<table>
<thead>
<tr>
<th>Scope of Work</th>
<th>Description</th>
<th>Note</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demolition</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&gt;5 sf or &gt;3 if</td>
<td>≥160 sf or ≥80 if</td>
<td></td>
</tr>
</tbody>
</table>

**Location of Asbestos-containing Material to be Rotted (2):**

- Basement: Yes
  - Pipe Insulation: 21 if

**Regulated Waste Handler:**
- B & O Restoration, Inc.
  - NJDEP License: 19563
  - License Code: 304

**Name of Registered Contractor:**
- B & O Restoration, Inc.
  - Street Address: 103 Ryerson Road
  - City, State, Zip Code: Lincoln Park, NJ 07035

**Name of CSHA Monitor:**
- B & O Restoration, Inc.
  - Street Address: 103 Ryerson Road
  - City, State, Zip Code: Lincoln Park, NJ 07035

**Current Year (Prior to being demolished):**
- Residual

**Telephone Number:**
- 973-696-5969

**Licensed Number:**
- 0378
# NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 5:16)

**Date of Notification (1)**

01 / 13 / 14

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

Roberto Hernandez

**Street Address**

641 2nd Avenue

City, State, Zip Code

Elizabeth, NJ 07202

**Name of Contact**

Roberto Hernandez

**Telephone Number**

Type of Facility (4)

- School (K-12)
- Subchapter 8 (Other than K-12)
- Other (i.e., private and commercial buildings, homes, etc.)

**Square Feet**

# of Floors

Bldg. Age

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

Name of Facility Where Abatement is Taking Place (3)

Private home

Street Address

641 2nd Avenue

City (5)

Elizabeth, NJ 07202

County (5)

County Code (7) (STATE USE ONLY)

- FACILITY INFORMATION

Name of Monitoring Firm Hired by Building Owner (8)

Gr Tech LLC

**ASCM No.**

Name of Abatement Contractor (9)

Envirosion Consultants, Inc

**Street Address**

576 Valley Rd #283

Wayne, NJ 07470

**Telephone No.**

973-638-1777

License No.

01127

- Name of OSHA Monitor

Occupy 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

Scope of Work (Check all that apply)

- >3 sf or >3 ft

- 160 sf or >260 ft

- Renovation Demolition

- Clean up and decontamination with negative pressure Full Containment with Negative Pressure Mini-Enclosure

- Glovebag Procedure

- Tent with Negative Pressure

- Non-Exempted (*) and Non-Friable Procedure

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

- 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 SIF or LF)

- Abatement Type

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

- Yes

- No

- N/A

- **Basement**

- **Pipe Insulation**

- 70 LF

- **Name of Registered Waste Hauler**

Gr Tech LLC

- **MDEP Waste Hauler ID No.**

0033785

- **Cubic Yards of Waste**

TBD

- **Name of Registered Landfill**

T.R.R.F. Inc

- **Disposal Date**

TBD

- **City, State**

Tullytown, PA

- **Name of Registered Waste Hauler**

Gr Tech LLC

- **Committed By (Print or Type)**

N Jevtic

- **Owner**

_01/13/2014_
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1)
1-09-14

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

Name of Building Owner / Operator (2)
NJ DOT

Street Address
1035 Parkway
City, State & Zip Code
Trenton, NJ 08625
Name of Contact
Steve Rugge

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
S.J. Regional Airport Property

Street Address
Fostertown Road

City (5)
Lumberton
County (6)
Burlington
County Code (7)

Name of Monitoring Firm Hired by Building Owner (8)
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

# of Floors

Bldg. Age

Multi Bldgs.

Over 40 yrs.

Current Use (Prior if being demolished)
Old farm - closed

Name of Abatement Contractor (9)
Mid Atlantic Abatement, LLC

Street Address
PO Box 1314
City, State & Zip Code
Cherry Hill, NJ 08003

Project Manager for Monitoring Firm

Telephone Number

License Number
609-567-0950
01187

Scheduled Start Date (10)
1-19-14

Scheduled Completion Date (11)
1-31-14

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

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

Is Location Normally Used Solely by Maintenance or 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

See attached summary

See attached summary

Name of Registered Waste Hauler

NJDEP Waste Hauler ID No.

Cubic Yards of Waste

Name of Registered Landfill

Bull Waste & Recycling, LLC

City, State
Berlin, NJ

Disposal Date
City, State
2/10/14
Alloway Township, NJ

Completed By (Print or Type)
Theodore S. Budzynski

Title
Gen. Mgr.

Signature

Date
1-09-14

Page 1 of 2
<table>
<thead>
<tr>
<th>STRUCTURE</th>
<th>LOCATION</th>
<th>TYPE</th>
<th>QUANTITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Concrete building &amp; wood stalls</td>
<td>Along walls</td>
<td>Transite panel</td>
<td>1,300 sf</td>
</tr>
<tr>
<td>Metal barn</td>
<td>Roof</td>
<td>Rolled roofing</td>
<td>1,370 sf</td>
</tr>
<tr>
<td></td>
<td></td>
<td>roof underlayment</td>
<td>1,370 sf</td>
</tr>
<tr>
<td>Small building (between silos)</td>
<td>Outside wall</td>
<td>Windows glaze</td>
<td>4</td>
</tr>
<tr>
<td>Block building</td>
<td>Roof &amp; Exterior</td>
<td>Transite shingles</td>
<td>400 sf</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Window glaze</td>
<td>5</td>
</tr>
<tr>
<td>Wood frame barn</td>
<td>Shop - ceiling</td>
<td>Transite panels</td>
<td>650 sf</td>
</tr>
<tr>
<td>Frame Bdg. With various pipe</td>
<td>Wash area</td>
<td>Transite panels</td>
<td>1,570 sf</td>
</tr>
<tr>
<td>Masonry Bldg. with stucco frame</td>
<td>Bathroom</td>
<td>Linoleum</td>
<td>90 sf</td>
</tr>
<tr>
<td></td>
<td>North, rear &amp; south of parcel</td>
<td>Exterior Stucco</td>
<td>3,480 sf</td>
</tr>
<tr>
<td></td>
<td>Basement</td>
<td>Pipe wrap</td>
<td>35 linear ft</td>
</tr>
<tr>
<td></td>
<td>Pitch roof over front entry</td>
<td>Transite shingles</td>
<td>10 sf</td>
</tr>
<tr>
<td></td>
<td>Perimeter of chimney &amp; flue</td>
<td>Tar</td>
<td>6 sf</td>
</tr>
<tr>
<td></td>
<td>Kitchen, LR, bedrooms (3) &amp; basement</td>
<td>Exterior window caulking</td>
<td>15 windows</td>
</tr>
<tr>
<td>Ranch with masonry &amp; stucco</td>
<td>Kitchen, LR, Bedrooms (2), hallway &amp; bath</td>
<td>Compound associated with drywall</td>
<td>4,000 sf</td>
</tr>
<tr>
<td></td>
<td>Perimeter of chimney on shed and seams on awning at rear</td>
<td>Tar with caulking</td>
<td>20 sf</td>
</tr>
<tr>
<td></td>
<td>Shed roof</td>
<td>Gray rolled roofing with tar</td>
<td>70 sf</td>
</tr>
<tr>
<td></td>
<td>Shed roof - bottom layer</td>
<td>Rolled roofing with tar</td>
<td>70 sf</td>
</tr>
<tr>
<td>Frame barn</td>
<td>Between stalls</td>
<td>Transite panels</td>
<td>3,000 sf</td>
</tr>
<tr>
<td></td>
<td>Roof, loose pieces on found &amp; roof</td>
<td>Transite shingles</td>
<td>4,000 sf</td>
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<tr>
<td>Frame house</td>
<td>Bathroom #1</td>
<td>Tan marbled linoleum</td>
<td>40 sf</td>
</tr>
<tr>
<td></td>
<td>Basement</td>
<td>Flue packing</td>
<td>5 sf</td>
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<tr>
<td></td>
<td>Basement</td>
<td>Air cell pipe insulation</td>
<td>360 linear ft</td>
</tr>
<tr>
<td></td>
<td>Porch, front of bldg..</td>
<td>Transit siding</td>
<td>5,240 sf</td>
</tr>
<tr>
<td></td>
<td>Underneath transite siding, front of building</td>
<td>Siding underlayment</td>
<td>5,240 sf</td>
</tr>
</tbody>
</table>
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
1/15/2014

Name of Building Owner/Operator (2)

Current Demolition & Disposal Corp. (owners rep)

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

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

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 RESIDENCES

Street Address
312 & 314 E. UNION STREET

City (5)
BURLINGTON CITY, NJ 08016

County
BURLINGTON

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)

ASCN 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)
1/14/2014

Scheduled Completion Date (11)
1/15/2014

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)
- 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)

Yes
No
N/A

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

Amount (Specify SF or LF)
50 L.F.

Abatement Type
X

BASEMENT

Name of Registered Waste Hauler
NJDEP Waste Hauler ID No.
21079

Name of Registered Landfill
GROWS

TIMSTER TRUCKING

City, State
WEST CREEK, NJ

Completed By
DAVID D'ANDREA
Title
PRESIDENT

Signature

Date
1/15/2014

ASB-41

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>01/15/14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>SCOTT GALLOWAY</td>
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**ACTIONS REQUESTED**

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
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<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended</td>
</tr>
<tr>
<td>DOL</td>
<td>Amendment #</td>
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<tr>
<td>DOH</td>
<td>Emergency (including justification)</td>
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<tr>
<td>DCA</td>
<td>Cancellation</td>
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</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Street Address</th>
<th>25 S. FINLEY AVE.</th>
</tr>
</thead>
<tbody>
<tr>
<td>City</td>
<td>BASKING RIDGE, NJ 07920</td>
</tr>
<tr>
<td>County</td>
<td>SOMERSET</td>
</tr>
<tr>
<td>County Code</td>
<td></td>
</tr>
<tr>
<td>Square Feet</td>
<td>2500</td>
</tr>
<tr>
<td># of Floors</td>
<td>3</td>
</tr>
<tr>
<td>Bldg. Age</td>
<td></td>
</tr>
</tbody>
</table>

**Type of Facility (4)**

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

**Current Use (Prior to being demolished)**

- RETAIL

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

**ASCM No.**

**Name of Abatement Contractor (9)**

AAA LEAD PROFESSIONALS

<table>
<thead>
<tr>
<th>Street Address</th>
<th>6 WHITE DOVE COURT</th>
</tr>
</thead>
<tbody>
<tr>
<td>City</td>
<td>LAKEWOOD, NJ 08701</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>732-666-9078</td>
</tr>
<tr>
<td>License No.</td>
<td>1200</td>
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</tbody>
</table>

**Start Date (10)**

| 01/29/14 |

**Scheduled Completion Date (11)**

| 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  
- Other – Describe:  
  - Renovation  
  - Demolition

**Scopes of Work (Check All That Apply)**

- 23 sf or x3 ft  
- 160 sf or x260 ft

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

<table>
<thead>
<tr>
<th>Basement</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pipe Insulation</td>
<td>80 LF</td>
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</tbody>
</table>

**Amount (Specify SF or LF)**

<table>
<thead>
<tr>
<th>Remova</th>
<th>Repair</th>
<th>Encapsulation</th>
<th>Enshear</th>
</tr>
</thead>
<tbody>
<tr>
<td>x</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**

NEWARK CARTING

**Cubic Yards of Waste**

| 3 |

**Name of Registered Landfill**

IESI

**Completed by**

JOSEPH PERLSTEIN

<table>
<thead>
<tr>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>OWNER</td>
<td></td>
<td>01/15/14</td>
</tr>
</tbody>
</table>

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

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

**Date of Notification (1):** 11/14

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

<table>
<thead>
<tr>
<th>Agency Notified</th>
<th>Type Notification</th>
</tr>
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<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
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<tr>
<td>DEP</td>
<td>Amended</td>
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<td>DOL</td>
<td>Amendment #</td>
</tr>
<tr>
<td>DOH</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>DCA</td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

**Street Address:** 258 Riverside Dr., 1B

**City, State, Zip Code:**

- **New York, NY 10025**

**Name of Contact:** Ryan

**Telephone Number:**

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

**Square Feet:** 900

**# of Floors:** 1

**Bldg. Age:** 50+

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

- Garage

**Name of Facility Where Abatement is Taking Place (3):** 115 New Jersey Ave.

**County:** Ocean

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

- Garage

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

**Name of Abatement Contractor (9):**

- Ace Insulation Co., Inc.

**Street Address:**

- 95 Montrose Rd.

**City, State, Zip Code:**

- Colts Neck, New Jersey 07722

**Project Manager for Monitoring Firm:**

**Telephone No.:** 732 294 1757

**License No.:** 00029

**Start Date (10):** 1-28-14

**Scheduled Completion Date (11):** 1-31-14

**Occupancy Status During Abatement (Check Only One):**

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

**Scope of Work (Check All That Apply):**

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

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

- In Facility (13): Outdoor Garage

**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)

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
</table>

**Abatement Type:**

- Removal
- Encapsulate
- Endosulf

**Name of Registered Waste Hauler:**

Ace Insulation Co., Inc.

**Completion Date:**

- 1-31-14

**City, State:**

- Colts Neck, New Jersey

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

**Waste Hauler ID No.:** 12086

**Cubic Yards of Waste:** 2

**Disposal Date:**

- 1-31-14

**City, State:**

- Tullytown, PA

**Completed by:**

- George Wuest

**Title:** President

**Signature:**

Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8.80 and 12:120)

Name of Building Owner/Operator (2):
William Meyers Jr.

Name of Contact:
Ryan

Facility Information

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

Square Feet:
1,200

# of Floors:
1

Bldg. Age:
52

Type of Abatement Contractor (9):
Ace Insulation Co., Inc.

Name of OSHA Monitor:

Occupancy Status During Abatement (Check Only One):
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other – Describe: 7AM-7PM

Scope of Work (Check All That Apply):
- Asbestos Removal
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

Indoor basement

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

Amount (Specify SF or LF):
152 LF

Asbestos Type:

Name of Registered Waste Hauler:
Ace Insulation Co., Inc.

Waste Hauler ID No.:
12086

Cubic Yards of Waste:
2

Name of Registered Landfill:
IESE

Disposal Date:
1-27-14

City, State:
Bethlehem, Pa.

Completed by:
George Wuest

Title:
President

Signature:

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASPENOS ABATEMENT
(Pursuant to NJAC 8:90 and 12:120)

Date of Notification (1) 1/10/14

Name of Building Owner/Operator (2)
Twp. of Neptune Sew-Aff (3)

Address:
P.O. Box 765
City, State, Zip Code
Neptune, New Jersey 07758

FACILITY INFORMATION

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

Square Feet
200
# of Floors
1

Current Use (Prior to if being demolished)
Garage

Name of Facility Where Abatement is Taking Place (3)
Twp. of Neptune Sew-Aff

636 Old Corlies Ave
Neptune

County (8)
Monmouth

County Code (7)

Type of Abatement Contractor (9)
Ace Insulation Co., Inc

Name of Abatement Contractor (9)

Street Address
95 Montrose Rd.
City, State, Zip Code
Colts Neck, New Jersey 07722

Telephone No.
732 294 1757
License No.
00029

Start Date (10) 1/24/14
Scheduled Completion Date (11) 1/27/14

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)
- Partial Demolition
- Remedial Demolition

INFRAT 2001

Description of Location of Asbestos-Containing Material (ACM)

In 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)
200 SF

Abatement Type
- Removal
- Repair
- Encapsulate

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

Name of Registered Waste Hauler
Ace Insulation Co., Inc.

Waste Hauler ID No. 12086

Cubic Yards of Waste

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

City, State
Colts Neck, New Jersey

Disposal Date 1/27/14
City, State
Tullytown, PA

Completed by George Wuest
Title President

Signature Date 1/13/14

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)

Date of Notification (1) January 14, 2014

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type of Notification</th>
<th>Name of Building Owner/Operator</th>
</tr>
</thead>
<tbody>
<tr>
<td>[x] EPA</td>
<td>[ ] Initial Notification</td>
<td>Seminole Construction</td>
</tr>
<tr>
<td>[x] DEP</td>
<td>[ ] Amended Notification</td>
<td></td>
</tr>
<tr>
<td>[x] DOL</td>
<td>[ ] Emergency (including justification)</td>
<td></td>
</tr>
<tr>
<td>[x] DOH</td>
<td>[x ] Cancellation</td>
<td></td>
</tr>
<tr>
<td>[ ] DCA</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Street Address 1816 Waverly Avenue

City Long Beach Twp.
County Ocean
County Code (6) N/A
County Code (7) (STATE USE ONLY) N/A

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

ASCM No. N/A

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

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

Telephone Number 732-349-9932
License Number 00624

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

Square feet 2056 sf
# of Floors 1
Building Age 69

Current Use (Prior if being demolished)
Residence

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

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

Telephone Number

Type of Abatement

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

Scope of Work (Check all that apply)

[ ] >3 sf or ≥3 if
[ ] ≥160 sf or ≥260 if
[ ] Cancellation
[ ] Renovation
[ ] Demolition

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

Project Manager for Monitoring Firm

Telephone Number

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

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

Exterior X Asbestos siding 1500 sf X

Name of Registered Waste Hauler Guardian Contracting, Inc.

NJDEP 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 1/15/14

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

City, State Toms River, New Jersey

Completed by (Print or Type)

Nicholas Fernicola

Title Project Manager

Signature

*Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notice 12/23/13
Type Notification X Emergency Notification

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Action</th>
<th>Name of Building Owner / Operator (2)</th>
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<tbody>
<tr>
<td>X EPA</td>
<td>X Emergency</td>
<td>Mary Rodriguez</td>
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<td>X DEP</td>
<td>Initial</td>
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<tr>
<td>X DOL</td>
<td>Amended</td>
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<tr>
<td>X DOH</td>
<td>Cancellation</td>
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<tr>
<td></td>
<td></td>
<td>Tel. No.</td>
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</tbody>
</table>

FACILITY INFORMATION

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

4 David Street

City (5) South River
County (6) Middlesex
County Code (7) 08882

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

Square Feet 2,000
# of Floors 2
Bldg. Age 60

Current Use (Prior if being demolished) Home

Name of Facility Contractor (9)
Global Abatement Services, LLC

Street Address 443 Schoolhouse Road
City, State & Zip Code Monroe Township, NJ 08831

Telephone Number 732-605-9062
License Number 00714

Name of OSHA Monitor Global Abatement Services, LLC
Street Address 443 Schoolhouse Road
City, State & Zip Code Monroe Township, NJ 08831

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

Other - Describe:

Scope of Work (Check all that apply)
X Demolition  X Renovation
X Large Project

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

Basement N/A

Name of Registered Waste Hauler Freehold Cartage
Cu. Yds. of Waste 10
Disposal Date 12/23/13
Name of Registered Landfill TRRF
City, State Tullytown, Pa

Freehold, NJ

Completed By (Print or Type) Dominick Tringali
Title Project Manager

Signature Dominick Tringali

Date 12/23/13
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:69 and 12:120)

Date of Notification (1)  1/10/14

Name of Building Owner/Operator (2)  ALPINE LEARNING GROUP

Agency Notified  EPA

Type Notification  Initial

Street Address  777 PARAMUS RD

City, State, Zip Code  PARAMUS, NJ, 07652

Name of Contact  G. Purcell

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  ALPINE LEARNING GROUP, INC

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

Street Address  830 Linwood Ave. West

City (5)  Paramus

County Code (6) (STATE USE ONLY)

County Name  Bergen

Current Use (Prior if being demolished)  Residence

Square Feet  7,500

# of Floors  3

Bldg. Age  113 years

Name of Monitoring Firm Hired by Building Owner (9)  Best Removal Inc

ASCN No.

Name of Abatement Contractor (9)  Best Removal Inc

Street Address  450 S. River St

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

Telephone No.  201-329-7444

License No.  00388

Name of OSHA Monitor  Omega Environmental Inc

Street Address  280 Huyler St

City, State, Zip Code  South Hackensack, N.J. 07606

Occupy Status During Abatement (Check only one)

☑ Facility Closed/Vacated During Entire Period of Abatement

☑ Abatement Performed Outside of Normal Facility Hours

☑ Other - Describe: 2AM TO 5PM

Scope of Work (Check all that apply)

☑ 1,200 sf or 2,500 sf

☑ 160 sf or 250 sf

☐ Renovation

☐ Demolition

☐ Full Containment with Negative Pressure

☐ Mini-Enclosure

☐ Glovebox Procedure

☐ Non-Exempted (*) and Non-Exemptable Procedure

Description of Asbestos-Containing Material (ACM) (Specify SF or LF)

Amount

Location of Asbestos-Containing Material (ACM) TO BE ABA TED (IN Facility)  1ST FLOOR / RISER

Yes  No  N/A

Location Normally Used Solely by Maintenance/ Custodial Staff?  1ST FLOOR / RISER

Location Normally Used Solely by Maintenance/ Custodial Staff?  1ST FLOOR / RISER

Location Normally Used Solely by Maintenance/ Custodial Staff?  1ST FLOOR / RISER

Location Normally Used Solely by Maintenance/ Custodial Staff?  1ST FLOOR / RISER

Name of Registered Waste Hauler  Best Removal Inc

Waste Hauler ID No.  17109

Cubic Yards of Waste  1/26

Name of Registered Landfill  Minerva Enterprises

Disposal Date  1/17/14

City, State  Hackensack, N.J. 07601

Waynesburg, Oh

Completed by  J. Maiorano

Title  Estimator

Signature  J. Maiorano

Date  1/10/2014

* Do not use this form for asbestos license required activities.
### Notification of Asbestos Abatement

**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:29 and 12:12D)

**Date of Notification: 12-24-2013**

**Agency Notified:**  
- EPA
- DOT
- DOL
- BOC
- DCA

**Type of Abatement: 160 ft²**
- Baseline
- Asbestos Abatement
- Emergency (including justifiable justification)
- Cancellation

**Address:**  
- ALPINE LEARNING GROUP, INC.
- 777 PARAMUS ROAD
- PARAMUS, NJ 07652
- G. Purcell

**Type of Facility: 450 S. River St**
- Hackensack, NJ 07601

**Square Feet:**  
- 7500
- 3
- 113 Years

**Building(s) Under Abatement:**  
- BERGEN

**Residence:**  
Best Removal Inc
- 450 S. River St
- Hackensack, NJ 07601
- 201-329-7444
- 00388

**Companionship Date During Abatement:**  
- Omega Environmental Inc
- 280 Huyler St
- South Hackensack, NJ 07606

**Location of Asbestos Containing Material (ACM):**

<table>
<thead>
<tr>
<th>Location</th>
<th>ACM Location</th>
<th>Description of ACM in Location</th>
<th>Amount (Qty) (SFR mL)</th>
</tr>
</thead>
<tbody>
<tr>
<td>BASEMENT</td>
<td>Yes</td>
<td>VAT + Mastic</td>
<td>400 SFR</td>
</tr>
<tr>
<td>BASEMENT CRAWL PIPE CHASE</td>
<td>Yes</td>
<td>THERMAL INSULATION</td>
<td>500 SFX</td>
</tr>
<tr>
<td>KITCHEN</td>
<td>Yes</td>
<td>LINDOILEM</td>
<td>300 SFX</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Handler:**

- Best Removal Inc
- 17109
- 770S
- Minerva Enterprises

**City:** Hackensack, NJ 07601

**Date:** 12-24-2013

- P. Veldran
- Estimator
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:129)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>1/14/14</th>
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</thead>
<tbody>
<tr>
<td>Agency Notified</td>
<td>Mr. Kujawski</td>
</tr>
<tr>
<td>Type Notification</td>
<td>Initial</td>
</tr>
<tr>
<td>Street Address</td>
<td>295 Baldwin Ave</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>New Milford, NJ 07646</td>
</tr>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Mr. Kujawski</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Mr. Dennis</td>
</tr>
<tr>
<td>FACILITY INFORMATION</td>
<td></td>
</tr>
<tr>
<td>Name of Facility Where Abatement Is Taking Place (3)</td>
<td>Mr. Kujawski</td>
</tr>
<tr>
<td>Street Address</td>
<td>295 Baldwin Ave</td>
</tr>
<tr>
<td>City (5)</td>
<td>New Milford</td>
</tr>
<tr>
<td>County (6)</td>
<td>Bergen</td>
</tr>
<tr>
<td>Current Use (Prior if being demolished)</td>
<td>Residential</td>
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<td>FACILITY INFORMATION</td>
<td></td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td></td>
</tr>
<tr>
<td>ASCM No.</td>
<td></td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>Best Removal Inc</td>
</tr>
<tr>
<td>Street Address</td>
<td>450 S. River St</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Hackensack, N.J. 07601</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>201-329-7444</td>
</tr>
<tr>
<td>License No.</td>
<td>00388</td>
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<tr>
<td>Project Manager for Monitoring Firm</td>
<td></td>
</tr>
<tr>
<td>Telephone No.</td>
<td></td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>1/21/14</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>1/32/14</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check only one)</td>
<td></td>
</tr>
<tr>
<td>GA - Facility Closed/Vacated During Entire Period of Abatement</td>
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</tr>
<tr>
<td>G - Abatement Performed Outside of Normal Facility Hours</td>
<td></td>
</tr>
<tr>
<td>G - Other - Describes:</td>
<td>7650 to 5760</td>
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<tr>
<td>Scope of Work (Check all that apply)</td>
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</tr>
<tr>
<td>≥ 3 of or ≥ 3 ft.</td>
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</tr>
<tr>
<td>≥ 160 sq. ft.</td>
<td></td>
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<tr>
<td>≥ 280 sq. ft.</td>
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<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED</td>
<td></td>
</tr>
<tr>
<td>In Facility</td>
<td></td>
</tr>
<tr>
<td>(13)</td>
<td></td>
</tr>
<tr>
<td>In Location Used Solely by Maintenance/ Custodial Staff</td>
<td></td>
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<tr>
<td>(12)</td>
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</tr>
<tr>
<td>Description of Asbestos-Containing Material (ACM)</td>
<td></td>
</tr>
<tr>
<td>(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td></td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td>38LB</td>
</tr>
<tr>
<td>Abatement Type</td>
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</tr>
<tr>
<td>Removal</td>
<td></td>
</tr>
<tr>
<td>Repair</td>
<td></td>
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<tr>
<td>Encapsulation</td>
<td></td>
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<tr>
<td>Endorsement</td>
<td></td>
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<tr>
<td>Name of Registered Waste Hauler</td>
<td></td>
</tr>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
<td>17109</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>11,627</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td></td>
</tr>
<tr>
<td>Minerva Enterprises</td>
<td></td>
</tr>
<tr>
<td>City, State</td>
<td>Hackensack, N.J. 07601</td>
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<tr>
<td>Disposal Date</td>
<td>1/22/14</td>
</tr>
<tr>
<td>City, State</td>
<td></td>
</tr>
<tr>
<td>WAYNESBURG, OH</td>
<td></td>
</tr>
<tr>
<td>Completed by</td>
<td>J. Maiorano</td>
</tr>
<tr>
<td>Title</td>
<td>Estimator</td>
</tr>
<tr>
<td>Supervisor</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>1/14/14</td>
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</table>

* Do not use this form for asbestos licensure exempted facilities.*
STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 AND 12:120)

Date of Notification (1) 1/09/14

Name of Building Owner/Operator (2)
Hacketstown Board of Education

Agencies Notified
☑ EPA
☑ DEP
☑ DOL
☐ DOH
☐ DCA

Notification Type
☐ Initial
☐ Amended # ______
☐ Emergency (including justification)
☐ Cancellation

Street Address
601 Willow Grove Street
City, State, Zip Code
Hacketstown, NJ 07840

Name of Contact
Mr. Ron Marinelli

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Willow Grove Elementary School

Street Address
601 Willow Grove Street
City, State, Zip Code
Hacketstown, PA 19380

Name of Monitoring Firm Hired by Bldg. Owner (8)
Westchester Environmental
ASCM No.
00127

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

Name of Contractor (9)
MTM Metro Corporation

Street Address
135-137 McBride Avenue
City State, Zip Code
Paterson, NJ 07501

Telephone Number
973-742-5030
License Number
00809

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

Source of Work (Check all that apply)
☐ > 3 sf or > 3 If
☐ > 160 sf or > 260 If
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Non-Exempted(*) & Non-Friable Procedure
☐ Glovebag Procedure

Location of Asbestos-Containing Material (ACM) in Facility (13)
Location Normally Used
☑ Solely by Maint./Custodial Staff? (12)
YES
NO
N/A

Description of ACM (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
Amount (Specify SF or LF)

Main Office
Tile Mastic
1410

Main Office
VAT
500

Name of Reg. Waste Hauler
MTM Metro Corporation
NJDEP Waste Hauler ID #
26552

Cubic Yards of Waste
10

Name of Reg. Landfill
Tullytown, PA

Completed by (Print or Type)
Elizabeth Maslakow
Title
Business Administrator
Signature
Elizabeth Maslakow
Date
1/09/14


* Do not use this form for asbestos licensure exempted activities.
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60-7 and 12:12A-2)

<table>
<thead>
<tr>
<th>Date of Notice</th>
<th>1/10/14</th>
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<tbody>
<tr>
<td>Name of Building Owner / Operator</td>
<td>343 East 7th Avenue Trust</td>
</tr>
<tr>
<td>Address</td>
<td>319 Queen Anne Road</td>
</tr>
<tr>
<td>City, State &amp; Zip Code</td>
<td>Teaneck, NJ 07666</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Cory Beckwith</td>
</tr>
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### FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place</th>
<th>Residence</th>
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<tbody>
<tr>
<td>343 East 7th Ave</td>
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<table>
<thead>
<tr>
<th>City</th>
<th>Roselle</th>
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</thead>
<tbody>
<tr>
<td>County</td>
<td>Union</td>
</tr>
<tr>
<td>County Code</td>
<td>0003</td>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>443 Schoolhouse Road</th>
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<tbody>
<tr>
<td>City, State &amp; Zip Code</td>
<td>Monroe Township, NJ 08831</td>
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<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone Number</th>
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<tbody>
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<table>
<thead>
<tr>
<th>Scheduled Start Date</th>
<th>1/21/14</th>
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</thead>
<tbody>
<tr>
<td>Scheduled Completion Date</td>
<td>1/22/14</td>
</tr>
</tbody>
</table>

### Occupancy Status During Abatement

- **X** Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - **Area Isolated During Abatement**

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

- Demolition
- **X** Renovation
- Large Project
- **X** Quantity is ≥ 3 SF or ≥ 3 LF ACM
- Quantity is ≥ 150 SF or ≥ 250 LF ACM

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</th>
<th>TO BE ABATED in Facility</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance or Custodial Staff?</th>
<th>(12)</th>
</tr>
</thead>
</table>

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

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

### Amount (Specify Square Feet or Linear Feet)

- **X** Glovebag Procedure
- Other: Non-friable

### Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)

- Full Containment with Negative Pressure
- Mini-Enclosure
- **X** Glovebag Procedure
- Other: Non-friable

### Basement

- N/A
- TSI Pipe
- 7 LF
- Removal

### Name of Registered Waste Hauler

- Freehold Cartage
- NJDEP Waste Hauler ID #: 18693

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<thead>
<tr>
<th>Cu. Yds. of Waste</th>
<th>1</th>
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<tr>
<td>Disposal Date</td>
<td>1/22/14</td>
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<tr>
<td>City, State</td>
<td>Tullytown, Pa</td>
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<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
<th>Dominick Tringali</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>Project Manager</td>
</tr>
<tr>
<td>Signature</td>
<td>Dominick Tringali</td>
</tr>
<tr>
<td>Date</td>
<td>1/10/14</td>
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**ASB-41 JUN 95 G4667**
<table>
<thead>
<tr>
<th>Notification Date</th>
<th>01/07/2014</th>
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</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (1)</td>
<td>Passaic County Building &amp; Grounds</td>
</tr>
<tr>
<td>Site Address</td>
<td>71 Hanover St.</td>
</tr>
<tr>
<td>City</td>
<td>Paterson</td>
</tr>
<tr>
<td>County</td>
<td>Passaic</td>
</tr>
<tr>
<td>Name of Monitoring Firm (4) by Appointment of Other (2)</td>
<td>Lampman Engineering Services Inc.</td>
</tr>
<tr>
<td>Address</td>
<td>2 River Drive Center One, 4th Floor</td>
</tr>
<tr>
<td>City</td>
<td>Elmwood Park, NJ 07407</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm (5)</td>
<td>Vijay Patel</td>
</tr>
<tr>
<td>Address</td>
<td>317 Pennsylvania Ave</td>
</tr>
<tr>
<td>City</td>
<td>Paterson, NJ 07503</td>
</tr>
<tr>
<td>Name of Contractor (6)</td>
<td>Mr. Jack Negro</td>
</tr>
<tr>
<td>Address</td>
<td>30000 SF</td>
</tr>
<tr>
<td>Tel.</td>
<td>8</td>
</tr>
<tr>
<td>Name of Accreditation Connect (7)</td>
<td>DIA General Construction, Inc.</td>
</tr>
<tr>
<td>Address</td>
<td>1560 Ciliano Ave, PMB Suite 218</td>
</tr>
<tr>
<td>City</td>
<td>Cinnaminson, NJ 07721</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>DIA General Construction, Inc.</td>
</tr>
<tr>
<td>Address</td>
<td>1560 Ciliano Ave, PMB Suite 218</td>
</tr>
<tr>
<td>City</td>
<td>Cinnaminson, NJ 07721</td>
</tr>
<tr>
<td>Name of Contractor (6)</td>
<td>Mr. Jack Negro</td>
</tr>
<tr>
<td>Address</td>
<td>30000 SF</td>
</tr>
<tr>
<td>Tel.</td>
<td>8</td>
</tr>
<tr>
<td>Name of Accreditation Connect (7)</td>
<td>DIA General Construction, Inc.</td>
</tr>
<tr>
<td>Address</td>
<td>1560 Ciliano Ave, PMB Suite 218</td>
</tr>
<tr>
<td>City</td>
<td>Cinnaminson, NJ 07721</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>DIA General Construction, Inc.</td>
</tr>
<tr>
<td>Address</td>
<td>1560 Ciliano Ave, PMB Suite 218</td>
</tr>
<tr>
<td>City</td>
<td>Cinnaminson, NJ 07721</td>
</tr>
</tbody>
</table>

- **Location of Asbestos-Containing Material (ACM) to be Abated**: In Facility (18)
- **Description of ACM (including material (AGM) (i.e., building systems, insulation, roofing, etc.))**: Asbestos-containing material (ACM)
- **Amount (200 lbs or 8 ft or LF)**: 4 LF, 3.5 LF, 6 LF
- **Name of Registered Waste Handler**: Name Provided in asmCubed Yttrium of Waste
- **Disposal Date**: 01/10/2016
- **Name of Registered Landfill**: Wyomissing Landfill
- **Signature**: [Signature]

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

Date of Notification (1)  12/27/2013

Name of Building Owner/Operator (2)  Republic Property Company, Inc.

Agencies Notified  EPA, DOL

Type Notification  Initial, Amended

Amendment #1

Emergency (including justification)

Cancellation

Street Address  4392 Peachtree Road NE

City, State, Zip Code  Atlanta, Georgia 30319

Name of Contact  Seth Morris

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Proposed Restaurant Depot Facility

Street Address  1760 Durham Road

City (5)  South Plainfield

County (6)  Middlesex County

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

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

Subchapter B (Other than K-1 2)

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

Square Feet  100,000 SF

# of Floors  Single Story

Bidg. Age  50+

Current Use (Prior if being demolished)  Commercial office/warehouse space

Name of Abatement Contractor (6)  Valiant Associates, LLC

ASCM No.  N/A

Name of Abatement Contractor (8)  Valiant Associates, LLC

Street Address  145 Mill Street

City, State, Zip Code  Paterson, NJ 07501

License No.  01108

Telephone No.  973-553-5374

Project Manager for Monitoring Firm  Telephone No.  973-553-5374

License No.  01108

Start Date (10)  01/08/2014

Scheduled Completion Date (11)  02/08/2014

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 sq ft or >3 if

2160 sq ft or 2860 If

Renovation

Demolition

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

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

Office area in DHL building  X

Office area in DHL building  X

Southern DHL Facade

Yes  No  N/A

X

Acoustic Black floor mastic  6,200 SF  X

12"x12" White Floor Tiles  60 SF  X

ACM Transite Panels  2,000 SF  X

Name of Registered Waste Hauler  NJDEP Waste Hauler ID No. 20570

Service Transport Group

City, State, Zip Code  New Castle, DE

Disposal Date  02/08/2014

City, State  Waynesburg, OH 44688

Completed By  Miodrag Stamenovic

Title  Project Manager

Signature

Date  01/13/2014

- Do not use this form for asbestos license exempted activities.
List of Asbestos Containing Materials to be Removed from the Following Location:

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

Proposed Restaurant Depot Facility
1760 Durham Rd., South Plainfield NJ.

<table>
<thead>
<tr>
<th>Location of ACM to abated in facility</th>
<th>Description of ACM (i.e. thermal systems insulation, surfacing, VAT or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perimeter roof</td>
<td>Roof flashing</td>
<td>1200 SF</td>
</tr>
<tr>
<td>2 Canopies on west side loading dock areas</td>
<td>Built-up roof</td>
<td>960 SF</td>
</tr>
</tbody>
</table>
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)  

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>1/13/14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency Notified</td>
<td>EPA</td>
</tr>
<tr>
<td>Type Notification</td>
<td>Initial</td>
</tr>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>KAMPACK</td>
</tr>
<tr>
<td>Street Address</td>
<td>100 FRONTAGE ROAD</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>NEWARK, NJ 07114</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>STEPHEN DERNEY</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>FACILITY INFORMATION</td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>KAMPACK</td>
</tr>
<tr>
<td>Street Address</td>
<td>100 FRONTAGE ROAD</td>
</tr>
<tr>
<td>City (5)</td>
<td>NEWARK</td>
</tr>
<tr>
<td>County (6)</td>
<td>ESSEX</td>
</tr>
<tr>
<td>County Code (7) (STATE USE ONLY)</td>
<td></td>
</tr>
<tr>
<td>Type of Facility (4)</td>
<td></td>
</tr>
<tr>
<td>Square Feet</td>
<td>15700</td>
</tr>
<tr>
<td># of Floors</td>
<td>1</td>
</tr>
<tr>
<td>Bidg. Age</td>
<td>56</td>
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<tr>
<td>Current Use (Prior if being demolished)</td>
<td>MANUFACTURING</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>EHTI</td>
</tr>
<tr>
<td>ASCM No.</td>
<td></td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>JW HERITAGE COAST SERVICES</td>
</tr>
<tr>
<td>Street Address</td>
<td>655 WEST SHORE TRAIL</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>SPAUNA, NEW JERSEY 07474</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>BILL KENDEL</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>973-256-2255</td>
</tr>
<tr>
<td>License No.</td>
<td></td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>1/13/14</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>1/13/14</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check one only)</td>
<td>Regular Hours</td>
</tr>
<tr>
<td>Scope of Work (Check all that apply)</td>
<td></td>
</tr>
<tr>
<td>Full Containment with Negative Pressure</td>
<td></td>
</tr>
<tr>
<td>Mini-Enclosure</td>
<td></td>
</tr>
<tr>
<td>Glovebag Procedure</td>
<td></td>
</tr>
<tr>
<td>Non-Exempted (*) and Non-Friable Procedure</td>
<td></td>
</tr>
</tbody>
</table>

| Location of Asbestos-Containing Material (ACM) TO BE ABATED | Boiler Room |
| Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | Yes |
| Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | |
| Amount (Specify SF or LF) | 160 sqft |
| Abatement Type | |
| Endorsement | |
| Name of Registered Waste Hauler | WASTE MANAGEMENT |
| NJDEP Waste Hauler ID No. | 14273 |
| Cubic Yards of Waste | 40 |
| Name of Registered Landfill | GOWS |
| City, State | Ewing, N.J. |
| Disposal Date | 1/13/14 |
| City, State | MINNEAPOLIS, PA |
| Chairman of Board or President | JOHN WASHAM, JR. |
| Title | PRESIDENT |
| Signature | |
| Date | 1/13/14 |

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

**Date of Notification (1)**
1-14-14

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

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

**Name of Building Owner/Operator (2)**
MICHAEL DINOfi

**Street Address**
335 HARVARD DR

**City, State, Zip Code**
WENONA, NJ 08090

**Name of Contact**
MICHAEL DINOFi

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**
RES. HOUSE

**Street Address**
333 HARVARD DR

**City (5)**
WENONA

**County (6)**
GLOUCESTER

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

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

**Square Feet**
2000

**# of Floors**
2

**Bldg. Age**
45

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

**Name of Abatement Contractor (9)**
ASSURED ENVIRONMENTAL

**Street Address**
570 CLEMS RUN

**City, State, Zip Code**
MULLICA HILL NJ 08062

**Project Manager for Monitoring Firm**

**Telephone No.**
610-304-4676

**License No.**
01145

**Start Date (10)**
1-27-14

**Scheduled Completion Date (11)**
2-27-14

**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 ≥2 If
- [ ] ≥160 sf or ≥2560 sf
- [X] Renovation
- [X] Demolition
- [X] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>1ST FLOOR</td>
<td>[X]</td>
<td>VAT</td>
<td>600 SF</td>
<td>x</td>
</tr>
<tr>
<td>1ST FLOOR</td>
<td>[X]</td>
<td>MASTIC</td>
<td>600 SF</td>
<td>x</td>
</tr>
<tr>
<td>1ST AND 2ND FLOOR</td>
<td></td>
<td>HEPA VAC WET WIPE</td>
<td>2000 SF</td>
<td>x</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
ASSURED ENVIRONMENTAL SERVICES

**NJDEP Waste Hauler ID No.**

**Cubic Yards of Waste**

**Name of Registered Landfill**
ALLIED WASTE IMPERIAL LANDFILL

**City, State**
MULLICA HILL NJ

**Disposal Date**
2-27-14

**City, State**
IMPERIAL, PA

**Completed by**
JOHN ZUMBO

**Title**
PRESIDENT

**Signature**

**Date**
1-14-14

*Do not use this form for asbestos licensure exempted activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:90 and 12:120)

Name of Building Owner/Operator (2)
COMPREHENSIVE PROPERTY MANAGEMENT

Name of Facility Where Abatement is Taking Place (3)
RES. HOUSE

EPA
DEP
DOL
DOH
DCA

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

Street Address
600 BERLIN CROSSKEYS ROAD

City, State, Zip Code
SICKLERVILLE NJ 08081

Square Feet
2000

# of Floors
2

Bldg. Age
45

Current Use (Prior to being demolished)
NA

County Code (7)
(State Use Only)

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

ASSURED ENVIRONMENTAL

ASCN No.

Name of Abatement Contractor (9)

City, State, Zip Code

MULLICA HILL NJ 08062

Street Address
570 CLEMS RUN

Telephone No.
610-304-4676

License No.
01145

Project Manager for Monitoring Firm

Telephone No.

Start Date (10)
1-24-14

Name of OSHA Monitor
EMSL

Scheduled Completion Date (11)
1-26-14

Street Address
200 RT 130 NORTH

City, State, Zip Code
CINNAMINSON

Scope of Work (Check All That Apply)

≥23 sf or ≥25 sf

Renovation
Demolition

≥160 sf or ≥250 sf

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

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

Yes
No
N/A

OUT SIDE SIDING

X
SIDING

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

Amount (Specify SF or LF)
2000 SF

Abatement Type

Endorse
Encapsulation
Repair
Removal

Name of Registered Waste Hauler
ASSURED ENVIRONMENTAL SERVICES

NJDEP Waste Hauler ID No.

Cubic Yards of Waste

Name of Registered Landfill
ALLIED WASTE IMPERIAL LANDFILL

City, State
MULLICA HILL NJ

Disposal Date
1-29-14

City, State
IMPERIAL, PA

Completed by
JOHN ZUMBO

Title
PRESIDENT

Signature

Date
1-14-14

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

Date of Notification (1) 01/13/2014

Name of Building Owner/Operator (2) New Jersey Institute of Technology

Agencies Notified

- EPA
- DEP
- DOL
- DOH
- DCA

Type Notification

- Initial
- Amended
- Amendment #1
- Emergency (including justification)
- Cancellation

Street Address
323 Dr. Martin Luther King Jr. Blvd.

City, State, Zip Code
Newark, NJ 07102

Name of Contact
Mr. Joseph Meyers

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
NJIT-ME Bldg.

Square Feet
75,000

# of Floors
3

Bldg. Age
50 Years

City (5)
Newark

County (6)
Essex

County Code (7) (STATE USE ONLY) _______

Current Use (Prior if being demolished)
College

Name of Monitoring Firm Hired by Building Owner (8)
Health & Safety Services, Inc.

ASCM No.
00117

Name of Abatement Contractor (9)
East Coast Haz Mat Removal, Inc.

Street Address
318 12th Street

City, State, Zip Code
Hammonton, NJ 08037

Project Manager for Monitoring Firm
Mr. Jim Proctor

Telephone No.
609-704-8850

Telephone No.
973-345-0022

License No.
00507

Start Date (10)
January 2, 2014

Scheduled Completion Date (11)
January 30, 2014

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 ≥3 If
- ≥100 sf or ≥250 If
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Room</th>
<th>Location Currently Used (13)</th>
<th>Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Room 119</td>
<td>Yes</td>
<td>Floor Tile</td>
<td>2,000 SF</td>
</tr>
<tr>
<td>Room 119</td>
<td>X</td>
<td>Wall Plaster</td>
<td>600 SF</td>
</tr>
<tr>
<td>Corridor adjacent to Rm. 119</td>
<td>X</td>
<td>Wall Plaster</td>
<td>600 SF</td>
</tr>
<tr>
<td>Room 119</td>
<td>X</td>
<td>Wall Plaster</td>
<td>2,000 SF</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler

Freehold Cartage

Entity and ID No.
NJ/DEP Waste Hauler ID No. 13206

Cubic Yards of Waste

50 Cyd's

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

City, State
Freehold, NJ

Disposal Date
01-20-2014

City, State
Morrisville, PA

Completed by
James E. Unger

Title
Project Manager

Signature

Date
01/13/2014

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:80 and 5:16)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 / 14 / 14</td>
<td>KR Collegetown LLC</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
</tr>
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<tbody>
<tr>
<td>X EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>X DOLWD</td>
<td>Amended Amendment #0</td>
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<tr>
<td>X DHSS</td>
<td>Emergency (including justification)</td>
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<td>□ DCA (NJAC 5:23-8)</td>
<td>Cancellation</td>
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</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
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</thead>
<tbody>
<tr>
<td>1 Fayette St., Suite 300</td>
<td>Conshohocken, PA 19428</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Contact</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>David Sochacki</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FACILITY INFORMATION</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>Former ACME</td>
</tr>
<tr>
<td></td>
<td>Street Address</td>
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<tr>
<td></td>
<td>731 N. Delsea Dr.</td>
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<td>City (5)</td>
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<tr>
<td></td>
<td>Glassboro, NJ 08028</td>
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<td>County (6)</td>
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<td></td>
<td>Gloucester</td>
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<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
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<tr>
<td></td>
<td>ASCM No.</td>
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<tr>
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<td>NA</td>
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<td>Name of Abatement Contractor (9)</td>
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<tr>
<td></td>
<td>Alliance Environmental Systems</td>
</tr>
<tr>
<td></td>
<td>Street Address</td>
</tr>
<tr>
<td></td>
<td>550 East Union St.</td>
</tr>
<tr>
<td></td>
<td>City, State, Zip Code</td>
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<tr>
<td></td>
<td>West Chester, PA 19382</td>
</tr>
<tr>
<td></td>
<td>Project Manager for Monitoring Firm</td>
</tr>
<tr>
<td></td>
<td>Dave Turosky</td>
</tr>
<tr>
<td></td>
<td>Telephone No.</td>
</tr>
<tr>
<td></td>
<td>610-891-0114</td>
</tr>
<tr>
<td></td>
<td>Name of OSHA Monitor</td>
</tr>
<tr>
<td></td>
<td>AET</td>
</tr>
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<td>Start Date (10)</td>
</tr>
<tr>
<td></td>
<td>1 / 30 / 14</td>
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<td></td>
<td>Scheduled Completion Date (11)</td>
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<tr>
<td></td>
<td>2 / 21 / 14</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
<th>Scope of Work (Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>X Facility Closed/Vacated During Entire Period of Abatement</td>
<td>□ ≥3 sf or ≥3 If</td>
</tr>
<tr>
<td>□ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-3PM/3:30PM-9AM</td>
<td>□ ≥160 sf or ≥280 If</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Main Floor</td>
<td>Yes No N/A</td>
</tr>
<tr>
<td></td>
<td>Floor Tile Mastic 32,000</td>
</tr>
<tr>
<td></td>
<td>□ □ □ □</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler A.M.T.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>NJDEP Waste Hauler ID No. 18947</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cubic Yards of Waste Disposal Date</th>
<th>Name of Registered Landfill</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>45</td>
<td>Allied BF Imperial</td>
<td>Imperial, PA</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>Mark Griffin</td>
<td>Estimator</td>
<td></td>
</tr>
</tbody>
</table>

| Date                             | 1/4/14                      |

* 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) 1/1/17

Name of Building Owner/Operator (2) Clinton Township Sewer Authority

Agencies Notified
☐ EPA
☐ DOLWD
☐ DOH
☐ DCA
☐ NJAC 5:23-8

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

Name of Contact Peter Geiger

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
OAK KNOLLS EASEMENT

Street Address
79 Beaver Ave

City, State, Zip Code
Clinton NJ 08809

Square Foot # of Floors Bldg. Age

Name of Monitoring Firm Hired by Building Owner (8)
Affiliated Abatement Services Inc

ASCN No.

Name of Abatement Contractor (9)
450 S. River St

City, State, Zip Code
Hackensack NJ 07601

Phone No.
201-931-063

License No.
01148

Start Date (10) 1/1/17 Scheduled Completion Date (11) 1/22/17

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

☐ Work is Outside in a Field

Scope of Work (Check all that apply)
☐ ≥ 25 sf or ≥ 3 l
☐ ≥ 150 sf or ≥ 250 l

☐ Renovation ☐ Demolition

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
<th>Is Location Used Solely by Maintenance/Custodial Staff?</th>
</tr>
</thead>
<tbody>
<tr>
<td>OAK KNOLLS EASEMENT</td>
<td>☐ Yes ☐ No ☐ N/A</td>
</tr>
</tbody>
</table>

Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
Transite Sewer pipe 12 ft

Amount (Specify SF or LF)

Abatement Type

Location of Registered Waste Hauler
Express Waste Service LLC

NJ DEP Waste Hauler ID No. 8047

Cubic Yards of Waste 1

Disposal Date

Name of Registered Landfill
Minerva Enterprises Inc

City, State
Waynesburg, OH 43090

Completed By (Print or Type) Robert Dombrowski

Title VP Operations

Signature

Date 1/14/17

* Do not use this form for asbestos licensure exempted activities.
# Notification of Asbestos Abatement

(Pursuant to NJAC 8:60 and 12:130)

**Date of Notification:** 01-13-14

**Name of Building Owner/Operator:** Viking Plumbing

**Address:** 107 Columbus Pl.

**City, State, Zip Code:** Roselle, Park, NJ, 07204

**Name of Contact:** Troy Malko

### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place:** Viking Plumbing

**Street Address:** 107 Columbus Pl.

**City:** Roselle Park

**County:** Union

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

**Current Use (Prior if being demolished):** Commercial

**Name of Monitoring Firm Hired by Building Owner:**

**ASCM No.:**

**Name of Abatement Contractor:** Indian Arrow Industries

**Street Address:** 144 Mill St

**City, State, Zip Code:** Paterson, NJ, 07501

**Telephone No.:** 973-653-9652

**License No.:** 1183

**Start Date:** 01-24-14

**Scheduled Completion Date:** 02-24-14

**Occupancy Status During Abatement:**
- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours
- [ ] Other —

**Scope of Work (Check All That Apply):**
- [x] 23 sf or 23 ft²
- [x] 2160 sf or 2260 ft²
- [ ] Renovation
- [x] Demolition

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

- **Location:** Roof
- **Description:** Roofing ACM

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>[x]</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Amount

- **Amount (Specify SF or LF):** 600

### Name of Registered Waste Hauler

- **Name:** Atlantic Carting
- **ID No.:** 26085
- **Disposal Date:** TBD

### Name of Registered Landfill

- **Name:** Waste Management Inc
- **City, State:** Wayne, NJ
- **City, State:** Tullytown, PA
- **Disposal Date:** TBD

**Completed by:** Goran J.Igev

**Title:** Secretary

**Signature:**

**Date:** 01-11-14
STATE OF NEW JERSEY
NOTIFICATION OF ASCBESTOS ABATEMENT
(PURSUANT TO NJAC 8:60-7 AND 12:120-7)

Date of Notification (1)
01/15/14

Name of Building Owner / Operator (2)
First Energy

Street Address
76 South Street

Agencies Notified
☐ EPA ☐ Initial
☐ DEP ☐ Amended
☐ DOH ☐ Amendment #
☐ DOL ☐ Emergency w/ justification
☐ Cancellation

City, State, Zip Code
Akron, Ohio 44308

Name of Contact
Jim Halsey

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

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

Square Feet

Current Use (Prior if being demolished)

Telephone Pole

Street Address
1 SUNSET ROAD

City (5)
MOUNTAIN LAKES

County (6)
MORRIS

County Code (7)

Building Age

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

ASCM NO

LVI Demolition Services Inc.

Street Address
655 West Shore Trail

City, State, Zip Code
Sparta, NJ 07871

City, State, Zip Code
32 Williams Parkway

Sparta, NJ 07871

Schedules Start Date (10)
01/28/14

Sched. Completion Date (11)
01/29/14

Telephone Number
212-882-9271

Location

Telephone Number
East Hanover, NJ 07036

License Number
973-384-9962

00850

Occupancy Status During Abatement (Check Only 1)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other

Name of OSHA Monitor
LVI Demolition Services Inc.

Street Address
32 Williams Parkway

City, State, Zip Code
East Hanover, NJ 07036

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

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

Location of Asbestos Containing

Amount (Specify SF or LF)

Abatement Type

Location of
Asbestos Containing

TO BE ABATED
in Facility
(13)

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

YES NO N/A

Exterior Telephone Pole

Transite Pipe

20 LF

Name of Registered Waste Hauler
NEWARK CARTING

NJDEP Waste Hauler ID No. 4506

Cubic Yards of Waste

Name of Registered Landfill
I.E.S.I.

City, State
NEWARK, NJ

Disposal Date
City, State
BETHELHEM, PA 18105

Completed by (Print or Type)
STEVENS JILES

PROJECT MANAGER

Signature
01/15/14

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

Date of Notification (1) 01 / 16 / 14
Name of Building Owner / Operator (2) ROBERT WOOD JOHNSON HOSPITAL

Agencies Notified
☐ EPA  ☐ Initial
☐ DEP  ☐ Amended
☐ DOH  ☐ Amendment # ___
☐ DOL  ☐ Emergency w/ justification
☐ Cancellation

Street Address
865 STONE STREET

City, State, Zip Code
RAHWAY, NJ 07065

Name of Contact
LAUREL HOLDER-NOEL

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
ROBERT WOOD JOHNSON HOSPITAL

Street Address
865 STONE STREET

City (5) RAHWAY
County (6) UNION
County Code (7) 08866

Square Feet 500,000
# Of Floors 3
Building Age 40+

Current Use (Prior if being demolished) HOSPITAL

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

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

ASCM No.

Name of Abatement Contractor (9)
LVI DEMOLITION SERVICES INC.

Street Address
280 HUYLER STREET

City, State, Zip Code
SO. HACKENSACK, NJ 07606

Project Mgr. For Monitoring Firm GEISER FAJARDO

Telephone Number 201-489-8700

Sched. Completion Date (11) 01 / 30 / 14

License Number 00850

Occupancy Status During Abatement (Check Only 1)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours - Describe: MON-FRI 7:00AM-3:30PM
☐ Other - Describe: ___

Name of OSHA Monitor
LVI DEMOLITION SERVICES INC.

Street Address
32 WILLIAMS PARKWAY

City, State, Zip Code
EAST HANOVER, NJ 07936

Scope of Work (Check All That Apply)
☐ Demolition
☐ Renovation
☐ Full Containment with Negative Pressure
☐ Mini - Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

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

Location Is 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

Location of Asbestos Containing Material (ACM) TO BE ABATED

STAIR 5

VAT/MASTIC

300 SF

STAIR 5 - 1ST FLOOR

FITTINGS

8 LF

STAIR 6 - 2ND FLOOR

Name of Registered Waste Hauler
NEWARK CARTING
NJDEP Waste Hauler ID No.

Name of Registered Landfill
IESI

City, State
NEWARK, NJ

Disposal Date
BETHELHEM, PA

Completed by (Print or Type) STEVE STILES
Title PROJECT MANAGER

Signature

Date 01/16/14

ASB-41
State of New Jersey  
NOTIFICATION OF ASBESTOS ABETMENT  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1): January 13, 2014

Name of Building Owner/Operator (2): Elizabeth Housing Authority

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

Type Notification: Initial

Street Address: 688 Maple Ave.

City, State, Zip Code: Elizabeth, New Jersey 07201

Name of Contact: Mr. Mike Medeiros

Telephone Number: [blank]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Elizabeth Housing Authority

Street Address: 688 Maple Ave.

City (5): Elizabeth

County (6): Essex

County Code (7): [STATE USE ONLY]

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

Square Feet: 200,000

# of Floors: 10

Bldg. Age: 50+

Current Use (Prior if being demolished): [blank]

Property Building: [blank]

Name of Monitoring Firm Hired by Building Owner (8):
Certified Health Safety Service

ASCM No.: [blank]

Name of Abatement Contractor (9): Slavco Construction Inc.

Street Address: 164 Getty Ave.

City, State, Zip Code: Clifton, New Jersey 07011-1802

Telephone No.: 973-478-4848

License No.: 00724

Name of OSHA Monitor: Slavco Construction Inc.

Street Address: 164 Getty Ave.

City, State, Zip Code: Clifton, New Jersey 07011-1802

Start Date (10): January 21, 2014

Scheduled Completion Date (11): January 31, 2014

Occupancy 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 7:00am-3:30pm

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boiler Room x</td>
<td>No</td>
<td>Pipe Insulation 9 LF</td>
<td>x</td>
<td></td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler: Slavco Construction Inc.

NJDEP Waste Hauler ID No.: 18508

Cubic Yards of Waste: TBD

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

City, State: Clifton, New Jersey 07011-1802

Disposal Date: TBD

Completed by: Vivian D. Jurcevic

Title: Office Manager

Signature: [Signature]

Date: January 13, 2014

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

Date of Notification (1)
January 7, 2014

Name of Building Owner/Operator (2)
Elizabeth Housing Authority

Agencies Notified
EPA
DEP
DOL
DOH
DCA

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

Street Address
688 Maple Ave.

City, State, Zip Code
Elizabeth, New Jersey 07201

Name of Contact
Mr. Mike Medeiros

Name of Facility Where Abatement is Taking Place (3)
Elizabeth Housing Authority

Street Address
688 Maple Ave.

County (6)
Essex

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

City (5)
Elizabeth

Square Feet
200,000

County Code (7)

# of Floors
10

(SATE USE ONLY)

Bldg. Age
50+

Current Use (Prior if being demolished)
Property Building

Name of Monitoring Firm Hired by Building Owner (8)
Certified Health Safety Service

ASCN No.

Name of Abatement Contractor (9)
Slavco Construction Inc.

Street Address
1902 Taylor Lane

City, State, Zip Code
Cinnaminson, New Jersey 08077

Telephone No.
856-829-4463

License No.
00724

Project Manager for Monitoring Firm
Slavco Construction Inc.

Start Date (10)
January 17, 2014

Telephone No.
973-478-4848

Name of OSHA Monitor
Slavco Construction Inc.

Scheduled Completion Date (11)
January 31, 2014

City, State, Zip Code
Clifton, New Jersey 07011-1802

Occupancy Status During Abatement (Check Only One)

Scope of Work (Check All That Apply)

- ≥3 sf or ≥11
- ≥160 s or ≥250 if

Renovation
Demolition

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

Boiler Room

x

Pipe Insulation

9 LF

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

No

Boiler Room

x

Pipe Insulation

x

Amount (Specify SF or LF)

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

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

Name of Registered Waste Hauler
Slavco Construction Inc.

NJDEP Waste Hauler ID No.
18508

Cubic Yards of Waste
TBD

City, State
Clifton, New Jersey 07011-1802

Disposal Date
TBD

Completed by
Vivian D. Jurcevic

Title
Office Manager

Signature

Date
January 7, 2014

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

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

**EMERGENCY *** NO HEAT**

Check #6358

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>Name of Building Owner/Operator</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/11/11/13/1/14</td>
<td>Julie Cordero</td>
</tr>
</tbody>
</table>

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

**Type Notification**
- [ ] Initial
- [ ] Amendment
- [ ] Cancellation

**FACILITY INFORMATION**

**Name of facility where abatement is taking place**
Julie Cordero

**Street Address**
11 North 16th Street

**City, State, Zip Code**
Prospect Park, NJ 07508

**Telephone Number**

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Bldg. Owner</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
<td>B &amp; G Restoration, Inc.</td>
</tr>
</tbody>
</table>

**Project Manager for Monitoring Firm**

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>105 Ryerson Road</td>
<td></td>
</tr>
</tbody>
</table>

**Scheduled Start Date**
01/14/2014

**Occupancy Status During Abatement**
- [ ] Abatement performed outside of normal facility hours.
- [ ] Other—Describe:

**Scope of Work**
- [ ] Demolition
- [ ] Renovation
- [ ] Full Containment (negative pressure)
- [ ] Mini-enclosure
- [ ] Non-friable procedure

<table>
<thead>
<tr>
<th>Location of asbestos-containing material to be abated in facility</th>
<th>Is location normally used solely by maintenance/custodial staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>pipe insulation</td>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description of asbestos-containing material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Removal</th>
<th>Encapsulation</th>
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</thead>
<tbody>
<tr>
<td>ACM</td>
<td>21 if</td>
<td>✓</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Registered Waste Hauler</th>
<th>NJDEP Hauler ID</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>B &amp; G Restoration, Inc.</td>
<td>19563</td>
<td>3/4</td>
<td>Tullytown Resource &amp; Recovery Center</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lincoln Park, NJ 07035</td>
<td>01/15/2014</td>
<td>Tullytown, PA</td>
</tr>
</tbody>
</table>

**Completed by (Print or Type)**
Gordana Luna
Title: Secretary/Treasurer
Signature: 
Date: 01/08/2014