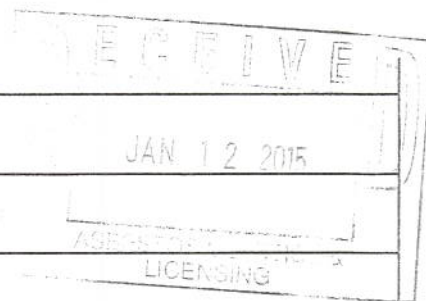


CK 34051

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

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| Date of Notification<br>0   1   0   5   1   5   |  |  | Name of Building Owner/Operator<br>MACY'S CORPORATE SERVICES (FEDERATED)   |  |  |
| Agencies Notified<br>X USEPA<br>X DEP<br>X DCA/DOL<br>X DOH   |  |  | Type of Notification<br>Initial<br>Notification<br>X Amended<br>Cancellation   |  |  |
| Street Address<br>7 WEST SEVENTH STREET   |  |  | City, State, Zip Code<br>CINCINNATI, OHIO 45202  |  |  |
| Name of Contact<br>Lou DeMauro  |  |  | Telephone Number   |  |  |
| <b>FACILITY INFORMATION</b>   |  |  |  |  |  |
| Name of Facility Where Abatement is Taking Place<br>MACY'S - LIVINGSTON MALL  |  |  | Type of Facility<br>( ) School (K-12)<br>( ) Sub-Chapter 8 (Other than K-12)<br>( X ) Other (i.e. private & Commercial buildings, homes, etc.) |  |  |
| Street Address<br>SOUTH ORANGE AVE & WALNUT STREET  |  |  | SF of Bldg. 1 MILLION +SF  |  |  |
| City<br>LIVINGSTON  |  |  | # Floor 3  |  |  |
| County<br>MIDDLESEX   |  |  | Age of Bldg. 50+   |  |  |
| County Code<br>State use Only   |  |  | Current Use (prior if being demolished)  |  |  |
| Name of Monitoring Firm Hired by Building Owner<br>Pennoni Associates Inc.  |  |  | ASCM No.   |  |  |
| Street Address<br>515 Grove Street Ste 1B   |  |  | Name of Abatement Contractor<br>ACM CONSULTING CORP.   |  |  |
| City, State, Zip Code<br>Haddon Heights, NJ 08035   |  |  | Street Address<br>2150 STANLEY TERRACE   |  |  |
| Project Manager for Monitoring Firm<br>TO BE DETERMINED   |  |  | City, State, Zip Code<br>UNION, NJ 07083   |  |  |
| Telephone No.<br>TO BE DETERMINED   |  |  | Telephone Number<br>908-687-1008   |  |  |
| Scheduled Start Date<br>1 13 2015   |  |  | License Number<br>00575  |  |  |
| Scheduled Completion Date<br>4 15 2015  |  |  | Name of OSHA Monitor<br>EMSL ANALYTICAL  |  |  |
| Occupancy Status During Abatement (Check Only One)<br>X Facility Closed/Vacated During Entire Period of Abatement<br>X Abatement Outside Normal Facility Hours<br>X Describe: 9:00PM TO 6:30AM<br>Other - Describe: |  |  | Street Address<br>307 WEST 38TH STREET   |  |  |
| Scope of Work (Check Only One)<br>Demolition<br>>3sf or >3lf<br>X ≥ 160sf or ≥ 260lf<br>Renovation  |  |  | Abatement Method<br>X Full Containment with Negative Pressure<br>Mini-Enclosure<br>Glovebag Procedure<br>Non-Friable Procedure                 |  |  |
| Location of ACM Facility<br>3rd Floor Sales Floor Phase 2   |  |  | Description of ACM to be Removed<br>Spray-on Fireproofing<br>Pipe insulation   |  |  |
| Is Location Normally Used by Custodial Staff<br>Yes NO N/A  |  |  | Amount to be Removed (Specify SF/LF)<br>14000SF<br>500LF   |  |  |
|   |  |  | Abatement Type<br>Rem. Rep. Enc. Encl.   |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
| Name of Registered Waste Hauler<br>TRI-STATE TRANSFER ASSOC., INC.  |  |  | NJDEP Waste ID No.<br>SW1896   |  |  |
| City, State<br>BRONX, NY  |  |  | Cubic Yds waste<br>TBD   |  |  |
| Disposal Date<br>TBD  |  |  | Name of Registered Landfill<br>MINERVA ENTERPRISES, INC  |  |  |
| Completed By (Print or Type)<br>TIMOTHY RYAN  |  |  | City, State of Registered Landfill<br>WAYNESBURG, OHIO   |  |  |
| Title<br>GENERAL MANAGER  |  |  | Signature<br><i>Timothy Ryan</i>   |  |  |
|   |  |  | Date<br>1/5/15   |  |  |



CH 3608

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

RECEIVED

|   |  |  |  |   |           |               |
|---|--|--|--|---|-----------|---------------|
| Date of Notification (1)<br><u>1/8/15</u>   |  | Name of Building Owner/Operator (2)<br><u>BROADVIEW DEVELOPERS 2 2015</u>  |  |   |           |               |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input type="checkbox"/> DOL<br><br><input type="checkbox"/> DOH<br><input type="checkbox"/> DCA   | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><u>P.O. Box 373</u>  |  |   |           |               |
|   |  | City, State, Zip Code<br><u>MAPLE SHADE, N.J.</u> <span style="float:right">LICENSING</span>   |  |   |           |               |
|   |  | Name of Contact<br><u>JOSEPH KLEMM</u>   | Telephone Number<br>_____                  |   |           |               |
| FACILITY INFORMATION  |  |  |  |   |           |               |
| Name of Facility Where Abatement is Taking Place (3)<br><u>RESIDENCE</u>  |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter S (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)         |  |   |           |               |
| Street Address<br><u>3867 1ST AVE</u>   |  | Square Feet<br><u>1000</u>   | # of Floors<br><u>2</u>                    |   |           |               |
| City (5)<br><u>MAPLE SHADE</u>  |  | Bldg. Age<br><u>40+</u>  |  |   |           |               |
| County (6)<br><u>CARLEMAN</u>   | County Code (7) (STATE USE ONLY)   | Current Use (Prior if being demolished)<br><u>VACANT</u>   |  |   |           |               |
| Name of Monitoring Firm Hired by Building Owner (8)<br><u>N/A</u>   |  | Name of Abatement Contractor (9)<br><u>KLEMMCO INC.</u>  |  |   |           |               |
| Street Address<br>_____   |  | Street Address<br><u>369 S. SPRUCE AVE.</u>  |  |   |           |               |
| City, State, Zip Code<br>_____  |  | City, State, Zip Code<br><u>MAPLE SHADE, N.J. 08052</u>  |  |   |           |               |
| Project Manager for Monitoring Firm<br>_____  |  | Telephone No.<br><u>856-779-0422</u>   | License No.<br><u>00444</u>                |   |           |               |
| Start Date (10)<br><u>1/18/15</u>   | Scheduled Completion Date (11)<br><u>1/26/15</u>   | Name of OSHA Monitor<br><u>JOSEPH KLEMM</u>  |  |   |           |               |
| Occupancy Status During Abatement (Check only one):<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____ |  | Street Address<br><u>369 S. SPRUCE AVE.</u>  |  |   |           |               |
|   |  | City, State, Zip Code<br><u>MAPLE SHADE, N.J. 08052</u>  |  |   |           |               |
| Scope of Work (Check all that apply)  |  |  |  |   |           |               |
| <input type="checkbox"/> 23 SF or 23 ft <sup>2</sup><br><input type="checkbox"/> 2160 SF or 2260 ft <sup>2</sup>  |  | <input checked="" type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition   |  |   |           |               |
|   |  | <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted ("") and Non-Friable Procedure |  |   |           |               |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED IN FACILITY</u><br>(13)   | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)<br>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>   | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)   | Amount (Specify SF & LF)<br><u>1800 LF</u> | Abatement Type                                      |           |               |
|   |  |  |  | Removal   | Enclosure | Encapsulation |
| <u>SIDING</u>   |  | <u>TRANSIT</u>   |  | <input checked="" type="checkbox"/>                 |           |               |
|   |  |  |  |   |           |               |
|   |  |  |  |   |           |               |
| Name of Registered Waste Hauler<br><u>KLEMMCO INC.</u>  |  | NJDEP Waste Hauler ID No.<br><u>17904</u>  | Cubic Yards of Waste<br><u>5</u>           | Name of Registered Landfill<br><u>C.M.C. M.U.A.</u> |           |               |
| City, State<br><u>MAPLE SHADE, N.J. 08052</u>   |  | Disposal Date<br>_____   |  | City, State<br><u>WOODBINE, N.J.</u>                |           |               |
| Completed By<br><u>JOSEPH KLEMM</u>   | Title<br><u>OWNER</u>  | Signature<br><u>Joseph Klemm</u>   |  | Date<br><u>1/8/15</u>                               |           |               |



CHECK#  
3608

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

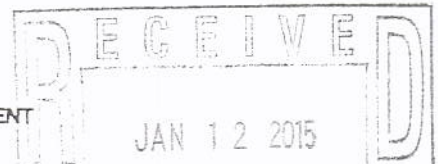
RECEIVED

|  |  |  |  |   |
|--|--|--|--|---|
| Date of Notification (1)<br><u>1/8/15</u>  |  | Name of Building Owner/Operator (2)<br><u>MEU + MACHINES</u> JAN 12 2015   |  |   |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input type="checkbox"/> DOH<br><input type="checkbox"/> DCA  | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment #<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><u>225 FREMONT AVE.</u>  |  |   |
|  |  | City, State, Zip Code<br><u>WOODBINE, N.J. 08270</u>   |  |   |
|  |  | Name of Contact<br><u>LISA</u>   | Telephone Number                           |   |
| FACILITY INFORMATION   |  |  |  |   |
| Name of Facility Where Abatement is Taking Place (3)<br><u>RESIDENCE</u>   |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter S (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)   |  |   |
| Street Address<br><u>278 26TH ST</u>   |  | Square Feet<br><u>1000</u>   | # of Floors<br><u>2</u>                    |   |
| City (5)<br><u>NEWTON, N.J.</u>  |  | Bldg Age<br><u>40+</u>   |  |   |
| County (6)<br><u>CAMDEN</u>  | County Code (7) (STATE USE ONLY)   | Current Use (Prior to being demolished)<br><u>VACANT</u>   |  |   |
| Name of Monitoring Firm Hired by Building Owner (8)<br><u>N/A</u>  | ASCM No.   | Name of Abatement Contractor (9)<br><u>KLEMMCO INC.</u>  |  |   |
| Street Address   |  | Street Address<br><u>369 S. SPRUCE AVE.</u>  |  |   |
| City, State, Zip Code  |  | City, State, Zip Code<br><u>MAPLE SHADE, N.J. 08052</u>  |  |   |
| Project Manager for Monitoring Firm  |  | Telephone No.<br><u>856-779-0472</u>   | License No.<br><u>00444</u>                |   |
| Start Date (10)<br><u>1/14/15</u>  | Scheduled Completion Date (11)<br><u>1/26/15</u>   | Name of OSHA Monitor<br><u>JOSEPH KLEMM</u>  |  |   |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: |  | Street Address<br><u>369 S. SPRUCE AVE.</u>  |  |   |
|  |  | City, State, Zip Code<br><u>MAPLE SHADE, N.J. 08052</u>  |  |   |
| Scope of Work (Check all that apply)   |  |  |  |   |
| <input type="checkbox"/> 23.51 or 23.11<br><input checked="" type="checkbox"/> 21.60 51 or 22.60 11  |  | <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Frangible 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)<br><u>2000 #</u> | Abatement Type<br>Removal<br>Enclosure<br>In place<br>Other |
|  | YES NO N/A   |  |  |   |
| <u>SIDING</u>  | <u>X</u>   | <u>TRANSITE</u>  |  | <u>X</u>  |
| Name of Registered Waste Hauler<br><u>KLEMMCO INC.</u>   |  | WDEP Waste Hauler ID No.<br><u>17924</u>   | Cubic Yards of Waste<br><u>5</u>           | Name of Registered Landfill<br><u>C.M.C. M.U.A.</u>         |
| City, State<br><u>MAPLE SHADE, N.J. 08052</u>  |  | Disposal Date  | City, State<br><u>WOODBINE, N.J.</u>       |   |
| Completed By<br><u>JOSEPH KLEMM</u>  | Title<br><u>OWNER</u>  | Signature<br><u>Joseph Klemm</u>   | Date<br><u>1/8/15</u>                      |   |



CHECK #  
3606

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



|  |  |  |  |   |                |        |             |           |
|--|--|--|--|---|----------------|--------|-------------|-----------|
| Date of Notification (1)<br>1/7/15   |  | Name of Building Owner/Operator (2)<br>TRANSFORMATION ENTERPRISES  |  |   |                |        |             |           |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input type="checkbox"/> DOH<br><input type="checkbox"/> DCA   | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment #<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br>601 W. CLARKS LANDING ROAD<br>City, State, Zip Code<br>EGG HARBON, N.J. 08210<br>Name of Contact<br>BARBARA<br>Telephone Number  |  |   |                |        |             |           |
| FACILITY INFORMATION   |  |  |  |   |                |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>RESIDENCE  |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) |  |   |                |        |             |           |
| Street Address<br>4414 VENETIAN ROAD   |  | Square Feet<br>1500  | # of Floors<br>1   |   |                |        |             |           |
| City (5)<br>SEA ISLE CITY  |  | Bldg. Age<br>40+   |  |   |                |        |             |           |
| County (6)<br>COPEL MAY  | County Code (7) (STATE USE ONLY)   | Current Use (Prior if being demolished)<br>VACANT  |  |   |                |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>N/A   |  | ASCM No.   | Name of Abatement Contractor (9)<br>KUMCO INC.   |   |                |        |             |           |
| Street Address   |  | Street Address<br>369 S. SPRUCE AVE.   |  |   |                |        |             |           |
| City, State, Zip Code  |  | City, State, Zip Code<br>MAPLE SHORE, N.J. 08052   |  |   |                |        |             |           |
| Project Manager for Monitoring Firm<br>N/A   |  | Telephone No.<br>856-779-0472  | License No.<br>00444   |   |                |        |             |           |
| Start Date (10)<br>1/19/15   | Scheduled Completion Date (11)<br>1/26/15  | Name of OSHA Monitor<br>N/A  |  |   |                |        |             |           |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe:  |  | Street Address<br>City, State, Zip Code  |  |   |                |        |             |           |
| Scope of Work (Check all that apply)<br><input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf<br><input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |  |  |   |                |        |             |           |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)<br>SIDING<br>SIDING   | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)<br>Yes No N/A  |  | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)<br>TRANSITE | Amount (Specify SF or LF)<br>2000 lb      | Abatement Type |        |             |           |
|  |  |  |  |   | Removal        | Repair | Encapsulate | Enclosure |
|  |  |  |  |   |                |        |             |           |
|  |  |  |  |   |                |        |             |           |
|  |  |  |  |   |                |        |             |           |
| Name of Registered Waste Hauler<br>KUMCO INC   |  | NJDEP Waste Hauler ID No.<br>17904   | Cubic Yards of Waste<br>15   | Name of Registered Landfill<br>C.M.C. HUA |                |        |             |           |
| City, State<br>MAPLE SHORE, N.J. 08052   |  | Disposal Date  |  | City, State<br>WILMINGTON, N.J.           |                |        |             |           |
| Completed By<br>JOSEPH KUMCO   | Title<br>OWNER   | Signature<br>Joseph Kumco  |  | Date<br>1/7/15                            |                |        |             |           |



JAN 12 2015

|   |   |                                     |                       |
|---|---|-------------------------------------|-----------------------|
| Date of Notification                                | 1/9/15  | Name of Building Owner/Operator (2) | EARTHATCH CONTRACTING |
| Agencies Notified                                   | Fire Notificator                                    | Street Address                      | 155 RT. 50            |
| <input checked="" type="checkbox"/> Fire            | <input checked="" type="checkbox"/> Fire            | City/State Zip Code                 | GREENFIELD N.J 08230  |
| <input checked="" type="checkbox"/> Police          | <input checked="" type="checkbox"/> Police          | Name of Contact                     | BRUCE BREUNIG         |
| <input checked="" type="checkbox"/> Fire Department | <input checked="" type="checkbox"/> Fire Department | Telephone Number                    |                       |
| <input checked="" type="checkbox"/> Fire Department | <input checked="" type="checkbox"/> Fire Department | For more information                |                       |

|  |                         |  |             |
|--|-------------------------|--|-------------|
| Name of Facility: Where Located: & Entry Date: |                         | Use of Facility is:  |             |
| RESIDENCE                                      |                         | <input checked="" type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter S (Other than K-12)<br><input type="checkbox"/> Other (i.e., private & commercial buildings, nonres., etc.) |             |
| Site Address                                   |                         | Square Feet  | # of Floors |
| 13 W. ATLANTIC AVE.                            |                         | 1000   | 2           |
| City:  | CAPE MAY COURT HOUSE    | Slog Apt   |             |
| County:  | CAPE MAY                | Current Use (Prior to being demolished)  |             |
|  | County Code<br>USE ONLY | VACANT   |             |

|   |               |                                  |
|---|---------------|----------------------------------|
| Name of Monitoring Firm, Filled by Building Owner | ASU No.       | Name of Abatement Contractor (9) |
| N/A   |               | ALUMCO INC.                      |
| Site Address                                      |               | Site Address                     |
|   |               | 309 S SPRUCE AVE.                |
| On Site Zip Code                                  |               | On Site Zip Code                 |
|   |               | MAPLE SHADE, N.J. 08151          |
| Phone Number of Monitoring Firm                   | Telephone No. | License No.                      |
|   | 856-779-0472  | 00444                            |

|   |   |                           |
|---|---|---------------------------|
| San Date: <u>1/19/15</u>  | Scheduled Completion Date: <u>1/26/15</u>         | Name: <u>JOSEPH KLEMM</u> |
| Occupancy Status During Abatement: <u>Check only one</u>                                      | Site Address: <u>309 S. SPRUCE ST.</u>            |                           |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement | On Site, Zip Code: <u>MAPLE SHADE, N.J. 08053</u> |                           |
| <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours                 |   |                           |
| Other: <u>Describe</u>  |   |                           |

[illegible][illegible]

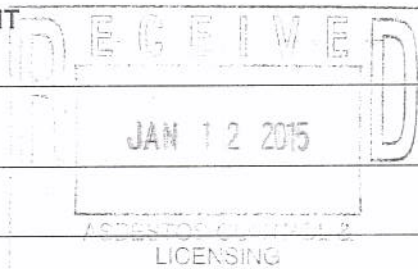
SIDING

X TRAD SITE

2000 of X

|                                  |                 |                          |                             |
|----------------------------------|-----------------|--------------------------|-----------------------------|
| Name of Registered Waste Handler | Volume of Waste | Number of Yards of Waste | Name of Registered Landfill |
| KLEMM INC.                       | 7927            | 5                        | C.M.C.M.U.A.                |
| City, State                      | Disposal Date   |                          |                             |
| WOODBINE, N.J.                   |                 |                          |                             |
| Signature                        | Date            |                          |                             |
| Joseph Klemm                     | 1-19-1          |                          |                             |

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




|  |  |   |   |  |                           |                                     |                          |                          |                          |
|--|--|---|---|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1)<br>1 / 7 / 15   |  | Name of Building Owner/Operator (2)<br>Voorhees E.A. LLC  |   |  |                           |                                     |                          |                          |                          |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DHSS<br><input type="checkbox"/> DCA<br>(NJAC 5:23-8)   | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br>33 Franklin Ave.  |   |  |                           |                                     |                          |                          |                          |
|  |  | City, State, Zip Code<br>Voorhees NJ. 08043   |   |  |                           |                                     |                          |                          |                          |
|  |  | Name of Contact<br>Randy Whitt  | Telephone Number                                |  |                           |                                     |                          |                          |                          |
| <b>FACILITY INFORMATION</b>  |  |   |   |  |                           |                                     |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br>Voorhees Medical   |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)  |   |  |                           |                                     |                          |                          |                          |
| Street Address<br>134-136 Route 73   |  | Square Feet<br>28,000   | # of Floors<br>2                                |  |                           |                                     |                          |                          |                          |
| City (5)<br>Voorhees   |  | Bldg. Age<br>60+  |   |  |                           |                                     |                          |                          |                          |
| County (6)<br>Camden   | County Code (7) (STATE USE ONLY)   | Current Use (Prior if being demolished)<br>Residence  |   |  |                           |                                     |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br>West Chester Environmental Inc.   |  | ASCM No.<br>0127  | Name of Abatement Contractor (9)<br>Luzon, Inc. |  |                           |                                     |                          |                          |                          |
| Street Address<br>307 N. Walnut St.  |  | Street Address<br>8451 Executive Ave.   |   |  |                           |                                     |                          |                          |                          |
| City, State, Zip Code<br>West Chester Pa. 19380  |  | City, State, Zip Code<br>Philadelphia, Pa. 19153  |   |  |                           |                                     |                          |                          |                          |
| Project Manager for Monitoring Firm<br>Matt Abraham  |  | Telephone No.<br>610-431-7545   | License No.<br>01109                            |  |                           |                                     |                          |                          |                          |
| Start Date (10)<br>1 / 26 / 15   | Scheduled Completion Date (11)<br>2 / 28 / 15  | Name of OSHA Monitor<br>Joseph Maronski   |   |  |                           |                                     |                          |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: 8:00AM-8:00PM/ _____PM-_____AM |  | Street Address<br>8451 Executive Avenue   |   |  |                           |                                     |                          |                          |                          |
|  |  | City, State, Zip Code<br>Philadelphia, Pa. 19153  |   |  |                           |                                     |                          |                          |                          |
| Scope of Work (Check all that apply)   |  |   |   |  |                           |                                     |                          |                          |                          |
| <input type="checkbox"/> >3 sf or >3 lf<br><input checked="" type="checkbox"/> >160 sf or >260 lf  |  | <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |   |  |                           |                                     |                          |                          |                          |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)  |   |   | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type                      |                          |                          |                          |
|  | Yes  | No  | N/A   |  |                           | Removal                             | Repair                   | Encapsulate              | Enclosure                |
| Building A   | <input type="checkbox"/>   | <input type="checkbox"/>  | <input checked="" type="checkbox"/>             | Floor Tile   | 670 SF                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Building B   | <input type="checkbox"/>   | <input type="checkbox"/>  | <input checked="" type="checkbox"/>             | Floor Tile   | 2,898 SF                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Building C   | <input type="checkbox"/>   | <input type="checkbox"/>  | <input checked="" type="checkbox"/>             | Floor Tile   | 12,247 SF                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Building C   | <input type="checkbox"/>   | <input type="checkbox"/>  | <input checked="" type="checkbox"/>             | Exterior Transite  | 536 SF                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler<br>Luzon, Inc.   |  | NJDEP Waste Hauler ID No.<br>32587  | Cubic Yards of Waste<br>20 CYS.                 | Name of Registered Landfill<br>Minerva Landfill  |                           |                                     |                          |                          |                          |
| City, State<br>Philadelphia, PA  |  | Disposal Date<br>3/1/15   |   | City, State<br>Waynesburg, Oh  |                           |                                     |                          |                          |                          |
| Completed By (Print or Type)<br>Piyush Patel   |  | Title<br>Program Manager  |   | Signature<br>  |                           |                                     |                          | Date<br>1/7/15           |                          |



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

CK 4584 LVED  
JAN 12 2015

|  |   |  |  |  |                           |                |                |             |           |
|--|---|--|--|--|---------------------------|----------------|----------------|-------------|-----------|
| Date of Notification (1)<br>1/8/15   |   | Name of Building Owner/Operator (2)<br>Al Geiger Private Home  |  |  |                           |                |                |             |           |
| Agencies Notified  | Type Notification   | Street Address<br>25 Amherst   |  |  |                           |                |                |             |           |
| <input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA  | <input type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br>Long Beach Twp NJ 08008   |  |  |                           |                |                |             |           |
|  |   | Name of Contact<br>AL  | Telephone Number                                 |  |                           |                |                |             |           |
| <b>FACILITY INFORMATION</b>  |   |  |  |  |                           |                |                |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Al Geiger Private Home   |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)                    |  |  |                           |                |                |             |           |
| Street Address<br>25 Amherst   |   | Square Feet<br>1000+   | # of Floors<br>1                                 |  |                           |                |                |             |           |
| City (5)<br>Long Beach Twp NJ 08008  |   | Bldg. Age<br>35+   |  |  |                           |                |                |             |           |
| County (6)<br>Ocean  | County Code (7)<br>(STATE USE ONLY)   | Current Use (Prior if being demolished)<br>house garage  |  |  |                           |                |                |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>N/A   |   | ASCM No.   | Name of Abatement Contractor (9)<br>Pernaco Inc. |  |                           |                |                |             |           |
| Street Address   |   | Street Address<br>PO Box 329   |  |  |                           |                |                |             |           |
| City, State, Zip Code  |   | City, State, Zip Code<br>West Berlin NJ 08091  |  |  |                           |                |                |             |           |
| Project Manager for Monitoring Firm  |   | Telephone No.<br>856-753-9800  | License No.<br>00727                             |  |                           |                |                |             |           |
| Start Date (10)<br>1/9/15  | Scheduled Completion Date (11)<br>1/12/15   | Name of OSHA Monitor<br>Same   |  |  |                           |                |                |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____ |   | Street Address   |  |  |                           |                |                |             |           |
|  |   | City, State, Zip Code  |  |  |                           |                |                |             |           |
| Scope of Work (Check All That Apply)   |   |  |  |  |                           |                |                |             |           |
| <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf  |   | <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition  |  |  |                           |                |                |             |           |
|  |   | <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |  |                           |                |                |             |           |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility (13)  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)   |  |  | Description of Asbestos Containing Material (ACM)<br>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |                |             |           |
|  | Yes   | No   | N/A  |  |                           | Removal        | Repair         | Encapsulate | Enclosure |
| Exterior siding garage is a demo   |   |  |  | Exterior siding  | 700 SF                    | x              |                |             |           |
| house is not being demoed but  |   |  |  | Exterior siding  | 800 SF                    | x              |                |             |           |
| we are removing siding   |   |  |  |  |                           |                |                |             |           |
| Name of Registered Waste Hauler<br>United Containers   |   | NJDEP Waste Hauler ID No.<br>22459   | Cubic Yards of Waste<br>4                        | Name of Registered Landfill<br>G.R.O.W.S.  |                           |                |                |             |           |
| City, State<br>Elm NJ  |   | Disposal Date<br>1/12/15   |  | City, State<br>Morrisville PA 19067  |                           |                |                |             |           |
| Completed by<br>Anthony T Perna  |   | Title<br>President   |  | Signature<br>                              |                           |                | Date<br>1/8/15 |             |           |

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

CK  
6642

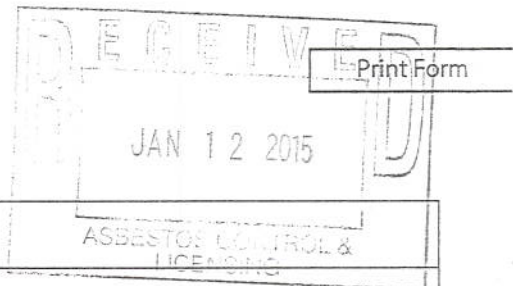
RECEIVED

|   |  |  |   |
|---|--|--|---|
| Date of Notice 1/5/15   |  | Name of Building Owner / Operator (2)<br><b>Kerry Caspersen</b>  |   |
| Type Notification   |  | Street Address<br><b>20 Helen Street</b>   |   |
| Agencies Notified   | <input checked="" type="checkbox"/> Emergency Notification<br><input checked="" type="checkbox"/> Initial Notification<br><input type="checkbox"/> Amended Notification<br><input type="checkbox"/> Cancellation | City, State & Zip Code<br><b>Fanwood, NJ 07023</b>   |   |
| <input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA  |  | Name of Contact<br><b>Kerry Caspersen</b>  |   |
| Telephone Number  |  |  |   |
| ASBESTOS CONTROL & LICENSING  |  |  |   |
| <b>FACILITY INFORMATION</b>   |  |  |   |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Residence</b>  |  | Type of Facility (4)<br>School (K-12)<br>Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) |   |
| <b>20 Helen Street</b>  |  | Square Feet<br><b>2,200</b>  | # of Floors<br><b>2</b>   |
| City (5)<br><b>Fanwood</b>  | County (6)<br><b>Union</b>   | Bldg. Age<br><b>80+</b>  |   |
| County Code (7)   |  | Current Use (Prior if being demolished)<br><b>Residence</b>  |   |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>Environmental Tactics, Inc</b>  |  | ASCM No.   | Name of Abatement Contractor (9)<br><b>Global Abatement Services, LLC</b> |
| Street Address<br><b>64 Broad Street</b>  |  | Street Address<br><b>443 Schoolhouse Road</b>  |   |
| City, State & Zip Code<br><b>Matawan, NJ 07747</b>  |  | City, State & Zip Code<br><b>Monroe Township, NJ 08831</b>   |   |
| Project Manager for Monitoring Firm<br><b>Tom Geiger</b>  |  | Telephone Number<br><b>732-290-2217</b>  | Telephone Number<br><b>732-605-9062</b>                                   |
| License Number<br><b>00714</b>  |  | Scheduled Start Date (10)<br><b>1/16/15</b>  |   |
| Scheduled Completion Date (11)<br><b>1/18/14</b>  |  | Name of OSHA Monitor<br><b>Global Abatement Services, LLC</b>  |   |
| Occupancy Status During Abatement (Check only one)<br>Facility Closed/Vacated During Entire Period of Abatement<br>Abatement Performed Outside of Normal Facility Hours -<br><input checked="" type="checkbox"/> Describe: <b>Area Isolated During Abatement</b><br>Other - Describe: |  | Street Address<br><b>443 Schoolhouse Road</b>  |   |
|   |  | City, State & Zip Code<br><b>Monroe Township, NJ 08831</b>   |   |
| Scope of Work (Check all that apply)  |  |  |   |
| Demolition <input type="checkbox"/> Renovation <input checked="" type="checkbox"/>  |  | Full Containment with Negative Pressure  |   |
| Large Project <input type="checkbox"/>  |  | Mini-Enclosure   |   |
| <input checked="" type="checkbox"/> Quantity is $\geq 3$ SF or $\geq 3$ LF ACM  |  | <input checked="" type="checkbox"/> Glovebag Procedure   |   |
| Quantity is $\geq 160$ SF or $\geq 260$ LF ACM  |  | Other: Non-friable   |   |
| 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 Square Feet or Linear Feet)                               |
| <b>Basement</b>   | <b>N/A</b>   | <b>TSI</b>   | <b>15 LF</b>  |
|   |  |  | <b>Removal</b>  |
|   |  |  |   |
| Name of Registered Waste Hauler<br><b>Freehold Cartage</b>  |  | NJDEP Waste Hauler ID #<br><b>18693</b>  | Cu. Yds. of Waste<br><b>2</b>   |
| City, State<br><b>Freehold, NJ</b>  |  | Disposal Date<br><b>1/18/15</b>  | Name of Registered Landfill<br><b>TRRF</b>                                |
| Completed By (Print or Type)<br><b>Dominick Tringali</b>  |  | Title<br><b>Project Manager</b>  | Signature<br><i>Dominick Tringali</i>                                     |
|   |  |  | Date<br><b>1/5/15</b>   |



mo 17-118803324

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

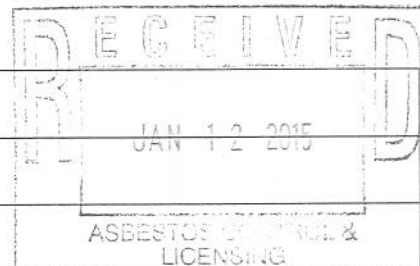


|  |   |   |   |   |                           |                    |        |             |           |
|--|---|---|---|---|---------------------------|--------------------|--------|-------------|-----------|
| Date of Notification (1)<br>12/29/2015   |   | Name of Building Owner/Operator (2)<br>JEFFREY CHERNA   |   |   |                           |                    |        |             |           |
| Agencies Notified  | Type Notification   | Street Address<br>5 KNOLLWOOD. ROAD.  |   |   |                           |                    |        |             |           |
| <input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA  | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br>LIVINGSTON NJ. 07039   |   |   |                           |                    |        |             |           |
|  |   | Name of Contact<br>JEFFREY  | Telephone Number  |   |                           |                    |        |             |           |
| <b>FACILITY INFORMATION</b>  |   |   |   |   |                           |                    |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>PRIVATE  |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)                               |   |   |                           |                    |        |             |           |
| Street Address<br>5 KNOLLWOOD RD.  |   | Square Feet<br>2,400  | # of Floors<br>2  |   |                           |                    |        |             |           |
| City (5)<br>LIVINGSTON   |   | Bldg. Age<br>76   |   |   |                           |                    |        |             |           |
| County (6)<br>ESSEX  | County Code (7)<br>(STATE USE ONLY)   | Current Use (Prior if being demolished)<br>N/A  |   |   |                           |                    |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>N/A   |   | ASCM No.  | Name of Abatement Contractor (9)<br>SHARON QUALITY CONSTRUCTION |   |                           |                    |        |             |           |
| Street Address   |   | Street Address<br>22 VAN ORDEN PL.  |   |   |                           |                    |        |             |           |
| City, State, Zip Code  |   | City, State, Zip Code<br>HACKENSACK NJ. 07601   |   |   |                           |                    |        |             |           |
| Project Manager for Monitoring Firm  |   | Telephone No.<br>201-708-4270   | License No.<br>01135  |   |                           |                    |        |             |           |
| Start Date (10)<br>01/07/2015  | Scheduled Completion Date (11)<br>01/08/2015  | Name of OSHA Monitor<br>J&S, ENVIRONMENTAL SERVICES LAB.  |   |   |                           |                    |        |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____ |   | Street Address<br>2300 ROUTE 22 WEST.   |   |   |                           |                    |        |             |           |
|  |   | City, State, Zip Code<br>UNION NJ.  |   |   |                           |                    |        |             |           |
| Scope of Work (Check All That Apply)   |   |   |   |   |                           |                    |        |             |           |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf<br><input type="checkbox"/> ≥160 sf or ≥260 lf  |   | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition   |   |   |                           |                    |        |             |           |
|  |   | <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |   |   |                           |                    |        |             |           |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility (13)  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)   |   |   | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type     |        |             |           |
|  | Yes   | No  | N/A   |   |                           | Removal            | Repair | Encapsulate | Enclosure |
| BASEMENT   |   | X   |   | Vat Floor Tile 9x9 & Mastic   | 100. SQ                   | X                  |        |             |           |
|  |   |   |   |   |                           |                    |        |             |           |
|  |   |   |   |   |                           |                    |        |             |           |
| Name of Registered Waste Hauler<br>TRI - STATE - ASSOC, INC  |   | NJDEP Waste Hauler ID No.<br>19551  | Cubic Yards of Waste<br>TBD                                     | Name of Registered Landfill<br>MINERVA ENTERPRISE, INC.   |                           |                    |        |             |           |
| City, State<br>1199 RANDAL AVE. BRONX NY.  |   | Disposal Date<br>TBD  |   | City, State<br>WAYNESBURG OHIO  |                           |                    |        |             |           |
| Completed by<br>CARLOS ESQUIVEL  |   | Title<br>MANAGER  | Signature<br>   | Date<br>12/29/2015  |                           | Date<br>12/29/2015 |        |             |           |

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Print Form

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



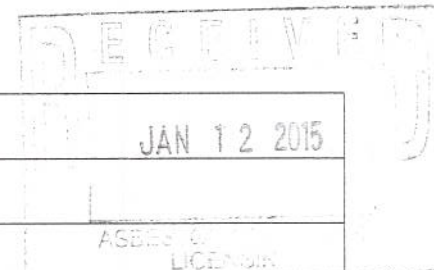
|  |  |  |   |   |                           |                |        |                  |           |
|--|--|--|---|---|---------------------------|----------------|--------|------------------|-----------|
| Date of Notification (1)<br>01/06/15   |  | Name of Building Owner/Operator (2)<br>Ghattas Issa  |   |   |                           |                |        |                  |           |
| Agencies Notified  | Type Notification  | Street Address<br>55 Knollwood drive   |   |   |                           |                |        |                  |           |
| <input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input checked="" type="checkbox"/> DCA  | <input type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment # _____<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br>Paramus, New Jersey 07652   |   |   |                           |                |        |                  |           |
|  |  | Name of Contact  | Telephone Number                                  |   |                           |                |        |                  |           |
| <b>FACILITY INFORMATION</b>  |  |  |   |   |                           |                |        |                  |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Ghattas Issa   |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)                    |   |   |                           |                |        |                  |           |
| Street Address<br>55 Knollwood Drive   |  | Square Feet  | # of Floors                                       |   |                           |                |        |                  |           |
| City (5)<br>Paramus  |  | Bldg. Age  |   |   |                           |                |        |                  |           |
| County (6)<br>Bergen County  |  | County Code (7)<br>(STATE USE ONLY) _____  | Current Use (Prior if being demolished)           |   |                           |                |        |                  |           |
| Name of Monitoring Firm Hired by Building Owner (8)  |  | ASCM No.   | Name of Abatement Contractor (9)<br>Pro Abatement |   |                           |                |        |                  |           |
| Street Address   |  | Street Address<br>1009 87th Street Suite A4  |   |   |                           |                |        |                  |           |
| City, State, Zip Code  |  | City, State, Zip Code<br>North Bergen, NJ 07047  |   |   |                           |                |        |                  |           |
| Project Manager for Monitoring Firm  |  | Telephone No.  | License No.<br>01223                              |   |                           |                |        |                  |           |
| Start Date (10)<br>01/10/15  |  | Scheduled Completion Date (11)<br>01/24/15   | Name of OSHA Monitor<br>HILMAMM CONSULTING LLC    |   |                           |                |        |                  |           |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____ |  | Street Address<br>1600 ROUTE EAST SUITE 107  |   |   |                           |                |        |                  |           |
|  |  | City, State, Zip Code<br>UNION NJ 07083  |   |   |                           |                |        |                  |           |
| Scope of Work (Check All That Apply)   |  |  |   |   |                           |                |        |                  |           |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf<br><input type="checkbox"/> ≥160 sf or ≥260 lf  |  | <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition  |   |   |                           |                |        |                  |           |
|  |  | <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |   |   |                           |                |        |                  |           |
| 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 |
| Kitchen  |  |  |   | VAT   | 120 SF                    | x              |        |                  |           |
| Windows  |  |  |   | glazing   | 72 LF                     | x              |        |                  |           |
|  |  |  |   |   |                           |                |        |                  |           |
| Name of Registered Waste Hauler<br>SAN TON SERVICES  |  | NJDEP Waste Hauler ID No.<br>22430   | Cubic Yards of Waste                              | Name of Registered Landfill<br>MEDOWLANCHES COMMISSION  |                           |                |        |                  |           |
| City, State<br>KENILWORTH, NJ  |  | Disposal Date  |   | City, State<br>KEARNY, NJ   |                           |                |        |                  |           |
| Completed by<br>Bryan Parra  |  | Title<br>Project Manager   |   | Signature<br>   |                           |                |        | Date<br>01/06/15 |           |



CK 2412

Print Form

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



|   |   |   |  |  |                           |                    |        |             |           |
|---|---|---|--|--|---------------------------|--------------------|--------|-------------|-----------|
| Date of Notification (1)<br>01-06-2015 (OPEN FILING FOR 2015)   |   | Name of Building Owner/Operator (2)<br>ALCATEL-LUCENT TECHNOLOGIES  |  |  |                           |                    |        |             |           |
| Agencies Notified   | Type Notification   | Street Address<br>600 MOUNTAIN AVENUE   |  |  |                           |                    |        |             |           |
| <input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input checked="" type="checkbox"/> DCA   | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br>MURRAY HILL, NJ 07974  |  |  |                           |                    |        |             |           |
|   |   | Name of Contact<br>SAM FAVETTA  | Telephone Number                                 |  |                           |                    |        |             |           |
| <b>FACILITY INFORMATION</b>   |   |   |  |  |                           |                    |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>ALCATEL-LUCENT TECHNOLOGIES   |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)                    |  |  |                           |                    |        |             |           |
| Street Address<br>600 MOUNTAIN AVENUE   |   | Square Feet   | # of Floors                                      |  |                           |                    |        |             |           |
| City (5)<br>MURRAY HILL, NJ   |   | Bldg. Age   |  |  |                           |                    |        |             |           |
| County (6)<br>UNION   | County Code (7)<br>(STATE USE ONLY)   | Current Use (Prior if being demolished)   |  |  |                           |                    |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>HILLMAN ENVIRONMENTAL  |   | ASCM No   | Name of Abatement Contractor (9)<br>UNIPRO, INC. |  |                           |                    |        |             |           |
| Street Address<br>1600 ROUTE 22 EAST  |   | Street Address<br>173 KARKUS AVENUE   |  |  |                           |                    |        |             |           |
| City, State, Zip Code<br>UNION, NJ 07803  |   | City, State, Zip Code<br>WOODBIDGE, NJ 07095  |  |  |                           |                    |        |             |           |
| Project Manager for Monitoring Firm<br>MIKE NELSON  |   | Telephone No.<br>908-688-7800   | Telephone No.<br>732-726-3111                    |  |                           |                    |        |             |           |
| License No.<br>0065   |   |   |  |  |                           |                    |        |             |           |
| Start Date (10)<br>OPEN   | Scheduled Completion Date (11)<br>OPEN  | Name of OSHA Monitor<br>HILLMAN ENVIRONMENTAL   |  |  |                           |                    |        |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____ |   | Street Address<br>1600 ROUTE 22 EAST  |  |  |                           |                    |        |             |           |
|   |   | City, State, Zip Code<br>UNION, NJ 07803  |  |  |                           |                    |        |             |           |
| Scope of Work (Check All That Apply)  |   |   |  |  |                           |                    |        |             |           |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input type="checkbox"/> ≥160 sf or ≥260 lf  |   | <input type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition  |  |  |                           |                    |        |             |           |
|   |   | <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |  |                           |                    |        |             |           |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility<br>(13)  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)   |   |  | Description of Asbestos Containing Material (ACM)<br>(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 |
|   |   |   |  |  |                           |                    |        |             |           |
|   |   |   |  |  |                           |                    |        |             |           |
|   |   |   |  |  |                           |                    |        |             |           |
|   |   |   |  |  |                           |                    |        |             |           |
| Name of Registered Waste Hauler<br>NEWARK CARTING, INC.   |   | NJDEP Waste Hauler ID No.<br>4509   | Cubic Yards of Waste                             | Name of Registered Landfill<br>G.R.O.W.S., INC.  |                           |                    |        |             |           |
| City, State<br>NEWARK, NJ   |   | Disposal Date   |  | City, State<br>MORRISVILLE, PA   |                           |                    |        |             |           |
| Completed by<br>DAVID T. TOLCHIN  |   | Title<br>PRESIDENT  | Signature<br><i>David T. Tolchin</i>             |  |                           | Date<br>01-06-2015 |        |             |           |

**State of New Jersey - Notification of Asbestos Abatement**  
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

check # 11409

**GAC Project # 060-15**

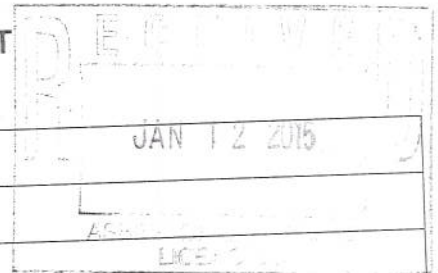
|  |  |  |  |
|--|--|--|--|
| Date of Notification (1)<br><b>January 5, 2015</b>   |  | Name of Building Owner/Operator (2)<br><b>RUTGERS, THE STATE UNIVERSITY OF NJ</b>  |  |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DCA<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DEP- No Longer REQUIRED<br><input checked="" type="checkbox"/> DOH   |  | Notification Type<br><input checked="" type="checkbox"/> Initial Notification<br><input type="checkbox"/> Amended Notification #<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancelled |  |
| Street Address<br><b>ENVIRONMENTAL HEALTH &amp; SAFETY DEPT.<br/>27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS</b>   |  | City, State, Zip Code<br><b>PISCATAWAY, NJ 08854</b>   |  |
| Name of Contact<br><b>MICHAEL SMITH, ENV.<br/>HEALTH &amp; SAFETY</b>  |  | Telephone Number<br><b>201-974-1000</b>  |  |
| <b>FACILITY INFORMATION</b>  |  |  |  |
| Name of Facility Where Abatement is Taking Place (3)<br><b>NJ HALL, BLDG# 3014</b>   |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)              |  |
| Street Address<br><b>COLLEGE AVENUE CAMPUS</b>   |  | Sq. Feet: <b>N/A</b> # of Floors: <b>4</b> Bldg. Age: <b>80+ years</b>   |  |
| City (5)<br><b>NEW BRUNSWICK</b>   | County (6)<br><b>MIDDLESEX</b>   | County Code (7)<br>(State Use Only)  |  |
| Current Use (prior if being demolished): <b>ACADEMIC</b>   |  |  |  |
| Name of Monitoring Firm Hired by Bldg. Owner (8)<br><b>Cardno ATC</b>  |  | ASCM No.<br><b>0098</b>  |  |
| Street Address<br><b>3 TERRI LANE</b>  |  | Name of Contractor (9)<br><b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>   |  |
| City, State, Zip Code<br><b>BURLINGTON, NJ 08016</b>   |  | Street Address<br><b>268 MAIN STREET</b>   |  |
| Project Manager for Monitoring Firm<br><b>BRIAN KEARNY</b>   |  | Telephone Number<br><b>609-386-8800</b>  | License Number<br><b>00840</b>   |
| Scheduled Start Date (10)<br><b>01/16/15</b>   |  | Scheduled Completion Date (11)<br><b>01/19/15</b>  |  |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br><input checked="" type="checkbox"/> Other - Describe: <b>Shift Hours: 5:00 PM - 5:00 AM (24 hours as needed)</b> |  | Name of OSHA Monitor<br><b>1 ENVIROVISION, INC.</b>  |  |
| Scope of Work (Check all that apply)<br><br><input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf<br><br><input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition   |  | Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure                    |  |
| Location of Asbestos-Containing Material (ACM) in Facility (13)<br><b>Room 303B</b>  | Is Location Normally Used Solely by Maint./Custodial Staff? (12)<br>YES NO NA<br><input checked="" type="checkbox"/> YES | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)<br><b>VAT</b>   | Amount (Specify SF or LF)<br><b>120SF</b>  |
| Abatement Type<br>Remove Repair Encap Enclose<br><input checked="" type="checkbox"/> Remove  |  |  |  |
| Name of Reg. Waste Hauler<br><b>See Hauler Below #1 &amp; 2</b>  |  | NJDEP Waste Hauler ID #<br><b>See Below</b>  | Cubic Yards of Waste: <b>5 CY</b>  |
| Name of Registered Landfill<br><b>G.R.O.W.S. North Landfill</b>  |  |  |  |
| Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405<br>NJDEP # 28969<br>Hauler #2) S TG - 58 Pyles Lane, New Castle, De 19720<br>NJ DEP # 20990  |  | Disposal Date<br><b>01/19/15</b>   | City, State<br><b>100 New Ford Mill Rd. Morrisville, Pa 19067</b><br><b>215-736-1700</b> |
| Completed by (Print or Type)<br><b>RAYMOND C. PEDALINO</b>   | Title<br><b>SENIOR PROJECT MANAGER</b>   | Signature<br><i>Raymond C. Pedalino</i>  | Date<br><b>January 5, 2015</b>   |

Copies To: Rutgers, REHS, Attn: Mike Smith and Cardno ATC, Attn: Brian Kearney



NOCK

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



|  |  |  |  |
|--|--|--|--|
| Date of Notification (1)<br>1-08-2015  |  | Name of Building Owner / Operator (2)<br>Township of Parsippany-Troy Hills   |  |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA |  | Type Notification<br><input type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended (Air Mon Firm)<br><input type="checkbox"/> Emergency<br><input type="checkbox"/> Cancellation |  |
| Street Address<br>1001 Parsippany Blvd   |  | City, State & Zip Code<br>Parsippany, NJ 07054   |  |
| Name of Contact<br>Mr. Joe Jannorone   |  | Telephone Number   |  |

|  |                      |  |   |  |                         |
|--|----------------------|--|---|--|-------------------------|
| Name of Facility Where Abatement is Taking Place (3)<br>Craftsman Farms-Garage   |                      |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |  |                         |
| Street Address<br>2352 New Jersey 10   |                      |  | Square Feet<br>6,000  | # of Floors<br>2   | Bldg. Age<br>106 yrs    |
| City (5)<br>Morris Plains, NJ  | County (6)<br>Morris | County Code (7)                            | Current Use (Prior if being demolished)<br>Garage   |  |                         |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Health and Safety Services  |                      |  | ASCN No.<br>117   |  |                         |
| Street Address<br>P.O. Box 365   |                      |  | Name of Abatement Contractor (9)<br>Resource Management Group, LLC  |  |                         |
| City, State & Zip Code<br>Berlin, NJ 08009   |                      |  | Street Address<br>2115 Hamilton Ave, Suite 202  |  |                         |
| Project Manager for Monitoring Firm<br>Mr. Jim Proctor   |                      |  | Telephone Number<br>856-452-1311  |  | License Number<br>01185 |
| Scheduled Start Date (10)<br>1/20/2015   |                      | Scheduled Completion Date (11)<br>2/3/2015 |   | Name of OSHA Monitor<br>J&S Environmental Laboratories, Inc. |                         |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input checked="" type="checkbox"/> Abatement Performed During 1st Shift<br>Describe: 9:00am to 5:00pm<br><input type="checkbox"/> Facility Occupied During Abatement |                      |  | Street Address<br>2333 Route 22 West  |  |                         |
|  |                      |  | City, State & Zip Code<br>Union, NJ 07083   |  |                         |

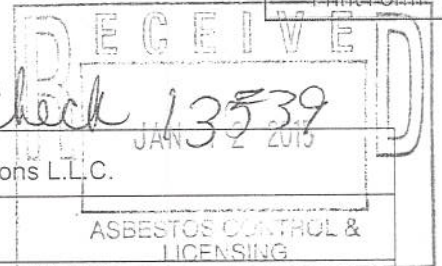
Scope of Work (Check all that apply)

|  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input type="checkbox"/> ≥160 sf ≥260 lf           | <input type="checkbox"/> Demolition            | <input 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                   | Encapsulat               | Enclosure                |
| Garage   | <input type="checkbox"/>   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Pipe Insulation   | 100 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<br>Resource Management Group, LLC | NJDEP Waste Hauler ID No.<br>0035218 | Cubic Yards of Waste<br>TBD    | Name of Registered Landfill<br>Grows Landfill |
| City, State<br>Trenton, NJ  | Disposal Date<br>TBD                 | City, State<br>Morrisville, PA |   |
| Completed By (Print or Type)<br>Mr. Brian J. Haney                | Title<br>President                   | Signature<br>                  | Date<br>01/08/2015                            |

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

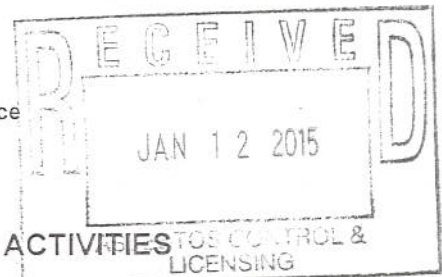


|  |   |  |                                  |  |                           |                |        |             |           |
|--|---|--|----------------------------------|--|---------------------------|----------------|--------|-------------|-----------|
| Date of Notification (1)<br>1/6/15   |   | Name of Building Owner/Operator (2)<br>CRCRA Construction and Home Elevations L.L.C.   |                                  |  |                           |                |        |             |           |
| Agencies Notified  | Type Notification   | Street Address   | ASBESTOS CONTROL & LICENSING     |  |                           |                |        |             |           |
| <input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA                                  | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | 3430 Sunset Avenue Suite #5  |                                  |  |                           |                |        |             |           |
|  |   | City, State, Zip Code  |                                  |  |                           |                |        |             |           |
|  |   | Ocean, N.J. 07712  |                                  |  |                           |                |        |             |           |
|  |   | Name of Contact  | Telephone Number                 |  |                           |                |        |             |           |
|  |   | Steve Pisano   |                                  |  |                           |                |        |             |           |
| <b>FACILITY INFORMATION</b>  |   |  |                                  |  |                           |                |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>home   |   | Type of Facility (4)   |                                  |  |                           |                |        |             |           |
| Street Address   |   | <input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)  |                                  |  |                           |                |        |             |           |
| 3240 Oceanic Drive   |   |  |                                  |  |                           |                |        |             |           |
| City (5)   | Square Feet   | # of Floors  | Bldg. Age                        |  |                           |                |        |             |           |
| Toms River   | 2100  | 2  | 60                               |  |                           |                |        |             |           |
| County (6)   | County Code (7)<br>(STATE USE ONLY)   | Current Use (Prior if being demolished)  |                                  |  |                           |                |        |             |           |
| Ocean  |   |  |                                  |  |                           |                |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)  |   | ASCM No.   | Name of Abatement Contractor (9) |  |                           |                |        |             |           |
|  |   |  | ABS Environmental Services, LLC  |  |                           |                |        |             |           |
| Street Address   |   | Street Address   |                                  |  |                           |                |        |             |           |
|  |   | PO Box 483, 4 E Gate Drive   |                                  |  |                           |                |        |             |           |
| City, State, Zip Code  |   | City, State, Zip Code  |                                  |  |                           |                |        |             |           |
|  |   | Glenwood, NJ 07418   |                                  |  |                           |                |        |             |           |
| Project Manager for Monitoring Firm  |   | Telephone No.  | License No.                      |  |                           |                |        |             |           |
|  |   | 973-583-8500   | 703                              |  |                           |                |        |             |           |
| Start Date (10)  | Scheduled Completion Date (11)  | Name of OSHA Monitor   |                                  |  |                           |                |        |             |           |
| 1/19/15  | 2/19/15   |  |                                  |  |                           |                |        |             |           |
| Occupancy Status During Abatement (Check Only One)   |   | Street Address   |                                  |  |                           |                |        |             |           |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____ |   |  |                                  |  |                           |                |        |             |           |
|  |   | City, State, Zip Code  |                                  |  |                           |                |        |             |           |
| Scope of Work (Check All That Apply)   |   |  |                                  |  |                           |                |        |             |           |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf  |   | <input type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition   |                                  |  |                           |                |        |             |           |
|  |   | <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                                  |  |                           |                |        |             |           |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility (13)  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)   |  |                                  | Description of Asbestos Containing Material (ACM)<br>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |        |             |           |
|  | Yes   | No   | N/A                              |  |                           | Removal        | Repair | Encapsulate | Enclosure |
| exterior   |   |  | x                                | transite siding  | 1000 SF                   | x              |        |             |           |
|  |   |  |                                  |  |                           |                |        |             |           |
|  |   |  |                                  |  |                           |                |        |             |           |
|  |   |  |                                  |  |                           |                |        |             |           |
| Name of Registered Waste Hauler  |   | NJDEP Waste Hauler ID No.  | Cubic Yards of Waste             | Name of Registered Landfill  |                           |                |        |             |           |
| Freehold Cartage   |   | 15959  | 10                               | TBD  |                           |                |        |             |           |
| City, State  |   | Disposal Date  |                                  | City, State  |                           |                |        |             |           |
| Freehold, NJ   |   | TBD  |                                  |  |                           |                |        |             |           |
| Completed by   |   | Title  | Signature                        |  |                           | Date           |        |             |           |
| A. Scott Higgins   |   | President/Owner  |                                  |  |                           | 1/7/15         |        |             |           |



NOCR

New Jersey Department of Health  
Consumer, Environmental and Occupational Health Service  
PO Box 369  
Trenton, NJ 08625-0369  
Telephone: 609-826-4950 Fax: 609-826-4975

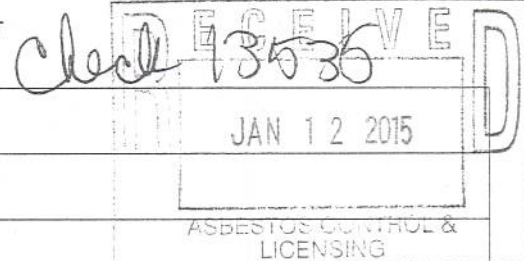


# NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITIES

Must be submitted 10 days prior to the beginning of work. Please type or print legibly.

| I. NOTIFICATION INFORMATION   |   |                                       |
|---|---|---------------------------------------|
| Date of Notification: <u>1 1 7 1 15</u>   |   |                                       |
| <input checked="" type="checkbox"/> Initial   | <input type="checkbox"/> Amended              | <input type="checkbox"/> Cancellation |
| <input checked="" type="checkbox"/> Emergency (must include justification)                |   |                                       |
| Type of Work: <input type="checkbox"/> Demolition <input type="checkbox"/> Renovation     |   |                                       |
| II. BUILDING INFORMATION  |   |                                       |
| Name of Building Owner/Operator: <u>INSURANCE RESTORATION SPECIALISTS</u>                 |   |                                       |
| Street Address: <u>30 LABEL ROAD</u>  | City: <u>MONROE TWP.</u>                      | State: <u>NJ</u> Zip: <u>08831</u>    |
| Name of Contact: <u>GEORGE HALDEMAN</u>   |   | Telephone No.: _____                  |
| III. FACILITY INFORMATION   |   |                                       |
| Name of Facility Where Work Activity is to Take Place: <u>HOUSE</u>                       |   |                                       |
| Describe Facility Use: <u>HOUSE</u>   |   |                                       |
| Street Address: <u>1007 PROSPECT ST</u>   | City: <u>HILLSIDE</u>                         | State: <u>NJ</u> Zip: _____           |
| County Name: <u>UNION</u>   | County Code (State Use Only): _____           |                                       |
| Scheduled Start Date: <u>1 1 9 1 15</u>   | Scheduled Completion Date: <u>1 1 22 1 15</u> |                                       |
| Occupancy Status During Activity (check only one):  |   |                                       |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Activity        |   |                                       |
| <input type="checkbox"/> Activity Performed Outside Normal Facility Hours—Describe: _____ |   |                                       |
| <input type="checkbox"/> Other—Describe: _____  |   |                                       |
| Scope of Work (check all that apply):   |   |                                       |
| <input checked="" type="checkbox"/> Floor Tile  | Square Footage: <u>150</u>                    | Percentage Asbestos: <u>2</u> %       |
| <input type="checkbox"/> Mastic   | Square Footage: _____                         | Percentage Asbestos: _____ %          |
| <input type="checkbox"/> Transite   | Square Footage: _____                         | Percentage Asbestos: _____ %          |
| <input type="checkbox"/> Roofing  | Square Footage: _____                         | Percentage Asbestos: _____ %          |
| <input type="checkbox"/> Siding   | Square Footage: _____                         | Percentage Asbestos: _____ %          |
| <input type="checkbox"/> Other: _____   | Square Footage: _____                         | Percentage Asbestos: _____ %          |
| IV. CONTRACTOR INFORMATION  |   |                                       |
| Company Name: <u>ABS ENVIRONMENTAL SERVICES, LLC</u>                                      |   | Telephone No.: <u>973-764-2276</u>    |
| Street Address: <u>4 E GATE DR.</u>   | City: <u>GLENWOOD</u>                         | State: <u>NJ</u> Zip: <u>07418</u>    |
| New Jersey Asbestos License Number (if applicable): <u>703</u>                            |   |                                       |
| Monitoring Firm (if applicable): _____  |   | Telephone No.: _____                  |
| V. SIGNATURE  |   |                                       |
| Completed By (type or print legibly): <u>A. SCOTT HIGGINS</u>                             |   | Title: <u>PRESIDENT</u>               |
| Signature: <u>[Signature]</u>   |   | Date: <u>1-7-15</u>                   |

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



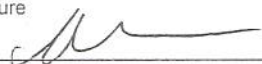
|  |   |  |     |  |                                    |                |        |             |           |
|--|---|--|-----|--|------------------------------------|----------------|--------|-------------|-----------|
| Date of Notification (1)<br>1/6/15   |   | Name of Building Owner/Operator (2)<br>Paul Evans  |     | JAN 12 2015  |                                    |                |        |             |           |
| Agencies Notified  |   | Type Notification  |     | Street Address   |                                    |                |        |             |           |
| <input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA                                  |   | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |     | City, State, Zip Code  |                                    |                |        |             |           |
|  |   | Name of Contact<br>Paul Evans  |     | Telephone Number   |                                    |                |        |             |           |
| <b>FACILITY INFORMATION</b>  |   |  |     |  |                                    |                |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>home   |   |  |     | Type of Facility (4)   |                                    |                |        |             |           |
| Street Address<br>116 Pleasant Grove   |   |  |     | <input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)  |                                    |                |        |             |           |
| City (5)<br>Long Valley  |   |  |     | Square Feet<br>2100  | # of Floors<br>2                   |                |        |             |           |
|  |   |  |     | Bldg. Age<br>60  |                                    |                |        |             |           |
| County (6)<br>Morris   |   | County Code (7)<br>(STATE USE ONLY) _____  |     | Current Use (Prior if being demolished)  |                                    |                |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)  |   | ASCM No.   |     | Name of Abatement Contractor (9)<br>ABS Environmental Services, LLC  |                                    |                |        |             |           |
| Street Address   |   |  |     | Street Address<br>PO Box 483, 4 E Gate Drive   |                                    |                |        |             |           |
| City, State, Zip Code  |   |  |     | City, State, Zip Code<br>Glenwood, NJ 07418  |                                    |                |        |             |           |
| Project Manager for Monitoring Firm  |   | Telephone No.  |     | Telephone No.<br>973-583-8500  | License No.<br>703                 |                |        |             |           |
| Start Date (10)<br>1/15/15   |   | Scheduled Completion Date (11)<br>2/15/15  |     | Name of OSHA Monitor   |                                    |                |        |             |           |
| Occupancy Status During Abatement (Check Only One)   |   |  |     | Street Address   |                                    |                |        |             |           |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____ |   |  |     | City, State, Zip Code  |                                    |                |        |             |           |
| Scope of Work (Check All That Apply)   |   |  |     |  |                                    |                |        |             |           |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf  |   | <input type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition   |     | <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                                    |                |        |             |           |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)   | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |  |     | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  | Amount (Specify SF or LF)          | Abatement Type |        |             |           |
|  | Yes   | No   | N/A |  |                                    | Removal        | Repair | Encapsulate | Enclosure |
| basement & first floor   |   |  | x   | pipe insulation  | 200 LF                             | x              |        |             |           |
| basement & first floor   |   |  | x   | duct insulation  | 140 SF                             | x              |        |             |           |
|  |   |  |     |  |                                    |                |        |             |           |
| Name of Registered Waste Hauler<br>Freehold Cartage  |   | NJDEP Waste Hauler ID No.<br>15959   |     | Cubic Yards of Waste<br>10   | Name of Registered Landfill<br>TBD |                |        |             |           |
| City, State<br>Freehold, NJ  |   |  |     | Disposal Date<br>TBD   | City, State                        |                |        |             |           |
| Completed by<br>A. Scott Higgins   |   | Title<br>President/Owner   |     | Signature<br>  |                                    | Date<br>1/6/15 |        |             |           |



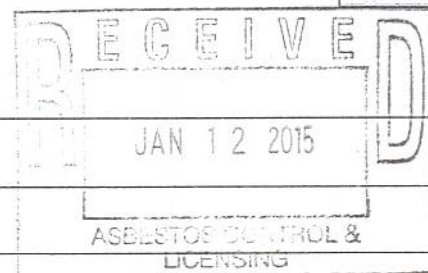
State of New Jersey  
 NOTIFICATION OF ASBESTOS ABATEMENT  
 (Pursuant to NJAC 8:60 and 12:120)

check 13540

JAN 12 2015

|  |  |  |                            |   |                           |                |                |             |           |
|--|--|--|----------------------------|---|---------------------------|----------------|----------------|-------------|-----------|
| Date of Notification (1)<br>1/7/15   |  | Name of Building Owner/Operator (2)<br>Maryann Wied  |                            |   |                           |                |                |             |           |
| Agencies Notified  | Type Notification  | Street Address   |                            |   |                           |                |                |             |           |
| <input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA                                | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment #<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br>Name of Contact<br>Maryann  |                            |   |                           |                |                |             |           |
|  |  | Telephone Number   |                            |   |                           |                |                |             |           |
| <b>FACILITY INFORMATION</b>  |  |  |                            |   |                           |                |                |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>home   |  | Type of Facility (4)   |                            |   |                           |                |                |             |           |
| Street Address<br>129 Parker Road  |  | <input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)  |                            |   |                           |                |                |             |           |
| City (5)<br>Long Valley  |  | Square Feet<br>2200  | # of Floors<br>2           |   |                           |                |                |             |           |
| County (6)<br>Hackettstown   |  | Bldg. Age<br>56  |                            |   |                           |                |                |             |           |
| County Code (7)<br>(STATE USE ONLY)  |  | Current Use (Prior if being demolished)  |                            |   |                           |                |                |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)  |  | Name of Abatement Contractor (9)   |                            |   |                           |                |                |             |           |
| Street Address   |  | ABS Environmental Services, LLC  |                            |   |                           |                |                |             |           |
| City, State, Zip Code  |  | Street Address<br>PO Box 483, 4 E Gate Drive   |                            |   |                           |                |                |             |           |
| Project Manager for Monitoring Firm  |  | City, State, Zip Code<br>Glenwood, NJ 07418  |                            |   |                           |                |                |             |           |
| Telephone No.  |  | Telephone No.<br>973-583-8500  | License No.<br>703         |   |                           |                |                |             |           |
| Start Date (10)<br>1/22/15   | Scheduled Completion Date (11)<br>2/19/15  | Name of OSHA Monitor   |                            |   |                           |                |                |             |           |
| Occupancy Status During Abatement (Check Only One)   |  | Street Address   |                            |   |                           |                |                |             |           |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: |  | City, State, Zip Code  |                            |   |                           |                |                |             |           |
| Scope of Work (Check All That Apply)   |  |  |                            |   |                           |                |                |             |           |
| <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf  |  | <input type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition   |                            |   |                           |                |                |             |           |
|  |  | <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                            |   |                           |                |                |             |           |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)   | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)  |  |                            | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |                |             |           |
|  | Yes  | No   | N/A                        |   |                           | Removal        | Repair         | Encapsulate | Enclosure |
| basement   |  |  | x                          | pipe insulation   | 85 LF                     | x              |                |             |           |
|  |  |  |                            |   |                           |                |                |             |           |
|  |  |  |                            |   |                           |                |                |             |           |
| Name of Registered Waste Hauler<br>Freehold Cartage  |  | NJDEP Waste Hauler ID No.<br>15959   | Cubic Yards of Waste<br>10 | Name of Registered Landfill<br>TBD  |                           |                |                |             |           |
| City, State<br>Freehold, NJ  |  | Disposal Date<br>TBD   |                            | City, State   |                           |                |                |             |           |
| Completed by<br>A. Scott Higgins   |  | Title<br>President/Owner   |                            | Signature<br>                           |                           |                | Date<br>1/7/15 |             |           |

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



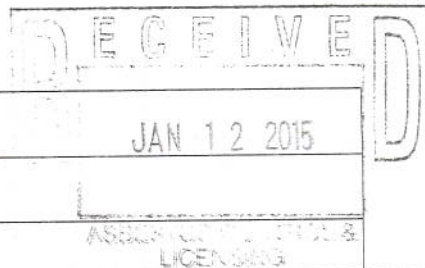
| Date of Notification (1)<br>01/07/15   |  | Name of Building Owner/Operator (2)<br>Andrew West  |   |  |                           |                                     |        |             |           |
|--|--|---|---|--|---------------------------|-------------------------------------|--------|-------------|-----------|
| Agencies Notified  | Type Notification  | Street Address<br>95 N Dean Street  |   |  |                           |                                     |        |             |           |
| <input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input checked="" type="checkbox"/> DCA  | <input type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input checked="" type="checkbox"/> Emergency (including<br>justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br>Englewood, NJ, 07631   |   |  |                           |                                     |        |             |           |
|  |  | Name of Contact   | Telephone Number                                  |  |                           |                                     |        |             |           |
| <b>FACILITY INFORMATION</b>  |  |   |   |  |                           |                                     |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Andrew West  |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |   |  |                           |                                     |        |             |           |
| Street Address<br>95 N Dean Street   |  | Square Feet   | # of Floors                                       |  |                           |                                     |        |             |           |
| City (5)<br>Englewood  |  | Bldg. Age   |   |  |                           |                                     |        |             |           |
| County (6)<br>Bergen   | County Code (7)<br>(STATE USE ONLY) _____  | Current Use (Prior if being demolished)   |   |  |                           |                                     |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)  |  | ASCM No.  | Name of Abatement Contractor (9)<br>Pro Abatement |  |                           |                                     |        |             |           |
| Street Address   |  | Street Address<br>1009 87th Street Suite A4   |   |  |                           |                                     |        |             |           |
| City, State, Zip Code  |  | City, State, Zip Code<br>North Bergen, NJ 07047   |   |  |                           |                                     |        |             |           |
| Project Manager for Monitoring Firm  |  | Telephone No.<br>201-293-6305   | License No.<br>01223                              |  |                           |                                     |        |             |           |
| Start Date (10)<br>01/13/15  | Scheduled Completion Date (11)<br>01/14/15   | Name of OSHA Monitor<br>HILMAMM CONSULTING LLC  |   |  |                           |                                     |        |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____ |  | Street Address<br>1600 ROUTE EAST SUITE 107   |   |  |                           |                                     |        |             |           |
|  |  | City, State, Zip Code<br>UNION NJ 07083   |   |  |                           |                                     |        |             |           |
| Scope of Work (Check All That Apply)   |  |   |   |  |                           |                                     |        |             |           |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation<br><input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition  |  |   |   |  |                           |                                     |        |             |           |
| <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure                                  |  |   |   |  |                           |                                     |        |             |           |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility<br>(13)   | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)  |   |   | Description of Asbestos Containing Material (ACM)<br>(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   |  |   |   | Thermal System insulation  | 90 LF                     | <input checked="" type="checkbox"/> |        |             |           |
|  |  |   |   |  |                           |                                     |        |             |           |
|  |  |   |   |  |                           |                                     |        |             |           |
|  |  |   |   |  |                           |                                     |        |             |           |
| Name of Registered Waste Hauler<br>SAN TON SERVICES  |  | NJDEP Waste Hauler ID No.<br>22430  | Cubic Yards of Waste                              | Name of Registered Landfill<br>MEDOWLANCHES COMMISSION   |                           |                                     |        |             |           |
| City, State<br>KENILWORTH, NJ  |  | Disposal Date   |   | City, State<br>KEARNY, NJ  |                           |                                     |        |             |           |
| Completed by<br>Bryan Parra  |  | Title<br>Project Manager  | Signature<br>                                     | Date<br>01/07/15   |                           |                                     |        |             |           |



CK 1534

Print Form

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



|  |  |   |                          |
|--|--|---|--------------------------|
| Date of Notification (1)<br>01/07/15   |  | Name of Building Owner/Operator (2)<br>Homeless Solutions, Inc. |                          |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br>6 Dumont Place                                |                          |
|  |  | City, State, Zip Code<br>Morristown, NJ 07960                   |                          |
|  |  | Name of Contact<br>Ray Bersch                                   | Telephone Number<br>____ |

FACILITY INFORMATION

|  |   |   |                      |
|--|---|---|----------------------|
| Name of Facility Where Abatement is Taking Place (3)<br>Unknown  |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |                      |
| Street Address<br>57 Mt. Bethel Road   |   | Square Feet<br>3,000  | # of Floors<br>2     |
| City (5)<br>Warren   |   | Bldg. Age<br>50+-   |                      |
| County (6)<br>Warren   | County Code (7)<br>(STATE USE ONLY) _____ | Current Use (Prior if being demolished)<br>Commercial Property  |                      |
| Name of Monitoring Firm Hired by Building Owner (8)<br>N/A   |   | Name of Abatement Contractor (9)<br>Stanmark Contractors, LLC   |                      |
| Street Address   |   | Street Address<br>27 Edsall Drive   |                      |
| City, State, Zip Code  |   | City, State, Zip Code<br>Sussex, NJ 07461   |                      |
| Project Manager for Monitoring Firm  |   | Telephone No.<br>973-864-2022   | License No.<br>01137 |
| Start Date (10)<br>01/17/15  | Scheduled Completion Date (11)<br>1/24/15 | Name of OSHA Monitor<br>AmeriSci  |                      |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____ |   | Street Address<br>117 East 30th Street  |                      |
|  |   | City, State, Zip Code<br>New York, NY 10016   |                      |

Scope of Work (Check All That Apply)

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

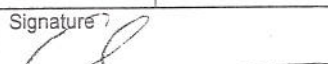
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |     | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |        |             |           |
|---|---|-----|---|---------------------------|----------------|--------|-------------|-----------|
|   | No  | N/A |   |                           | Removal        | Repair | Encapsulate | Enclosure |
| Kitchen - 1st Floor   | x   |     | floor tiles   | 225 S.F.                  | x              |        |             |           |
| Bedroom - 1st floor   | x   |     | floor tiles   | 225 S.F.                  | x              |        |             |           |
| Attic   | x   |     | transite panels   | 36 S.F.                   | x              |        |             |           |
| Garage behind residence   | x   |     | window glazing  | 6 windows                 | x              |        |             |           |

|   |                                     |                                     |   |
|---|-------------------------------------|-------------------------------------|---|
| Name of Registered Waste Hauler<br>Atlantic Carting | NJDEP Waste Hauler ID No.<br>190713 | Cubic Yards of Waste<br>30          | Name of Registered Landfill<br>G.R.O.W.S. |
| City, State<br>Wayne, NJ                            | Disposal Date<br>on completion      | City, State<br>Morrisville, PA      |   |
| Completed by<br>Marko Stankovic                     | Title<br>President                  | Signature<br><i>Marko Stankovic</i> | Date<br>01/07/15                          |

Emergency

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

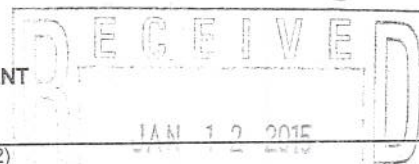
CR 4583

|  |  |  |  |  |                           |                |                |             |           |
|--|--|--|--|--|---------------------------|----------------|----------------|-------------|-----------|
| Date of Notification (1)<br>1/8/15   |  | Name of Building Owner/Operator (2)<br>NJ Transit  |  |  |                           |                |                |             |           |
| Agencies Notified  | Type Notification  | Street Address<br>One Penn Plaza East  |  |  |                           |                |                |             |           |
| <input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA  | <input type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment #<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br>Newark, NJ 07105  |  |  |                           |                |                |             |           |
|  |  | Name of Contact<br>Russel  |  |  |                           |                |                |             |           |
|  |  | Telephone Number   |  |  |                           |                |                |             |           |
| <b>FACILITY INFORMATION</b>  |  |  |  |  |                           |                |                |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>NJ Transit Wood Ridge Facility   |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input checked="" type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)                    |  |  |                           |                |                |             |           |
| Street Address<br>58 Passaic Street  |  | Square Feet<br>1000+   | # of Floors<br>3                                 |  |                           |                |                |             |           |
| City (5)<br>Wood Ridge NJ 07057  |  | Bldg. Age<br>35+   |  |  |                           |                |                |             |           |
| County (6)<br>Bergen   | County Code (7)<br>(STATE USE ONLY)  | Current Use (Prior if being demolished)  |  |  |                           |                |                |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>TTI Environmental   |  | ASCM No.   | Name of Abatement Contractor (9)<br>Pernaco Inc. |  |                           |                |                |             |           |
| Street Address<br>1253 North Church Street   |  | Street Address<br>PO Box 329   |  |  |                           |                |                |             |           |
| City, State, Zip Code<br>Moorestown NJ 08057   |  | City, State, Zip Code<br>West Berlin NJ 08091  |  |  |                           |                |                |             |           |
| Project Manager for Monitoring Firm<br>James Guilardi  |  | Telephone No.<br>856-840-8800  | License No.<br>00727                             |  |                           |                |                |             |           |
| Start Date (10)<br>1/9/15  | Scheduled Completion Date (11)<br>1/11/15  | Name of OSHA Monitor<br>Same   |  |  |                           |                |                |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other - Describe: night and weekend after 3:30 PM Friday |  | Street Address   |  |  |                           |                |                |             |           |
|  |  | City, State, Zip Code  |  |  |                           |                |                |             |           |
| Scope of Work (Check All That Apply)   |  |  |  |  |                           |                |                |             |           |
| <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf  |  | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition  |  |  |                           |                |                |             |           |
|  |  | <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |  |                           |                |                |             |           |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility (13)  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)  |  |  | Description of Asbestos Containing Material (ACM)<br>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |                |             |           |
|  | Yes  | No   | N/A  |  |                           | Removal        | Repair         | Encapsulate | Enclosure |
| 2nd Floor hallway  | x  |  |  | Floor Tile Only  | 2200 SF                   | x              |                |             |           |
|  |  |  |  |  |                           |                |                |             |           |
|  |  |  |  |  |                           |                |                |             |           |
|  |  |  |  |  |                           |                |                |             |           |
| Name of Registered Waste Hauler<br>United Containers   |  | NJDEP Waste Hauler ID No.<br>22459   | Cubic Yards of Waste<br>4                        | Name of Registered Landfill<br>G.R.O.W.S.  |                           |                |                |             |           |
| City, State<br>Elm NJ  |  | Disposal Date<br>1/12/15   |  | City, State<br>Morrisville PA 19067  |                           |                |                |             |           |
| Completed by<br>Anthony T Perna  |  | Title<br>President   |  | Signature<br>                              |                           |                | Date<br>1/8/15 |             |           |



CK#24714

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



|  |   |  |  |  |        |                         |           |
|--|---|--|--|--|--------|-------------------------|-----------|
| Date of Notification (1)<br><u>9/16/14</u>   |   | Name of Building Owner/Operator (2)<br><u>Cetrulo</u>  |  |  |        |                         |           |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA   | Type Notification<br><input type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br>Amendment # <u>1</u><br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |  | Street Address<br><u>12 Canfield Ave.</u>            |  |        |                         |           |
|  |   |  | City, State, Zip Code<br><u>Morristown, NJ 07960</u> |  |        |                         |           |
|  |   |  | Name of Contact<br><u>Mr. Joe Cetrulo</u>            |  |        |                         |           |
| Telephone Number<br>_____  |   |  |  |  |        |                         |           |
| <b>FACILITY INFORMATION</b>  |   |  |  |  |        |                         |           |
| Name of Facility Where Abatement is Taking Place (3)<br><u>Residential</u>   |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)   |  |  |        |                         |           |
| Street Address<br><u>12 Canfield Ave.</u>  |   |  |  |  |        |                         |           |
| City (5)<br><u>Morristown, NJ</u>  |   | Square Feet<br><u>8000</u>   | # of Floors<br><u>3</u>                              |  |        |                         |           |
|  |   | Bldg. Age<br><u>100+/-</u>   |  |  |        |                         |           |
| County (6)<br><u>Morris</u>  |   | County Code (7) (STATE USE ONLY)<br>_____  |  |  |        |                         |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br><u>Environmental Tactics</u>  |   | Name of Abatement Contractor (9)<br><u>Stevens Environmental Services, Inc.</u>  |  |  |        |                         |           |
| Street Address<br><u>64 Broad Street</u>   |   | Street Address<br><u>PO Box 322</u>  |  |  |        |                         |           |
| City, State, Zip Code<br><u>Matawan, NJ 07747</u>  |   | City, State, Zip Code<br><u>Allentown, NJ 08501</u>  |  |  |        |                         |           |
| Project Manager for Monitoring Firm<br><u>Tom Geiger</u>   |   | Telephone No.<br><u>(732) 290-2217</u>   | License No.<br><u>00493</u>                          |  |        |                         |           |
| Start Date (10)<br><u>9/26/14</u>  |   | Scheduled Completion Date (11)<br><u>4/30/15</u>   |  |  |        |                         |           |
| Name of OSHA Monitor<br><u>MECS</u>  |   |  |  |  |        |                         |           |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other - Describe: <u>8am to 4pm</u> |   | Street Address<br><u>PO Box 341</u>  |  |  |        |                         |           |
|  |   | City, State, Zip Code<br><u>Crosswicks, NJ 08515</u>   |  |  |        |                         |           |
| Scope of Work (Check all that apply)   |   |  |  |  |        |                         |           |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf  |   | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition  |  |  |        |                         |           |
|  |   | <input type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |  |        |                         |           |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)   | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)<br>Yes    No    N/A   | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)   | Amount (Specify SF or LF)<br><u>150 sf</u>           | Abatement Type                                       |        |                         |           |
|  |   |  |  | Removal  | Repair | Encapsulate             | Enclosure |
| <u>1st and 2nd floors</u>  | <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>   | <u>Thermal Pipe Insulation</u>   | <u>150 sf</u>  | <input checked="" type="checkbox"/>                  |        |                         |           |
|  |   | <u>Removal on as need basis</u>  |  |  |        |                         |           |
| <u>2nd Floor</u>   |   | <u>VAT</u>   | <u>740 sf</u>  | <input checked="" type="checkbox"/>                  |        |                         |           |
| Name of Registered Waste Hauler<br><u>Stevens Environmental Services, Inc.</u>   |   | NJDEP Waste Hauler ID No.<br><u>18292</u>  | Cubic Yards of Waste<br><u>4 CU</u>                  | Name of Registered Landfill<br><u>GROWS Landfill</u> |        |                         |           |
| City, State<br><u>Allentown, NJ</u>  |   | Disposal Date<br><u>4/30/15</u>  | City, State<br><u>Morrisville, PA</u>                |  |        |                         |           |
| Completed By<br><u>Mahlon E. Stevens</u>   |   | Title<br><u>Project Manager</u>  |  | Signature<br>  |        | Date<br><u>12/31/14</u> |           |

CK# 24639

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



|   |  |  |   |  |        |             |           |
|---|--|--|---|--|--------|-------------|-----------|
| Date of Notification (1)<br><u>9/16/14</u>  |  | Name of Building Owner/Operator (2)<br><u>Cetrulo</u> <u>JAN 12 2015</u>   |   |  |        |             |           |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA  | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment #<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><u>12 Canfield Ave.</u><br>City, State, Zip Code<br><u>Morristown, NJ 07960</u><br>Name of Contact<br><u>Joe Cetrulo</u><br>Telephone Number<br><u>973 9775</u>  |   |  |        |             |           |
| FACILITY INFORMATION  |  |  |   |  |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br><u>Residential</u>  |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) |   |  |        |             |           |
| Street Address<br><u>12 Canfield Ave.</u>   |  | Square Feet<br><u>8000</u>   | # of Floors<br><u>3</u>   |  |        |             |           |
| City (5)<br><u>Morristown, NJ</u>   |  | Bldg. Age<br><u>100+/-</u>   |   |  |        |             |           |
| County (6)<br><u>Morris</u>   | County Code (7) (STATE USE ONLY)   | Current Use (Prior if being demolished)  |   |  |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br><u>Environmental Tactics</u>   |  | ASCM No.   | Name of Abatement Contractor (9)<br><u>Stevens Environmental Services, Inc.</u> |  |        |             |           |
| Street Address<br><u>64 Broad Street</u>  |  | Street Address<br><u>PO Box 322</u>  |   |  |        |             |           |
| City, State, Zip Code<br><u>Matawan, NJ 07747</u>   |  | City, State, Zip Code<br><u>Allentown, NJ 08501</u>  |   |  |        |             |           |
| Project Manager for Monitoring Firm<br><u>Tom Geiger</u>  |  | Telephone No.<br><u>(732) 290-2217</u>   | License No.<br><u>00493</u>   |  |        |             |           |
| Start Date (10)<br><u>9/26/14</u>   | Scheduled Completion Date (11)<br><u>12/31/14</u>  | Name of OSHA Monitor<br><u>MECS</u>  |   |  |        |             |           |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other - Describe: <u>8am to 4:pm</u>   |  | Street Address<br><u>PO Box 341</u><br>City, State, Zip Code<br><u>Crosswicks, NJ 08515</u>  |   |  |        |             |           |
| Scope of Work (Check all that apply)<br><input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf<br><input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |  |   |  |        |             |           |
| Location of Asbestos-Containing Material (ACM) 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 |
| <u>1st and 2nd floors</u>   | <u>X</u>   | <u>Thermal Pipe Insulation</u>   | <u>150 lf</u>   | <u>X</u>   |        |             |           |
|   |  | <u>Removal on as needed basis</u>  |   |  |        |             |           |
|   |  | <u>Wrap &amp; Cut</u>  |   |  |        |             |           |
| Name of Registered Waste Hauler<br><u>Stevens Environmental</u>   |  | NJDEP Waste Hauler ID No.<br><u>18292</u>  | Cubic Yards of Waste<br><u>3 CU</u>   | Name of Registered Landfill<br><u>T.R.R.F., Inc.</u> |        |             |           |
| City, State<br><u>Allentown, NJ</u>   |  | Disposal Date<br><u>12/31/14</u>   | City, State<br><u>Tullytown, PA</u>   |  |        |             |           |
| Completed By<br><u>Mahlon E. Stevens</u>  | Title<br><u>Project Manager</u>  | Signature<br><u>[Signature]</u>  | Date<br><u>9/16/14</u>  |  |        |             |           |



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

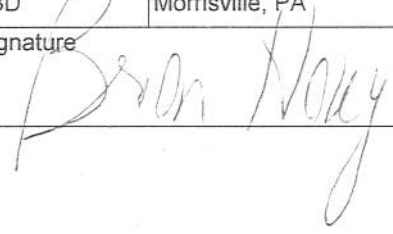
DEC 5 4 40  
JAN 12 2015

|   |   |   |  |
|---|---|---|--|
| Date of Notification (1)<br><b>1-5-15</b>   |   | Name of Building Owner/Operator (2)<br><b>E. LOEB</b>   |  |
| Agency Notified<br><br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input type="checkbox"/> DOH<br><input type="checkbox"/> DCA  | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment #<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |   | Street Address<br><b>195 GRAYSON PLACE</b>   |
|   |   |   | City, State, Zip Code<br><b>TEANECK, NJ 07666</b>  |
|   |   |   | Name of Contact<br><b>E. LOEB</b>  |
| <div style="text-align: right;">ASBESTOS CONTROL &amp; LICENSING<br/> Telephone Number</div>  |   |   |  |
| <b>FACILITY INFORMATION</b>   |   |   |  |
| Name of Facility Where Abatement is Taking Place (3)<br><b>E. LOEB</b>  |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)         |  |
| Street Address<br><b>195 GRAYSON PLACE</b>  |   | Square Feet<br><b>1800</b>  | # of Floors<br><b>2</b>  |
| City (5)<br><b>TEANECK</b>  |   | Bldg. Age<br><b>75 YRS</b>  |  |
| County (6)<br><b>BERGEN</b>   |   | County Code (7) (STATE USE ONLY)  | Current Use (Prior if being demolished)<br><b>RESIDENCE</b>  |
| Name of Monitoring Firm Hired by Building Owner (8)   |   | ASCM No.  | Name of Abatement Contractor (9)<br><b>Best Removal Inc</b>  |
| Street Address  |   | Street Address<br><b>450 South River St</b>   |  |
| City, State, Zip Code   |   | City, State, Zip Code<br><b>Hackensack, N.J. 07601</b>  |  |
| Project Manager for Monitoring Firm   |   | Telephone No.<br><b>201-329-7444</b>  | License No.<br><b>00388</b>  |
| Start Date (10)<br><b>1-19-15</b>   | Scheduled Completion Date (11)<br><b>1-20-15</b>  |   | Name of OSHA Monitor<br><b>Omega Environmental</b>   |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other - Describe: <b>8AM - 5PM</b> |   | Street Address<br><b>280 Huyler St</b>  |  |
| Scope of Work (Check all that apply)<br><input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf<br><input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition  |   | City, State, Zip Code<br><b>S. Hackensack, N.J. 07606</b>   |  |
|   |   | <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)<br><b>BASEMENT</b>   | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)   |   | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) |
|   | Yes   | No  |  |
|   |   |   |  |
|   |   |   |  |
|   |   |   |  |
|   |   |   |  |
| Name of Registered Waste Hauler<br><b>Best Removal Inc</b>  |   | NJDEP Waste Hauler ID No.<br><b>17109</b>   | Cubic Yards of Waste<br><b>140</b>   |
| City, State<br><b>Hackensack, N.J. 07601</b>  |   | Disposal Date<br><b>1-20-15</b>   | Name of Registered Landfill<br><b>Minerva Enterprises, LLC</b>   |
| Completed by<br><b>R. Veldran</b>   |   | Title<br><b>Estimator</b>   | Signature<br><b>R. Veldran</b>   |
|   |   |   | Date<br><b>1-5-15</b>  |



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

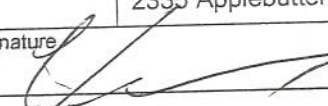
RECEIVED

|   |   |   |   |   |                          |                          |                          |
|---|---|---|---|---|--------------------------|--------------------------|--------------------------|
| Date of Notification (1)<br>1-08-2015   |   | Name of Building Owner / Operator (2)<br>Mr. Harry Kenevil, Jr.   |   |   |                          |                          |                          |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA  | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Emergency<br><input type="checkbox"/> Cancellation | Street Address<br>165 Grand Avenue<br>City, State & Zip Code<br>Englewood, NJ 07631<br>Name of Contact<br>Mr. Harry Kenevil, Jr.  |   |   |                          |                          |                          |
| 2015 JAN 12 PM 9:21<br>ASBESTOS CONTROL & LICENSING   |   |   |   |   |                          |                          |                          |
| Telephone Number  |   |   |   |   |                          |                          |                          |
| <b>FACILITY INFORMATION</b>   |   |   |   |   |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br><br>Street Address<br>34 Williams Street  |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)                             |   |   |                          |                          |                          |
| City (5)<br>Bergenfield, NJ   | County (6)<br>Bergen  | County Code (7)   | Square Feet<br>2,000<br># of Floors<br>2 + basement<br>Bldg. Age<br>96                            |   |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Health and Safety Services   |   | ASCM No.<br>117   | Name of Abatement Contractor (9)<br>Resource Management Group, LLC                                |   |                          |                          |                          |
| Street Address<br>P.O. Box 365  |   | Street Address<br>2115 Hamilton Ave, Suite 202  |   |   |                          |                          |                          |
| City, State & Zip Code<br>Berlin, NJ 08009  |   | City, State & Zip Code<br>Trenton, NJ 08619   |   |   |                          |                          |                          |
| Project Manager for Monitoring Firm<br>Mr. Jim Proctor  |   | Telephone Number<br>856-452-1311  | License Number<br>01185   |   |                          |                          |                          |
| Scheduled Start Date (10)<br>1/22/2015  | Scheduled Completion Date (11)<br>2/5/2015  |   | Name of OSHA Monitor<br>J&S Environmental Laboratories, Inc.                                      |   |                          |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input checked="" type="checkbox"/> Abatement Performed During 1st Shift<br>Describe: 10:00am to 6:00pm<br><input type="checkbox"/> Facility Occupied During Abatement |   | Street Address<br>2333 Route 22 West<br>City, State & Zip Code<br>Union, NJ 07083   |   |   |                          |                          |                          |
| Scope of Work (Check all that apply)  |   |   |   |   |                          |                          |                          |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf ≥260 lf  |   | <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition   |   |   |                          |                          |                          |
|   |   | <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glove Bag Procedures<br><input type="checkbox"/> Non-Exempted and Non-Friable Procedure |   |   |                          |                          |                          |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)  | Is Location Normally Used Solely by Maintenance 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                                |                          |                          |                          |
|   |   |   |   | Removal                                       | Repair                   | Encapsulat               | Enclosure                |
| Bedroom #1  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A  | Textured ceiling tiles  | 154 SF  | <input checked="" type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Bedroom #2  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A  | Textured ceiling board  | 100 SF  | <input checked="" type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Kitchen   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A  | Plaster Base coat   | 2,925 SF  | <input checked="" type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Room #1   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A  | Pipe Wrap   | 4 LF  | <input checked="" type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exterior  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A  | Exterior Siding   | 378 SF  | <input checked="" type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler<br>Resource Management Group, LLC   |   | NJDEP Waste Hauler ID No.<br>0035218  | Cubic Yards of Waste<br>TBD   | Name of Registered Landfill<br>Grows Landfill |                          |                          |                          |
| City, State<br>Trenton, NJ  |   | Disposal Date<br>TBD  | City, State<br>Morrisville, PA  |   |                          |                          |                          |
| Completed By (Print or Type)<br>Mr. Brian J. Haney  |   | Title<br>President  | Signature<br> |   | Date<br>01/08/2015       |                          |                          |



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

CH 12 # 1121

|  |  |   |  |  |                           |                |                    |             |           |
|--|--|---|--|--|---------------------------|----------------|--------------------|-------------|-----------|
| Date of Notification (1)<br>12/31/2014   |  | Name of Building Owner/Operator (2)<br>Novus fine chemicals   |  |  |                           |                |                    |             |           |
| Agencies Notified<br><br><input type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input type="checkbox"/> DOH<br><input type="checkbox"/> DCA  | Type Notification<br><br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input checked="" type="checkbox"/> Emergency (including<br>justification)<br><input type="checkbox"/> Cancellation | Street Address<br>50 Cragwood Road Suite#205  |  |  |                           |                |                    |             |           |
|  |  | City, State, Zip Code<br>South Plainfield NJ 07080  |  |  |                           |                |                    |             |           |
|  |  | Name of Contact<br>Kian Rasekhi   | Telephone Number<br>_____  |  |                           |                |                    |             |           |
| <b>FACILITY INFORMATION</b>  |  |   |  |  |                           |                |                    |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Former Novus fine Chemicals  |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |  |  |                           |                |                    |             |           |
| Street Address<br>426 Orchard street and 411-413 Broad street  |  | Square Feet<br>60000  | # of Floors<br>2   |  |                           |                |                    |             |           |
| City (5)<br>Carlstadt New Jersey   |  | Bldg. Age<br>+50  |  |  |                           |                |                    |             |           |
| County (6)<br>Bergen County  | County Code (7)<br>(STATE USE ONLY) _____  | Current Use (Prior if being demolished)<br>Chemicals Plant  |  |  |                           |                |                    |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>n/a   |  | ASCM No.<br>n/a   | Name of Abatement Contractor (9)<br>Dinago Environment LLC   |  |                           |                |                    |             |           |
| Street Address<br>n/a  |  | Street Address<br>339 Lafayette Street  |  |  |                           |                |                    |             |           |
| City, State, Zip Code<br>n/a   |  | City, State, Zip Code<br>Newark NJ 07015  |  |  |                           |                |                    |             |           |
| Project Manager for Monitoring Firm<br>n/a   |  | Telephone No.<br>n/a  | Telephone No.<br>973-491-0877  |  |                           |                |                    |             |           |
| Start Date (10)<br>1/7/2015  |  | Scheduled Completion Date (11)<br>2/15/2015   | License No.<br>01240   |  |                           |                |                    |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____ |  | Name of OSHA Monitor<br>J&S Environmental Corp  |  |  |                           |                |                    |             |           |
|  |  | Street Address<br>2333 Route 22 West  |  |  |                           |                |                    |             |           |
|  |  | City, State, Zip Code<br>Union NJ 07083   |  |  |                           |                |                    |             |           |
| Scope of Work (Check All That Apply)   |  |   |  |  |                           |                |                    |             |           |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf  |  | <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition   | <input type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |                           |                |                    |             |           |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility<br>(13)   | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)  |   |  | Description of Asbestos Containing Material (ACM)<br>(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 |
| see attachments  |  |   | x  | see attachments  |                           | x              |                    |             |           |
|  |  |   |  |  |                           |                |                    |             |           |
|  |  |   |  |  |                           |                |                    |             |           |
| Name of Registered Waste Hauler<br>Newark Carting Inc  |  | NJDEP Waste Hauler ID No.<br>04509  | Cubic Yards of Waste<br>180 yards  | Name of Registered Landfill<br>ISES Bethlehem landfill   |                           |                |                    |             |           |
| City, State<br>Po Box 5670 Newark NJ 07105   |  | Disposal Date   |  | City, State<br>2335 Applebutter Rd Bethlehem PA  |                           |                |                    |             |           |
| Completed by<br>Carlos Gomes   |  | Title<br>President  |  | Signature<br>                              |                           |                | Date<br>12/31/2014 |             |           |

***Dinago Environment LLC.***  
**Asbestos and Lead Abatement –Inspections**  
**Air sampling for Asbestos**

339-Lafayette Street, Newark, NJ 07105 Tel (973) 491-0877 Fax (973)522-1036

**RE:** Former Novus Fine Chemicals 426 Orchard Street and 411-413 Broad street Carlstadt NJ

**Asbestos material to be removed from the above location**

| <b><u>Buildings</u></b>              | <b><u>ACM Material</u></b> | <b><u>Quantities</u></b> |
|--------------------------------------|----------------------------|--------------------------|
| <b>Building #1</b>                   |                            |                          |
| Roof                                 | roofing material           | 1400SF                   |
| Roof                                 | roof flashing              | 400SF                    |
| Exterior                             | doors caulking             | 100LF                    |
| Exterior                             | window caulking            | 30LF                     |
| <b>Building #2</b>                   |                            |                          |
| Roof                                 | roofing material           | 3000SF                   |
| <b>Building #3</b>                   |                            |                          |
| Roof                                 | roofing material           | 960SF                    |
| <b>Building #4</b>                   |                            |                          |
| Roof                                 | roofing material           | 1200SF                   |
| Roof                                 | roof flashing              | 280SF                    |
| <b>Building #5</b>                   |                            |                          |
| Roof                                 | roofing material           | 1700SF                   |
| <b>Building #6</b>                   |                            |                          |
| First floor                          | pipe insulation            | 2LF                      |
| Roof                                 | roof material              | 850SF                    |
| <b>Building #7-8-9</b>               |                            |                          |
| Interior bldg#9                      | floor asbestos debris      | 950SF                    |
| Interior bldg.#8                     | tank insulation acm debris | 200SF                    |
| Interior bldg.#7                     | window glazing 4 windows   | 100LF                    |
| <b>Exterior of buildings # 7-8-9</b> |                            |                          |
| Building#7                           | roof material              | 1700SF                   |
| Building#7                           | roof parapet walls         | 900SF                    |



|            |               |        |
|------------|---------------|--------|
| Building#7 | tar flashing  | 50LF   |
| Building#8 | roof material | 1750SF |
| Building#9 | roof material | 1970SF |

**Building # 11-12-13-14-15 and 19 exterior**

|             |                               |       |
|-------------|-------------------------------|-------|
| Building#11 | black tar parapet walls       | 400SF |
| Building#11 | roof material under metal cap | 120SF |
| Building#15 | tar material under metal cap  | 200SF |
| Building#15 | parapet walls                 | 400SF |

**Building#17-18**

|                |                           |        |
|----------------|---------------------------|--------|
| Building#17/18 | roof transite             | 1000SF |
| Roof           | roofing material/flashing | 2750SF |

**Building#20 boiler house**

|          |                      |        |
|----------|----------------------|--------|
| Roof     | tar on brick         | 300SF  |
| Roof     | roof material        | 3000SF |
| Roof     | pitch pockets        | 10SF   |
| Roof     | flashing north       | 350SF  |
| Roof     | flashing south       | 350SF  |
| Interior | pipe insulation      | 50LF   |
| Exterior | canopy transite roof | 500SF  |

**Building #22/24**

|            |                                   |        |
|------------|-----------------------------------|--------|
| Exterior   | window glazing (5)                | 100LF  |
| Roof       | roof wall between north and south | 400SF  |
| Exterior   | window glazing (5)                | 100LF  |
| Exterior   | door caulking (2 doors)           | 50LF   |
| Roof 22/24 | flashing                          | 400SF  |
| Roof 22/24 | shingles and roof fields          | 1200SF |

**Building #22**

|          |                            |       |
|----------|----------------------------|-------|
| Exterior | window glazing (5 windows) | 100LF |
| Roof     | roof flashing              | 300SF |
| Roof     | shingles roof felt, tar    | 300SF |

**Building#23 old research and development building**

|           |                  |        |
|-----------|------------------|--------|
| Roof      | roofing material | 2000SF |
| Roof      | roof flashing    | 600SF  |
| roof      | roof tar         | 400SF  |
| Main roof | roof core        | 600SF  |

**Building#25&33**

|                  |                             |       |
|------------------|-----------------------------|-------|
| Interior bldg#33 | white stucco wall material  | 400SF |
| Roof bldg#33     | grey transite roof          | 900SF |
| Roof bldg.#25    | roof material canopy & felt | 340SF |

**Building#26**

Roof

Roof flashing

roof tar on parapet walls

roof flashing

680SF

340SF

**Buildings #26/28/29/39/31**

Roof

roof material

9000SF

Any question please feel free to contact us thank you




Carlos Gomes

President



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

CK# 23038

| Date of Notification (1)<br><b>01 / 07 / 15</b>   |  | Name of Building Owner/Operator (2)<br><b>Vineland Construction Company</b>  |   |  |                           |                                     |                          |                          |                          |
|---|--|--|---|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DCA (NJAC 5:16)<br><input checked="" type="checkbox"/> DHSS<br><input type="checkbox"/> DCA (NJAC 5:23-8)  | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><b>71 W Park Avenue</b>  |   |  |                           |                                     |                          |                          |                          |
|   |  | City, State, Zip Code<br><b>Vineland, NJ 08360</b>   |   |  |                           |                                     |                          |                          |                          |
|   |  | Name of Contact<br><b>Tim France</b>   | Telephone Number  |  |                           |                                     |                          |                          |                          |
| <b>FACILITY INFORMATION</b>   |  |  |   |  |                           |                                     |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Victory Refrigeration</b>  |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) |   |  |                           |                                     |                          |                          |                          |
| Street Address<br><b>110 Woodcrest Road</b>   |  | Square Feet<br><b>233,000</b>  | # of Floors<br><b>1</b>   |  |                           |                                     |                          |                          |                          |
| City (5)<br><b>Cherry Hill</b>  |  | Bldg. Age<br><b>50+</b>  |   |  |                           |                                     |                          |                          |                          |
| County (6)<br><b>Camden</b>   | County Code (7) (STATE USE ONLY)   | Current Use (Prior if being demolished)<br><b>Warehouse</b>  |   |  |                           |                                     |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>West Chester Environmental LLC</b>  |  | ASCM No.<br><b>0268</b>  | Name of Abatement Contractor (9)<br><b>Diamond Huntbach Construction Corporation</b>              |  |                           |                                     |                          |                          |                          |
| Street Address<br><b>307 N Walnut Street</b>  |  | Street Address<br><b>500 East Luzerne Street</b>   |   |  |                           |                                     |                          |                          |                          |
| City, State, Zip Code<br><b>West Chester, PA 19380</b>  |  | City, State, Zip Code<br><b>Philadelphia, PA 19124</b>   |   |  |                           |                                     |                          |                          |                          |
| Project Manager for Monitoring Firm<br><b>Matt Abraham</b>  |  | Telephone No.<br><b>610.431.7545</b>   | License No.<br><b>00646</b>   |  |                           |                                     |                          |                          |                          |
| Start Date (10)<br><b>01 / 22 / 15</b>  | Scheduled Completion Date (11)<br><b>03 / 31 / 15</b>  | Name of OSHA Monitor<br><b>SAME AS ABOVE</b>   |   |  |                           |                                     |                          |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: <u>7</u> AM- <u>4</u> PM/ <u>      </u> PM- <u>      </u> AM  |  | Street Address   |   |  |                           |                                     |                          |                          |                          |
|   |  | City, State, Zip Code  |   |  |                           |                                     |                          |                          |                          |
| Scope of Work (Check all that apply)  |  |  |   |  |                           |                                     |                          |                          |                          |
| <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Demolition<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |  |   |  |                           |                                     |                          |                          |                          |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>IN Facility (13)   | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)  |  |   | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type                      |                          |                          |                          |
|   | Yes  | No   | N/A   |  |                           | Removal                             | Repair                   | Encapsulate              | Enclosure                |
| Manufacturing Section   | <input type="checkbox"/>   | <input checked="" type="checkbox"/>  | <input type="checkbox"/>  | 2" Pipe Insulation   | 450 lf                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Manufacturing Section   | <input type="checkbox"/>   | <input checked="" type="checkbox"/>  | <input type="checkbox"/>  | 4" Pipe Insulation   | 265 lf                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Entire 2 <sup>nd</sup> Flr & Restrooms  | <input type="checkbox"/>   | <input checked="" type="checkbox"/>  | <input type="checkbox"/>  | Grey Floor Tile & Black Mastic   | 5,000 sf                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Various Throughout Building   | <input type="checkbox"/>   | <input checked="" type="checkbox"/>  | <input type="checkbox"/>  | Red Fire Door  | 4 ea                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler<br><b>Diamond Huntbach or Service Transport</b>   |  | NJDEP Waste Hauler ID No.<br><b>19689/20990</b>  | Cubic Yards of Waste<br><b>100</b>  | Name of Registered Landfill<br><b>Minerva</b>  |                           |                                     |                          |                          |                          |
| City, State<br><b>Philadelphia, PA 19124 / New Castle, DE</b>   |  |  | Disposal Date   | City, State<br><b>Waynesburg, OH 44688</b>   |                           |                                     |                          |                          |                          |
| Completed By (Print or Type)<br><b>Wayne Huntbach</b>   |  | Title<br><b>Project Manager</b>  | Signature<br> |  |                           | Date<br><b>1/7/15</b>               |                          |                          |                          |

Page 2 of 2

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

CK# 23038

|   |  |  |  |  |                |                                     |                          |                          |                          |
|---|--|--|--|--|----------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1)<br>01 / 07 / 15  |  | Name of Building Owner/Operator (2)<br>Vineland Construction Company   |  |  |                |                                     |                          |                          |                          |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DCA (NJAC 5:16)<br><input checked="" type="checkbox"/> DHSS<br><input type="checkbox"/> DCA (NJAC 5:23-8)  | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br>71 W Park Avenue<br>City, State, Zip Code<br>Vineland, NJ 08360<br>Name of Contact<br>Tim France<br>Telephone Number   |  |  |                |                                     |                          |                          |                          |
| FACILITY INFORMATION  |  |  |  |  |                |                                     |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br>Victory Refrigeration   |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) |  |  |                |                                     |                          |                          |                          |
| Street Address<br>110 Woodcrest Road  |  | Square Feet<br>233,000   |  |  |                |                                     |                          |                          |                          |
| City (5)<br>Cherry Hill   |  | # of Floors<br>1   | Bldg. Age<br>50+   |  |                |                                     |                          |                          |                          |
| County (6)<br>Camden  |  | County Code (7) (STATE USE ONLY)   | Current Use (Prior if being demolished)<br>Warehouse   |  |                |                                     |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br>West Chester Environmental LLC   |  | ASCM No.<br>0268   | Name of Abatement Contractor (9)<br>Diamond Huntbach Construction Corporation  |  |                |                                     |                          |                          |                          |
| Street Address<br>307 N Walnut Street   |  | Street Address<br>500 East Luzerne Street  |  |  |                |                                     |                          |                          |                          |
| City, State, Zip Code<br>West Chester, PA 19380   |  | City, State, Zip Code<br>Philadelphia, PA 19124  |  |  |                |                                     |                          |                          |                          |
| Project Manager for Monitoring Firm<br>Matt Abraham   |  | Telephone No.<br>610.431.7545  | Telephone No.<br>215-739-8166  |  |                |                                     |                          |                          |                          |
| Start Date (10)<br>01 / 22 / 15   |  | Scheduled Completion Date (11)<br>03 / 31 / 15   | License No.<br>00646   |  |                |                                     |                          |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: 7AM-4PM / _____PM-_____AM   |  | Name of OSHA Monitor<br>SAME AS ABOVE  |  |  |                |                                     |                          |                          |                          |
| Scope of Work (Check all that apply)<br><input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf<br><input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  | Street Address<br>City, State, Zip Code  |  |  |                |                                     |                          |                          |                          |
| 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                |
| Exterior  | <input type="checkbox"/>   | <input checked="" type="checkbox"/>  | <input type="checkbox"/>   | 366 Windows Caulk                      | 366 ea         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Rooftop   | <input type="checkbox"/>   | <input checked="" type="checkbox"/>  | <input type="checkbox"/>   | Black Roof Flashing                    | 3500 lf        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Roofing - Area C  | <input type="checkbox"/>   | <input checked="" type="checkbox"/>  | <input type="checkbox"/>   | Layered Roofing                        | 25,900 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"/> |
| Name of Registered Waste Hauler<br>Diamond Huntbach or Service Transport  |  | NJDEP Waste Hauler ID No.<br>19689/20990   | Cubic Yards of Waste<br>100  | Name of Registered Landfill<br>Minerva |                |                                     |                          |                          |                          |
| City, State<br>Philadelphia, PA 19124 / New Castle, DE  |  | Disposal Date  |  | City, State<br>Waynesburg, OH 44688    |                |                                     |                          |                          |                          |
| Completed By (Print or Type)<br>Wayne Huntbach  |  | Title<br>Project Manager   |  | Signature<br>Wayne Huntbach            |                | Date<br>1/7/15                      |                          |                          |                          |



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

| Date of Notification (1)<br>January 8, 2015   |  | Name of Building Owner/Operator (2)<br>DaVanne Realty Co. 19-25 Columbia St. Corp   |   |   |   |                |                    |             |           |
|---|--|---|---|---|---|----------------|--------------------|-------------|-----------|
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA   | Type Notification<br><input type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br>80 Main Street, Suite 510   |   |   |   |                |                    |             |           |
|   |  | City, State, Zip Code<br>West Orange, NJ 07052  |   |   |   |                |                    |             |           |
|   |  | Name of Contact<br>Jeff Mandelbaum  | Telephone Number  |   |   |                |                    |             |           |
| <b>FACILITY INFORMATION</b>   |  |   |   |   |   |                |                    |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Warehouse Building  |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |   |   |   |                |                    |             |           |
| Street Address<br>140 Spring Street   |  | Square Feet<br>40,000   | # of Floors<br>1  |   |   |                |                    |             |           |
| City (5)<br>New Providence  |  | Bldg. Age<br>45   |   |   |   |                |                    |             |           |
| County (6)<br>Union   | County Code (7)<br>(STATE USE ONLY) _____  | Current Use (Prior if being demolished)   |   |   |   |                |                    |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Sky Environmental Services Inc.  |  | ASCM No.  | Name of Abatement Contractor (9)<br>Be Construction Corporation |   |   |                |                    |             |           |
| Street Address<br>140 Boulevard   |  | Street Address<br>235 Watchung Avenue   |   |   |   |                |                    |             |           |
| City, State, Zip Code<br>Mountain Lakes, NJ 07046   |  | City, State, Zip Code<br>West Orange, NJ 07052  |   |   |   |                |                    |             |           |
| Project Manager for Monitoring Firm<br>Leonid Shereshevsky  |  | Telephone No.<br>973-588-4821   | License No.<br>01231  |   |   |                |                    |             |           |
| Start Date (10)<br>January 9, 2015  |  | Scheduled Completion Date (11)<br>January 23, 2015  | Name of OSHA Monitor<br>Schneider Laboratories Global, Inc.     |   |   |                |                    |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____  |  | Street Address<br>2512 W. Cary Street   |   |   |   |                |                    |             |           |
|   |  | City, State, Zip Code<br>Richmond, VA 23220   |   |   |   |                |                    |             |           |
| Scope of Work (Check All That Apply)  |  |   |   |   |   |                |                    |             |           |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input type="checkbox"/> ≥160 sf or ≥260 lf<br><input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |   |   |   |   |                |                    |             |           |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility (13)   | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)  |   |   | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF)                         | Abatement Type |                    |             |           |
|   | Yes  | No  | N/A   |   |   | Removal        | Repair             | Encapsulate | Enclosure |
| Warehouse   |  | X   |   | Pipe Insulation & Fitting   | 982LF/167ea                                       | X              |                    |             |           |
| Warehouse   |  | X   |   | VAT/Mastique  | 1132SF/560SF                                      | X              |                    |             |           |
| Boiler Room   |  | X   |   | Boiler/Tank Insulation  | 160SF   | X              |                    |             |           |
| Warehouse   |  | X   |   | Pipe Insulation Debris  | 6CY   | X              |                    |             |           |
| Name of Registered Waste Hauler<br>Be Construction Corporation  |  | NJDEP Waste Hauler ID No.<br>0035767  |   | Cubic Yards of Waste  | Name of Registered Landfill<br>Tullytown Facility |                |                    |             |           |
| City, State<br>West Orange, NJ  |  |   |   | Disposal Date   | City, State<br>Tullytown, PA                      |                |                    |             |           |
| Completed by<br>Barbara Reed  |  | Title<br>President  |   | Signature<br><i>Barbara Reed</i>  |   |                | Date<br>01/08/2015 |             |           |

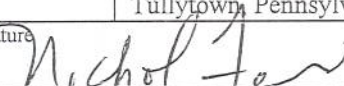
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

|  |   |  |  |
|--|---|--|--|
| Date of Notification (1)<br><b>January 8, 2015</b>   |   | Name of Building Owner/Operator (2)<br><b>David Hintz</b>  |  |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA | Type of Notification<br><input type="checkbox"/> Initial Notification<br><input type="checkbox"/> Amended Notification<br>Amendment # _____<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><b>580 Patten Avenue, Unit 54</b><br>City, State, Zip Code<br><b>Long Branch, NJ 07740</b><br>Name of Contact<br><b>David Hintz</b><br>Telephone Number<br>_____ |  |

**FACILITY INFORMATION**

|   |                               |   |  |  |                                |
|---|-------------------------------|---|--|--|--------------------------------|
| Name of Facility Where Abatement is Taking Place (3)<br><b>Residence</b>  |                               |   | Type of Facility (4)<br><input type="checkbox"/> School (k-12)<br><input type="checkbox"/> Subchapter 8 (other than k-12)<br><input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)                   |  |                                |
| Street Address<br><b>502 Brielle Rd.</b>  |                               |   | Square feet<br><b>1124 sf</b>  |  |                                |
| City<br><b>Manasquan</b>  | County (6)<br><b>Monmouth</b> | County Code (7)<br>(STATE USE ONLY)                 | # of Floors<br><b>1</b>  | Bldg. Age<br><b>67</b>                             |                                |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>N/A</b>   |                               |   | Name of Abatement Contractor (9)<br><b>Guardian Contracting, Inc.</b>  |  |                                |
| Street Address  |                               |   | Street Address<br><b>1889 Route 9, Unit 61</b>   |  |                                |
| City, State, Zip Code   |                               |   | City, State, Zip Code<br><b>Toms River, New Jersey 08755-1271</b>  |  |                                |
| Project Manager for Monitoring Firm   |                               | Telephone Number                                    | Telephone Number<br><b>732-349-9932</b>  |  | License Number<br><b>00624</b> |
| Scheduled Start Date (10)<br><b>01/09/2015</b>  |                               | Scheduled Completion Date (11)<br><b>01/12/2015</b> |  | Name of OSHA Monitor<br><b>E.M.S.L. Analytical</b> |                                |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe _____ |                               |   | Street Address<br><b>1056 Stelton Road</b>   |  |                                |
| Scope of Work (Check all that apply)<br><input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf   |                               |   | <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |                                |
|   |                               |   | <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition  |  |                                |

| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>in facility<br>(13) | Is Location Normally used Solely by Maintenance/Custodial Staff<br>(12)<br><br>YES NO N/A |                            |   | Description of Asbestos-Containing Material (ACM)<br>(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type                            |  |  |  |
|--|---|----------------------------|---|---|---------------------------|---|--|--|--|
|  | R<br>E<br>M<br>O<br>V<br>A<br>L   | R<br>E<br>P<br>A<br>I<br>R | E<br>N<br>C<br>A<br>P<br>S<br>U<br>L<br>E |   |                           | E<br>N<br>C<br>L<br>O<br>S<br>U<br>R<br>E |  |  |  |
| Exterior   |   | X                          |   | Asbestos siding   | 1400 sf                   | X   |  |  |  |
|  |   |                            |   |   |                           |   |  |  |  |
|  |   |                            |   |   |                           |   |  |  |  |
|  |   |                            |   |   |                           |   |  |  |  |

|  |  |   |   |  |                       |
|--|--|---|---|--|-----------------------|
| Name of Registered Waste Hauler<br><b>Guardian Contracting, Inc.</b> |  | NJDEP Waste Hauler ID No.<br><b>20223</b> | Cubic Yards of Waste<br><b>3</b>  | Name of Registered Landfill<br><b>T.R.R.F.</b> |                       |
| City, State<br><b>Toms River, New Jersey</b>                         |  | Disposal Date<br><b>01/13/2015</b>        | City, State<br><b>Tullytown, Pennsylvania</b>   |  |                       |
| Completed by (Print or Type)<br><b>Nicholas Fernicola</b>            |  | Title<br><b>Project Manager</b>           | Signature<br> |  | Date<br><b>1/8/15</b> |

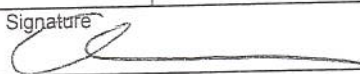
*\*Do not use this form for asbestos licensure exempted activities.*



Emergency

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

CK 4582

|   |   |   |  |   |                           |                |        |                |           |
|---|---|---|--|---|---------------------------|----------------|--------|----------------|-----------|
| Date of Notification (1)<br>1/8/15  |   | Name of Building Owner/Operator (2)<br>City Of Camden   |  |   |                           |                |        |                |           |
| Agencies Notified   |   | Street Address<br>501 Market St.  |  |   |                           |                |        |                |           |
| <input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input checked="" type="checkbox"/> DCA  |   | Type Notification<br><input type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment #<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |  |   |                           |                |        |                |           |
|   |   | City, State, Zip Code<br>Camden NJ 08101  |  |   |                           |                |        |                |           |
|   |   | Name of Contact<br>Rueben Perez   | Telephone Number                                 |   |                           |                |        |                |           |
| <b>FACILITY INFORMATION</b>   |   |   |  |   |                           |                |        |                |           |
| Name of Facility Where Abatement is Taking Place (3)<br>City Of Camden Department of Public Works Facility  |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input checked="" type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)                             |  |   |                           |                |        |                |           |
| Street Address<br>101 Newton Street   |   | Square Feet<br>50,000+  | # of Floors<br>3                                 |   |                           |                |        |                |           |
| City (5)<br>Camden NJ 08101   |   | Bldg. Age<br>70+  |  |   |                           |                |        |                |           |
| County (6)<br>Camden  | County Code (7)<br>(STATE USE ONLY)                                   | Current Use (Prior if being demolished)   |  |   |                           |                |        |                |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>TTI Environmental  |   | ASCM No.<br>00003   | Name of Abatement Contractor (9)<br>Pernaco Inc. |   |                           |                |        |                |           |
| Street Address<br>1253 North Church Street  |   | Street Address<br>PO Box 329  |  |   |                           |                |        |                |           |
| City, State, Zip Code<br>Moorestown NJ 08057  |   | City, State, Zip Code<br>West Berlin NJ 08091   |  |   |                           |                |        |                |           |
| Project Manager for Monitoring Firm<br>James Guilardi   |   | Telephone No.<br>856-840-8800   | Telephone No.<br>856-753-9800                    |   |                           |                |        |                |           |
|   |   | License No.<br>00727  |  |   |                           |                |        |                |           |
| Start Date (10)<br>1/15/15  | Scheduled Completion Date (11)<br>1/18/15                             | Name of OSHA Monitor<br>Same  |  |   |                           |                |        |                |           |
| Occupancy Status During Abatement (Check Only One)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other - Describe: Nights & Weekend after 3 PM/ occupied |   | Street Address  |  |   |                           |                |        |                |           |
|   |   | City, State, Zip Code   |  |   |                           |                |        |                |           |
| Scope of Work (Check All That Apply)  |   |   |  |   |                           |                |        |                |           |
| <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf   |   | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition   |  |   |                           |                |        |                |           |
|   |   | <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure          |  |   |                           |                |        |                |           |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility (13)   | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |   |  | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |        |                |           |
|   | Yes   | No  | N/A  |   |                           | Removal        | Repair | Encapsulate    | Enclosure |
| Garage Area   | x   |   |  | Pipe Insulation   | 100 LF                    | x              |        |                |           |
|   |   |   |  |   |                           |                |        |                |           |
|   |   |   |  |   |                           |                |        |                |           |
|   |   |   |  |   |                           |                |        |                |           |
| Name of Registered Waste Hauler<br>Pernaco Inc.   |   | NJDEP Waste Hauler ID No.<br>21787  | Cubic Yards of Waste<br>3                        | Name of Registered Landfill<br>G.R.O.W.S.   |                           |                |        |                |           |
| City, State<br>West Berlin NJ   |   | Disposal Date<br>1/19/15  |  | City, State<br>Morrisville PA 19067   |                           |                |        |                |           |
| Completed by<br>Anthony T Perna   |   | Title<br>President  |  | Signature<br>                           |                           |                |        | Date<br>1/8/15 |           |

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

| Date of Notification (1)<br>12/23/14   |  | Name of Building Owner/Operator (2)<br>Homeless Solutions, Inc.   |   |   |                  |        |             |           |
|--|--|---|---|---|------------------|--------|-------------|-----------|
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA   | Type Notification<br><input type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br>6 Dumont Place  |   |   |                  |        |             |           |
|  |  | City, State, Zip Code<br>Morristown, NJ 07960   |   |   |                  |        |             |           |
|  |  | Name of Contact<br>Ray Bersch   | Telephone Number  |   |                  |        |             |           |
| <b>FACILITY INFORMATION</b>  |  |   |   |   |                  |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Unknown  |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |   |   |                  |        |             |           |
| Street Address<br>88 Martin Luther King Avenue   |  | Square Feet<br>3,000  | # of Floors<br>2  |   |                  |        |             |           |
| City (5)<br>Morristown   |  | Bldg. Age<br>50+-   |   |   |                  |        |             |           |
| County (6)<br>Morris   | County Code (7)<br>(STATE USE ONLY) _____  | Current Use (Prior if being demolished)<br>Commercial Property  |   |   |                  |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>N/A   |  | ASCM No.  | Name of Abatement Contractor (9)<br>Stanmark Contractors, LLC   |   |                  |        |             |           |
| Street Address   |  | Street Address<br>27 Edsall Drive   |   |   |                  |        |             |           |
| City, State, Zip Code  |  | City, State, Zip Code<br>Sussex, NJ 07461   |   |   |                  |        |             |           |
| Project Manager for Monitoring Firm  |  | Telephone No.<br>973-864-2022   | License No.<br>01137  |   |                  |        |             |           |
| Start Date (10)<br>12/26/14  | Scheduled Completion Date (11)<br>1/03/15  | Name of OSHA Monitor<br>AmeriSci  |   |   |                  |        |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____   |  | Street Address<br>117 East 30th Street  |   |   |                  |        |             |           |
|  |  | City, State, Zip Code<br>New York, NY 10016   |   |   |                  |        |             |           |
| Scope of Work (Check All That Apply)   |  |   |   |   |                  |        |             |           |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition<br><input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |   |   |   |                  |        |             |           |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)   | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)  |   | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF)                 | Abatement Type   |        |             |           |
|  | No   | N/A   |   |   | Removal          | Repair | Encapsulate | Enclosure |
| 2nd Floor  |  | x   | wall, ceiling plaster   | 3,887 S.F.                                | x                |        |             |           |
|  |  |   |   |   |                  |        |             |           |
|  |  |   |   |   |                  |        |             |           |
|  |  |   |   |   |                  |        |             |           |
| Name of Registered Waste Hauler<br>Atlantic Carting  |  | NJDEP Waste Hauler ID No.<br>190713   | Cubic Yards of Waste<br>20  | Name of Registered Landfill<br>G.R.O.W.S. |                  |        |             |           |
| City, State<br>Wayne, NJ   |  | Disposal Date on completion   |   | City, State<br>Morrisville, PA            |                  |        |             |           |
| Completed by<br>Marko Stankovic  |  | Title<br>President  | Signature<br><i>Marko Stankovic</i>   |   | Date<br>12/23/14 |        |             |           |



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

OK 1535

2015 JAN 12 PM 9:22  
ASBESTOS CONTROL & LICENSING

|  |  |  |   |   |        |             |           |
|--|--|--|---|---|--------|-------------|-----------|
| Date of Notification (1)<br>01/07/15   |  | Name of Building Owner/Operator (2)<br>Homeless Solutions, Inc.  |   |   |        |             |           |
| Agencies Notified  | Type Notification  | Street Address<br>6 Dumont Place   |   |   |        |             |           |
| <input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA  | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br>Morristown, NJ 07960  |   |   |        |             |           |
|  |  | Name of Contact<br>Ray Bersch  | Telephone Number  |   |        |             |           |
| <b>FACILITY INFORMATION</b>  |  |  |   |   |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Unknown  |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)                    |   |   |        |             |           |
| Street Address<br>53 Mt. Bethel Road   |  | Square Feet<br>3,000   | # of Floors<br>2  |   |        |             |           |
| City (5)<br>Warren   |  | Bldg. Age<br>50+-  |   |   |        |             |           |
| County (6)<br>Warren   | County Code (7)<br>(STATE USE ONLY)  | Current Use (Prior if being demolished)<br>Commercial Property   |   |   |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>N/A   |  | ASCM No.   | Name of Abatement Contractor (9)<br>Stanmark Contractors, LLC |   |        |             |           |
| Street Address   |  | Street Address<br>27 Edsall Drive  |   |   |        |             |           |
| City, State, Zip Code  |  | City, State, Zip Code<br>Sussex, NJ 07461  |   |   |        |             |           |
| Project Manager for Monitoring Firm  |  | Telephone No.<br>973-864-2022  | License No.<br>01137  |   |        |             |           |
| Start Date (10)<br>01/17/15  | Scheduled Completion Date (11)<br>1/24/15  | Name of OSHA Monitor<br>AmeriSci   |   |   |        |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____ |  | Street Address<br>117 East 30th Street   |   |   |        |             |           |
|  |  | City, State, Zip Code<br>New York, NY 10016  |   |   |        |             |           |
| Scope of Work (Check All That Apply)   |  |  |   |   |        |             |           |
| <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf  |  | <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition  |   |   |        |             |           |
|  |  | <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |   |   |        |             |           |
| 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                            |        |             |           |
|  |  |  |   | Removal                                   | Repair | Encapsulate | Enclosure |
| Basement   | No   | floor tiles  | 250 S.F.  | x   |        |             |           |
|  |  |  |   |   |        |             |           |
|  |  |  |   |   |        |             |           |
|  |  |  |   |   |        |             |           |
| Name of Registered Waste Hauler<br>Atlantic Carting  |  | NJDEP Waste Hauler ID No.<br>190713  | Cubic Yards of Waste<br>10                                    | Name of Registered Landfill<br>G.R.O.W.S. |        |             |           |
| City, State<br>Wayne, NJ   |  | Disposal Date on completion  |   | City, State<br>Morrisville, PA            |        |             |           |
| Completed by<br>Marko Stankovic  |  | Title<br>President   | Signature<br>Marko Stankovic                                  | Date<br>01/07/15                          |        |             |           |

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

check 5442

|   |  |  |  |
|---|--|--|--|
| Date of Notification (1)<br><b>1-8-2015</b>   |  | Name of Building Owner/Operator (2)<br><b>N. SPAHR</b>   |  |
| Agency Notified<br><br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input type="checkbox"/> DOH<br><input type="checkbox"/> DCA  | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment #<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><b>22 GILBERT ROAD</b>   |  |
|   |  | City, State, Zip Code<br><b>HO HO KUS, NJ 07423</b>  |  |
|   |  | Name of Contact<br><b>N. SPAHR</b>   |  |
| <b>FACILITY INFORMATION</b>   |  |  |  |
| Name of Facility Where Abatement is Taking Place (3)<br><b>N. SPAHR</b>   |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter S (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) |  |
| Street Address<br><b>22 GILBERT ROAD</b>  |  | Square Feet<br><b>2600</b>   | # of Floors<br><b>2</b>  |
| City (5)<br><b>HO HO KUS</b>  |  | Bldg. Age<br><b>68 YRS</b>   |  |
| County (6)<br><b>BERGEN</b>   |  | County Code (7) (STATE USE ONLY)   | Current Use (Prior if being demolished)<br><b>RESIDENCE</b>  |
| Name of Monitoring Firm Hired by Building Owner (8)   |  | Name of Abatement Contractor (9)   |  |
| Street Address  |  | Street Address<br><b>450 South River St</b>  |  |
| City, State, Zip Code   |  | City, State, Zip Code<br><b>Hackensack, N.J. 07601</b>   |  |
| Project Manager for Monitoring Firm   |  | Telephone No.<br><b>201-329-7444</b>   | License No.<br><b>00388</b>  |
| Start Date (10)<br><b>1-19-2015</b>   | Scheduled Completion Date (11)<br><b>1-20-2015</b>   | Name of OSHA Monitor<br><b>Omega Environmental</b>   |  |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other - Describe: <b>8AM - 5PM</b>                                   |  | Street Address<br><b>280 Huyler St</b>   |  |
|   |  | City, State, Zip Code<br><b>S. Hackensack, N.J. 07606</b>  |  |
| Scope of Work (Check all that apply)<br><input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input type="checkbox"/> $\geq 160$ sf or $\geq 250$ lf   |  |  |  |
| <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |  |  |
| Location of Asbestos-Containing Material (ACM) 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) |
|   | Yes  | No   |  |
| <b>BASMENT BOILER RM/CRAWL SPACE</b>  |  |  | <b>145 LF</b>  |
|   |  |  |  |
| Name of Registered Waste Hauler<br><b>Best Removal Inc</b>  |  | NJDEP Waste Hauler ID No.<br><b>17109</b>  | Name of Registered Landfill<br><b>Minerva Enterprises, LLC</b>   |
| City, State<br><b>Hackensack, N.J. 07601</b>  |  | Disposal Date<br><b>1-20-2015</b>  | City, State<br><b>Waynesburg, Oh. 44688</b>  |
| Completed by<br><b>R. Veldran</b>   | Title<br><b>Estimator</b>  | Signature<br><b>R. Veldran</b>   | Date<br><b>1-8-2015</b>  |

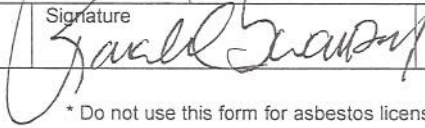
ASB-41

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



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

check # 156920

|  |   |  |   |  |                           |                    |        |             |           |
|--|---|--|---|--|---------------------------|--------------------|--------|-------------|-----------|
| Date of Notification (1)<br>01/08/2015   |   | Name of Building Owner/Operator (2)<br>WOODBURY MEADOWS ASSOCIATION @ REAL ESTATE MANAGEMENT   |   |  |                           |                    |        |             |           |
| Agencies Notified  | Type Notification   | Street Address<br>423 WEST 55TH STREET, 9TH FLOOR  |   |  |                           |                    |        |             |           |
| <input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA   | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br>NEW YORK, NEW YORK 10019  |   |  |                           |                    |        |             |           |
|  |   | Name of Contact<br>GUY BUTTARO   | Telephone Number  |  |                           |                    |        |             |           |
| <b>FACILITY INFORMATION</b>  |   |  |   |  |                           |                    |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>LAKESIDE APARTMENTS  |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)                    |   |  |                           |                    |        |             |           |
| Street Address<br>231 NORTH EVERGREEN AVE.   |   | Square Feet<br>600 P/UNIT  | # of Floors<br>2  |  |                           |                    |        |             |           |
| City (5)<br>WOODBURY   |   | Bldg. Age<br>40+   |   |  |                           |                    |        |             |           |
| County (6)<br>GLOUCESTER   | County Code (7)<br>(STATE USE ONLY)   | Current Use (Prior if being demolished)<br>APARTMENT UNITS-FIRE-VACANT   |   |  |                           |                    |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>STRATEGIC ENVIRONMENTAL   |   | ASCM No.   | Name of Abatement Contractor (9)<br>ASSURED ENVIRONMENTAL SERVICES INC. |  |                           |                    |        |             |           |
| Street Address<br>1634 SOUTH DELAWARE STREET   |   | Street Address<br>570 CLEMS RUN  |   |  |                           |                    |        |             |           |
| City, State, Zip Code<br>PAULSBORO NJ 08066  |   | City, State, Zip Code<br>MULLICA HILL NJ 08062   |   |  |                           |                    |        |             |           |
| Project Manager for Monitoring Firm<br>ED KEEGAN   |   | Telephone No.<br>856-423-5711  | Telephone No.<br>610-304-4676   |  |                           |                    |        |             |           |
| Start Date (10)<br>01/13/2015  |   | Scheduled Completion Date (11)<br>01/16/2015   | License No.<br>01145  |  |                           |                    |        |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____ |   | Name of OSHA Monitor<br>EMSL   |   |  |                           |                    |        |             |           |
|  |   | Street Address<br>200 RT. 130 NORTH  |   |  |                           |                    |        |             |           |
|  |   | City, State, Zip Code<br>CINNAMINSON NJ 08077  |   |  |                           |                    |        |             |           |
| Scope of Work (Check All That Apply)   |   |  |   |  |                           |                    |        |             |           |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf<br><input type="checkbox"/> ≥160 sf or ≥260 lf  |   | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition  |   |  |                           |                    |        |             |           |
|  |   | <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |   |  |                           |                    |        |             |           |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility (13)  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)   |  |   | Description of Asbestos Containing Material (ACM)<br>(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 |
| (KITCHEN) BLD. 18 UNIT A-B-C-D   |   |  | X   | FLOOR TILE   | 144SF P/UNIT              | X                  |        |             |           |
|  |   |  |   |  |                           |                    |        |             |           |
|  |   |  |   |  |                           |                    |        |             |           |
|  |   |  |   |  |                           |                    |        |             |           |
| Name of Registered Waste Hauler<br>ASSURED ENVIRONMENTAL SERVICES  |   | NJDEP Waste Hauler ID No.<br>0034895   | Cubic Yards of Waste<br>15  | Name of Registered Landfill<br>MINERVA LANDFILL  |                           |                    |        |             |           |
| City, State<br>MULLICA HILL NJ   |   | Disposal Date<br>01/17/2015  |   | City, State<br>WAYNESBURG, OHIO  |                           |                    |        |             |           |
| Completed by<br>RON SWANSON  |   | Title<br>GENERAL MANAGER   |   | Signature<br>                              |                           | Date<br>01/08/2015 |        |             |           |

CK 1322

**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to N.J.A.C. 7:26-2.12)

RECEIVED

Date of Notification (1) Jan. 7, 2015

Name of Building Owner/Operator (2) Maplewood Township

2015 JAN 12 PM 9:18

## Agencies Notified

(x) EPA  
(x) DOL  
(x) DOH  
( ) DCA

## Notification Type

(x) Initial Notification  
( ) Amended Certification  
( ) Cancelled  
( ) Emergency

Street Address 574 Valley St.

City, State, Zip Code Maplewood Township, NJ 07040

Name of Contact Robert Mittermaier

Tel. Number

ASBESTOS CONTROL  
& LICENSING

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

House

Type of Facility (4)

( ) School (K-12)  
( ) Subchapter 8 (other than K-12)  
(X) Other (i.e. private & commercial bldgs., homes, etc.)  
Sq. Feet 2,000 # of Floors 2 Bldg. Age 50  
Current Use (prior if being demolished) House  
(X) Non-Sub Ch 8 Project

Street Address 57 Maplewood Ave

City (5)

County (6)

County Code (7)

Maplewood

(State Use Only)

Name of Monitoring Firm Hired by Bldg.

ASCM No.

Owner (8) Matrix New World

Street Address 26 Columbia Turnpike

City, State, Zip Code Florham Park, NJ 07932

Project Manager for Monitoring Firm

Eric Gratson

Telephone Number 973-240-1800

Telephone Number:

973-832-4244

License Number

01155

Scheduled Start Date Jan 26, 2015

Scheduled Completion Date Feb. 29, 2015

Name of OSHA Monitor: none

Occupancy Status During Abatement (Check only one)

(X) Facility Closed/Vacated During Entire Period of Abatement  
( ) Abatement Performed Outside of Normal Facility Hours -

Source of Work (Check all that apply)

(X) Demolition ( ) Renovation  
(X) Large Proj. (>160 SF or >260 LF ACM) ( ) SM Proj. (>25<160 SF or >10 <260 LF ACM)  
( ) Minor Proj. (<25 SF or <10 LF ACM)  
( ) Full Containment with Negative Pressure ( ) Glovebag Procedure (X) Controlled Demolition with Asbestos in Place

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

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

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

Abatement Type

Amount (Specify SF or LF)

YES NO NA

Rem. Rep. Encap. Enclose

Whole house

x

Pipe fittings Insulation

15 lf

Whole house

x

Plaster

4,000 sf

Whole house

x

VAT  
Roofing Material

300 sf  
2,000 sf

Name of Reg. Waste Hauler

ATC, Inc.

NJDEP Waste Hauler ID #: 213057

Cubic Yards of  
Waste 120

Name of Reg. Landfill

Minerva Enterprises, LLC

City, State: Shirely, NY

Disp. Date: Feb 2, 2015

City, State:

Waynesburg, OH

Completed by (Print or Type)

Frank Marino

Title: VP Operations

Signature

Date: Jan. 7, 2015

