<table>
<thead>
<tr>
<th>Date of Notice (T)</th>
<th>1-9-14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency Notified</td>
<td>CREEPA</td>
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<td></td>
<td>DODD</td>
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<td></td>
<td>CDEP</td>
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<td>SCDCL</td>
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<td>CDDA</td>
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<tr>
<td>Name of Building/Owner (6)</td>
<td>The Memorial Hospital of Salem County</td>
</tr>
<tr>
<td>Street Address (7)</td>
<td>310 Woodstown Road</td>
</tr>
<tr>
<td>City (5)</td>
<td>Salem</td>
</tr>
<tr>
<td>State</td>
<td>NJ</td>
</tr>
<tr>
<td>Postal Code</td>
<td>08079</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Kim Dooley</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place (4) | The Memorial Hospital of Salem County |
| Type of Facility (6) |
| - School (K-12) |
| - Institutional (Other than K-12) |
| - Other (i.e., private & commercial buildings, homes, etc.) |
| Total SF to be Abated | 60,000 |
| Proposed Control Action | Surgery, Other |

**Occupancy Status During Abatement (Check only one)**

| 3PM to 1AM (nighttime) |
| Other - Describe |

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

| Total sf of 0 sf |
| 100 sf or more (1) |

**Description of Abatement Material (ACH)**

| Location of Asbestos-Containing Material (ACH) |
| Used Solely by Maintenance/Custodial Staff |
| Containment Material (ACM) |
| 3-4" pipe fittings |
| Duct wrap |
| 24 sf |

**Service Transport**

| Name of Registered Waste Hauler | A & L Salvage |
| ID No. | |
| City, State | Morrisville, PA |

**Disclaimer**

*Do not use this form for asbestos removal or abatement activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1) 1/1/2014
Name of Building Owner / Operator (2) Deborah Heart and Lung Center

Agencies Notified
- [ ] EPA
- [ ] DEP
- [ ] DOL
- [ ] DOH
- [ ] DCA
Type Notification
- [ ] Initial
- [ ] Amended
- [ ] Emergency
- [ ] Cancellation

Street Address 212 Trenton Road
City, State & Zip Code Browns Mills NJ
Name of Contact Ed Rourke
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Deborah Heart and Lung
Street Address 212 Trenton Rd
City (5) Browns Mills
County (6) Burlington
County Code (7)

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

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

Square Feet 100000
# of Floors 4
Bldg. Age 80

Current Use (Prior if being demolished) Hospital

Name of Abatement Contractor (9) EMSL Analytical
Street Address 2129 Route 33
City, State & Zip Code Hamilton, NJ 08610

Registered Disposable License No. 01222

Project Manager for Monitoring Firm Project Manager
Telephone Number 609-847-2956

Scheduled Start Date (10) 1/11/2014
Scheduled Completion Date (11) 1/13/2014

Occupancy Status During Abatement (Check only one)
- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Hours - 7am to 3pm
  Describe:
- [ ] Facility Occupied During Abatement

Scope of Work (Check all that apply)
- [ ] ≥3 sf or ≥3 If
- [ ] ≥160 sf ≥260 If
- [ ] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glove Bag Procedures
- [ ] Non-Exempted and Non-Friable Procedure

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

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

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

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

Amount (Specify SF or LF)

Abatement Type Removal
Repair
Encapsulate
Enclosure

Materials

1st Floor Construction area 13 fittings

Name of Registered Waste Hauler NJDEP Waste Hauler ID No. 00033330

Cubic Yards of Waste 1

Name of Registered Landfill Grows Landfill

Disposal Date Various
City, State Morrisville, PA

Completed By (Print or Type) Rod Richardson
Title Project Manager
Signature Rod Richardson
Date 1/1/2014
Date of Notification (1) | 1/9/14
---|---
Name of Building Owner/Operator (2) | Saint Peters Medical Center
---|---
Street Address | 254 Easton Ave.
City, State, Zip Code | New Brunswick, NJ 08901-1766
Name of Contact | Ron Carvalho
Telephone Number | 

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) | Saint Peters Medical Offices
---|---
Street Address | 408 Elizabeth Avenue
City (5) | Franklin Township
County (6) | Somerset
County Code (7) (STATE USE ONLY) | 
Type of Facility (4) | Commercial building
---|---
Other (i.e., private & commercial buildings, homes, etc.) | 
Square Feet | 5000 SF
# of Floors | 1
Bldg. Age | 50

Name of Monitoring Firm Hired by Building Owner (8) | MECS
---|---
Name of Abatement Contractor (9) | Stevens Environmental Services, Inc.
---|---
Street Address | PO Box 341
City, State, Zip Code | Crosswicks, NJ 08515
Telephone No. | (609) 298-4070
License No. | 00493

Name of OSHA Monitor | MECS
---|---
Street Address | PO Box 341
City, State, Zip Code | Crosswicks, NJ 08515

Start Date (10) | 1/13/14
Scheduled Completion Date (11) | 1/17/14

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

Scope of Work (Check all that apply)
- 3 SF or greater | 
- Renovation Demolition | 
- Full Containment with Negative Pressure | 
- Mini-Enclosure | 
- Glovebag Procedure | 
- Non-Exempted (*) and Non-Friable Procedure | 

Location of Asbestos-Containing Material (ACM)

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

Yes | No | N/A | 

Is Location Normally Used Solely by Maintenance/ Custodial Staff? | 

Description of Asbestos-Containing Material (ACM)

(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | 

Amount: (Specify SF or LF) | 1400 SF

Abatement Type

- Removal | 
- Repair | 
- Encapsulation | 
- Enclosure | 

Floor Area | VAT

*Segregated tenant space

Name of Registered Waste Hauler | Stevens Environmental
NJDEP Waste Hauler ID No. | 18292
Cubic Yards of Waste | 4 CU
Name of Registered Landfill | G.R.O.W.S., Inc.
City, State | Allentown, NJ
Disposal Date | 1/17/14

Completed By | Mahlon E. Stevens
Title | Project Manager
Signature | 

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

Date of Notification (1) 1/9/2014

Agencies Notified
- X EPA
- X DOH
- [ ] DEP
- [ ] DOL

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

Name of Building Owner/Operator (2)
Messercola Enterprises

Street Address
PO Box 790
Matawan, NJ 07747

Name of Contact
Fernando

FACILITY INFORMATION

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

Street Address
13 East 13th St.

Long Beach Twp.
Ocean

County (6)

County Code (7)

(SATE USE ONLY)

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

ASCM No.

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

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

City, State, Zip Code

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

Telephone Number
732-349-9932
License Number
00624

Street Address
1056 Stelton Road

City, State, Zip Code
Piscataway, New Jersey 08854

Scheduled Start Date (10)
01/10/2014

Scheduled Completion Date (11)
01/14/2014

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

Scope of Work (Check all that apply)
- [ ] >3 sf or >3 ft
- [ ] ≥160 sf or ≥160 ft
- [ ] Renovation
- X Demolition

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

Is Location Normally used Solely by Maintenance/Custodial Staff (12)
YES NO N/A

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

Amount (Specify SF or LF)
3200 sf

Abatement Type
REMNOVAL
REPAIR ENCAPS ENCLOSE

Name of Registered Waste Hauler
Guardian Contracting, Inc.

NJDEP Waste Hauler ID No.
20223

Cubic Yards of Waste
3

Name of Registered Landfill

T.R.R.F.

City, State
Toms River, New Jersey

Disposal Date
01/15/2014

City, State
Tullytown, Pennsylvania

 Completed by (Print or Type)
 Nicholas Fernicola

Title
Project Manager

Signature

Date
1/9/2014

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

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

**Date of Notification (1):** 1/9/2014

**Name of Building Owner/Operator (2):** Seminole Construction

**Street Address:** 128 Bartlett Avenue

**City, State, Zip Code:** West Creek, NJ 08092

**Name of Contact:** Joyce Corliss

### FACILITY INFORMATION

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

**Residence**

**Street Address:** 1816 Waverly Avenue

**City:** Long Beach Twp.

**County:** Ocean

**County Code (7):** N/A

**Type of Facility (4):**

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

**Type of Abatement:**

- [ ] Decontamination
- [ ] Removal
- [ ] Encapsulation
- [ ] Enclosure

**Square feet:** 2056 sf

**Current Use:**

- [ ] Building
- [ ] Vacant
- [ ] Abandoned

<table>
<thead>
<tr>
<th>Current Use</th>
<th>Prior Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Building</td>
<td>[ ] Vacant</td>
</tr>
<tr>
<td>[ ] Vacant</td>
<td>[ ] Abandoned</td>
</tr>
</tbody>
</table>

**# of Floors:** 1

**Bldg. Age:** 60

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

**Street Address:** 1889 Route 9, Unit 61

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

**Telephone Number:**

- [ ] 732-349-9932

**License Number:**

- [ ] 00624

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

**Street Address:** 1056 Stetson Road

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

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

- [ ] 3 ft or 3 ft
- [ ] 160 ft or 260 ft
- [ ] Demolition

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

- [ ] Thermal systems insulation, surfacing, VAT, or other miscellaneous

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

- [ ] 1500 sf
- [ ] X

### Location of Asbestos-Containing Material (ACM)

**TO BE ABATED in facility:**

- [ ] Interior
- [ ] Exterior

**Is Location Normally used:**

- [ ] Yes
- [ ] No
- [ ] N/A

**Description (12):** Asbestos siding

**Amount:** 1500 sf

**Abatement Type:**

- [ ] Repair
- [ ] Remediation
- [ ] Encapsulation
- [ ] Enclosure

**Location of Registered Waste Hauler:**

- [ ] NJDEP Waste Hauler ID No.: 20223

**Cubic Yards of Waste:** 2

**Name of Registered Landfill:** T.R.R.F.

**Disposal Date:** 01/15/2014

**City, State:** Tullytown, Pennsylvania

**Completed by (Print or Type):**

- [ ] Nicholas Fernicola

**Title:** Project Manager

**Date:** 1/9/2014

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

Date of Notification (1)
01/09/2014

Name of Building Owner/Operator (2)
Seminole Construction

Name of Contact
Joyce Corliss

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

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

Street Address
128 Bartlett Avenue
City, State, Zip Code
West Creek, NJ 08092

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

Street Address
9 Alexis Place
City
Long Beach Twp.,
County
Ocean
County Code (7) (STATE USE ONLY)

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

Square feet
1440 sf
# of Floors
2
Bldg. Age
44

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

Street Address
1889 Route 9, Unit 61
City, State, Zip Code
Toms River, New Jersey 08755-1271

Telephone Number
732-349-9932
License Number
00624

Name of OS&H Monitor
E.M.S.L. Analytical

Street Address
1056 Stetton Road
City, State, Zip Code
Piscataway, New Jersey 08854

Current Use (Prior if being demolished)
Residence

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

Project Manager for Monitoring Firm

Scheduled Start Date (10)
01/10/2014
Scheduled Completion Date (11)
01/14/2014

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

Scope of Work (Check all that apply)
[ ] >3 sf or ≥ 3 ft
[x] 160 sf or ≥ 260 sf
[ ] Renovation
[x] Demolition

Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)
Exterior
Asbestos siding
1200 sf

Date of Disposal
01/15/2014

Name of Registered Waste Hauler
Guardian Contracting, Inc.

Cubic Yards of Waste
2

Name of Registered Landfill

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

Date of Notification (1) 1/9/2014
Name of Building Owner/Operator (2) Seminole Construction

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

Name of Contact Joyce Corliss

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence
Street Address 84 Florence Lane
City Manahawkin
County (6) Ocean
County Code (7) (STATE USE ONLY) ASCM No.

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

Square feet
1088 sf

# of Floors
1

Bldg. Age
48

Current Use (Prior if being demolished)
Residence

Name of Monitoring Firm Hired by Building Owner (8) N/A
Name of Abatement Contractor (9) Guardian Contracting, Inc.
Street Address 1889 Route 9, Unit 61
City, State, Zip Code Toms River, New Jersey 08755-1271
Telephone Number 732-349-9932
License Number 00624

Name of OSHA Monitor E.M.S.L. Analytical
Street Address 1056 Stetson Road
City, State, Zip Code Piscataway, New Jersey 08854

Scheduled Start Date (10) 01/10/2014
Scheduled Completion Date (11) 01/14/2014

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

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

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

Is Location Normally used Solely by Maintenance/Custodial Staff (12)
YES · NO · N/A

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

Amount (Specify SF or LF)
1300 sf

Abatement Type

X

Name of Registered Waste Hauler Guardian Contracting, Inc.
N/DEP Waste Hauler ID No. 20223
Cubic Yards of Waste 2
Name of Registered Landfill T.R.R.F.
City, State Toms River, New Jersey
Disposal Date 01/15/2014
City, State Tullytown, Pennsylvania
Completed by (Print or Type) Nicholas Fernicola
Title Project Manager
Signature
Date 1/9/2014

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

Date of Notification (1) January 10, 2014

Name of Building Owner/Operator (2) Seminole Construction

Name of Facility Where Abatement is Taking Place (3)

Type of Notification

[ ] Initial Notification

[ ] Amended Notification

[ ] Emergency (including justification)

[ ] Cancellation

Agencies Notified

[ x ] EPA

[ ] DEP

[ x ] DOL

[ x ] DOH

[ ] DCA

Street Address 128 Bartlett Avenue

City, State, Zip Code West Creek, NJ 08092

Name of Contact Joyce

Telephone Number

FACILITY INFORMATION

Type of Facility (4)

[ ] School (k-12)

[ ] Subchapter 8 (other than k-12)

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

Square feet 900 sf

# of Floors 1

Bldg. Age 60

Current Use (Prior if being demolished) Residence

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

Street Address 1889 Route 9, Unit 61

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

Telephone Number 732-349-9932

License Number 00624

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

Street Address 1056 Stelton Road

City, State, Zip Code Piscataway, New Jersey 08854

Project Manager for Monitoring Firm

Telephone Number

Scheduled Start Date (10) 1/13/14

Scheduled Completion Date (11) 1/15/14

Occupancy Status During Abatement (Check only one)

[ ] Facility Closed/Vacated During Entire Period of Abatement

[ ] Abatement Performed Outside of Normal Facility Hours

[ x ] Other – Describe

Scope of Work (Check all that apply)

[ ] >3 sf or ≥3 if

[ ] 160 sf or ≥260 if

[ x ] ≥160 sf or ≥260 if

[ x ] Renovation

[ ] Demolition

Location of Asbestos-Containing Material (ACM)

TO BE ABATED in facility

13

Is Location Normally used Solely by Maintenance/Custodial Staff

YES NO N/A

Description of Asbestos-Containing Material (ACM)

(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)

Amount (Specify SF or LF)

Abatement Type

Removal Repair Encapsulation Enclosure

[ x ] Non-Exempted (*) and Non-Friable Procedure

Name of Registered Waste Hauler

Guardian Contracting, Inc.

NJDEP Waste Hauler ID No. 20223

Cubic Yards of Waste 3

Name of Registered Landfill T.R.R.F.

City, State Toms River, New Jersey

Disposal Date 1/16/44

Completed by (Print or Type)

Nicholas Fernicola

Title Project Manager

Signature

Date 1/10/2014

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

Date of Notification (1)  January 10, 2014

Name of Building Owner/Operator (2)  DNA Demolition

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

Street Address  2156 Camplain Road

City, State, Zip Code  Hillsborough, NJ 08844

Name of Contact  Antonio Dimuzio

Name of Facility Where Abatement is Taking Place (3)  Former Funeral Parlor

Street Address  637 Broadway Avenue

City  Newark  County (6)  Essex  County Code (7)  (STATE USE ONLY)

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

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

Street Address  1889 Route 9, Unit 61

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

Telephone Number  732-349-9932  License Number  00624

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

Street Address  1056 Stelton Road

City, State, Zip Code  Piscataway, New Jersey 08854

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

Scheduled Start Date (10)  1/13/14  Scheduled Completion Date (11)  1/24/14

Scope of Work (Check all that apply)
[ ] >36 sf or >3 1/2
[ ] >160 sf or >260 sf
[ ] Renovation
[ ] Demolition

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

Deisgnation  Location Normally used Solely by Maintenance/Custodial Staff (12)

YES NO N/A  Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAC, or other miscellaneous)

Exterior  ROOF  X  Roof flashing  200 lf
Crawlspace  X  Asbestos pipe insulation  30 lf
Throughout building  X  Plaster  5000 sf

Name of Registered Waste Hauler  Guardian Contracting, Inc.

Disposal Date  1/27/14  City, State  Toms River, New Jersey

Name of Registered Landfill  T.R.R.F.

Completed by (Print or Type) Nicholas Fernicola

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

Date of Notification (1): January 10, 2014

Name of Building Owner/Operator (2):
Seminole Construction

Street Address:
128 Bartlett Avenue

City, State, Zip Code:
West Creek, NJ 08092

Name of Contact:
Joyce

FACILITY INFORMATION

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

Street Address:
1009 Beach Blvd.

City:
Lacey Twp.

County (6):
Ocean

County Code (7) (STATE USE ONLY):

ASCM No.:
N/A

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

Street Address:
1889 Route 9, Unit 61

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

Telephone Number:
732-349-9932

License Number:
00624

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

Street Address:
1056 Stetson Road

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

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

Square Feet:
1000 sf

# of Floors:
1

Bidg. Age:
60

Current Use (Prior if being demolished):
Residence

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

Scope of Work (Check all that apply):
[ ] >3 sf or ≥3 ft

[ X ] ≥160 sf or ≥260 ft

[ ] Renovation

[ X ] Demolition

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

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

YES NO N/A

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

Amount (Specify SF or LF):

Abatement Type:

Removal

Repair

Encapsulation

Enclosure

Exterior:

Asbestos siding

Amount: 950 sf

Name of Registered Waste Hauler:
Guardian Contracting, Inc.

NJDEP Waste Hauler ID No.:
20223

Cubic Yards of Waste:
3

Name of Registered Landfill:
T.R.R.F.

City, State:
Toms River, New Jersey

Disposal Date:
1/16/14

City, State:
Tullytown, Pennsylvania

Completed by (Print or Type):
Nicholas Fernicola

Title:
Project Manager

Signature:

Date:
1/10/2014

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

Date of Notification (1)
1/10/14

Name of Building Owner/Operator (2)
Debbly Greco Private Home

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

Street Address
207 Newark Rd

City, State, Zip Code
South Barnegat NJ 08005

Name of Contact
Debbly

Facility Information

Name of Facility Where Abatement is Taking Place (3)
Debbly Greco Private Home

Street Address
207 Newark Rd

City, State, Zip Code
South Barnegat NJ 08005

County (6)
Ocean

County Code (7)
STATE USE ONLY

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

ASCM No.

Name of Abatement Contractor (9)
Pernaco Inc.

Street Address
PO Box 329

City, State, Zip Code
West Berlin NJ 08091

Project Manager for Monitoring Firm

Telephone No.

Telephone No.
856-753-9800

License No.
00727

Start Date (10)
1/13/14

Scheduled Completion Date (11)
1/17/14

Occupancy Status During Abatement (Check Only One)

[ ] Facility Closed/Vacated During Entire Period of Abatement
[ ] Abatement Performed Outside of Normal Facility Hours

Other - Describe:

Scope of Work (Check All That Apply)
[ ] ≤3 sf or ≤3 if
[ ] >3 sf or >≥200 sf
[ ] Renovation
[ ] Demolition
[ ] Full Containment with Negative Pressure
[ ] Mini-Enclosure
[ ] Glovebox Procedure
[ ] Non-Exempted (*) and Non-Flammable 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

Name of Registered Waste Hauler
United Containers

NJDEP Waste Hauler ID No.
22459

Cubic Yards of Waste
3

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

City, State
Morrisville PA 19067

Completed by
Anthony T Perna
Title
President

Signature

Date
1/10/14

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>01-10-14</td>
<td>Joan Britton</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
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<td>EPA</td>
<td>Initial</td>
<td>137 Fairmount Ave.</td>
<td>Glen Rock NJ 07452</td>
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<tr>
<td>DEP</td>
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<td>DOL</td>
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<tr>
<td>DOH</td>
<td>Emergency</td>
<td></td>
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<td>DCA</td>
<td>Cancellation</td>
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<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Type of Facility (4)</th>
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<tr>
<td>Joan Britton</td>
<td>Glen Rock</td>
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<tr>
<td>Street Address</td>
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<tr>
<td>137 Fairmount Ave.</td>
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<td>Glen Rock</td>
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<td>Bergen</td>
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<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>Name of Abatement Contractor (9)</th>
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<tbody>
<tr>
<td>N/A</td>
<td>Delta Contracting LLC</td>
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<tr>
<td>Street Address</td>
<td>Street Address</td>
</tr>
<tr>
<td></td>
<td>522 7th Street</td>
</tr>
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<td>City, State, Zip Code</td>
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<td></td>
<td>Union City NJ 07087</td>
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<th>Telephone No.</th>
<th>License No.</th>
<th>Name of OSHA Monitor</th>
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<tr>
<td></td>
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<tr>
<th>Start Date (10)</th>
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<td>01-20-14</td>
<td>01-21-14</td>
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<thead>
<tr>
<th>Occupancy Status During Abatement (Check Only One)</th>
<th>Scope of Work (Check All That Apply)</th>
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<tbody>
<tr>
<td></td>
<td></td>
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<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
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<tbody>
<tr>
<td>Basement- Storage Room</td>
<td>x</td>
<td>VAT &amp; mastic</td>
<td>80 SF</td>
<td>x</td>
</tr>
<tr>
<td>First floor Living Room</td>
<td>x</td>
<td>VAT &amp; mastic</td>
<td>420 SF</td>
<td>x</td>
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<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delta Contracting LLC</td>
<td>Tullytown Resource Recovery Facility</td>
</tr>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
<td>Tullytown, PA</td>
</tr>
<tr>
<td>35240</td>
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</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>Disposal Date</td>
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<tr>
<td>3</td>
<td>01-24-14</td>
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<table>
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<tr>
<th>Completed by</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
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<tbody>
<tr>
<td>Jaime Delgado</td>
<td>Proj. Manager</td>
<td></td>
<td>01-10-14</td>
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*Do not use this form for asbestos licensure exempted activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
1/9/2014

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

Name of Building Owner/Operator (2)
Current Construction (owners rep)

Street Address
93 Route 539
City, State, Zip Code
Allentown, NJ 08501

Name of Contact
Matt Lucas

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)

PRIVATE RESIDENCE

Street Address
3565 Quakerbridge Road

City (5)
Trenton, NJ

County
Mercer

County Code (7) (STATE USE ONLY)

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

Name of Abatement Contractor (9)
CREAM RIDGE ENVIRONMENTAL INC.

Street Address
15 BLACK FOREST ROAD

City, State, Zip Code
HAMILTON, NJ 08691

Project Manager for Monitoring Firm

Telephone No.
609-890-7110

License No.
00676

Start Date (10)
1/10/2014

Scheduled Completion Date (11)
1/10/2014

Name of OSHA Monitor
N/A

Occupancy Status During Abatement (Check only one)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement performed outside of working hours 5PM - 2 AM

ESSENTIAL PERSONNEL ONLY

Scope of Work (Check all that apply)
☐ ≥ 3 sf or ≥ 3 if
☐ ≥ 160 sf or ≥ 260 if

Renovation
☐ Demolition

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

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

Is Location Normally Used Solely by Maintenance/Custodial Staff (12)
Yes
No
N/A

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

Amount (Specify SF or LF)

Abatement Type
Removal
Repair
Encapsulate
Endure

EXTERIOR

☐ TRANSITE SIDING

500 SQ. FT.
X

Interior

☐ VAT

1100 SQ. FT.
x

Name of Registered Waste Hauler
NJDEP Waste Hauler ID No.
17297

Cubic Yards of Waste
10 YD.

Name of Registered Landfill
GROWS

City, State
MORRISVILLE, PA

Completed By
DAVID D'ANDREA
Title
PRESIDENT

Signature
[Signature]

Date
1/9/2014

ASB-41

* Do not use this form for asbestos licensure exempted activities
**Date of Notification (1)**
January 6, 2014

**Agency Notified**
- EPA
- DEA
- DOL
- DOH
- DCA

**Type of Notification**
- Initial
- Amended
- Amendments
- Emergency (Including Cancellation)

**Name of Listing Owner/Operator**
RPM Contracting, LLC

**Address**
16 Aberdeen Place

**City, State, Zip Code**
Woodbury, NJ 08096

**Name of Contact**
Joel Wallace

**Facility Information**

<table>
<thead>
<tr>
<th>Facility Name</th>
<th>Type of Facility (4)</th>
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</thead>
<tbody>
<tr>
<td>16 Aberdeen Place</td>
<td>School (K-12)</td>
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<tr>
<td>RPM Contracting, LLC</td>
<td>Subchapter B (Other than K-12)</td>
</tr>
<tr>
<td></td>
<td>Other (i.e., private &amp; commercial buildings, homes, etc.)</td>
</tr>
</tbody>
</table>

**County**
Gloucester

**City**
Woodbury

**Square Foot**
4,000

**Current Land Use**
Residential

**Number of Floors**
2

**Population**
100

**Name of Monitoring Firm Specializing in Asbestos Removal/Consulting Services**
LSCM Co.

**Name of Asbestos Contractor**
Shade Environmental, LLC

**Address**
623 Cutler Ave.

**City, State, Zip Code**
Maple Shade, NJ 08052

**Telephone No.**
(609) 764-0099

**License No.**
00042

**EMSL**

**Date of Abatement (10)**
January 11, 2014

**Start Date (10)**
January 11, 2014

**Scheduling Completion Date (11)**
January 11, 2014

**Occupancy Status During Abatement (check one only)**
- Partial
- Full
- Vacant

**Facility Closed/Closed During Entire Period of Abatement**
No

**Abatement Performed Outside of Normal Facility Hours**
Yes

**Type of Work (Check All That Apply)**
- Demolition
- Remediation
- Removal of Asbestos-Containing Material (ACM) by Mechanical Means
- Disposal of ACM

**Location of Asbestos-Containing Material (ACM) to be Abated**
- Throughout

**Description of Asbestos-Containing Material (ACM)**
- Field Inventory of ACM
- Other (Specify)

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

**Asbestos Abatement Type**
- Low LIKELIHOOD

**Name of Registered Waste Hauler**
Frenkle

**City, State**
Mauritius, New Jersey 08090

**License No.**
22252

**Cdl Type of Waste**

**Name of Registered Landfill**

**Disposal Date**
1/11/14

**City, State**
Tullytown, PA

**Completed by**
Christina Lynch

**Title**
Office Manager

**Signature**

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

Date of Notification (1)
1/10/14

Name of Building Owner/Operator (2)
Gary Howarth Private Home

Agencies Notified
- EPA
- DEP
- DOL
- DOH
- DOA

Type Notification
X Initial
Amended

Amendment #
Emergency (including justification)

Cancellation

Street Address
21 lake Singleton Ct

City, State, Zip Code
Little Egg Harbor NJ 08070

Name of Contact
Gary

Telephone Number

Name of Facility Where Abatement is Taking Place (3)
Gary Howarth Private Home

Street Address
21 lake Singleton Ct

City (6)
Little Egg Harbor NJ 08070

County (9)
Ocean

County Code (7) (STATE USE ONLY) N/A

Name of Monitoring Firm Hired by Building Owner (5)
N/A

ASCM No.

Name of Abatement Contractor (9)
Pernaco Inc.

Street Address
PO Box 329

City, State, Zip Code
West Berlin NJ 08091

Project Manager for Monitoring Firm

Telephone No.
856-753-9800

License No.
00727

Start Date (10)
1/13/14

Scheduled Completion Date (11)
1/17/14

Occupancy Status During Abatement (Check Only One)
X Facility Closed/Vacated During Entire Period of Abatement

Other - Describe:

Scope of Work (Check All That Apply)

X ≥160 sf or ≥260 sf

Renovation

Demolition

Full Containment with Negative Pressure

Mini-Enclosure

Glovebag Procedure

Non-Exempted (*) and Non-Friable Procedure

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

In Facility

Yes

No

N/A

Exterior Siding

Exterior Siding

600 SF

Location of Asbestos-Containing Material (ACM)

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

Yes

No

N/A

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

Amount (Specify SF or LF)

Abatement Type

Full Containment with Negative Pressure

Mini-Enclosure

Glovebag Procedure

Non-Exempted (*) and Non-Friable Procedure

Name of Registered Waste Hauler

United Containers

NJDEP Waste Hauler ID No.
22459

Cubic Yards of Waste
2

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

City, State
Morrisville PA 19067

Disposal Date
1/17/14

Completed by
Anthony T Perna

Title
President

Signature

Date
1/10/14

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)
01 / 10 / 14

Agencies Notified
- EPA
- DOLWD
- DHSS
- DCA

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

Name of Building Owner/Operator (2)
499 Lincoln Park Care Center LLC

Street Address
499 Pine Brook Road

City, State, Zip Code
Lincoln Park, NJ 07035

Name of Contact
Ari Rosenberg

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)
Nursing home

Street Address
499 Pine Brook Road

City (5)
Lincoln Park, NJ 07035

County (5)
Morris

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)
Envirosion Consultants, Inc

ASCM No.
00079

Name of Abatement Contractor (9)
Gr Tech LLC

Street Address
20-21 Wagraw Road, Bldg. #35 E

City, State, Zip Code
576 Valley Rd #283

Fair Lawn, NJ 07410

Telephone No.
973-638-1777

License No.
01127

Name of OSHA Monitor
Envirosion Consultants, Inc

Street Address
20-21 Wagraw Road, Bldg. #34A

City, State, Zip Code
Fair Lawn, NJ 07410

Start Date (10)
01 / 19 / 14

Scheduled Completion Date (11)
02 / 19 / 14

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

- Abatement Performed Outside of Normal Facility Hours - Describe

Time of Abatement: AM-PM: 10:00 PM-6:00 AM

Scope of Work (Check all that apply)
- ≥ 3 sf or ≥ 3 if
- ≥ 100 sf or ≥ 260 h
- Renovation
- Demolition

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

Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)
- Yes
- No
- N/A

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

Amount (Specify Sf or Lf)

Abatement Type

Clean up and decontamination with negative pressure
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Tent with Negative Pressure
- Non-Exempted (*) and Non-Removable Procedure

Name of Registered Waste Hauler
Gr Tech LLC

KDEP Waste Hauler ID No.
0033785

Cubic Yards of Waste
TBD

Name of Registered Landfill
T.R.R.F. Inc

City, State
Wayne, NJ 07470

Disposal Date

TBD

City, State
Tullytown, PA

Completed By (Print or Type)
N. Jevtic

Title
Owner

Signature

Date
01/10/2014

* Do not use this form for asbestos licensed exempted activities.
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
JAN 15 2014

Name of Building Owner/Operator (2)
MARTIN PESCI

Agencies Notified
□ EPA □ DEP □ DOL □ DOH □ DCA

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

Street Address
10518 UTOPIA CIRCLE SO.

City, State, Zip Code
BOYNTON BEACH, FLA 33437

Name of Contact
MARTIN PESCI

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
MARTIN PESCI

Street Address
336 CENTRAL AVENUE

City (5) County (6) County Code (7) (State use only)
HAHWTHORNE PASSAIC

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

Project Manager for Monitoring Firm Phone Number

Start Date (10) Sched. Completion Date (11)
01/18/2014 01/30/14

Occupancy Status During Abatement (Check only one)
□ Facility closed/vacated during entire period of abatement.
□ Abatement performed outside of normal facility hours:
   Describe:
   ☒ Other-Describe: NORMAL HOURS

Scope of Work (check all that apply)
□ ≥2 sf or ≥3 if □ Renovation □ Demolition
□ ≥160 sf or ≥260 if

Location of asbestos-containing material (acm) to be abated in facility (13)

Description of asbestos-containing material (ACM)
BASEMENT

Yes No N/A PIPE INSULATION

Amount (Specify SF or LF)
40 LFT

Registered Waste Hauler
D & S RESTORATION, INC.
NJDEP Hauler ID: 12506 Cubic Yards of Waste: 1 yd

Name of Registered Landfill
TULLY TOWN, RESOURCE RECOVERY

City State

STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:60-7 AND 12:120-7)

Date of Notification (1)
01 / 14 / 14

Name of Building Owner / Operator (2)
PSE&G

Agencies Notified (3)
- EPA
- DOH
- DOL

Type of Notification
- Initial
- Amended
- Amendment #
- Emergency /justification
- Cancellation

Street Address
80 PARK PLAZA

City, State, Zip Code
NEWARK, NJ 07101

Name of Contact
DAWN NEVILLE

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
SUSQUEHANNA - ROSELAND PROJECT

Street Address
SEE ATTACHED

City (5)
BLAIRSTOWN

County (6)
WARREN

County Code (7)

Square Feet
N/A

Current Use
N/A

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

Building Age
N/A

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

Name of Abatement Contractor (9)
LVII Demolition Services Inc.

Street Address
64 BROAD STREET

City, State, Zip Code
MATAWAN, NJ 07747

Project Mgr. For Monitoring Firm
TOM GEIGER

Telephone Number
732-292-2217

Name of OSHA Monitor
LVII Demolition Services Inc.

Street Address
32 Williams Parkway

City, State, Zip Code
East Hanover, NJ 07936

Completed by (Print or Type)
STEVEN STILES

Title
PROJECT MANAGER

Signature

Date
01/14/14

ASB-41
**STATE OF NEW JERSEY**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(PURSUANT TO NJAC 8:60-7 AND 12:120-7)

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<td>□ Initial</td>
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<tr>
<td>□ DEP</td>
<td>□ Amended</td>
<td>Jim Halsey</td>
</tr>
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<td>□ DOH</td>
<td>□ Amendment #</td>
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<td>□ DOL</td>
<td>□ Emergency w/ justification</td>
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<tr>
<td>□</td>
<td>□ Cancellation</td>
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<thead>
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<th>County (6)</th>
<th>County Code (7)</th>
<th>Type of Facility (4)</th>
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<tr>
<td>MORRISTOWN</td>
<td>MORRIS</td>
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<td>□ School (K-12)</td>
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<td></td>
<td>□ Subchapter 8 (Other than K-12)</td>
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<td></td>
<td></td>
<td></td>
<td>□ Other (i.e., private &amp; commercial bldgs., homes, etc.)</td>
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<thead>
<tr>
<th>Street Address</th>
<th>Square Feet</th>
<th># Of Floors</th>
<th>Building Age</th>
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<tbody>
<tr>
<td>Morris Street and East Park Place</td>
<td>900</td>
<td>2</td>
<td>n/a</td>
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<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Current Use (Prior to being demolished)</th>
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</thead>
<tbody>
<tr>
<td>Sparta, NJ 07871</td>
<td>MANHOLE</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Environmental Health Investigations</th>
<th>Telephone Number</th>
<th>License Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>LVI Demolition Services Inc.</td>
<td>212-582-9271</td>
<td>00359</td>
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<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check Only 1)</th>
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<tbody>
<tr>
<td>□ Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>□ Abatement Performed Outside of Normal Facility</td>
</tr>
<tr>
<td>□ Other - Describe: TUES/WED 8:00 am to 5:00 pm</td>
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<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Demolition</td>
</tr>
<tr>
<td>□ &gt;350 sf or &gt;350 if</td>
</tr>
<tr>
<td>□ ≥160 sf or ≥180 if</td>
</tr>
<tr>
<td>□ Renovation</td>
</tr>
<tr>
<td>□ Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>□ Mini - Enclosure</td>
</tr>
<tr>
<td>□ Glovebag Procedure</td>
</tr>
<tr>
<td>□ Non-Exempted (*) and Non-Friable Procedure</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos Containing</th>
<th>Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>TO BE ABATED in Facility (13)</td>
<td>□ YES □ NO □ N/A</td>
<td>□ ELECTRICAL WRAP</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>Name of Registered Landfill</td>
<td></td>
</tr>
<tr>
<td>NEWARK CARTING</td>
<td>I.E.S.I.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEWARK, NJ</td>
<td>BETHLEHEM, PA 18105</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by (Print or Type)</th>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Steven Stiles</td>
<td>Project Manager</td>
<td>[Signature]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>I.E.S.I.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
<th>Disposal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>4509</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/14/14</td>
</tr>
</tbody>
</table>
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 1 / 14 / 14
Name of Building Owner/Operator (2) CSX Corporation JAN 15 2014

Agencies Notified
- [ ] EPA
- [ ] DOLWD
- [ ] DHSS
- [ ] DCA
  (NJAC 5:23-8)
Type Notification
- [ ] Initial
- [ ] Amended
- [ ] Amendment #
- [ ] Emergency (including justification)
- [ ] Cancellation

Street Address
500 Water Street
City, State, Zip Code
Jacksonville, FL 32202
Name of Contact Gary Wywra
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Parcel M-56 - Former Dynamic Trucking

Street Address
125 Pennsylvania Avenue
City (5) Kearny
County (6) Hudson
County Code (7) [STATE USE ONLY]

Name of Monitoring Firm Hired by Building Owner (8)
Shaw Environmental, Inc.
ASCM No.

Name of Abatement Contractor (9)
Prism Response, Inc.
Street Address
102 Technology Lane
City, State, Zip Code
Export, PA 15632
License No. 01121
Name of OSHA Monitor
Shaw Environmental, Inc.
Street Address
128 S. Tryon Street, Interstate Tower
City, State, Zip Code
Charlotte, NC 28202

Start Date (10) 1 / 28 / 14
Scheduled Completion Date (11) 2 / 14 / 14

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

Scope of Work (Check all that apply)
- [ ] 25 % or 25 if
- [ ] 160 sf or 160 if
- [ ] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure (Specify SF or LF)
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Normal Use</th>
<th>Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAC, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Throughout</td>
<td>Yes</td>
<td>[X]</td>
<td>Floor Tile &amp; Mastic</td>
<td>3800 SF</td>
</tr>
<tr>
<td>Exterior of Structure</td>
<td>Yes</td>
<td>[X]</td>
<td>Exterior Caulking &amp; Roof Tar Flashing</td>
<td>27 SF</td>
</tr>
<tr>
<td>Along Elevated Loading Docks</td>
<td>Yes</td>
<td>[X]</td>
<td>Exterior Expansion Joint Material</td>
<td>254 LF</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
Waste Management
NJDEP Waste Hauler ID No. SW1724

Cubic Yards of Waste
Disposal Date 2/14/14
City, State
Morrisville, PA

Name of Registered Landfill
Grows North Landfill

City, State
Camden, New Jersey

Completed By (Print or Type)
Jessica Busch
Title Administrative Support
Signature
Date 1/14/14

* Do not use this form for asbestos license exempted activities.
<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-11-14</td>
<td>Victaulic REH, LLC</td>
</tr>
</tbody>
</table>

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

**Type Notification**
- Initial
- Amended
- Amendment
- Emergency
- Justification
- Cancellation

**Street Address**
4901 Kesslersville Road

**City, State, Zip Code**
Easton PA 18044-0031

**Name of Contact**
Kraig Humre

**Telephone Number**

**FACILITY INFORMATION**

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

**Current Use (Prior if being demolished)**
- Research & Development

**Square Feet**
25000

**# of Floors**
1

**Bldg. Age**
100 yrs

**Name of Facility Where Abatement is Taking Place (3)**
Victaulic REH, LLC

**Street Address**
119 Edison Road

**City (5) (City)**
Stewartville

**County Code (7) (STATE USE ONLY)**

**Square Feet**
25000

**# of Floors**
1

**Bldg. Age**
100 yrs

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

**Current Use (Prior if being demolished)**
- Research & Development

**Name of Monitoring Firm Hired by Building Owner (8)**
NBC Environmental

**ASCM No.**

**Name of Abatement Contractor (9)**
Site Enterprises Inc.

**Street Address**
815 12th st

**City, State, Zip Code**
Hammonton NJ 08037

**Telephone No.**
609-567-1250

**License No.**
01172

**Name of OSHA Monitor**
NBC Environmental

**Start Date (10)**
1-22-14

**Scheduled Completion Date (11)**
4-13-14

**Operating by Status During Abatement (Check Only One)**
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other - Describe: Monday-Friday 7am-3:30pm

**Scope of Work (Check All That Apply)**
- ≥3 sf or ≥3 lf
- ≥100 sf or ≥250 lf
- Renovation Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovetag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Building #2 Basement</th>
<th>x</th>
</tr>
</thead>
<tbody>
<tr>
<td>TSI Mixed with soil</td>
<td>730</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler (14)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elk Transportation INC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NJDEP Waste Hauler ID No. (15)</th>
</tr>
</thead>
<tbody>
<tr>
<td>50174</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cubic Yards of Waste (16)</th>
</tr>
</thead>
<tbody>
<tr>
<td>TBD</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Landfill (17)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Republic-BFI- Cunestoya LF.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disposal Date (18)</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State, Zip Code</td>
</tr>
<tr>
<td>Morgantown PA</td>
</tr>
</tbody>
</table>

**Completed by**

<table>
<thead>
<tr>
<th>Thomas Rock</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
</tr>
<tr>
<td>Signature</td>
</tr>
<tr>
<td>Date</td>
</tr>
</tbody>
</table>

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