td>
<td>Amended</td>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>300 77TH ST.</th>
</tr>
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<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Sea Isle City, N.J., 08243</th>
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<table>
<thead>
<tr>
<th>Name of Contact</th>
<th>Frank Eduardi</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>FACILITY INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
</tr>
<tr>
<td>Street Address</td>
</tr>
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<table>
<thead>
<tr>
<th>City</th>
<th>Sea Isle City</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>County (6)</th>
<th>CAPE MAY</th>
</tr>
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<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>N/A</th>
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</table>

<table>
<thead>
<tr>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ School (K-12)</td>
</tr>
<tr>
<td>□ Subchapter 8 (Other than K-12)</td>
</tr>
<tr>
<td>□ Other (i.e., private &amp; non-commercial buildings, homes, etc.)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
<th>KLEMCO INC.</th>
</tr>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>369 S, SPRUCE AVE.</th>
</tr>
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<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Maple Shade, N.J., 08052</th>
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<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
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<tbody>
<tr>
<td></td>
<td>856-779-0472</td>
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<thead>
<tr>
<th>Name of OSHA Monitor</th>
<th>Joseph Klemm</th>
</tr>
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<table>
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<tr>
<th>Start Date (10)</th>
<th>1/21/13</th>
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<tr>
<th>Scheduled Completion Date (11)</th>
<th>1/28/13</th>
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<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
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</thead>
<tbody>
<tr>
<td>□ Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>□ Abatement Performed Outside of Normal Facility Hours</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
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</thead>
<tbody>
<tr>
<td>□ ≥3 sf or ≥3 ft²</td>
</tr>
<tr>
<td>□ ≥160 sf or ≥160 ft²</td>
</tr>
<tr>
<td>□ Renovation</td>
</tr>
<tr>
<td>□ Demolition</td>
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<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED (13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SIDING</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
</tr>
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<tbody>
<tr>
<td>Yes</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
</tr>
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<tbody>
<tr>
<td>TRANSITE 1200.00</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
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</thead>
<tbody>
<tr>
<td>1200.00</td>
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<table>
<thead>
<tr>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>EXCI</td>
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<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>KLEMCO INC.</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>NJDEP Waste Hauler ID No.</th>
<th>179184</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>C.M. C.M.V.A.</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>City, State</th>
<th>WOODBINE, N.J.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Completed By</th>
<th>Joseph Klemm</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Title</th>
<th>V/P</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Signature</th>
<th>Inaugur 1/13</th>
</tr>
</thead>
</table>

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

Date of Notification (1) 1/7/13

Name of Building Owner/Operator (2) Carol Hoffman / residence

Agencies Notified          Type Notification
[ ] EPA  [ ] Initial
[ ] DEP  [ ] Amended
[ ] DOH  [ ] Emergency (including justification)
[ ] DOL  [ ] Cancellation

Street Address 14 S Spinnaker Av
City, State, Zip Code Little Egg Harbor NJ 08087

Name of Contact Carol
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Carol Hoffman / residence

City (5) Little Egg Harbor NJ 08087

County (6) Ocean

Square Feet 1000+

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

# of Floors 1

Bldg. Age 35+

Residence

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

Name of Abatement Contractor (9) Pernaco Inc

Street Address PO Box 329
City, State, Zip Code West Berlin NJ 08091

Project Manager for Monitoring Firm

Telephone No. Telephone No. 856-753-9800
License No. 00727

Start Date (10) 1/18/13
Scheduled Completion Date (11) 1/27/13

Name of OSHA Monitor Same

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

Scope of Work (Check All That Apply)
[ ] ≥23 sf or ≥23 If
[ ] ≥160 sf or ≥260 If
[ ] Renovation
[ ] Demolition
[ ] Full Containment with Negative Pressure
[ ] Mini-Enclosure
[ ] Glovebag Procedure
[ ] Non-Exempted (7) and Non-Friable Procedure

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

TO BE ABATED (13) Exterior Siding

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

Repair
Encapsulate
End Cap

Name of Registered Waste Hauler United Containers

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

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

Date of Notification (1)
1-7-2013

Name of Building Owner/Operator (2)
M. HUBERTUS

Agency Notified
☐ EPA
☐ DEP
☐ DOL
☐ DOH
☐ DCA

Type Notification
☐ Initial
☐ Amended
☐ Amendment #
☐ Emergency (including
Justification)
☐ 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

Street Address
1 TAFT DRIVE

City (6)
SHORT HILLS

County Code (7) (STATE USE ONLY)
ESSEX

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)
Best Removal Inc

Street Address
450 S.River St

City, State, Zip Code
Hackensack, N.J. 07601

Project Manager for Monitoring Firm

Telephone No.
201-329-7444

License No.
00388

Start Date (10)
1-16-2013

Scheduled Completion Date (11)
1-18-2013

Occuancy Status During Abatement (Check only one)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other - Describes: 8AM - 5PM

Scope of Work (Check all that apply)
☐ ≥ 3 ft or ≥ 3 if
☐ ≥ 160 sq or ≥ 200 if (12)

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

IN Facility

(13)

Yes
No
N/A

Is Location Normally Used Solely by Maintenance/Custodial Staff?

Description of
Asbestos-Containing Material (ACMs)

(Like, thermal systems insulation, surfacing, VAT, or other miscellaneous)

Abatement Type

Amount (Specialty SF or LF)

Removal
Repair
Enclosure

Name of Registered Waste Hauler
Best Removal Inc

ID No.
17109

Cubic Yards of Waste
2 YDS

Name of Registered Landfill
Minerva Enterprises

City, State
Hackensack, N.J. 07601

Disposal Date
1-18-2013

City, State
Waynesburg, OH

Completed by
R. Valdran

Title
Estimator

Signature
R. Valdran

Date
1-7-2013

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

Date of Notification (1) 1-8-13
Agency Notified
☐ EPA  ☐ DEP  ☐ DOL  ☐ DOH  ☐ DCA
Type Notification
☐ Initial  ☐ Amended  ☐ Amendment #  ☐ Emergency (including justification)
☐ Cancellation

Name of Building Owner/Operator (2)
Edward Bullwinkel
Street Address
106 Hardy Rd
City, State, Zip Code
Red Bank NJ 07701

Name of Contact
Edward Bullwinkel
Telephone Number

Name of Facility Where Abatement is Taking Place (3)
Single Family Dwelling
Street Address
106 Hardy Rd
City (5) Red Bank NJ 07701
County (6) Monmouth
County Code (7) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (9)
EPC Technologies
ASCM No. N/A
Name of Abatement Contractor (9)
EPC Technologies, Inc
Street Address
P.O. Box 337
City, State, Zip Code
New Egypt NJ 08533
Project Manager for Monitoring Firm
Steve Schenke
Telephone No.
609-758-3365

Start Date (10) 1-18-13
Scheduled Completion Date (11) 1-21-13

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

Scope of Work (Check all that apply)
☐ 3 s or 2 s  1/2
☐ ≥ 165 s or ≥ 260 s  1/2
☐ Demolition  ☐ Abatement
☐ Renovation  ☐ Gloves Bag Procedure
☐ Full Enclosure  ☐ Non-Exempted (D) and Non-Frigate Procedure
☐ Other

Location of Asbestos-Containing Material (ACM) TO BE ABATED
(13) IN Facility
Is Location Normally Used Solely by Maintenance/Custodial Staff (14)
Yes ☐ No ☐ N/A

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

- Basement  ☒ Air Duct with Paper 10 LF
- 1st Floor Kitchen  ☒ Air Duct with Paper 20 LF

Name of Registered Waste Hauler
EPC Technologies
NJDEP Waste Hauler ID No. 17000
Cubic Yards of Waste 1
Name of Registered Landfill
Waste Management

Completed by
Steve Schenke
Title President

Disposal Date 1-31-13
City, State Moira, PA

A38-41
* Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>1-4-12</th>
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</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>MAGGIE KONNER</td>
</tr>
<tr>
<td>Street Address</td>
<td>20 KNOLLWOOD TERRACE</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>CALDWELL, NJ, 07006</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>MAGGIE KONNER</td>
</tr>
<tr>
<td>Telephone Number</td>
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**FACILITY INFORMATION**

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<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Same as above</th>
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<tr>
<td>City (5)</td>
<td>CALDWELL</td>
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<tr>
<td>County (6)</td>
<td>Essex</td>
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<tr>
<td>County Code (7)</td>
<td>(STATE USE ONLY)</td>
</tr>
<tr>
<td>Square Feet</td>
<td>2700</td>
</tr>
<tr>
<td># of Floors</td>
<td>2</td>
</tr>
<tr>
<td>Bldg. Age</td>
<td>84</td>
</tr>
<tr>
<td>Current Use (Prior if being demolished)</td>
<td></td>
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**Name of Monitoring Firm hired by Building Owner (8) | N/A**

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>N/A</th>
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<tbody>
<tr>
<td>Telephone Number</td>
<td></td>
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</table>

**Scheduled Start Date (10) | N/A**

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<th>Sched. Completion Date (11)</th>
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<tbody>
<tr>
<td>MONTH 1 DAY 14 YEAR 2013</td>
<td></td>
</tr>
<tr>
<td>MONTH 1 DAY 15 YEAR 2013</td>
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**Occupancy Status During Abatement (Check only one)**

[X] Facility Closed/Vacated During Entire Period of Abatement

[X] Abatement Performed Outside of Normal Facility Hours - Describe: Off Hours Describe

[X] other - Describe: Other Occupancy Describe

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

[X] > 160 sf or > 260 l f

[X] Renovation

[X] Demolition

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)</th>
<th>Pipe insulation</th>
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</thead>
<tbody>
<tr>
<td>Location Normally Used</td>
<td>X</td>
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<tr>
<td>By Maintenance/Custodial Staff (12)</td>
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<tr>
<td>Amount (Specify 5F or LF)</td>
<td>60 l f</td>
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<tr>
<td>Abatement Type</td>
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**Name of Registered Waste Hauler**

AZTECH MANAGEMENT, INC.

<table>
<thead>
<tr>
<th>NUDER Waste Hauler ID No.</th>
<th>17040</th>
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<tr>
<td>Cubic Yards of Waste</td>
<td>1.5</td>
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<tr>
<td>Name of Registered Landfill</td>
<td>G.R.O.W.S.</td>
</tr>
<tr>
<td>City, State</td>
<td>Montclair, NJ 07004</td>
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<tr>
<td>Disposal Date</td>
<td>1-16-2012</td>
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<tr>
<td>City, State</td>
<td>Morrisville, PA 19067</td>
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</table>

**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

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

Type of Notification:
- [ ] Initial Notification
- [x] Amended Notification
- [ ] Emergency (including justification)
- [ ] Cancellation

Name of Building Owner/Operator (2):
American Building Removations

Street Address:
191 Lincoln Avenue
Little Falls, NJ 07424

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

Square feet:
2500 sf

# of Floors:
2

Bldg. Age:
60

Current Use (Prior to being demolished):
Residence

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

Street Address:
805 South Drive

City:
Brick

County (6):
Ocean

County Code (7) (STATE USE ONLY):
ASCM No.

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

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

Street Address:
1889 Route 9, Unit 61
Toms River, New Jersey 08755-1271

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

Telephone Number:
732-349-9932
License Number:
00624

Name of OSHA Monitor:
E.M.S.L. Analytical

Street Address:
1056 Stelton Road
Piscataway, New Jersey 08854

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

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

Scheduled Start Date (10):
1/8/13

Scheduled Completion Date (11):
1/9/13

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

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

Is Location Normally used Solely by Maintenance/Custodial Staff (12):
- YES

Exterior: X

Asbestos siding
2350 sf

Amount (Specify SF or LF):

Abatement Type:
- [ ] Removal
- [x] Repair
- [ ] Encapsulation
- [ ] Enclosure

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: [Signature]

Date: 1/7/2013

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

**Date of Notification (1)**: 1-23-13

**Name of Building Owner/Operator (2)**: CRAIG GOETSCHI

**Address**: 95 MONROE RD

**City, State, Zip Code**: COLTS NECK, NJ 07722

**Name of Contact**: CRAIG

**Telephone Number**: 732-294-1757

**License No.**: 00099.9

**Name of Asbestos Abatement Contractor (6)**: ACE INSULATION CO., INC.

**Address**: 95 MONROE RD

**City, State, Zip Code**: COLTS NECK, NJ 07722

**Name of OSHA Monitor**: ACE INSULATION CO., INC.

**Address**: 95 MONROE RD

**City, State, Zip Code**: COLTS NECK, NJ 07722

**Start Date (10)**: 1-23-13

**Scheduled Completion Date (11)**: 1-30-13

**Scope of Work (Check all that apply)**: 
- 3,000 sq ft or less
- Full Containment with Negative Pressure
- Non-Exempted and Non-Friable Procedure
- Non-Exempted and Friable Procedure
- Removal of Material

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Location</strong></td>
</tr>
<tr>
<td>Basement</td>
</tr>
<tr>
<td>Pipe</td>
</tr>
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<td></td>
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</table>

<table>
<thead>
<tr>
<th>Language</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Location</strong></td>
</tr>
<tr>
<td>Basement</td>
</tr>
<tr>
<td>Pipe</td>
</tr>
</tbody>
</table>

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

**Square Feet**: 900

**No. of Hours**: 2

**Bldg Age**: 50

**County Code**: 07722

**County Name**: MIDDLETOWN

**Current Use**: HOUSE

**OCCUPATION**
- Occupancy Status During Abatement
  - Normal
  - Non-Abatement

**ASCM No.**: 102

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

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

**Amount (Specify SF or LF)**
- Pipe: 150 LF

**Name of Registered Waste Handler**
- ACE INSULATION CO., INC.

**Disposal Date**: 1-7-13

**City, State**: COLTS NECK, NJ 07722

**Name of Registered Landfill**: IGSE

**Date**: 1-7-13

**Signature**: Jack Wall

---

*Do not use this form for asbestos licensure exempted activities.*
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 12:120)

Date of Notification (11) 3-8-13

Name of Building Owner/Operator (2) ACEC TITACENT TECHNOLOGIES

Solicit Address 600 MOUNTAIN AVE

City, State, Zip Code MURRAY HILL, NJ 07974

Name of Contact LARRY FREDRICO

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) ACEC TITACENT TECHNOLOGIES INC

Street Address 600 MOUNTAIN AVE

City, State, Zip Code MURRAY HILL, NJ 07974

County (6) UNION

Type of Facility (4) 

Name of Abatement Contractor (9) UNIPRO, INC.

Street Address 1600 ROUTE 22 EAST

City, State, Zip Code WOODBRIDGE, NJ 07093

Name of USPA Monitor HILLMAN ENVIRONMENTAL

Project Manager for Monitoring Firm HILLMAN ENVIRONMENTAL 1600 ROUTE 22 EAST

MIKE NELSON 908-688-7800

Start Date (10) 1-10-13 Scheduled Completion Date (11) 1-12-13

Occupancy Status During Abatement (Check only one) 

Facility Closed/Vacated During Entire Period of Abatement

Abatement Work Performed Outside of Normal Facility Hours

Other - Describe: "OUTDOOR-UNDERGROUND PIPE"

Scope of Work (Check all that apply) 

- 23 ft or 24 ft
- 3160 ft or 260 ft

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

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

- Yes

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

Amount (Specify SF or LF)

Abatement Type

Full Containment with Negative Pressure

- Non-Exempted (1) and Non-Fireable Procedure

- Renovation Demolition

- Gloves/Bag Procedure

- Min-S ELF

END OF FORM

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

Date of Notification (1)  01-04-13
Name of Building Owner/Operator (2) ALCATEL-LUCENT TECHNOLOGIES, INC.
Agency Notified Type Notification Initial
DEP Amended Amendment #
DOL Emergency (including justification)
DOH Cancellation
Name of Facility Where Abatement is Taking Place (3) ALCATEL-LUCENT TECHNOLOGIES, INC.
Type of Facility (4) School (K-12)
Branch Subchapter B (Other than K-12)
Other (i.e. private & commercial buildings, homes, etc.)
Square Feet 30,000
# of Floors 5

City, State, Zip Code MURRAY HILL, NJ 07974
County Code (7) (STATE USE ONLY) 65+

Name of Monitoring Firm Hired by Building Owner (8) HILLMANN ENVIRONMENTAL
Name of Abatement Contractor (9) UNIPRO, INC.
Street Address 1680 RT. 22 EAST
City, State, Zip Code UNION, NJ 07803
Telephone No. 908.688.7800

Name of OSHA Monitor HILLMANN ENVIRONMENTAL
Street Address 1600 RT. 22 EAST
City, State, Zip Code UNION, NJ 07803

Occupy Status During Abatement (Check only one)
□ Abatement Performed Outside of Normal Facility Hours
□ Other - Describe: OPEN
Scope of Work (Check all that apply)
□ ≥ 2500 ft² or ≥ 2500 sf
□ ≥ 1600 sf or ≥ 2500 sf
□ Removal
□ Renovation
□ Abatement Type
□ Full Containment with Negative Pressure
□ Mini-Enclosure
□ Glovebag Procedure
□ Non-Exempted (*) and Non-Friable Procedure
□ Other

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

Name of Registered Waste Hauler NEWARK CARTING, INC.
NDEP Waste Hauler # 4509
Cubic Yards of Waste
City, State, Zip CODE GROWS, N.J.
Disposal Date Morrisville, PA.
Completed by DAVID T. TOCHT, PRES.
Signature David T. Tocht, PRES.
Date 01-04-13

* Do not use this form for asbestos licensure exempted activities.
# State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:90 and 12:18B)

**Date of Notification (1):** 1/4/13

**Name of Building Owner/Operator (2):** OUR LADY OF GRACE CHURCH

**Street Address:** 395 DELAWE Pl

**City, State, Zip Code:** FAIRVIEW NJ 07022

**Name of Contract:** JFE07 / JIOE

**Facility Information**

**Name of Facility Where Abatement is Taking Place (3):** CHURCH OF OUR LADY OF GRACE

**Street Address:** 395 DELAWE Pl

**City:** FAIRVIEW

**County:** BERGEN

**Name of Monitoring Firm Hired by Building Owner (8):** ASCO No.

**Name of Abatement Contractor (9):** A. Mac Contracting Inc.

**Street Address:** 105 Lowell Road

**City, State, Zip Code:** Glen Rock, N.J. 07452

**Telephone No.:** 201-282-9941

**License No.:** 001456

**Name of ORSHA Manager:** Omega Environmental Services Inc.

**Street Address:** 280 Huyler Street

**City, State, Zip Code:** Hackensack, NJ 07601

**Facility Manager for Monitoring Firm:**

**Telephone No.:**

**License No.:**

**Scheduled Completion Date (11):** 1/5/13

**Occupancy Status During Abatement (Check Only One):**
- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours
- [ ] Other - Describe: Abatement performed outside of normal business hours and hours of operation.

**Scope of Work (Check All That Apply):**
- [ ] 2,000 or less
- [ ] 2,000 to 5,000
- [ ] 5,000 to 26,999
- [ ] Other - Describe: 2,000 square feet of asbestos containing material.

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

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

**Crop/Lumber W. X:**

**Location:**

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

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

**Abatement Type:**

**Name of Registered Waste Hauler:** Rovic Transport

**Rovic Transport:**

**Waste Hauler ID No.:** 267500

**Cubic Yards of Waste:**

**Name of Registered Landfill:** IESI PA Bethlehem Landfill Corp.

**City, State:** Bethlehem, PA 18015

**Disposal Date:** 1/4/13

**Completed by:** R. McDonald

**Title:** President

**Signature:**

**Date:** 1/4/13

---

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

RECEIVED

Mr. Beeck

Name of Contact

Mr. Beeck

State of New Jersey

Agencies Notified (3)

[X] EPA

Type Notification

[X] Initial Notification

[ ] DBP

[ ] Amended Notification

[ ] DOL

[ ] Emergency

[ ] DOH

[ ] Cancellation

[FACILITY INFORMATION]

Street Address

25 Linwood Terr

City, State, Zip Code

Caldwell, NJ, 07006

Name of Building Owner/Operator (2)

Mr. Beeck

Telephone Number

(FACILITY INFORMATION)

Name of Facility Where Abatement is Taking Place (3)

Same as above

Street Address

25 LINWOOD TERRACE

City (5)

Caldwell

County (6) Essex

County Code (7) [STATE USE ONLY]

Type of Facility (4)

[X] School (K-12)

[ ] Subchapter 8 (Other than K-12)

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

Square Feet

1400

# of Floors

2

Bldg. Age

1935

Current Use (Prior if being demolished)

Name of Monitoring Firm hired by Building Owner (9)

N/A

Name of Abatement Contractor (9)

AZTECH MANAGEMENT, Inc.

Street Address

86 Christopher St.

City, State, Zip Code

Montclair, NJ 07042

Telephone Number

(973) 744-8800

License Number

00371

Name of OSHA Monitor

N/A

Name of Registered Waste Hauler

AZTECH MANAGEMENT, INC.

Hauler ID No.

17040

Cubic Yards of Waste

1.5

Disposal Date

1-17-2013

Name of Registered Landfill

G.R.O.W.S.

City, State

Montclair, NJ 07042

Morrisville, PA 19067

Completed By (Print or Type)

Constantine Vivian

Title

President

Signature

1-4-2013
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:80 and 12:120)

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<th>Date of Notification (1)</th>
<th>1-7-13</th>
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<tr>
<td>Name of Building/Owner/Operator (2)</td>
<td>Penrose Properties</td>
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<tr>
<td>Street Address</td>
<td>1101 North 31st Street</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Philadelphia, PA 19121</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Ryan Bailey</td>
</tr>
<tr>
<td>FACILITY INFORMATION</td>
<td></td>
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<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>177 Monmouth Avenue</td>
</tr>
<tr>
<td>Street Address</td>
<td>177 Monmouth Avenue</td>
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<tr>
<td>City (5)</td>
<td>Trenton, NJ</td>
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<tr>
<td>County (6)</td>
<td>Mercer</td>
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<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>EHS Environmental, Inc.</td>
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<tr>
<td>Street Address</td>
<td>411 Southgate Court, Suite E</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Mickleton, NJ 08056</td>
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<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Jack Carney</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>856-224-0080</td>
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<td>Start Date (10)</td>
<td>1-9-13</td>
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<td>Scheduled Completion Date (11)</td>
<td>1-23-13</td>
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<tr>
<td>Occupancy Status During Abatement (Check Only One)</td>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>Scope of Work (Check All That Apply)</td>
<td>□ Renovation</td>
</tr>
<tr>
<td>□ ≥3,000 sq ft or ≥260 ft</td>
<td></td>
</tr>
<tr>
<td>□ ≥100 sq ft or ≥100 ft</td>
<td></td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)</td>
<td>basement</td>
</tr>
<tr>
<td>□ Yes</td>
<td>□ No</td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</td>
<td>Yes</td>
</tr>
<tr>
<td>Description of Asbestos Containing Material (ACM) (i.e., thermal system insulation, surface, VAT, or other miscellaneous)</td>
<td>pipe insulation 200 LF</td>
</tr>
<tr>
<td>□ Full Containment with Negative Pressure</td>
<td></td>
</tr>
<tr>
<td>□ Mini-Enclosure</td>
<td></td>
</tr>
<tr>
<td>□ Glovebag Procedure</td>
<td></td>
</tr>
<tr>
<td>□ Non-Exempted (2) and Non-Friable Procedure</td>
<td></td>
</tr>
<tr>
<td>Abatement Type</td>
<td></td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>Robinson Waste</td>
</tr>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
<td>17304</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>30</td>
</tr>
<tr>
<td>Disposal Date (20)</td>
<td>1-25-13</td>
</tr>
<tr>
<td>City, State</td>
<td>Tullytown, PA</td>
</tr>
<tr>
<td>City, State</td>
<td>Bellmawr, NJ</td>
</tr>
<tr>
<td>Completed by</td>
<td>James Kelly</td>
</tr>
<tr>
<td>Title</td>
<td>President</td>
</tr>
</tbody>
</table>

Do not use this form for asbestos licensure-exempted activities.
Date of Notification (1)  
1-7-13

Agencies Notified  
☐ EPA  
☐ DEP  
☐ DOL  
☐ DOH  
☐ DCA  
☐ Initial  
☐ Amended  
☐ Amendment #  
☐ Emergency (including Justification)  
☐ Cancellation

Name of Building Owner/Operator (2)  
Penrose Properties

Name of Facility Where Abatement is Taking Place (3)  
165 Monmouth Avenue

Street Address  
165 Monmouth Avenue

City (5)  
Trenton, NJ

County (6)  
Mercer

Name of Monitoring Firm Hired by Building Owner (8)  
EHS Environmental, Inc.

ASCM No.  
Plymouth Environmental Co., Inc.

Street Address  
411 Southgate Court, Suite E

City, State, Zip Code  
Mickleton, NJ 08056

Telephone No.  
856-224-0080

License No.  
00398

Start Date (10)  
1-9-13

Scheduled Completion Date (11)  
1-23-13

Occupy Status During Abatement (Check Only One)  
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other – Describe:  

Scope of Work (Check All That Apply)  
☐ ≥ 23 sf or ≥ 23 if
☐ ≥ 190 sf or ≥ 2250 if
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Min-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE RGATED  
In Facility  
(13)

<table>
<thead>
<tr>
<th>Location</th>
<th>Use</th>
<th>Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>basement</td>
<td>x</td>
<td>pipe insulation</td>
<td>200 LF</td>
<td>x</td>
</tr>
<tr>
<td>basement</td>
<td>x</td>
<td>flue packing</td>
<td>4 SF</td>
<td>x</td>
</tr>
<tr>
<td>1st floor</td>
<td>x</td>
<td>VAT</td>
<td>125 SF</td>
<td>x</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler  
Robinson Waste

NJDEP Waste Hauler ID No.  
17304

Cubic Yards of Waste  
30

Name of Registered Hotel  
Tullytown Resource Recovery

City, State  
Tullytown, PA

Completed by  
James Kelly

Title  
President

Signature  

Date  
1-7-13

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

**State of New Jersey**

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

**Date of Notification (1)**
1-7-13

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

**Address**
1101 North 31st Street
Philadelphia, PA 19121

**Name of Contact**
Ryan Bailey

**FACILITY INFORMATION**

**Name of Facility Where Abatement Is Taking Place (3)**
153 Monmouth Avenue

**City (5)**
Trenton, NJ

**County (6)**
Mercer

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

**Name of Abatement Contractor (9)**
Plymouth Environmental Co., Inc.

**Street Address**
411 Southgate Court, Suite E
Mickleton, NJ 08056

**Project Manager for Monitoring Firm**
Jack Carney

**Telephone No.**
856-224-0080

**Start Date (10)**
1-9-13

**Completed Completion Date (11)**
1-23-13

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

**Scope of Work (Check All That Apply)**
- ≥3 sf or ≥3 if
- ≥150 sf or ≥250 if
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos Containing Material (ACM)</th>
<th>Amount Specify SF or LF</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>basement</td>
<td>x</td>
<td>pipe insulation</td>
<td>200 LF</td>
<td>x</td>
</tr>
<tr>
<td>basement</td>
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<td>4 SF</td>
<td>x</td>
</tr>
<tr>
<td>1st floor</td>
<td>x</td>
<td>VAT</td>
<td>125 SF</td>
<td>x</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
Robinson Waste

**City, State**
Bellmawr, NJ

**Disposal Date**
1-25-13

**Name of Registered Landfill**
Tullytown Resource Recovery

**City, State**
Tullytown, PA

**Completed by**
James Kelly

**Title**
President

**Signature**

---

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>1-7-13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Pennrose Properties</td>
</tr>
<tr>
<td>Street Address</td>
<td>1101 North 31st Street</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Philadelphia, PA 19121</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Ryan Bailey</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>163 Monmouth Avenue</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>163 Monmouth Avenue</td>
</tr>
<tr>
<td>City (5)</td>
<td>Trenton, NJ</td>
</tr>
<tr>
<td>County Code (7)</td>
<td>Mercer</td>
</tr>
<tr>
<td>Current Use (Prior if being demolished)</td>
<td>vacant</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>Plymouth Environmental Co., Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td>411 Southgate Court, Suite E</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Millcreek, NJ 08056</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>856-224-0080</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>Plymouth Environmental Co., Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td>923 Haws Avenue</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Norristown, PA 19401</td>
</tr>
</tbody>
</table>

**Start Date (10) | 1-9-13  
Scheduled Completion Date (11) | 1-23-13**

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

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>x</td>
<td></td>
<td></td>
<td>Door &amp; window caulk</td>
<td></td>
<td>540 LF</td>
<td></td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Robinson Waste</th>
</tr>
</thead>
<tbody>
<tr>
<td>N.J. DEP Waste Hauler ID No.</td>
<td>17304</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>30</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>Tullytown Resource Recovery</td>
</tr>
<tr>
<td>City, State</td>
<td>Bellmawr, NJ</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>1-25-13</td>
</tr>
</tbody>
</table>

**Completed by**

<table>
<thead>
<tr>
<th>Completed by</th>
<th>James Kelly</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>President</td>
</tr>
<tr>
<td>Signature</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>1-7-13</td>
</tr>
</tbody>
</table>

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

**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:20 and 12:120)

**Date of Notification (1)**  
1-7-13

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

**Street Address**  
1101 North 31st Street

**City, State, Zip Code**  
Philadelphia, PA 19121

**Name of Contact**  
Ryan Bailey

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**  
157 Monmouth Avenue

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

**Street Address**  
157 Monmouth Avenue

**City (5)**  
Trenton, NJ

**Square Feet**  
2,500

**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)**  
EES Environmental, Inc.

**Name of Abatement Contractor (9)**  
Plymouth Environmental Co., Inc.

**Street Address**  
411 Southgate Court, Suite E

**City, State, Zip Code**  
Mickleton, NJ 08056

**Telephone No.**  
856-224-0080

**License No.**  
00398

**Name of OSHA Monitor**  
Plymouth Environmental Co., Inc.

**Start Date (10)**  
1-9-13

**Scheduled Completion Date (11)**  
1-23-13

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

**Scope of Work (Check All That Apply)**  
-☐ ≥ 600 sf or ≥ 6000 sq ft

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>basement</td>
<td>Yes</td>
<td>pipe insulation</td>
<td>200 LF</td>
<td>☒ x x</td>
</tr>
<tr>
<td>basement</td>
<td>x</td>
<td>flue packing</td>
<td>4 SF</td>
<td>☐ x x</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**  
Robinson Waste

**Disposal Date**  
1-25-13

**Name of Registered Landfill**  
Tullytown Resource Recovery

**City, State**  
Tullytown, PA

**Completed by**  
James Kelly

**Date**  
1-7-13

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