


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

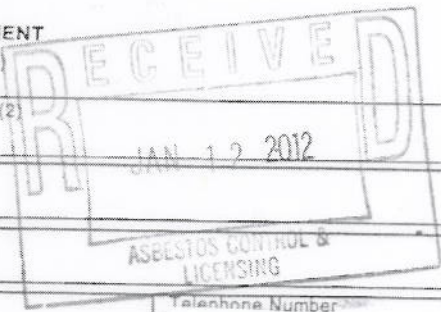
| Date of Notification (1) <u>01/10/2012</u> | | Name of Building Owner/Operator (2) <u>Glenwood Apartment & Country Club</u> | | | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|---------------------------|---------------------------|--------|-------------|-----------|
| 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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address <u>1655 US HWY 9</u> City, State, Zip Code <u>Old Bridge, NJ 08857</u> Name of Contact <u>Bernadette Poppel</u> Telephone Number _____ | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) <u>Apartments Bldg.</u> | | 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 <u>31 Cherryhill Lane</u> | | Square Feet <u>2000 SF</u> | # of Floors <u>2</u> | | | | | | |
| City (5) <u>Old Bridge,</u> | | Bldg. Age <u>60+</u> | | | | | | | |
| County (6) <u>Middlesex</u> | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) <u>Apartments Bldg.</u> | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u> | ASCM No. | Name of Abatement Contractor (9) <u>DIA General Construction, Inc.</u> | | | | | | | |
| Street Address | | Street Address <u>1360 Clifton, Avenue, PMB Suite 218</u> | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code <u>Clifton, NJ 07012</u> | | | | | | | |
| Project Manager for Monitoring Firm | Telephone No. | Telephone No. <u>973-389-0089</u> | License No. <u>00693</u> | | | | | | |
| Start Date (10) <u>01/23/2012</u> | Scheduled Completion Date (11) <u>01/24/2012</u> | Name of OSHA Monitor <u>DIA General Construction, Inc.</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: _____ | | Street Address <u>1360 Clifton, Avenue, PMB Suite 218</u> City, State, Zip Code <u>Clifton, NJ 07012</u> | | | | | | | |
| 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 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 |
| Crawl Space | | | X | Pipe/Elbow Insulation | 200 LF | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler <u>Service Transport Group</u> | | NJDEP Waste Hauler ID No. <u>20970</u> | Cubic Yards of Waste <u>10</u> | Name of Registered Landfill <u>Minerva Landfill</u> | | | | | |
| City, State <u>New Castle, DE</u> | | Disposal Date <u>01/24/2012</u> | | City, State <u>Waynesburg, OH 44688</u> | | | | | |
| Completed By <u>Krutarth Jagad</u> | Title <u>President</u> | | Signature  | | | Date <u>01/10/2012</u> | | | |

ASB41

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

2074

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



| | | | | | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|----------------|---------------------------|--------|-------------|-----------|
| Date of Notification (1) 01/10/2012 | | Name of Building Owner/Operator (2) Greek Development | | | | | | | |
| 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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | | | | | | |
| Street Address 33 Cotters Lane | | City, State, Zip Code East Brunswick, NJ 08816 | | | | | | | |
| Name of Contact Matthew F. Schlindwein | | Telephone Number _____ | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Former Wakefern Site | | 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 700 York St. | | Square Feet 100,000 SF | | | | | | | |
| City (5) Elizabeth, NJ | | # of Floors 0 | | | | | | | |
| County (6) Union | | Bldg. Age 60+ | | | | | | | |
| County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) Open Space | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) J & S Environmental Services | | Name of Abatement Contractor (9) DIA General Construction, Inc. | | | | | | | |
| Street Address 2333 Rt 22 West | | Street Address 1360 Clifton, Avenue, PMB Suite 218 | | | | | | | |
| City, State, Zip Code Union NJ 07803 | | City, State, Zip Code Clifton, NJ 07012 | | | | | | | |
| Project Manager for Monitoring Firm Sherry Gelsomino | | Telephone No. 908 206-0073 | License No. 00693 | | | | | | |
| Start Date (10) 01/20/2012 | | Scheduled Completion Date (11) 01/24/2012 | | | | | | | |
| Name of OSHA Monitor DIA General Construction, 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 1360 Clifton, Avenue, PMB Suite 218 | | | | | | | |
| | | City, State, Zip Code Clifton, NJ 07012 | | | | | | | |
| 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"/> Govebag 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 |
| East & Southeast Open Slab Area | | | X | 9"x9" Beige Floor Tiles/Mastic | 300 SF | X | | | |
| West Open Slab Area | | | X | 9"x9" Light Blue/Beige Floor Tile/Mastic | 700 SF | X | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Service Transport Group | | NJDEP Waste Hauler ID No. 20990 | Cubic Yards of Waste 10 CY | Name of Registered Landfill Minerva Landfill | | | | | |
| City, State New Castle, DE | | Disposal Date 01/24/2012 | | City, State Waynesburg, OH 44688 | | | | | |
| Completed By Krutarth Jagad | | Title Project Manager | | Signature | | Date 01/10/2012 | | | |

ASB41

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

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

1201-4437
Check #3760

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Date of Notification (1) 1/10/12 | | Name of Building Owner / Operator (2) Robert Wood Johnson Hospital | |
| 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 checked="" type="checkbox"/> Emergency <input type="checkbox"/> Cancellation | Street Address One Robert Wood Johnson Place City, State & Zip Code New Brunswick, NJ 08901 Name of Contact Geiser Fajardo | |



| | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| FACILITY INFORMATION | | | |
| Name of Facility Where Abatement is Taking Place (3) Robert Wood Johnson Hospital | | 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 One Robert Wood Johnson Place | | Square Feet | # of Floors |
| City (5) New Brunswick | County (6) Middlesex | Bldg. Age | |
| County Code (7) | | Current Use (Prior if being demolished) Hospital | |
| Name of Monitoring Firm Hired by Building Owner (8) Omega Environmental | | Name of Abatement Contractor (9) AbateTech, Inc. | |
| Street Address 280 Huyler Street | | Street Address PO Box 25 | |
| City, State & Zip Code South Hackensack, NJ 07606 | | City, State & Zip Code Lumberton, NJ 08048 | |
| Project Manager for Monitoring Firm Geiser Fajardo | | Telephone Number 201-489-8400 | License Number 00529 |
| Scheduled Start Date (10) 1/11/12 | Scheduled Completion Date (11) 1/12/12 | Name of OSHA Monitor EMSL Analytical | |
| 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 Hours Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement | | Street Address 108 Haddon Ave. | |
| | | City, State & Zip Code Westmont, NJ 08108 | |

Scope of Work (Check all that apply)

| | | |
|-----------------------------------------------------------------|------------------------------------------------|----------------------------------------------------------------------------|
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥ 160 sf ≥ 260 lf | <input type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Mini-Enclosure |
| | | <input checked="" type="checkbox"/> Glove Bag Procedures |
| | | <input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure |

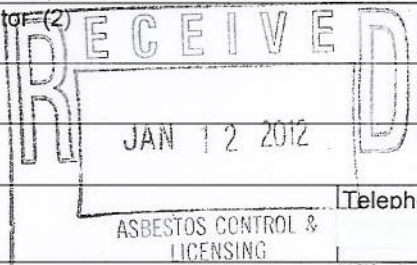
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13) | Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) | | | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|-------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------|--------------------------|-----------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Administration Building Basement | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Floor tile & Mastic | 525 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Administration Building Basement | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Pipe Fittings | 6 total | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | | |
|-----------------------------------------------------------|--|-------------------------------------------|-----------------------------------|-----------------------------------------------------|------------------------|
| Name of Registered Waste Hauler AbateTech, Inc. | | NJDEP Waste Hauler ID No. 18750 | Cubic Yards of Waste 12 | Name of Registered Landfill TRRF Landfill | |
| City, State Lumberton, NJ | | Disposal Date 1/12/12 | | City, State Tullytown, PA | |
| Completed By (Print or Type) Gwen Trumbetti | | Title Office Coord. | Signature | | Date 1/10/12 |

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

1201-4436
Check #3759

| | | | |
|--------------------------------------------|---------------------------------------------|------------------------------------------------------------------------|--|
| Date of Notification (1) 1/10/12 | | Name of Building Owner / Operator (2) Verizon Communications | |
| Agencies Notified | Type Notification | Street Address 100 Greenwood Ave. | |
| <input checked="" type="checkbox"/> EPA | <input checked="" type="checkbox"/> Initial | City, State & Zip Code Jenkintown, PA 19046 | |
| <input type="checkbox"/> DEP | <input type="checkbox"/> Amended # | Name of Contact Alex Baylor | |
| <input checked="" type="checkbox"/> DOL | <input type="checkbox"/> Emergency | Telephone Number | |
| <input checked="" type="checkbox"/> DOH | <input type="checkbox"/> Cancellation | | |
| <input type="checkbox"/> DCA | | | |



| | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|--------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------|
| Name of Facility Where Abatement is Taking Place (3) Verizon | | | 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 220 West Broad Street | | | Square Feet # of Floors Bldg. Age | | |
| City (5) Paulsboro | County (6) GLE | County Code (7) | Current Use (Prior if being demolished) Offices | | |
| Name of Monitoring Firm Hired by Building Owner (8) USA Environmental | | ASCM No. | Name of Abatement Contractor (9) AbateTech, Inc. | | |
| Street Address 8436 Enterprise Avenue | | | Street Address PO Box 25 | | |
| City, State & Zip Code Philadelphia, PA 19153 | | | City, State & Zip Code Lumberton, NJ 08048 | | |
| Project Manager for Monitoring Firm Mark Jenkins | | Telephone Number 215-365-5810 ext. 111 | Telephone Number 609-265-2107 | | License Number 00529 |
| Scheduled Start Date (10) 1/23/12 | Scheduled Completion Date (11) 1/24/12 | | Name of OSHA Monitor EMSL Analytical | | |
| 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 Hours Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement | | | Street Address 108 Haddon Ave. | | |
| | | | City, State & Zip Code Westmont, NJ 08108 | | |

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 ≥260 lf | <input type="checkbox"/> Demolition | <input type="checkbox"/> Mini-Enclosure |
| | | <input type="checkbox"/> Glove Bag Procedures |
| | | <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 or Custodial Staff? (12) | | | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|------------------------------------------------------------------------------|--------------------------------------------------------------------------|--------------------------|--------------------------|-----------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Basement Equipment Room | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Duct Insulation | 50 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Basement Equipment Room | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Vibration Damper Cloth | 5 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Basement Equipment Room | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pipe Insulation | 5 LF | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | | |
|----------------------------------------------------------|--|-------------------------------------------|-------------------------------------|-----------------------------------------------------|------------------------|
| Name of Registered Waste Hauler AbateTech, Inc | | NJDEP Waste Hauler ID No. 18750 | Cubic Yards of Waste 8 | Name of Registered Landfill TRRF Landfill | |
| City, State Lumberton, NJ | | Disposal Date 1/24/12 | City, State Tullytown, PA | | |
| Completed By (Print or Type) Gwen Trumbetti | | Title Opps. Coord. | Signature | | Date 1/10/12 |

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

1201-4436
Check #3759

| | | | | | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| Date of Notification (1) 1/10/12 | | Name of Building Owner / Operator (2) Verizon Communications | | <div style="border: 2px solid red; padding: 10px; display: inline-block;"> RECEIVED JAN 12 2012 ASBESTOS CONTROL & LICENSING </div> | | | | | |
| Agencies Notified | Type Notification | Street Address 100 Greenwood Ave. | | | | | | | |
| <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended # <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation | City, State & Zip Code Jenkintown, PA 19046 | | | | | | | |
| | | Name of Contact Alex Baylor | | | | | | | |
| Telephone Number | | | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Verizon | | | 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 220 West Broad Street | | | Square Feet # of Floors Bldg. Age | | | | | | |
| City (5) Paulsboro | County (6) GLE | County Code (7) | Current Use (Prior if being demolished) Offices | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) USA Environmental | | ASCM No. | Name of Abatement Contractor (9) AbateTech, Inc. | | | | | | |
| Street Address 8436 Enterprise Avenue | | | Street Address PO Box 25 | | | | | | |
| City, State & Zip Code Philadelphia, PA 19153 | | | City, State & Zip Code Lumberton, NJ 08048 | | | | | | |
| Project Manager for Monitoring Firm Mark Jenkins | | Telephone Number 215-365-5810 ext. 111 | Telephone Number 609-265-2107 | | License Number 00529 | | | | |
| Scheduled Start Date (10) 1/23/12 | Scheduled Completion Date (11) 1/24/12 | | Name of OSHA Monitor EMSL Analytical | | | | | | |
| 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 Hours Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement | | | Street Address 108 Haddon Ave. | | | | | | |
| | | | City, State & Zip Code Westmont, NJ 08108 | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf ≥260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedures <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 or Custodial Staff? (12) | | | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Basement Equipment Room | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Duct Insulation | 50 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Basement Equipment Room | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Vibration Damper Cloth | 5 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Basement Equipment Room | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pipe Insulation | 5 LF | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler AbateTech, Inc | | NJDEP Waste Hauler ID No. 18750 | Cubic Yards of Waste 8 | Name of Registered Landfill TRRF Landfill | | | | | |
| City, State Lumberton, NJ | | Disposal Date 1/24/12 | City, State Tullytown, PA | | | | | | |
| Completed By (Print or Type) Gwen Trumbetti | | Title Opps. Coord. | Signature  | | Date 1/10/12 | | | | |

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

1111-4414 SUB8

Check #

| | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Date of Notification (1) 1/10/12 | | Name of Building Owner / Operator (2) Princeton University | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA | Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended #3 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation | Street Address Trustees of Princeton University E.A. MacMillan Bldg City, State & Zip Code Princeton, NJ 08544 Name of Contact Robert Ortego, P.E. | |
| | | Telephone Number | |



| | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|--------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| Name of Facility Where Abatement is Taking Place (3) Princeton University - Jadwin Hall | | | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | |
| Street Address Washington Road Princeton University Main Campus | | | | Square Feet | # of Floors |
| City (5) Princeton | County (6) Mercer | County Code (7) | | Bldg. Age | |
| Name of Monitoring Firm Hired by Building Owner (8) ATC Associates, Inc. | | | | Name of Abatement Contractor (9) AbateTech, Inc. | |
| Street Address Bromley Corporate Center 3 Terri Lane, Suite 12 | | | | Street Address PO Box 25 | |
| City, State & Zip Code Burlington, NJ 08016 | | | | City, State & Zip Code Lumberton, NJ 08048 | |
| Project Manager for Monitoring Firm Mike Keehn | | Telephone Number 609-386-8800 | | Telephone Number 609-265-2107 | License Number 00529 |
| Scheduled Start Date (10) 11/28/11 | | Scheduled Completion Date (11) 1/31/12 | | Name of OSHA Monitor EMSL Analytical | |
| 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 Hours Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement | | | | Street Address 108 Haddon Ave. City, State & Zip Code Westmont, NJ 08108 | |

Scope of Work (Check all that apply)

| | | |
|-----------------------------------------------------|------------------------------------------------|-----------------------------------------------------------------------------|
| <input type="checkbox"/> ≥3 sf or ≥3 lf | <input checked="" type="checkbox"/> Renovation | <input checked="" type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥160 sf ≥260 lf | <input type="checkbox"/> Demolition | <input type="checkbox"/> Mini-Enclosure |
| | | <input type="checkbox"/> Glove Bag Procedures |
| | | <input type="checkbox"/> Non-Exempted and Non-Friable Procedure |

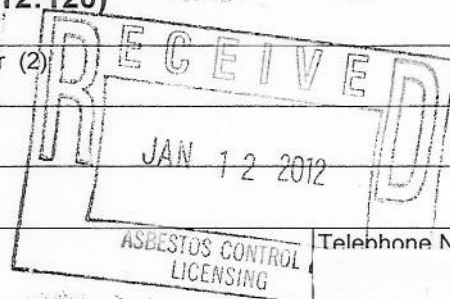
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13) | Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) | | | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------|-------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| 1 st Floor Lobby | | | | Ceiling Plaster | 395 SF | | | | |
| Work Area #1 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Ceiling Plaster | 2,100 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Work Area #2 (Stair 2) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Ceiling Plaster | 330 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Work Area #2 (Stair 2) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Floor tile & Mastic | 100 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Work Area #2 (Stair 3) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Ceiling Plaster | 330 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Work Area #2 (Stair 3) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Floor tile & Mastic | 100 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1 st Floor Lobby | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Floor tile & Mastic | 395 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | |
|-----------------------------------------------------------|-------------------------------------------|-----------------------------------|-----------------------------------------------------|
| Name of Registered Waste Hauler AbateTech, Inc. | NJDEP Waste Hauler ID No. 18750 | Cubic Yards of Waste 12 | Name of Registered Landfill TRRF Landfill |
| City, State Lumberton, NJ | | Disposal Date 1/31/12 | City, State Tullytown, PA |
| Completed By (Print or Type) Gwen Trumbetti | Title Opps. Coord. | Signature <i>Gwen</i> | Date 1/10/12 |

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

1110-4391 NF
Check #3701

| | | | |
|-------------------------------------------|---------------------------------------------|------------------------------------------------------------------|--|
| Date of Notification (1) 1/9/12 | | Name of Building Owner / Operator (2) Rider University | |
| Agencies Notified | Type Notification | Street Address 2083 Lawrenceville Road | |
| <input checked="" type="checkbox"/> EPA | <input checked="" type="checkbox"/> Initial | City, State & Zip Code Lawrenceville, NJ 08648 | |
| <input type="checkbox"/> DEP | <input type="checkbox"/> Amended # | Name of Contact Fred Porter | |
| <input checked="" type="checkbox"/> DOL | <input type="checkbox"/> Emergency | Telephone Number | |
| <input checked="" type="checkbox"/> DOH | <input type="checkbox"/> Cancellation | | |
| <input type="checkbox"/> DCA | | | |



FACILITY INFORMATION

| | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-----------|
| Name of Facility Where Abatement is Taking Place (3) Rider University – GSB Building | | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) (Unoccupied) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | |
| Street Address 2083 Lawrenceville Road | | | Square Feet | # of Floors | Bldg. Age |
| City (5) Lawrenceville | County (6) Mercer | County Code (7) | Current Use (Prior if being demolished) Classrooms | | |
| Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates, Inc. | | ASCM No. | Name of Abatement Contractor (9) AbateTech, Inc. | | |
| Street Address 515 Grove Street Suite 1B | | Street Address 30 Maple Ave | | | |
| City, State & Zip Code Haddon Heights, NJ 08035 | | City, State & Zip Code Lumberton, NJ 08048 | | | |
| Project Manager for Monitoring Firm Alan Lloyd | | Telephone Number 856-547-0505 | Telephone Number 609-265-2107 | License Number 00529 | |
| Scheduled Start Date (10) 1/20/12 | Scheduled Completion Date (11) 1/23/12 | | Name of OSHA Monitor EMSL Analytical | | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours Describe: Fri 12 noon to 8:30 PM, Sat 2x Shifts Sun 7AM -3:30 PM, 1x shift Monday 7AM to 3:3- PM <input type="checkbox"/> Facility Occupied During Abatement | | | Street Address 107 Haddon Ave. | | |
| | | | City, State & Zip Code Westmont, NJ 08108 | | |

| | | | | | |
|-----------------------------------------------------|------------------------------------------------|----------------------------------------------------------------------------|--|--|--|
| Scope of Work (Check all that apply) | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure | | | |
| <input checked="" type="checkbox"/> ≥160 sf ≥260 lf | <input type="checkbox"/> Demolition | <input type="checkbox"/> Mini-Enclosure | | | |
| | | <input type="checkbox"/> Glove Bag Procedures | | | |
| | | <input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure | | | |

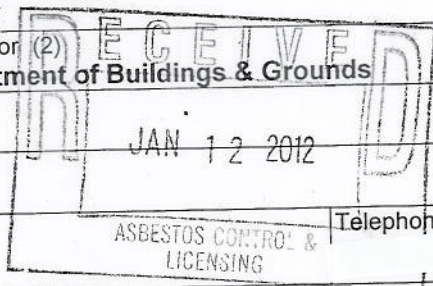
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13) | Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) | | | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Throughout | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Floor Tile | 521 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"/> |
| | <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 AbateTech, Inc. | NJDEP Waste Hauler ID No. 18750 | Cubic Yards of Waste 2 | Name of Registered Landfill TRRF Landfill | |
| City, State Lumberton, NJ | Disposal Date 1/23/12 | City, State Tullytown, PA | | |
| Completed By (Print or Type) Gwen Trumbetti | Title Off. Coord. | Signature | Date 1/9/12 | |

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

1112-4435
Check #3702

| | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------|--|
| Date of Notification (1) 1/9/12 | | Name of Building Owner / Operator (2) County of Monmouth Department of Buildings & Grounds | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA | | Street Address 250 Center Street City, State & Zip Code Freehold, NJ 07728 Name of Contact Dave Medeiros | |
| Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended # <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation | | Telephone Number _____ | |

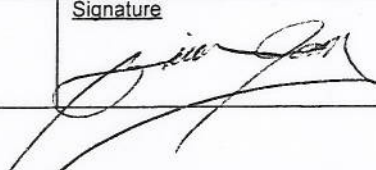


| | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FACILITY INFORMATION | | |
| Name of Facility Where Abatement is Taking Place (3) Monmouth County Courthouse Street Address 71 Monument Park City (5) Freehold County (6) Monmouth County Code (7) _____ | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) Unoccupied <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Square Feet _____ # of Floors _____ Bldg. Age _____ Current Use (Prior if being demolished) Courthouse |
| Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection Street Address 120 N. Warren Street City, State & Zip Code Trenton, NJ 08608 Project Manager for Monitoring Firm Ryan Broadwater Scheduled Start Date (10) 1/20/12 Scheduled Completion Date (11) 1/22/12 | | ASCM No. _____ Name of Abatement Contractor (9) AbateTech, Inc. Street Address PO Box 25 City, State & Zip Code Lumberton, NJ 08048 Telephone Number 609-265-3207 License Number 00529 Name of OSHA Monitor EMSL Analytical Street Address 108 Haddon Ave. City, State & Zip Code Westmont, NJ 18108 |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours Describe: 6PM start 1/20, 1x shift 1/21 & 1x shift 1/22 <input type="checkbox"/> Facility Occupied During Abatement | | |
| Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf ≥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 checked="" type="checkbox"/> Glove Bag Procedures <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 or Custodial Staff? (12) | | | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|------------------------------------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------|--------------------------|-----------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| 1 st Floor Vault | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Pipe Insulation | 220 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | | |
|--------------------------------------------------------------------------------------------------|--|-------------------------------------------|-----------------------------------|--------------------------------------------------------------------------------------------|-----------------------|
| Name of Registered Waste Hauler AbateTech, Inc. City, State Lumberton, NJ | | NJDEP Waste Hauler ID No. 18750 | Cubic Yards of Waste 10 | Name of Registered Landfill TRRF Landfill City, State Tullytown, PA | |
| Completed By (Print or Type) Gwen Trumbetti | | Title Office Coord. | Signature | | Date 1/9/12 |

STATE OF NEW JERSEY DEPARTMENT OF LABOR NOTIFICATION OF ASBESTOS ABATEMENT

| | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Date of Notification (1) 01/09/2012 | | | Name of Building Owner/Operator (2) 67 Whippany Investors, LLC Street Address 49 Bloomfield Avenue City, State, Zip Code Mountain Lakes, NJ 07046 Name of Contact Ross M. Chomik | | |
| Agencies Notified (X) EPA (X) NJDEP (X) NJ DOL (X) DOH () DCA | | Notification Type (X) Initial Notification () Amended Certification () Emergency Notification (including justification) () Cancelled | | <div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED JAN 12 2012 ASBESTOS CONTROL & REMEDIATION </div> Tel. Number 973-261-1111 | |
| FACILITY INFORMATION | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Commercial Property Street Address 67 Whippany Rd City (5) Whippany County (6) Morris County Code (7) (State Use Only) | | | Type of Facility (4) () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.) Sq. Feet: 500,000 # of Floors: 3 Bldg. Age: 50 Current Use (prior if being demolished) | | |
| Name of Monitoring Firm Hired by Bldg. Owner (8) ISES, Inc. Street Address 3300 Hudson Avenue City, State, Zip Code Union City, NJ 07087 | | ASCM No. N/A Telephone Number (201) 325-0055 | | Name of Contractor (9) Industrial Safety and Environmental Solutions, Inc. (ISES, Inc.) Street Address 3300 Hudson Avenue City, State, Zip Code Union City, NJ Telephone Number (201) 325-0055 License Number 01124 | |
| Project Manager for Monitoring Firm David Camacho Scheduled Start Date (10) 01/24/2012 | | Telephone Number (201) 325-0055 Scheduled Completion Date (11) 07/30/2012 | | Name of OSHA Monitor ISES, Inc. | |
| Occupancy Status During Abatement (Check only one) (X) Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours - Describe: | | | Street Address 3300 Hudson Avenue City, State, Zip Code Union City, NJ 07087 | | |
| Source of Work (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ≥ 3 SF or ≥ 3 LF <input type="checkbox"/> ≥ 160 SF or ≥ 260 LF </div> <div> <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition </div> <div> <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure </div> <div> <input type="checkbox"/> Glove-bag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure </div> </div> | | | | | |
| Location of Asbestos-Containing Material (ACM) in Facility (13) | | Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA | | Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscous.) | |
| Building B1 - B2 | | X | | VAT 211,319 SF | |
| Building B1 - B2 | | X | | Mastic 211,319 SF | |
| Building B1 - B2 | | X | | Baseboard glue 22,000 LF | |
| Building B1 - B2 | | X | | Baseboard 22,000 LF | |
| Building B1 - B2 | | X | | TSI pipe Insulation 42962 LF | |
| Building B1 - B2 | | X | | TSI pipe fittings 587 each | |
| Building B1 | | X | | Tape/Spackle over Sheet Rk 5600 SF | |
| Building B1 - B2 | | X | | Fireproof doors 38 each | |
| Building B1 - B2 | | X | | Transite panels 1,299 SF | |
| Building B1 - B2 | | X | | Window Caulking 950 each | |
| Building B1 - B2 | | X | | Glue sealant over duct inslt'n 80 SF | |
| Name of Reg. Waste Hauler Newark Carting | | NJDEP Waste Hauler ID # 04509 | | Cubic Yards of Waste 900 (estimated) | |
| City, State 369 Raymond Blvd., Newark, NJ 07105 | | Disp. Date 07/30/2012 | | Name of Reg. Landfill Cumberland County Landfill | |
| Completed by (Print or Type) Brian Camacho Walsh | | Title President | | Signature  | |
| Date 01/09/2012 | | | | | |

B & G proj. #: 2012-15B

State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)

Non Sub 8

Check # 5011

Date of Notification (1)

01/11/10/12

Name of Building Owner/Operator (2)

Brick Township Public School

Street Address

101 Hendrickson Avenue

City, State, Zip Code

Brick, NJ 08724

Name of Contact

Jim Edwards

Agencies Notified

☐ EPA☐ DEP☒ DOL☒ DOH☐ DCA

Type Notification

☒ Initial☐ Amendment☐ Cancellation

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

Lanes Mill Elementary School (Non Sub 8)

Street Address

1891 Lanes Mill Road

City (5)

Brick

County (6)

Ocean

County Code (7)
(State use only)

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

ASCM No.

00100

Brinkeroff Environmental

Street Address

1805 Atlantic Avenue, Suite R5

City, State, Zip Code

Manasquan, NJ 08736

Project Manager for Monitoring Firm

Jason Hooper

Phone Number

732-223-2225

Scheduled Start Date (10)

1/20/12

Sched. Completion Date (11)

1/22/12

Occupancy Status During Abatement (Check only one)

☐ Facility closed/vacated during entire period of abatement.☐ Abatement performed outside of normal facility hours-
Describe:☒ Other-Describe: OCCUPIED

Scope of Work (check all that apply)

☐ Demolition☒ Renovation☐ >3 sf or >3 lf☐ ≥160 sf or ≥260 lf☐ Full Containment w/negative pressure☒ Mini-enclosure☒ Glovebag procedure☐ Non-friable procedureLocation of
asbestos-containing
material 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)Amount
(Specify SF or
LF)

| R e m o v e | R e p a i r | E n c a p | E n c l |
|-------------------------------------|----------------------------|--------------------------|--------------------------|
| <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"/> |

boiler room

pipe insulation

9 lf

Registered Waste Hauler
B & G Restoration, Inc.NJDEP Hauler ID#
19563Cubic Yards of Waste
1 yardName of Registered Landfill
Tullytown Resource & Recovery CenterCity, State
Lincoln Park, NJ 07035Disposal Date
1/23/12City, State
Tullytown, PACompleted by (Print or Type)
Gordana LunaTitle
Treasurer

Signature

Gordana Luna

Date
1/10/12

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

Job #: 1112-1611
Check #: 2509

| | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|------------------|
| Date of Notification (1) 12/23/11 | | Name of Building Owner / Operator (2) Monmouth University | |
| Agencies Notified | Type Notification | Street Address 400 Cedar 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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Emergency <input type="checkbox"/> Cancellation | City, State & Zip Code West Long Branch, NJ 07764 | |
| | | Name of Contact Mr. Timothy Orr | Telephone Number |

FACILITY INFORMATION

| | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|--------------------------|
| Name of Facility Where Abatement is Taking Place (3) Monmouth University-Howard Hall | | | 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 400 Cedar Avenue | | | Square Feet 45,000 | # of Floors 3 | Bldg. Age 1970 |
| City (5) West Long Branch | County (6) Monmouth | County Code (7) | Current Use (Prior if being demolished) Education | | |
| Name of Monitoring Firm Hired by Building Owner (8) Birdsall Services Group | | ASCM No. | Name of Abatement Contractor (9) Asbestos and Mold Services, Corp. | | |
| Street Address 611 Industrial Way West | | Street Address 3859 Sylon Blvd. | | | |
| City, State & Zip Code Eatontown, NJ 07724 | | City, State & Zip Code Hainesport, NJ 08036 | | | |
| Project Manager for Monitoring Firm Patrick Guilmette | | Telephone Number 732-380-1700 x1203 | Telephone Number 609-702-0400 | License Number 00862 | |
| Scheduled Start Date (10) 12/27/11 | Scheduled Completion Date (11) 12/31/11 | Name of OSHA Monitor EMSL Analytical | | | |
| 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 Hours Describe: <input checked="" type="checkbox"/> Isolated Area | | | Street Address 107 Haddon Ave. | | |
| | | | City, State & Zip Code Westmont, NJ 08108 | | |

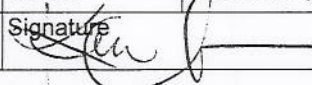
Scope of Work (Check all that apply)

- ☐ ≥ 3 sf or ≥ 3 lf
☒ ≥ 160 sf ≥ 260 lf

- ☒ Renovation
☐ Demolition

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

| Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) | Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) | | | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|------------------------------------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------|--------------------------|-----------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Area 1 (4 rooms) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Floor tile & Mastic | 704 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Area 2 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Floor tile & Mastic | 692 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Area 3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Floor tile & Mastic | 694 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Area 4 (2 rooms) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Floor tile & Mastic | 547 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Area 5 (3 rooms) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Floor tile & Mastic | 302 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Area 6 (4 rooms & hallway) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Floor tile & Mastic | 407 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Area 7 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Floor tile & Mastic | 122 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Area 8 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Floor tile & Mastic | 87 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Area 9 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Floor tile & Mastic | 124 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | |
|------------------------------------------------------------|-------------------------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------|
| Name of Registered Waste Hauler Horizon Disposal | NJDEP Waste Hauler ID No. 22612 | Cubic Yards of Waste 15 | Name of Registered Landfill GROWS Landfill |
| City, State Trenton, NJ | Disposal Date 1/2/12 | City, State Morrisville, PA | |
| Completed By (Print or Type) Kim Trumbetti | Title Admin. | Signature  | Date 12/21/11 |

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

Job #: 1112-1606
Check #: NA

| | | | |
|--------------------------------------------|-------------------------------------------------------|--------------------------------------------------------------------------|--|
| Date of Notification (1) 12/5/11 | | Name of Building Owner / Operator (2) Andrew Sharpless/DSA Cat | |
| Agencies Notified | Type Notification | Street Address 154 Cooper Road, Suite 1301 | |
| <input checked="" type="checkbox"/> EPA | <input type="checkbox"/> Initial | City, State & Zip Code West Berlin, NJ 08091 | |
| <input type="checkbox"/> DEP | <input checked="" type="checkbox"/> Amended #2 CANCEL | Name of Contact Mr. Andrew Sharpless | |
| <input checked="" type="checkbox"/> DOL | <input type="checkbox"/> Emergency | Telephone Number | |
| <input checked="" type="checkbox"/> DOH | <input checked="" type="checkbox"/> Cancellation | | |
| <input type="checkbox"/> DCA | | | |

FACILITY INFORMATION

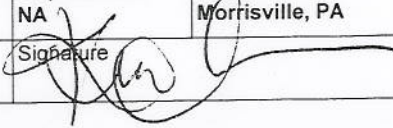
| | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|---------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|--------------------------------|
| Name of Facility Where Abatement is Taking Place (3) Jersey American Pub | | | 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 300 Columbia Avenue | | | Square Feet 2,500 | # of Floors 1.5 | Bldg. Age 1970 |
| City (5) Lindenwold | County (6) Camden | County Code (7) | Current Use (Prior if being demolished) Vacant | | |
| Name of Monitoring Firm Hired by Building Owner (8) Horizon Environmental | | ASCM No. | Name of Abatement Contractor (9) Asbestos and Mold Services, Corp. | | |
| Street Address P.O. Box 316 | | | Street Address 3859 Sylon Blvd. | | |
| City, State & Zip Code Thorofare, NJ 08086 | | | City, State & Zip Code Hainesport, NJ 08036 | | |
| Project Manager for Monitoring Firm Steve/Dave Flanigan | | Telephone Number 856-848-0800 | Telephone Number 609-702-0400 | | License Number 00862 |
| Scheduled Start Date (10) NA | | Scheduled Completion Date (11) NA | | Name of OSHA Monitor EMSL Analytical | |
| 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 Hours <input type="checkbox"/> Describe: <input checked="" type="checkbox"/> Isolated Area | | | Street Address 107 Haddon Ave. | | |
| | | | City, State & Zip Code Westmont, NJ 08108 | | |

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 ≥260 lf | <input checked="" type="checkbox"/> Demolition | <input type="checkbox"/> Mini-Enclosure |
| | | <input type="checkbox"/> Glove Bag Procedures |
| | | <input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure |

Part of this will be done in conjunction with the demolition due to a fire creating unsafe conditions. AMS will regulate the area and provide Environmental Support inclusive of water, prepared cans, etc.

| Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) | Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) | | | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|------------------------------------------------------------------------------|--------------------------------------------------------------------------|--------------------------|-------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Exterior | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Transite Siding | 1,600 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"/> |
| | <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 Horizon Disposal | NJDEP Waste Hauler ID No. 22612 | Cubic Yards of Waste 5 | Name of Registered Landfill GROWS |
| City, State Trenton, NJ | Disposal Date NA | City, State Morrisville, PA | |
| Completed By (Print or Type) Kim Trumbetti | Title Admin. | Signature  | Date 1.9.12 |

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

Job #: 1112-1607
Check #: NA

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Date of Notification (1) 12/8/11 | | Name of Building Owner / Operator (2) Mr. Frank Verdade | |
| 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 checked="" type="checkbox"/> Amended #1 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation | Street Address 99 Hand Avenue City, State & Zip Code Cape May Court House, NJ 08210 Name of Contact Frank Verdade Telephone Number | |

FACILITY INFORMATION

| | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|-----------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|------------------------------|
| Name of Facility Where Abatement is Taking Place (3) Residential Property | | | 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 349 Route 47 | | | Square Feet 4,000 | # of Floors 2 | Bldg. Age 90 years |
| City (5) Goshen | County (6) Cape May | County Code (7) | Current Use (Prior if being demolished) Vacant | | |
| Name of Monitoring Firm Hired by Building Owner (8) Tiger Environmental | | ASCM No. | Name of Abatement Contractor (9) Asbestos and Mold Services, Corp. | | |
| Street Address 16 West Elizabeth Avenue | | | Street Address 3859 Sylon Blvd. | | |
| City, State & Zip Code Linden, NJ 07036 | | | City, State & Zip Code Hainesport, NJ 08036 | | |
| Project Manager for Monitoring Firm Kelly Walton | | Telephone Number 908-862-4301 | Telephone Number 609-702-0400 | License Number 00862 | |
| Scheduled Start Date (10) 12/21/11 | Scheduled Completion Date (11) 12/23/11 | | Name of OSHA Monitor EMSL Analytical | | |
| 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 Hours <input type="checkbox"/> Describe: <input checked="" type="checkbox"/> Isolated Area | | | Street Address 107 Haddon Ave. City, State & Zip Code Westmont, NJ 08108 | | |

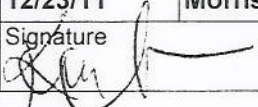
Scope of Work (Check all that apply)

☒ ≥ 3 sf or ≥ 3 lf
☐ ≥ 160 sf ≥ 260 lf

☒ Renovation
☐ Demolition

☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☒ Glove Bag Procedures
☐ 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 or Custodial Staff? (12) | | | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------|--------------------------|-------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Crawlspace | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Pipe Insulation | 130 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Basement | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Pipe Insulation and assoc. debris | 50 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Basement | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Miscellaneous Floor Tiles | Under 2 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 Horizon Disposal | NJDEP Waste Hauler ID No. 22612 | Cubic Yards of Waste 4 | Name of Registered Landfill GROWS |
| City, State Trenton, NJ | Disposal Date 12/23/11 | City, State Morrisville, PA | |
| Completed By (Print or Type) Kim Trumbetti | Title Admin. | Signature  | Date 12/19/11 |

State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)

B & G proj. #: 2012-15A

Sub 8

Check # 5010

| | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Date of Notification (1) <u>10/11/10</u> | | Name of Building Owner/Operator (2) <u>Brick Township Public School</u> | |
| 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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation | |
| Street Address <u>101 Hendrickson Avenue</u> | | City, State, Zip Code <u>Brick, NJ 08724</u> | |
| Name of Contact <u>Jim Edwards</u> | | Telephone Number <u>ASBESTOS LICENSING</u> | |

FACILITY INFORMATION

| | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------|
| Name of facility where abatement is taking place (3) <u>Brick Township High School</u> | | | Type of Facility (4) <input checked="" type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) | | |
| Street Address <u>346 Chambersbridge Road</u> | | | Square Feet # of Floors Bldg. Age | | |
| City (5) <u>Brick</u> | County (6) <u>Ocean</u> | County Code (7) (State use only) | Current Use (Prior if being demolished) <u>School</u> | | |
| Name of Monitoring Firm Hired by Bldg. Owner (8) <u>Brinkeroff Environmental</u> | | ASCM No. <u>00100</u> | Name of Abatement Contractor (9) <u>B & G Restoration, Inc.</u> | | |
| Street Address <u>1805 Atlantic Avenue, Suite R5</u> | | Street Address <u>105 Ryerson Road</u> | | | |
| City, State, Zip Code <u>Manasquan, NJ 08736</u> | | City, State, Zip Code <u>Lincoln Park, NJ 07035</u> | | | |
| Project Manager for Monitoring Firm <u>Jason Hooper</u> | | Phone Number <u>732-223-2225</u> | Telephone Number <u>973-696-6869</u> | | License Number <u>0378</u> |
| Scheduled Start Date (10) <u>1/20/12</u> | | Sched. Completion Date (11) <u>1/22/12</u> | | | |
| 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- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: <u>OCCUPIED</u> | | | | | |

Scope of Work (check all that apply)

- | | | | |
|-----------------------------------------|------------------------------------------------|--------------------------------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Renovation | <input checked="" type="checkbox"/> Full Containment w/negative pressure | <input type="checkbox"/> Glovebag procedure |
| <input type="checkbox"/> >3 sf or >3 lf | <input type="checkbox"/> ≥160 sf or ≥260 lf | <input type="checkbox"/> Mini-enclosure | <input type="checkbox"/> Non-friable procedure |

| Location of asbestos-containing material to be abated in facility (13) | Is location normally used solely by maintenance/custodial staff (12) | | | Description of asbestos-containing material (ACM) | Amount (Specify SF or LF) | R e m o v e | R e p a i r | E n c a p | E n c l |
|------------------------------------------------------------------------|----------------------------------------------------------------------|----|-------------------------------------|---------------------------------------------------|---------------------------|-------------------------------------|----------------------------|--------------------------|--------------------------|
| | Yes | No | N/A | | | | | | |
| boiler room | | | <input checked="" type="checkbox"/> | boiler jacket insulation | 85 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"/> |

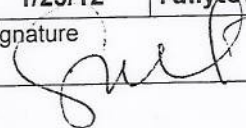
| | | | |
|---------------------------------------------------------------|----------------------------------|----------------------------------------|--------------------------------------------------------------------------------|
| Registered Waste Hauler <u>B & G Restoration, Inc.</u> | NJDEP Hauler ID# <u>19563</u> | Cubic Yards of Waste <u>2 yards</u> | Name of Registered Landfill <u>Tullytown Resource & Recovery Center</u> |
| City, State <u>Lincoln Park, NJ 07035</u> | Disposal Date <u>1/23/12</u> | City, State <u>Tullytown, PA</u> | |
| Completed by (Print or Type) <u>Gordana Luna</u> | Title <u>Treasurer</u> | Signature <u>Gordana Luna</u> | Date <u>1/10/12</u> |

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

| | | | | | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------|--------------------|--------|-------------|-----------|
| Date of Notification (1) 01/09/2012 | | Name of Building Owner/Operator (2) Academy of Urban Leadership Charter School | | | | | | | |
| Agencies Notified | Type Notification | Street Address 613 Amboy Avenue | | | | | | | |
| <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ | City, State, Zip Code Perth Amboy, NJ 08861 | | | | | | | |
| <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA | <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Name of Contact Paul Veleis | | | | | | | |
| Telephone Number _____ | | | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Academy of Urban Leadership Charter School | | Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address 613 Amboy Avenue | | Square Feet 35000 | # of Floors 3 | | | | | | |
| City (5) Perth Amboy | | Bldg. Age 60 | | | | | | | |
| County (6) Middlesex | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) School | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) RK Occupational & Environmental Analysis, Inc. | | ASCM No. 090 | Name of Abatement Contractor (9) Bako Construction & Restoration Inc. | | | | | | |
| Street Address 401 St. James Avenue | | Street Address 265 Route 46 Suite 3D | | | | | | | |
| City, State, Zip Code Phillipsburg, NJ 08865 | | City, State, Zip Code Totowa, NJ 07512 | | | | | | | |
| Project Manager for Monitoring Firm Jonathan Gilbert | | Telephone No. 908-454-6316 | Telephone No. 973-256-7010 | | | | | | |
| | | License No. 00666 | | | | | | | |
| Start Date (10) 01/20/2012 | Scheduled Completion Date (11) 01/21/2012 | Name of OSHA Monitor Bako Construction & Restoration 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 265 Route 46 Suite 3D | | | | | | | |
| | | City, State, Zip Code Totowa, NJ 07512 | | | | | | | |
| 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 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 |
| Room 100 | x | | | TSI | 32 LF | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Bako Construction & Restoration Inc. | | NJDEP Waste Hauler ID No. 20889 | Cubic Yards of Waste 5 | Name of Registered Landfill G.R.O.W.S. Inc. | | | | | |
| City, State Totowa, NJ | | Disposal Date 01/23/2012 | | City, State Morrisville, PA | | | | | |
| Completed by Goran Kojic | | Title V.P. | Signature <i>Goran Kojic</i> | | | Date 01/09/2012 | | | |

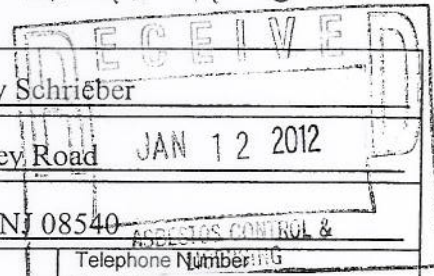
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

1110-4391 Sub8
Check #3703

| | | | | | | | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------|--|--|--|
| Date of Notification (1) 1/9/12 | | Name of Building Owner / Operator (2) Rider University | | <div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED JAN 12 2012 ASBESTOS CONTROL & LICENSING </div> | | | | | | | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input 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"/> Emergency <input type="checkbox"/> Cancellation | | | | Street Address 2083 Lawrenceville Road | | | | | |
| | | | | | | City, State & Zip Code Lawrenceville, NJ 08648 | | | | | |
| | | | | | | Name of Contact Fred Porter | | | | | |
| Telephone Number | | | | | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Rider University – GSB Building | | | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) (Unoccupied) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address 2083 Lawrenceville Road | | | | Square Feet | | | | | | | |
| City (5) Lawrenceville | | County (6) Mercer | | # of Floors | | | | | | | |
| | | | | Bldg. Age | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates, Inc. | | | | Current Use (Prior if being demolished) Classrooms | | | | | | | |
| Street Address 515 Grove Street Suite 1B | | | | Name of Abatement Contractor (9) AbateTech, Inc. | | | | | | | |
| City, State & Zip Code Haddon Heights, NJ 08035 | | | | Street Address 30 Maple Ave | | | | | | | |
| Project Manager for Monitoring Firm Alan Lloyd | | | | City, State & Zip Code Lumberton, NJ 08048 | | | | | | | |
| Scheduled Start Date (10) 1/20/12 | | Scheduled Completion Date (11) 1/23/12 | | Telephone Number 609-265-2107 | | | | | | | |
| | | | | License Number 00529 | | | | | | | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours Describe: Fri 12 noon to 8:30 PM, Sat 2x Shifts Sun 7AM -3:30 PM, 1x shift Monday 7AM to 3:30 PM <input checked="" type="checkbox"/> Facility Occupied During Abatement | | | | Name of OSHA Monitor EMSL Analytical | | | | | | | |
| | | | | Street Address 107 Haddon Ave. | | | | | | | |
| | | | | City, State & Zip Code Westmont, NJ 08108 | | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥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 checked="" type="checkbox"/> Glove Bag Procedures <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 or Custodial Staff? (12) | | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) | | Amount (Specify SF or LF) | | Abatement Type | | | |
| | | Yes No N/A | | | | | | Removal Repair Encapsulate Enclosure | | | |
| Throughout | | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> | | Pipe Insulation | | 110 LF | | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | | |
| Throughout | | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> | | Fittings | | 75 LF | | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | | |
| | | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | | | | | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | | |
| | | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | | | | | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | | |
| | | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | | | | | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | | |
| | | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | | | | | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | | |
| | | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | | | | | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | | |
| Name of Registered Waste Hauler AbateTech, Inc. | | NJDEP Waste Hauler ID No. 18750 | | Cubic Yards of Waste 12 | | Name of Registered Landfill TRRF Landfill | | | | | |
| City, State Lumberton, NJ | | | | Disposal Date 1/23/12 | | City, State Tullytown, PA | | | | | |
| Completed By (Print or Type) Ken Trumbetti | | Title Off. Coord. | | Signature  | | Date 1/9/12 | | | | | |

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

STEVENS ENVIRONMENTAL
SERVICES INC.
CHECK #24628



| | | | | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|-------------------------------------|---------|--------|-------------|
| Date of Notification (1) <u>1/9/12</u> | | Name of Building Owner/Operator (2) <u>Mrs. Nancy Schriber</u> | | | | | | |
| 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 <u>165 Valley Road</u> | | | | | | |
| | | City, State, Zip Code <u>Princeton, NJ 08540</u> | | | | | | |
| | | Name of Contact <u>Nancy Schriber</u> | | | | | | |
| Telephone Number <div style="border: 1px solid black; padding: 2px; display: inline-block;"> [REDACTED] </div> | | | | | | | | |
| 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>165 Valley Road</u> | | Square Feet <u>1500</u> | # of Floors <u>2</u> | | | | | |
| City (5) <u>Princeton</u> | | Bldg. Age <u>60</u> | | | | | | |
| County (6) <u>Mercer</u> | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) <u>Residence</u> | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u> | ASCM No. | Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u> | | | | | | |
| Street Address <u>PO Box 341</u> | | Street Address <u>PO Box 322</u> | | | | | | |
| City, State, Zip Code <u>Crosswick, NJ 08515</u> | | City, State, Zip Code <u>Allentown, NJ 08501</u> | | | | | | |
| Project Manager for Monitoring Firm <u>William Weisgarber Jr.</u> | Telephone No. <u>(609) 298-4070</u> | Telephone No. <u>(609) 259-9688</u> | License No. <u>00493</u> | | | | | |
| Start Date (10) <u>1/19/12</u> | Scheduled Completion Date (11) <u>1/20/12</u> | Name of OSHA Monitor <u>MECS</u> | | | | | | |
| 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: <u>8AM - 4:30PM</u> | | Street Address <u>PO Box 341</u> | | | | | | |
| | | City, State, Zip Code <u>Crosswicks, NJ 08515</u> | | | | | | |
| Scope of Work (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf </div> <div> <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition </div> <div> <input checked="" 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 </div> </div> | | | | | | | | |
| 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 |
| <u>lower floor level</u> | | | <u>floor tile/mastic</u> | <u>270 SF</u> | <input checked="" type="checkbox"/> | | | |
| <u>garage</u> | | | <u>duct insulaton</u> | <u>30 SF</u> | <input checked="" type="checkbox"/> | | | |
| | | | | | | | | |
| Name of Registered Waste Hauler <u>Stevens Environmental Services Inc.</u> | | NJDEP Waste Hauler ID No. <u>18292</u> | Cubic Yards of Waste <u>2 CU</u> | Name of Registered Landfill <u>T.R.R.F., Inc. Landfill</u> | | | | |
| City, State <u>Allentown, NJ</u> | | Disposal Date <u>1/20/12</u> | City, State <u>Tullytown, PA</u> | | | | | |
| Completed By <u>Mahlon E. Stevens</u> | Title <u>Project Manager</u> | Signature | Date <u>1/9/12</u> | | | | | |

67786

State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)

B & G proj. #: 2012-13

Check # 5006

| | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|--|
| Date of Notification (1) <u>10/11/10 19/12</u> | | Name of Building Owner/Operator (2) <u>Mitsutaka Shirasaki</u> | |
| 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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation | Street Address <u>20 Watervliet Avenue</u> | |
| | | City, State, Zip Code <u>Pompton Lakes, NJ 07442</u> | |
| | | Name of Contact <u>Diane Blackman</u> | |
| | | Telephone Number | |

FACILITY INFORMATION

| | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------|
| Name of facility where abatement is taking place (3) <u>Mitsutaka Shirasaki</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 (Private/Commercial Bldgs./Homes, etc.) | | |
| Street Address <u>20 Watervliet Avenue</u> | | | Square Feet # of Floors Bldg. Age _____ | | |
| City (5) <u>Pompton Lakes, NJ 07442</u> | County (6) <u>Passaic</u> | County Code (7) (State use only) | Current Use (Prior if being demolished) <u>residential</u> | | |
| Name of Monitoring Firm Hired by Bldg. Owner (8) <u>n/a</u> | | ASCM No. | Name of Abatement Contractor (9) <u>B & G Restoration, Inc.</u> | | |
| Street Address | | | Street Address <u>105 Ryerson Road</u> | | |
| City, State, Zip Code | | | City, State, Zip Code <u>Lincoln Park, NJ 07035</u> | | |
| Project Manager for Monitoring Firm | | Phone Number | Telephone Number <u>973-696-6869</u> | | License Number <u>0378</u> |
| Scheduled Start Date (10) <u>1/19/2012</u> | | Sched. Completion Date (11) <u>1/19/2012</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- Describe: _____ <input type="checkbox"/> Other-Describe: _____ | | | | | |
| Name of OSHA Monitor <u>B & G Restoration, Inc.</u> | | | | | |
| Street Address <u>105 Ryerson Road</u> | | | | | |
| City, State, Zip Code <u>Lincoln Park, NJ 07035</u> | | | | | |


Scope of Work (check all that apply)

- | | | | |
|----------------------------------------------------|------------------------------------------------|---------------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment w/negative pressure | <input checked="" type="checkbox"/> Glovebag procedure |
| <input checked="" type="checkbox"/> >3 sf or >3 lf | <input type="checkbox"/> ≥160 sf or ≥260 lf | <input checked="" type="checkbox"/> Mini-enclosure | <input type="checkbox"/> Non-friable procedure |

| Location of asbestos-containing material to be abated in facility (13) | Is location normally used solely by maintenance/custodial staff(12) | | | Description of asbestos-containing material (ACM) | Amount (Specify SF or LF) | R e m o v e | R e p a i r | E n c a p | E n c l |
|------------------------------------------------------------------------|---------------------------------------------------------------------|----|-------------------------------------|---------------------------------------------------|---------------------------|-------------------------------------|----------------------------|-----------------------|------------------|
| | Yes | No | N/A | | | | | | |
| cedar closet | | | <input checked="" type="checkbox"/> | pipe insulation | 3 lf | <input checked="" type="checkbox"/> | | | |
| boiler room | | | <input checked="" type="checkbox"/> | pipe insulation | 1 1/2 lf | <input checked="" type="checkbox"/> | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | | | |
|---------------------------------------------------------------|----------------------------------|-----------------------------------------|--------------------------------------------------------------------------------|
| Registered Waste Hauler <u>B & G Restoration, Inc.</u> | NJDEP Hauler ID# <u>19563</u> | Cubic Yards of Waste <u>1/2 yard</u> | Name of Registered Landfill <u>Tullytown Resource & Recovery Center</u> |
| City, State <u>Lincoln Park, NJ 07035</u> | Disposal Date <u>1/20/12</u> | City, State <u>Tullytown, PA</u> | |
| Completed by (Print or Type) <u>Gordana Luna</u> | Title <u>Treasurer</u> | Signature <u>Gordana Luna</u> | Date <u>1/9/2012</u> |

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

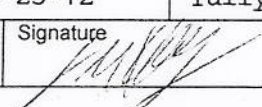
| Date of Notification (1) 1/10/2012 | | Name of Building Owner/Operator (2) Hoboken-North Hudson YMCA&MBS Housing LIHTC | | | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------|--------|-------------|-----------|
| 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 Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 1301 Washington Av | | | | | | | |
| | | City, State, Zip Code Hoboken, NJ 07030 | | | | | | | |
| | | Name of Contact Mark Wilson | Telephone Number _____ | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) MBS Housing | | 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 1301 Washington St | | Square Feet 61000 | # of Floors 4 | | | | | | |
| City (5) Hoboken | | Bldg. Age 85 years | | | | | | | |
| County (6) Hudson | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) YMCA | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Abe Environmental Testing & Consulting | | ASCM No. 35613 | Name of Abatement Contractor (9) Faith Environmental Inc | | | | | | |
| Street Address 84 Vermont Av | | Street Address 128 Stanley St | | | | | | | |
| City, State, Zip Code Franklin Park, NJ 08823 | | City, State, Zip Code East Rutherford, NJ 07073 | | | | | | | |
| Project Manager for Monitoring Firm Don Anigbogu | | Telephone No. 732-422-0733 | Telephone No. 201-438-1188 | | | | | | |
| Start Date (10) 1/11/2012 | | Scheduled Completion Date (11) 2/29/2012 | License No. 00854 | | | | | | |
| 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 Boro Atanasoski | | | | | | | |
| | | Street Address 333 Paterson Plank Rd | | | | | | | |
| | | City, State, Zip Code Carlstadt NJ 07072 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input checked="" 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 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) <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 |
| Roof | | X | | Pipe Lagging | 32 LF | X | | | |
| 4th Floor | | X | | Pipe Lagging | 840 LF | X | | | |
| 3rd Floor | | X | | Pipe Lagging | 28 LF | X | | | |
| 2nd Floor | | X | | Pipe Lagging | 20 LF | X | | | |
| Name of Registered Waste Hauler Newark Carting | | NJDEP Waste Hauler ID No. 04509 | Cubic Yards of Waste 50 | Name of Registered Landfill IESI | | | | | |
| City, State Newark, NJ | | Disposal Date 2/29/2012 | | City, State Bethlehem, PA | | | | | |
| Completed by Boro Atanasoski | | Title President | Signature  | | | Date 1/10/2012 | | | |

ASB-41 (R-06-08)

* 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 # 7932

| | | | | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|----------------|--------|-------------|
| Date of Notification (1) 1-6-12 | | Name of Building Owner/Operator (2) Arbor Management, LLC | | <div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED JAN 12 2012 </div> | | | | |
| Agencies Notified | Type Notification | Street Address | | | | | | |
| <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | 4 Denny Road | | | | | | |
| | | City, State, Zip Code Wilmington, DE 19809 | | | | | | |
| | | Name of Contact Guy Pollice | | Telephone Number | | | | |
| FACILITY INFORMATION | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Riverview Towers | | | | Type of Facility (4) | | | | |
| Street Address 130 Martin Luther King Blvd. | | | | <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) Camden | | Square Feet 75,000 | | # of Floors 10 | Bldg. Age 60 | | | |
| County (6) Camden | | County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) apartments | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Brightfields, Inc. | | ASCM No. | | Name of Abatement Contractor (9) Plymouth Environmental Co., Inc. | | | | |
| Street Address 801 Industrial Street | | | | Street Address 923 Haws Avenue | | | | |
| City, State, Zip Code Wilmington, DE 19801 | | | | City, State, Zip Code Norristown, PA 19401 | | | | |
| Project Manager for Monitoring Firm Monty Krough | | Telephone No. | | Telephone No. 610-239-9920 | License No. 00398 | | | |
| Start Date (10) 1-20-12 | | Scheduled Completion Date (11) 1-23-12 | | Name of OSHA Monitor Plymouth Environmental Co., Inc. | | | | |
| Occupancy Status During Abatement (Check Only One) | | | | Street Address 923 Haws Avenue | | | | |
| <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: <u>occupied</u> | | | | 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 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) <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 |
| unit 904 | | x | | 520 | x | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Name of Registered Waste Hauler Robinson Waste Disposal | | NJDEP Waste Hauler ID No. 17304 | | Cubic Yards of Waste 3 | Name of Registered Landfill Tullytown Reosource Recovery | | | |
| City, State Bellmawr, NJ | | Disposal Date 1-23-12 | | City, State Tullytown, PA | | | | |
| Completed by James M. Kelly | | Title Project Manager | | Signature  | | Date 1-6-12 | | |