

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

Check # 8841

| | | | | | | | | | |
|--|--|--|---|--|---------------------------|----------------|------------------------|-------------|-----------|
| Date of Notification (1) 1-18-14 | | Name of Building Owner/Operator (2) Lydia Deluca | | | | | | | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 88 Porter Place City, State, Zip Code Montclair NJ 07042 Name of Contact Lydia Deluca Telephone Number _____ | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Single family Dwelling | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address 88 Porter Place | | Square Feet | # of Floors 2 | | | | | | |
| City (5) Montclair NJ 07042 | | Bldg. Age 60+ | | | | | | | |
| County (6) Essex | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies | | ASCM No. N/A | Name of Abatement Contractor (9) EPC Technologies Inc | | | | | | |
| Street Address P.O. Box 337 | | Street Address P.O. Box 337 | | | | | | | |
| City, State, Zip Code New Egypt, NJ 08533 | | City, State, Zip Code New Egypt NJ 08533 | | | | | | | |
| Project Manager for Monitoring Firm Steve Schenker | | Telephone No. 609 758-3365 | License No. 00394 | | | | | | |
| Start Date (10) 2-7-14 | Scheduled Completion Date (11) 2-12-14 | Name of OSHA Monitor EPC Technologies Inc | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____ | | Street Address P.O. Box 337 City, State, Zip Code New Egypt NJ 08533 | | | | | | | |
| Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Basement | X | | | Pipe Insulation | 350 LF | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler EPC Technologies | | NJDEP Waste Hauler ID No. 17000 | Cubic Yards of Waste 4 | Name of Registered Landfill Waste Management of PA | | | | | |
| City, State New Egypt NJ | | Disposal Date 2-13-14 | City, State Morrisville PA | | | | | | |
| Completed by Steve Schenker | | Title President | Signature Steve Schenker | | | | Date 1-18-14 | | |

2014 JAN 23 RECEIVED
ENVIRONMENTAL CONTROL

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

CR # 2544

RECEIVED
2014 JAN 23 PM 12:43

| | | | | | | | | | |
|---|--|--|--|---|----------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1) <div style="text-align: center;">01 / 15 / 14</div> | | Name of Building Owner/Operator (2) Princeton University-Office of Design and Construction | | | | | | | |
| Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 200 Elm Dr. City, State, Zip Code Princeton, NJ 08544 Name of Contact Robert Ortega Telephone Number _____ | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Princeton University-Firestone Library | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | | | | | | | |
| Street Address Washington Rd | | Square Feet # of Floors Bldg. Age | | | | | | | |
| City (5) Princeton | | | | | | | | | |
| County (6) MERCER | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Library | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) ATC Associates Inc. | | Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC. | | | | | | | |
| Street Address Three Terri Center | | Street Address 1123 BEAVER STREET | | | | | | | |
| City, State, Zip Code Burlington, NJ 08016 | | City, State, Zip Code BRISTOL, PA 19007 | | | | | | | |
| Project Manager for Monitoring Firm Michael Keehn | | Telephone No. 609-386-8800 | License No. 00509 | | | | | | |
| Start Date (10) <div style="text-align: center;">1 / 30 / 14</div> | Scheduled Completion Date (11) <div style="text-align: center;">4 / 4 / 14</div> | Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC. | | | | | | | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM / _____ PM-_____ AM | | Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007 | | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| <input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | | |
| | Yes | No | | | N/A | Removal | Repair | Encapsulate | Enclosure |
| Throughout Levels C, B and A | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Floor tile and mastic | 1,465 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Office A-7J | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Window Caulk | 96 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Throughout Levels C, B and A | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Duct work | 1775 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler SERVICE TRANSPORT GROUP INC | | NJDEP Waste Hauler ID No. 20990 | Cubic Yards of Waste | Name of Registered Landfill G.R.O.W.S. NORTH LANDFILL | | | | | |
| City, State NEW CASTLE, DE | | | Disposal Date | City, State MORRISVILLE, PA 19067 | | | | | |
| Completed By (Print or Type) Brian Scafiro | Title Estimator | Signature <i>Brian Scafiro</i> | | | | Date 1/15/14 | | | |

APPROVED: CINDY MITCHELL
(NJDOH)

CL# 2542

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

| Date of Notification (1) <div style="text-align: center;">1 / 15 / 14</div> | | Name of Building Owner/Operator (2) Buckeye Partners, LP | | | | | | | |
|---|---|--|--|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 5002 Buckeye Road | | | | | | | |
| | | City, State, Zip Code Emmaus, PA 18049 | | | | | | | |
| | | Name of Contact Pierce Wagner | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Buckeye Partners, LP | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | | | | | | | |
| Street Address 123 Derousse Ave. RIVER ROAD TERMINAL | | Square Feet - | # of Floors - | | | | | | |
| City (5) Pennsauken | | Bldg. Age - | | | | | | | |
| County (6) Camden | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Exterior | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) AET, Inc. | | ASCM No. | Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC. | | | | | | |
| Street Address 28 N. Pennell Road | | Street Address 1123 BEAVER STREET | | | | | | | |
| City, State, Zip Code Media, PA 19063 | | City, State, Zip Code BRISTOL, PA 19007 | | | | | | | |
| Project Manager for Monitoring Firm Dave Turotsy | Telephone No. 610-891-0114 | Telephone No. 215-788-6040 | License No. 00509 | | | | | | |
| Start Date (10) <div style="text-align: center;">1 / 16 / 14</div> | Scheduled Completion Date (11) <div style="text-align: center;">1 / 16 / 14</div> | Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC. | | | | | | | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM / ____ PM - ____ AM | | Street Address 1123 BEAVER STREET | | | | | | | |
| | | City, State, Zip Code BRISTOL, PA 19007 | | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Exterior of boiler house - River Rd. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Pipe Insulation | 6 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL INC | | NJDEP Waste Hauler ID No. 18706 | Cubic Yards of Waste 1 | Name of Registered Landfill GROWS Landfill | | | | | |
| City, State BRISTOL, PA | | Disposal Date 1/17/2014 | | City, State Morrisville, PA 19067 | | | | | |
| Completed By (Print or Type) Gino Pizzigoni | Title Estimator | | Signature <i>Gino Pizzigoni</i> | | | Date 1/15/14 | | | |

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

CR #2014-2543
RECEIVED
JAN 23 PM 12:42
ENVIRONMENTAL CONTROL

| | | | | | | | | | |
|---|---|---|--------------------------|--|---|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1) <u>01</u> / <u>15</u> / <u>14</u> | | Name of Building Owner/Operator (2) Princeton University-Office of Design and Construction | | | | | | | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8) | | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | Street Address 200 Elm Dr. | | | | | |
| | | City, State, Zip Code Princeton, NJ 08544 | | | | | | | |
| | | Name of Contact Robert Ortega | | | | | | | |
| | | Telephone Number _____ | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Princeton University-Firestone Library | | | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | | | | | |
| Street Address Washington Rd | | | | Square Feet | # of Floors | | | | |
| City (5) Princeton | | | | Bldg. Age | | | | | |
| County (6) MERCER | | County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) Library | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) ATC Associates Inc. | | ASCM No. 00098 | | Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC. | | | | | |
| Street Address Three Terri Center | | Street Address 1123 BEAVER STREET | | | | | | | |
| City, State, Zip Code Burlington, NJ 08016 | | City, State, Zip Code BRISTOL, PA 19007 | | | | | | | |
| Project Manager for Monitoring Firm Michael Keehn | | Telephone No. 609-386-8800 | | Telephone No. 215-788-6040 | License No. 00509 | | | | |
| Start Date (10) <u>1</u> / <u>30</u> / <u>14</u> | | Scheduled Completion Date (11) <u>4</u> / <u>4</u> / <u>14</u> | | Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC. | | | | | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7:00AM-3:30PM</u> / <u> </u> PM - <u> </u> AM | | | | Street Address 1123 BEAVER STREET | | | | | |
| | | | | City, State, Zip Code BRISTOL, PA 19007 | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Throughout Levels C, B and A | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Floortile and mastic | 71,198 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Throughout Levels C, B and A | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pipe Insulation | 4,660 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Throughout Levels B and A | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Joint Compound | 24,690 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Throughout Level B | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pipe Fittings | 20 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler SERVICE TRANSPORT GROUP INC | | NJDEP Waste Hauler ID No. 20990 | | Cubic Yards of Waste | Name of Registered Landfill G.R.O.W.S. NORTH LANDFILL | | | | |
| City, State NEW CASTLE, DE | | Disposal Date | | City, State MORRISVILLE, PA 19067 | | | | | |
| Completed By (Print or Type) Brian Scafiro | | Title Estimator | | Signature <i>Brian Scafiro</i> | | | Date <u>1/15/14</u> | | |

D&S Proj. #: 2014-21

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

RECEIVED

2014 JAN 23 PM 12:41

ASBESTOS CONTROL
& LICENSING

| | | | |
|---|--|---|--|
| Date of Notification (1) 10/1/15/14 | | Name of Building Owner/Operator (2) DR. FAHIMI | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | |
| Street Address 314 GEORGE STREET | | City, State, Zip Code FRANKLIN LAKES, NJ 07417 | |
| Name of Contact DR. FAHIMI | | Telephone Number | |

FACILITY INFORMATION

| | | | | | |
|--|--|--|--|--|-------------------------------------|
| Name of facility where abatement is taking place (3) DR. FAHIMI | | | Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) | | |
| Street Address 314 GEORGE STREET | | | Square Feet | | |
| City (5) FRANKLIN LAKES | | | County (6) BERGEN | | County Code (7) (State use only) |
| Current Use (Prior if being demolished) | | | Bldg. Age | | |

| | | | | | |
|---|--|---|--|---|--|
| Name of Monitoring Firm Hired by Bldg. Owner (8) | | ASCM No. | | Name of Abatement Contractor (9) D & S RESTORATION, INC. | |
| Street Address | | | | Street Address 20 California Ave. | |
| City, State, Zip Code | | | | City, State, Zip Code Paterson, NJ 07503 | |
| Project Manager for Monitoring Firm | | Phone Number | | Telephone Number 973-345-8020 | |
| Start Date (10) 01/27/14 | | Sched. Completion Date (11) 02/14/14 | | License Number 01169 | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS | | | | Name of OSHA Monitor D & S Restoration, Inc. | |
| | | | | Street Address 20 California Avenue | |
| | | | | City, State, Zip Code Paterson, NJ 07503 | |

Scope of Work (check all that apply)

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

- ☐ Full Containment w/negative pressure
☒ Mini-enclosure
☒ Glovebag procedure
☐ Non-Exempted (*) and Non-friable procedure

| Location of asbestos-containing material (acm) to be abated in facility (13) | Is location normally used solely by maintenance/custodial staff(12) | | | Description of asbestos-containing material (ACM) | Amount (Specify SF or LF) | R e m o v e | R e p a i r | E n c a p | E n c l |
|--|---|-------------------------------------|-----|---|---------------------------|-------------------------------------|----------------------------|--------------------------|--------------------------|
| | Yes | No | N/A | | | | | | |
| BASEMENT | | <input checked="" type="checkbox"/> | | PIPE INSULATION | 240 l ft | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| BASEMENT WATER TANK | | <input checked="" type="checkbox"/> | | WATER TANK INSULAITON | 46 SQ FT | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | | | | |
|--|--|---------------------------|--|-------------------------------|--|---|--|
| Registered Waste Hauler D & S RESTORATION, INC. | | NJDEP Hauler ID# 13506 | | Cubic Yards of Waste 3 YDS | | Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY | |
| City, State PATERSON, NJ 07503 | | Disposal Date 01/28/14 | | City, State TULLYTOWN, PA | | | |
| Completed by (Print or Type) BOGDAN JOLDZIC | | Title PRESIDENT | | Signature | | Date 01/15/14 | |

JAN. 10. 2014 (FRI) 13:54

BRIBAR-DELVCO

19732784670

PAGE. 2/4

State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:80 and 12:120)

2014 JAN 23 PM 12:18

DOL - 10 DAY

WAIVER APPROVED

DBS Proj. #: 2014-18

| | | | |
|---|--|---|--|
| Date of Notification (1) 01/11/14 | | Name of Building Owner/Operator (2) ALFRED SCHWARTZ | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | | Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | |
| Street Address 233 DONALDSON STREET | | City, State, Zip Code HIGHLAND PARK, NJ 08904 | |
| Name of Contact ALFRED SCHWARTZ | | Telephone Number | |

FACILITY INFORMATION

| | | | | |
|---|--|--|---|-------------------------------------|
| Name of facility where abatement is taking place (3) ALFRED SCHWARTZ | | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldg./Homes, etc.) | |
| Street Address 233 DONALDSON STREET | | | Square Feet | # of Floors |
| City (5) HIGHLAND PARK | | | County (6) Middlesex | County Code (7) (State use only) |
| Name of Monitoring Firm Hired by Bldg. Owner (8) | | | Current Use (Prior if being demolished) | |

| | | | |
|--|--|---|-------------------------|
| Street Address | | Name of Abatement Contractor (9) D & S RESTORATION, INC. | |
| City, State, Zip Code | | Street Address 20 California Ave. | |
| Project Manager for Monitoring Firm | | City, State, Zip Code Paterson, NJ 07503 | |
| Phone Number | | Telephone Number 973-345-8020 | License Number 01169 |
| Start Date (10) 01/13/14 | | Name of OSHA Monitor D & S Restoration, Inc. | |
| Sched. Completion Date (11) 01/30/14 | | Street Address 20 California Avenue | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/evacuated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours. Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS | | City, State, Zip Code Paterson, NJ 07503 | |

| Scope of Work (check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 ft <input type="checkbox"/> >150 sf or >250 ft <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | | | <input type="checkbox"/> Full Containment w/negative pressure <input type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-triable 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) | Amount (Specify SF or LF) | R | E | N | C | A | P |
| | Yes | No | NA | | | | | | | | |
| BASEMENT | | X | | PIPE INSULATION | 80 L FT | X | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

| | | | |
|--|---------------------------|------------------------------|---|
| Registered Waste Hauler D & S RESTORATION, INC. | NJDEP Permit ID# 13506 | Cubic Yards of Waste 1 yd | Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY |
| City, State PATERSON, NJ 07503 | Disposal Date 01/14/14 | City, State TULLYTOWN, PA | |
| Completed by (Print or Type) RODRIAN JOLTYK | Title PRESIDENT | Signature | Date 01/10/2013 |

ASR-41

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

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

D&S Proj. #: 2014-18

RECEIVED
2014 JAN 23 PM 12:40
ASBESTOS ABATEMENT & LICENSING DIV.

| | | | |
|---|---|--|--|
| Date of Notification (1) 10/1/10/13 | | Name of Building Owner/Operator (2) ALFRED SCHWARTZ | |
| Agencies Notified | Type Notification | Street Address 233 DONALDSON STREET | |
| <input type="checkbox"/> EPA | <input type="checkbox"/> Initial | City, State, Zip Code HIGHLAND PARK, NJ 08904 | |
| <input type="checkbox"/> DEP | <input type="checkbox"/> Amended | Name of Contact ALFRED SCHWARTZ | |
| <input checked="" type="checkbox"/> DOL | Amendment #: | Telephone Number | |
| <input checked="" type="checkbox"/> DOH | <input checked="" type="checkbox"/> Emergency (including justification) | | |
| <input type="checkbox"/> DCA | <input type="checkbox"/> Cancellation | | |

FACILITY INFORMATION

| | | | | | |
|---|--|--|--|--|--|
| Name of facility where abatement is taking place (3) ALFRED SCHWARTZ | | | Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) | | |
| Street Address 233 DONALDSON STREET | | | Square Feet | | |
| City (5) HIGHLAND PARK | | | # of Floors | | |
| County (6) Middlesex | | | Bldg. Age | | |
| County Code (7) (State use only) | | | Current Use (Prior if being demolished) | | |

| | | | | | |
|--|--|---|--|---|--|
| Name of Monitoring Firm Hired by Bldg. Owner (8) | | ASCM No. | | Name of Abatement Contractor (9) D & S RESTORATION, INC. | |
| Street Address | | | | Street Address 20 California Ave. | |
| City, State, Zip Code | | | | City, State, Zip Code Paterson, NJ 07503 | |
| Project Manager for Monitoring Firm | | Phone Number | | Telephone Number 973-345-8020 | |
| Start Date (10) 01/13/14 | | Sched. Completion Date (11) 01/30/14 | | License Number 01169 | |
| Name of OSHA Monitor D & S Restoration, Inc. | | | | | |
| Street Address 20 California Avenue | | | | | |
| City, State, Zip Code Paterson, NJ 07503 | | | | | |

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)

☒ >3 sf or >3 lf ☒ Renovation ☐ Full Containment w/negative pressure

☐ ≥160 sf or ≥260 lf ☐ Demolition ☐ Mini-enclosure

☒ Glovebag procedure ☐ Non-Exempted (*) and Non-friable procedure

| Location of asbestos-containing material (acm) to be abated in facility (13) | Is location normally used solely by maintenance/custodial staff(12) | | | Description of asbestos-containing material (ACM) | Amount (Specify SF or LF) | R e m o v e | R e p a i r | E n c a p | E n c l |
|--|---|----|-----|---|---------------------------|----------------------------|----------------------------|-----------------------|------------------|
| | Yes | No | N/A | | | | | | |
| BASEMENT | | X | | PIPE INSULATION | 80 L FT | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | | | |
|--|---------------------------|------------------------------|---|
| Registered Waste Hauler D & S RESTORATION, INC. | NJDEP Hauler ID# 13506 | Cubic Yards of Waste 1 yd | Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY |
| City, State PATERSON, NJ 07503 | Disposal Date 01/14/14 | City, State TULLYTOWN, PA | |
| Completed by (Print or Type) BOGDAN JOLDZIC | Title PRESIDENT | Signature | Date 01/10/2013 |

CK 05467

D&S Proj. #: 2014-20

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

RECEIVED
2014 JAN 23 PM 12:39
ASBESTOS CONTROL & LICENSING DIV.

| | | | |
|---|--|---|--|
| Date of Notification (1) 01/11/14 | | Name of Building Owner/Operator (2) ANNE MARIE DELEVANTE | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | |
| Street Address 160 HARDING ROAD | | City, State, Zip Code GLEN ROCK, NJ 07452 | |
| Name of Contact ANNE MARIE DELEVANTE | | Telephone Number | |

FACILITY INFORMATION

| | | | | | |
|--|--|--|--|--|---|
| Name of facility where abatement is taking place (3) ANNE MARIE DELEVANTE | | | Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) | | |
| Street Address 160 HARDING ROAD | | | Square Feet | | |
| City (5) GLEN ROCK | | | County (6) BERGEN | | Bldg. Age |
| | | | County Code (7) (State use only) | | Current Use (Prior if being demolished) |

| | | | | | |
|---|--|---|--|---|--|
| Name of Monitoring Firm Hired by Bldg. Owner (8) | | ASCM No. | | Name of Abatement Contractor (9) D & S RESTORATION, INC. | |
| Street Address | | | | Street Address 20 California Ave. | |
| City, State, Zip Code | | | | City, State, Zip Code Paterson, NJ 07503 | |
| Project Manager for Monitoring Firm | | Phone Number | | Telephone Number 973-345-8020 | |
| Start Date (10) 01/24/14 | | Sched. Completion Date (11) 01/30/14 | | License Number 01169 | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS | | | | Name of OSHA Monitor D & S Restoration, Inc. | |
| | | | | Street Address 20 California Avenue | |
| | | | | City, State, Zip Code Paterson, NJ 07503 | |

| | | | | | | | |
|---|--|-------------------------------------|--|---|--|--|--|
| Scope of Work (check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf | | | | <input type="checkbox"/> Full Containment w/negative pressure <input type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure | | | |
| <input checked="" type="checkbox"/> Renovation | | <input type="checkbox"/> Demolition | | | | | |

| 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) | Amount (Specify SF or LF) | R e m o v e | R e p a i r | E n c a p | E n c l |
|--|--|-------------------------------------|-----|---|---------------------------|-------------------------------------|----------------------------|--------------------------|--------------------------|
| | Yes | No | N/A | | | | | | |
| BASEMENT | | <input checked="" type="checkbox"/> | | PIPE INSULATION | 150 L FT | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | | | | |
|--|--|---------------------------|--|-------------------------------|--|---|--|
| Registered Waste Hauler D & S RESTORATION, INC. | | NJDEP Hauler ID# 13506 | | Cubic Yards of Waste 2 YDS | | Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY | |
| City, State PATERSON, NJ 07503 | | Disposal Date 01/27/14 | | City, State TULLYTOWN, PA | | | |
| Completed by (Print or Type) BOGDAN JOLDZIC | | Title PRESIDENT | | Signature | | Date 01/14/ 2013 | |

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

JK 4517

RECEIVED
2014 JAN 23 PM 12:39
ASBESTOS CONTROL & LICENSING

| | | | | | | | | | |
|---|---|---|---|---|---------------------------|--------------------|--------|-------------|-----------|
| Date of Notification (1) 01/14/2014 | | Name of Building Owner/Operator (2) Toms River B.O.E. | | | | | | | |
| Agencies Notified | Type Notification | Street Address 1144 Hooper Ave | | | | | | | |
| <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Toms River, NJ 08753 | | | | | | | |
| | | Name of Contact Jule Raichle | | | | | | | |
| | | Telephone Number | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) West Dover Elementary School | | Type of Facility (4) | | | | | | | |
| Street Address 50 Blue Jay Drive | | <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| City (5) Toms River | | Square Feet | # of Floors | | | | | | |
| | | Bldg. Age | | | | | | | |
| County (6) Ocean | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) School | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Oxford Engineering | | ASCM No. | Name of Abatement Contractor (9) VMC Company, Inc. | | | | | | |
| Street Address 336 Point Street | | Street Address 208 Piaget Ave | | | | | | | |
| City, State, Zip Code Camden, NJ 08012 | | City, State, Zip Code Clifton, NJ 07011 | | | | | | | |
| Project Manager for Monitoring Firm Wayne Moran | | Telephone No. 856-541-0702 | Telephone No. 973-253-8828 | | | | | | |
| | | License No. 00704 | | | | | | | |
| Start Date (10) 01/24/2014 | Scheduled Completion Date (11) 01/25/2014 | Name of OSHA Monitor VMC Co. Inc. | | | | | | | |
| Occupancy Status During Abatement (Check Only One) | | Street Address | | | | | | | |
| <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: Fri. after 5pm-Sat.8pm | | City, State, Zip Code | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf | | | | | | | | | |
| <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | | | | | | | | |
| <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Kitchen | | x | | Pipe fitting insulation | 9 LF | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Newark Carting, Inc | | NJDEP Waste Hauler ID No. 05409 | Cubic Yards of Waste | Name of Registered Landfill GROWS | | | | | |
| City, State Newark, NJ | | | Disposal Date | City, State Morrisville, PA | | | | | |
| Completed by Voytek Roszkowski | | Title President | Signature J. Roszkowski | | | Date 01/14/2014 | | | |

OK 2020

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

RECEIVED
2014 JAN 23 PM 12:38
ASBESTOS CONTROL & LICENSING

| | | | | | | | |
|--|---|--|--|--|--------|-------------|-----------|
| Date of Notification (1) <u>01/13/2014</u> | | Name of Building Owner/Operator (2) <u>Holy Redeemer Health System</u> | | | | | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address <u>1648 Huntingdon Pike</u> | | | | | |
| | | City, State, Zip Code <u>Meadowbrook, PA 19046</u> | | | | | |
| | | Name of Contact <u>Jack Dempster</u> | Telephone Number | | | | |
| FACILITY INFORMATION | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) <u>Holy Redeemer Home Care</u> | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) | | | | | |
| Street Address <u>352-362 Union Avenue</u> | | Square Feet <u>19,500</u> | # of Floors <u>2</u> | | | | |
| City (5) <u>Elizabeth</u> | | Bldg. Age <u>113</u> | | | | | |
| County (6) <u>Union</u> | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) <u>Offices</u> | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) <u>Langan Engineering & Environmental Services</u> | | ASCM No. <u>N/A</u> | Name of Abatement Contractor (9) <u>Valiant Associates, LLC</u> | | | | |
| Street Address <u>619 River Drive Center 1</u> | | Street Address <u>145 Mill Street</u> | | | | | |
| City, State, Zip Code <u>Elmwood Park, NJ 07407</u> | | City, State, Zip Code <u>Paterson, NJ 07501</u> | | | | | |
| Project Manager for Monitoring Firm <u>Vijay Patel</u> | Telephone No. <u>201-794-6900</u> | Telephone No. <u>973-553-5374</u> | License No. <u>01108</u> | | | | |
| Start Date (10) <u>1/27/2014</u> | Scheduled Completion Date (11) <u>2/28/2014</u> | Name of OSHA Monitor <u>Valiant Associates, LLC</u> | | | | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: | | Street Address <u>145 Mill Street</u> | | | | | |
| | | City, State, Zip Code <u>Paterson, NJ 07501</u> | | | | | |
| Scope of Work (Check all that apply) | | | | | | | |
| <input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | | | | |
| | | <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Govebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial staff? (12) | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | | | | Removal | Repair | Encapsulate | Enclosure |
| See Attached | Yes No N/A | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Name of Registered Waste Hauler <u>Service Transport Group</u> | | NJDEP Waste Hauler ID No. <u>20990</u> | Cubic Yards of Waste <u>50</u> | Name of Registered Landfill <u>Minerva Landfill</u> | | | |
| City, State <u>New Castle, DE</u> | | Disposal Date <u>2/28/2014</u> | | City, State <u>Waynesburg, OH</u> | | | |
| Completed By <u>Miodrag Stamenovic</u> | Title <u>Project Manager</u> | Signature <u>Miodrag Stamenovic</u> | | Date <u>1/13/2014</u> | | | |

ASB41

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

NJ Dept. of Health & Senior Services
(signature)
Date: 1/15/14 Time: 3:04

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 12:120)

Jan 15 2014 03:46pm

P001/001

CHECK# 8369

2014 JAN 23 PM 12:38
ASBESTOS CONTROL & LICENSING DIV.

| | | | | | | | | | |
|--|---|---|--|--|----------------|-----------------|---------------|-----------|--|
| Date of Notification (1) 1/15/14 | | Name of Building Owner/Operator (2) IVU GIBIAN | | | | | | | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | | Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | | | | | | |
| Street Address 34 S. CENTRAL AVE. | | City, State, Zip Code RAMSEY, NJ 07446 | | | | | | | |
| Name of Contact CATHY. | | Telephone Number | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) RESIDENTIAL | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address 34 S. CENTRAL AVE | | Square Feet 1,250 | | | | | | | |
| City (5) RAMSEY | | # of Floors +2 | | | | | | | |
| County (6) BERGEN | | Bldg. Age +50 | | | | | | | |
| County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) RESIDENTIAL | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | ASCM No. | | | | | | | |
| Street Address | | Name of Abatement Contractor (9) A. MAC Contracting Inc. | | | | | | | |
| City, State, Zip Code | | Street Address 105 Lowell Road | | | | | | | |
| Project Manager for Monitoring Firm | | City, State, Zip Code Glen Rock, NJ 07452 | | | | | | | |
| Telephone No. | | Telephone No. 201-262-5841 | | | | | | | |
| Start Date (10) 1/16/14 | | License No. 00158 | | | | | | | |
| Scheduled Completion Date (11) 1/31/14 | | Name of OSHA Monitor Omega Environmental Services Inc. | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: | | Street Address 280 Hayer Street City, State, Zip Code Hackensack, NJ 07606 | | | | | | | |
| Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> 25 sf or 25 lf <input type="checkbox"/> 2150 sf or 2260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) BASEMENTS | 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) PIPE INSULATION | Amount (Specify SF or LF) 98 LF | Abatement Type | | | | |
| | | | | | Removal | Repair | Encapsulation | Enclosure | |
| Name of Registered Waste Handler | | Cubic Yards of Waste | | Name of Registered Landfill | | | | | |
| Fiber Transport | | 20765 | | IESI PA Bethlehem Landfill Corp. | | | | | |
| City, State, Zip Code Riverdale, NJ 07077 | | Disposal Date 1/16/14 | | City, State, Zip Code Bethlehem, PA 18015 | | | | | |
| Completed by Joseph Vaccaro | | Title Operations | | Signature J. Vaccaro | | Date 1/15/14 | | | |

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

CK 1087

2014 JAN 23 PM 12:36
RECEIVED
ASBESTOS CONTROL & LICENSING

| | | | | | | | | | |
|--|--|--|--|--|---------------------------|----------------|--------------------|-------------|-----------|
| Date of Notification (1) | | Name of Building Owner/Operator (2) Taborda Group Inc. | | | | | | | |
| Agencies Notified | Type Notification | Street Address 1312 6th Street, | | | | | | | |
| <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code North Bergen, NJ. 07047 | | | | | | | |
| | | Name of Contact Gustavo Taborda | Telephone Number _____ | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Jason Davis | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address 1405-07 6th Street | | Square Feet 110 | # of Floors BASEMENT | | | | | | |
| City (5) North Bergen, NJ. 07047 | | Bldg. Age 1889 | | | | | | | |
| County (6) Hudson | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | ASCM No. | Name of Abatement Contractor (9) ATC CONSTRUCTION LLC | | | | | | |
| Street Address | | Street Address 6012 BROADWAY AV. 2 | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code WEST NEW YORK, NEW JERSEY 07093 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. 201-293-2368 | License No. 01210 | | | | | | |
| Start Date (10) 01/15/2014 | Scheduled Completion Date (11) 01/16/2014 | Name of OSHA Monitor Hilmamm Consulting LLC | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____ | | Street Address 1600 Route Eadt Suit 107 | | | | | | | |
| | | City, State, Zip Code Union, NJ>07083 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | | | | | | |
| | | <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| | | | x | FLOOR TILE | 110 sq ft. | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler SAN TON SERVICES | | NJDEP Waste Hauler ID No. 22430 | Cubic Yards of Waste | Name of Registered Landfill | | | | | |
| City, State KEN I WORTH, NJ. | | Disposal Date | | City, State | | | | | |
| Completed by LETICIA TORRES | | Title PRESIDENT | | Signature | | | Date 01/13/2014 | | |

State of NJ

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

B & G proj. #: 2014-02

Check #6361

Date of Notification (1)

01/11/14

Name of Building Owner/Operator (2)

Kim & Rick Algera

Agencies Notified

☐ EPA☐ DEP☒ DOL☒ DOH☐ DCA

Type Notification

☒ Initial☐ Amendment☐ Cancellation

Street Address

9-11 Berdan Avenue

City, State, Zip Code

Fair Lawn, NJ 07410

Name of Contact

Kim & Rick Algera

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

Kim & Rick Algera

Street Address

9-11 Berdan Avenue

City (5)

Fair Lawn

County (6)

Bergen

County Code (7)

(State use only)

Type of Facility (4)

☐ School (K - 12)☐ Subchapter 8 (Other than K-12)☒ Other (Private/Commercial Bldgs./Homes, etc.)

Square Feet

of Floors

Bldg. Age

Current Use (Prior if being demolished)
residential

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

N/A

ASCM No.

Name of Abatement Contractor (9)

B & G Restoration, Inc.

Street Address

105 Ryerson Road

City, State, Zip Code

Lincoln Park, NJ 07035

Telephone Number

973-696-6869

License Number

0378

Name of OSHA Monitor

B & G Restoration, Inc.

Street Address

105 Ryerson Road

City, State, Zip Code

Lincoln Park, NJ 07035

Project Manager for Monitoring Firm

Phone Number

Scheduled Start Date (10)

01/30/2014

Sched. Completion Date (11)

01/31/2014

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:

Scope of Work (check all that apply)

☐ Demolition☒ Renovation☐ >3 sf or >3 lf☒ ≥160 sf or ≥260 lf☒ Full Containment w/negative pressure☐ Mini-enclosure☐ wrap & cut☐ Glovebag procedure☐ Non-friable procedureLocation of
asbestos-containing
material to be
abated in facility (13)Is location normally used solely
by maintenance/custodial
staff (12)

Yes

No

N/A

Description of asbestos-containing
material (ACM)Amount
(Specify SF or
LF)

| R | R | E | E |
|-------------------------------------|--------------------------|--------------------------|--------------------------|
| m | e | n | n |
| o | p | c | c |
| v | a | a | a |
| e | i | p | p |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Laundry room

Basement main room

Registered Waste Hauler
B & G Restoration, Inc.NJDEP Hauler ID#
19563Cubic Yards of Waste
6 1/2Name of Registered Landfill
Tullytown Resource & Recovery CenterCity, State
Lincoln Park, NJ 07035Disposal Date
02/03/2014City, State
Tullytown, PACompleted by (Print or Type)
Gordana LunaTitle
Secretary/Treasurer

Signature

Gordana Luna

Date
01/16/2014

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

Paragon Job#

CK 6875

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2014 JAN 23 PM 12:51
ASBESTOS CONTROL & LICENSING

| | | | |
|---|--|---|--|
| Date of Notification (1) 01/15/14 | | Name of Building Owner/Operator (2) Church of Sacred Heart | |
| Agencies Notified | Type Notification | Street Address 171 Clifton Ave. | |
| <input type="checkbox"/> EPA | <input checked="" type="checkbox"/> Initial | City, State, Zip Code Newark, NJ 07104 | |
| <input checked="" type="checkbox"/> DEP | <input type="checkbox"/> Amendment | Name of Contact Chris Tomlan | |
| <input checked="" type="checkbox"/> DOL | Amendment # | Telephone Number | |
| <input checked="" type="checkbox"/> DOH | <input type="checkbox"/> Emergency (include justification) | | |
| <input type="checkbox"/> DCA | <input type="checkbox"/> Cancellation | | |

FACILITY INFORMATION

| | | | | | |
|--|---------------------|---|--|-------------------|-------------------------|
| Name of facility where abatement is taking place (3) Main School South Side of the Building Boiler Room | | | Type of Facility (4) <input checked="" type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) | | |
| Street Address 1060-1066 South Orange Avenue | | | Square Feet 16,000 sf | # of Floors 03 | Bldg. Age 50 |
| City (5) Newark | County (6) Essex | County Code (7) (State use only) | Current Use (Prior if being demolished) School | | |
| Name of Monitoring Firm Hired by Bldg. Owner (8) Whitman Companies | | ASCM No. 00110 | Name of Abatement Contractor (9) Paragon Contracting, Inc. | | |
| Street Address 7 Pleasant Hill Rd. | | | Street Address 590 River Rd. | | |
| City, State, Zip Code Cranbury, NJ 08512 | | | City, State, Zip Code Clifton, NJ 07014 | | |
| Project Manager for Monitoring Firm Kevin Lovely | | Phone Number 732-390-5858 | Telephone Number (973) 614-1600 | | License Number 00748 |
| Scheduled Start Date (10) 01/24/2014 | | Sched. Completion Date (11) 01/28/2014 | Name of OSHA Monitor Paragon Contracting, Inc. | | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input checked="" type="checkbox"/> Abatement performed outside of normal facility hours- Describe: Work to be performed after 5:00 PM <input type="checkbox"/> Other-Describe: | | | Street Address 590 River Rd. | | |
| | | | City, State, Zip Code Clifton, NJ 07014 | | |

Scope of Work (check all that apply)

- ☐ Demolition ☒ Renovation ☐ Full Containment w/negative pressure ☒ Glovebag procedure
☒ >3 sf or >3 lf ☐ ≥160 sf or ≥260 lf ☒ Mini-enclosure ☒ Non-Exempted ("") Non-friable procedure

| Location of asbestos-containing material to be abated in facility (13) | Is location normally used solely by maintenance/custodial staff (12) | | | Description of asbestos-containing material (ACM) | Amount (Specify SF or LF) | R e m o v e | R e p a i r | E n c a p | E n c l |
|--|--|--------------------------|-------------------------------------|---|---------------------------|-------------------------------------|----------------------------|--------------------------|--------------------------|
| | Yes | No | N/A | | | | | | |
| Basement Boiler Room (2 tents) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pipe Elbows | 8 EA | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1st Floor Office | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | VAT following wall demo | 10 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | |
|--|---------------------------|--------------------------------|--|
| Registered Waste Hauler Paragon Contracting, Inc. | NJDEP Hauler ID# 22161 | Cubic Yards of Waste 1 cyds | Name of Registered Landfill Tullytown/GROWS |
| City, State Clifton, NJ 07014 | Disposal Date TBD | City, State Tullytown, PA | |
| Completed by (Print or Type) Goran Lazevski | Title President | Signature | Date 01/15/2014 |

No check

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

RECEIVED
2014 JAN 23 PM 12:15
NJ DEP. OF ENVIRONMENTAL
& LICENSING

| | | | | | | | | | |
|---|---|--|--|---|----------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1) 1 / 16 / 14 | | Name of Building Owner/Operator (2) Verizon | | | | | | | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 621 William Street | | | | | | | |
| | | City, State, Zip Code East Orange, NJ 07017 | | | | | | | |
| | | Name of Contact Alex Baylor | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Verizon | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | | | | | | | |
| Street Address 621 William Street | | | | | | | | | |
| City (5) East Orange NJ | | Square Feet 15000 | # of Floors 2 | | | | | | |
| County (6) Bergen | | County Code (7) (STATE USE ONLY) | Bldg. Age 75 | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Inc. | | ASCM No. 57445 | Name of Abatement Contractor (9) JVN Restoration Inc | | | | | | |
| Street Address 1253 North Church Street | | Street Address 47 Foster Road | | | | | | | |
| City, State, Zip Code Moorestown, NJ | | City, State, Zip Code Staten Island NY 10309 | | | | | | | |
| Project Manager for Monitoring Firm Harold Balwin | | Telephone No. 856-840-8800 | License No. 00774 | | | | | | |
| Start Date (10) 1 / 13 / 14 | Scheduled Completion Date (11) 1 / 15 / 14 | Name of OSHA Monitor Testor Tech | | | | | | | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 9:00AM-7:00PM/ PM- AM | | Street Address 10 59 Jackson Avenue | | | | | | | |
| | | City, State, Zip Code LIC, NY 11101 | | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | | |
| | Yes | No | | | N/A | Removal | Repair | Encapsulate | Enclosure |
| Basement Power Room | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | VAT/Mastic | 1,650 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler Global Waste Industries Inc | | NJDEP Waste Hauler ID No. NJ-22171 | Cubic Yards of Waste 9 | Name of Registered Landfill G.R.O.W.S., Inc. | | | | | |
| City, State Hackettstown, NJ | | Disposal Date 1/15/14 | | City, State Morrisville, PA | | | | | |
| Completed By (Print or Type) John Tardy | | Title Senior Project Manager | | Signature | | Date 1/16/14 | | | |

RECEIVED
2014 JAN 23 PM 12:13
ASST. DIR. OF
INTELLIGENCE
one Number

ASB-41
MAY 11

* 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)

ck
RECEIVED
2014 JAN 23 PM 12:14
ASBESTOS CONTROL & LICENSING

| | | | | |
|--|---|--|---|---|
| Date of Notice 1/14/14 Type Notification | | Name of Building Owner / Operator (2) Warren Reich | | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Emergency Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation | Street Address 2090 Raritan Road | | |
| | | City, State & Zip Code Scotch Plains, NJ 07076 | | |
| | | Name of Contact Warren Reich | | |
| | | Telephone Number | | |
| FACILITY INFORMATION | | | | |
| Name of Facility Where Abatement is Taking Place (3) Residence | | Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) | | |
| 2090 Raritan Road | | Square Feet 2,500 | # of Floors 2 | Bldg. Age 60 |
| City (5) Scotch Plains | County (6) Union | County Code (7) | | |
| | | Current Use (Prior if being demolished) Home | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | ASCM No. | Name of Abatement Contractor (9) Global Abatement Services, LLC | |
| Street Address | | Street Address 443 Schoolhouse Road | | |
| City, State & Zip Code | | City, State & Zip Code Monroe Township, NJ 08831 | | |
| Project Manager for Monitoring Firm | | Telephone Number 732-605-9062 | License Number 00714 | |
| Scheduled Start Date (10) 1/15/14 | Scheduled Completion Date (11) 1/16/14 | | Name of OSHA Monitor Global Abatement Services, LLC | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: Area Isolated During Abatement Other - Describe: | | Street Address 443 Schoolhouse Road | | |
| | | City, State & Zip Code Monroe Township, NJ 08831 | | |
| Scope of Work (Check all that apply) | | | | |
| Demolition | | <input checked="" type="checkbox"/> Renovation | | |
| Large Project | | Full Containment with Negative Pressure | | |
| Quantity is ≥ 3 SF or ≥ 3 LF ACM | | Mini-Enclosure | | |
| <input checked="" type="checkbox"/> Quantity is ≥ 160 SF or ≥ 260 LF ACM | | <input checked="" type="checkbox"/> Glovebag Procedure | | |
| | | <input checked="" type="checkbox"/> Other: Non-friable | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13) | Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) | Amount (Specify Square Feet or Linear Feet) | Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure) |
| Basement | N/A | TSI Pipe | 15 LF | Removal |
| Basement | N/A | TSI Pipe | 50 LF | Repair |
| Basement | N/A | VAT | 500 SF | Removal |
| Name of Registered Waste Hauler Freehold Cartage | NJDEP Waste Hauler ID # 18693 | Cu. Yds. of Waste 10 | Name of Registered Landfill TRRF | |
| City, State Freehold, NJ | | Disposal Date 1/16/14 | City, State Tullytown, Pa | |
| Completed By (Print or Type) Dominick Tringali | Title Project Manager | Signature <i>Dominick Tringali</i> | | Date 1/1614 |

No check

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

RECEIVED
2014 JAN 23 PM 12:07
ASBESTOS CONTROL
& LICENSING

| Date of Notification (1) 10-9-13 | | Name of Building Owner/Operator (2) Exxon Mobil | | | | | | | |
|--|--|---|---|---|---------------------------|----------------|--------|-------------|-----------|
| Agencies Notified | Type Notification | Street Address | | | | | | | |
| <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA | <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | 52 BRACHAM STREET | | | | | | | |
| | | City, State, Zip Code Everett MA 02149 | | | | | | | |
| | | Name of Contact Eric W. Errico | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Former Bayonne Lubrication Mfg. Plant | | Type of Facility (4) | | | | | | | |
| Street Address 1 Ave J | | <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| City (5) Bayonne | Square Feet N/A | # of Floors N/A | Bldg. Age N/A | | | | | | |
| County (6) Hudson | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Abandoned | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) ASST Inspection Technologies Corp | | ASCM No. TBD | Name of Abatement Contractor (9) Terra Abatement Services, LLC | | | | | | |
| Street Address 123 N Fra Rd PO Box 3015 | | Street Address 5787 Stadium Drive | | | | | | | |
| City, State, Zip Code South Hampton NY 11969 | | City, State, Zip Code Kalamazoo MI 49009 | | | | | | | |
| Project Manager for Monitoring Firm Peter Elkins | | Telephone No. 269-375-9595 | License No. | | | | | | |
| Start Date (10) 10-22-13 | Scheduled Completion Date (11) 9-30-15 | Name of OSHA Monitor Analytical Testing & Consulting, Inc. | | | | | | | |
| Occupancy Status During Abatement (Check Only One) | | Street Address 14625 Foster Rd. | | | | | | | |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: | | City, State, Zip Code Plainfield, MI 49180 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Outdoor piping | | | X | Thermal System Insulation | 51,893 LF | X | | | |
| Warehouse | | | X | Thermal System Insulation | 2,397 LF | X | | | |
| Warehouse | | | X | Floortile-Mastic-Caulk | 35,755 SF | X | | | |
| Name of Registered Waste Hauler HAZMAT Environmental Group | | NJDEP Waste Hauler ID No. 1665 | Cubic Yards of Waste 2,172 | Name of Registered Landfill High Acres Landfill | | | | | |
| City, State Buffalo, NY | | Disposal Date Oct 2013 - Sept 2015 | | City, State Fairport, NY | | | | | |
| Completed by August A. Mac | | Title Director of Abatement Services | Signature August A. Mac | Date 9/30/13 | | | | | |

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

Check # 8840

| Date of Notification (1) 1-18-14 | | Name of Building Owner/Operator (2) Michael Sullivan | | | | | | | |
|--|---|---|------------------------------------|---|---------------------------|-------------------------------------|--------|-------------|-----------|
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 425 Forest Road City, State, Zip Code Scotch Plains NJ 07076 Name of Contact Michael Sullivan | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Single family Dwelling Street Address 425 Forest Road | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| City (5) Scotch Plains NJ 07076 | Square Feet | # of Floors 2 | Bldg. Age 100+ | | | | | | |
| County (6) Union | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies | ASCM No. N/A | Name of Abatement Contractor (9) EPC Technologies Inc | | | | | | | |
| Street Address P.O. Box 337 | | Street Address P.O. Box 337 | | | | | | | |
| City, State, Zip Code New Egypt, NJ 08533 | | City, State, Zip Code New Egypt NJ 08533 | | | | | | | |
| Project Manager for Monitoring Firm Steve Schenker | Telephone No. 609 758-3365 | Telephone No. 609 758-3365 | License No. 00394 | | | | | | |
| Start Date (10) 1-28-14 | Scheduled Completion Date (11) 2-6-14 | Name of OSHA Monitor EPC Technologies Inc | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: | | Street Address P.O. Box 337 City, State, Zip Code New Egypt NJ 08533 | | | | | | | |
| Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Basement/crawlspace | <input checked="" type="checkbox"/> | | | Pipe Insulation | 120 LF | <input checked="" type="checkbox"/> | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler EPC Technologies | | NJDEP Waste Hauler ID No. 17000 | Cubic Yards of Waste 2 | Name of Registered Landfill Waste Management of PA | | | | | |
| City, State New Egypt NJ | | Disposal Date | | City, State Morrisville PA | | | | | |
| Completed by Steve Schenker | | Title President | Signature Steve Schenker | | | Date 1-18-14 | | | |

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

Check
8838

| | | | |
|---|--|---|--|
| Date of Notification (1) 1-18-14 | | Name of Building Owner/Operator (2) Katie Hollenback | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | |
| Street Address 446 Third Street | | City, State, Zip Code Danellen NJ 08812 | |
| Name of Contact Katie Hollenback | | | |

| | | | |
|--|---|---|-----------------------------|
| Name of Facility Where Abatement is Taking Place (3) Single family Dwelling | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | |
| Street Address 446 Third Street | | Square Feet | Bldg. Age |
| City (5) Danellen NJ 08812 | | 2 | 75+ |
| County (6) Middlesex | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) | |
| Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies | ASCM No. N/A | Name of Abatement Contractor (9) EPC Technologies Inc | |
| Street Address P.O. Box 337 | | Street Address P.O. Box 337 | |
| City, State, Zip Code New Egypt, NJ 08533 | | City, State, Zip Code New Egypt NJ 08533 | |
| Project Manager for Monitoring Firm Steve Schenker | | Telephone No. 609 758-3365 | License No. 00394 |
| Start Date (10) Jan 29, 2014 | Scheduled Completion Date (11) Jan 29, 2014 | Name of OSHA Monitor EPC Technologies Inc | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: | | Street Address P.O. Box 337 | |
| | | City, State, Zip Code New Egypt NJ 08533 | |

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

| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|---|---|----|-----|---|---------------------------|-------------------------------------|--------|-------------|-----------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Basement | <input checked="" type="checkbox"/> | | | Pipe Fitting TSI | 20 LF | <input checked="" type="checkbox"/> | | | |
| Basement | <input checked="" type="checkbox"/> | | | Floor Tiles | 400 SF | <input checked="" type="checkbox"/> | | | |
| | | | | | | | | | |

| | | | |
|--|---|-------------------------------------|--|
| Name of Registered Waste Hauler EPC Technologies | NJDEP Waste Hauler ID No. 17000 | Cubic Yards of Waste 2 | Name of Registered Landfill Waste Management of PA |
| City, State New Egypt NJ | Disposal Date 1-30-14 | City, State Moansville PA | |
| Completed by Steve Schenker | Title President | Signature Steve Schenker | Date 1-18-14 |

* 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)

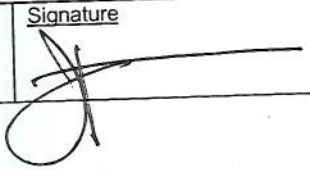
Check # 0839 RECEIVED
2014 JAN 23 AM 11:37

| | | | | | | | | | |
|--|--|--|--------------------------------------|---|---------------------------|----------------|--------|-------------|-----------|
| Date of Notification (1) 1-18-14 | | Name of Building Owner/Operator (2) Larosa Contracting | | | | | | | |
| Agencies Notified | Type Notification | Street Address 4 Sky High Terrace | | | | | | | |
| <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Bridge water NJ 08807 | | | | | | | |
| | | Name of Contact Larosa Contracting | Telephone Number 088071700 | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Single Family Dwelling (Vacant) | | Type of Facility (4) | | | | | | | |
| Street Address 621 Voorhees Ave | | <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| City (5) Middlesex NJ 08846 | County (6) Middlesex | Square Feet 2 | # of Floors 50+ | | | | | | |
| County Code (7) Middlesex | | Current Use (Prior if being demolished) Single Family Dwelling | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies | | Name of Abatement Contractor (9) EPC Technologies Inc | | | | | | | |
| Street Address P.O. Box 337 | | Street Address P.O. Box 337 | | | | | | | |
| City, State, Zip Code New Egypt, NJ 08533 | | City, State, Zip Code New Egypt NJ 08533 | | | | | | | |
| Project Manager for Monitoring Firm Steve Schenker | | Telephone No. 609 758-3365 | License No. 00394 | | | | | | |
| Start Date (10) 1-30-14 | Scheduled Completion Date (11) 1-31-14 | Name of OSHA Monitor EPC Technologies Inc | | | | | | | |
| Occupancy Status During Abatement (Check Only One) | | Street Address P.O. Box 337 | | | | | | | |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: | | City, State, Zip Code New Egypt NJ 08533 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf | | <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition | | | | | | | |
| | | <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| exterior walls | 1 | | X | Siding Shingles | 1500 SF | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler EPC Technologies | | NJDEP Waste Hauler ID No. 17000 | Cubic Yards of Waste 6 | Name of Registered Landfill Waste Management of PA | | | | | |
| City, State New Egypt NJ | | Disposal Date 1-31-14 | City, State Morrisville PA | | | | | | |
| Completed by Steve Schenker | | Title President | Signature Steve Schenker | | Date 1-18-14 | | | | |

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

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

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2014 JAN 23 AM 11:35
NJ DEP OF ENVIRONMENTAL CONTROL & LICENSING

| | | | |
|--|--|---|--|
| Date of Notification (1) 1/17/2014 | | Name of Building Owner/Operator (2) Vincent Taconelli | |
| Agencies Notified (X) EPA (X) DEP (X) DOL () DOH () DCA | | Notification Type (X) Initial Notification () Amended Certification () Cancelled | |
| Street Address 15 Woodbine Avenue | | City, State, Zip Code Maple Shade, NJ 08052 | |
| Name of Contact B. Taite | | | |
| FACILITY INFORMATION | | | |
| Name of Facility Where Abatement is Taking Place (3) Un-named | | Type of Facility (4) () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.) | |
| Street Address 27 West Main Street | | Sq. Feet 7,158 # of Floors 1 | |
| City (5) Maple Shade | County (6) Burlington County | County Code (7) (State Use Only) | Bldg. Age 68 Current Use (prior if being demolished) not in use |
| Name of Monitoring Firm Hired by Bldg. Owner (8) Environmental Management International, Inc. | | ASCM No. | Name of Contractor (9) Neuber Environmental Services, Inc. |
| Street Address 34 East Germantown Pike | | Street Address 42 Ridge Road | |
| City, State, Zip Code East Norriton, PA 19401 | | City, State, Zip Code Phoenixville, PA 19460 | |
| Project Manager for Monitoring Firm Ray Giordano | Telephone Number 856-229-5369 | Telephone Number 610-933-4332 | License Number 00836 |
| Scheduled Start Date (10) 2/3/2014 | Scheduled Completion Date (11) 2/14/2014 | | Name of OSHA Monitor Environmental Management International, Inc. |
| Occupancy Status During Abatement (Check only one) (X) Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours - Describe _____ Other - Describe _____ | | Street Address 34 East Germantown Pike City, State, Zip Code East Norriton, PA 19401 | |
| Source of Work (Check all that apply) () Demolition (X) Renovation (X) Large Proj. (>160 SF or >260 LF ACM) () SM Proj. (>25<160 SF or >10 <260 LF ACM) () Minor Proj. (<25 SF or <10 LF ACM) () Full Containment with Negative Pressure (X) Mini-Enclosure () Glovebag Procedure | | | |
| Location of Asbestos-Containing Material (ACM) in Facility (13) | Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA | Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) | Amount (Specify SF or LF) |
| Main floor area | XXX | Floor tile and mastic | 4,800 sf |
| | | | |
| | | | |
| Name of Reg. Waste Hauler Empire Wrecking Co. | | NJDEP Waste Hauler ID # 12838 | Cubic Yards of Waste 30 |
| City, State Reading, PA | | Disp. Date 1/2014 | Name of Reg. Landfill Western Berks Landfill |
| Completed by (Print or Type) Jeff LaRiviere | | Title Vice President | Signature  |
| | | Date 1/16/2014 | |

Mail to: NJDEP-DSHW-BR RTP
401 E. State St., PO 414
Trenton, NJ 08625-0414

Telephone 609-984-6620

C:\WORD\MYDOCS\ASBESTOS
9/18/00

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

RECEIVED
2014 JAN 23 AM 11:35
ASBESTOS CONTROL & LICENSING

| | | | | | | | | | |
|--|---|---|---|--|---------------------------------------|----------------|--------|------------------|-----------|
| Date of Notification (1) 01/16/14 | | Name of Building Owner/Operator (2) Weissman Realty | | | | | | | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA | | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | | | | | | |
| Street Address 16 Herbert Street | | City, State, Zip Code Newark, NJ 07105 | | | | | | | |
| Name of Contact Alan Weissman | | Telephone Number | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Warehouse | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address 16 Herbert Street | | Square Feet 100,000 | # of Floors 1 | | | | | | |
| City (5) Newark | | Bldg. Age 50+- | | | | | | | |
| County (6) Essex | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Warehouse | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | ASCM No. | Name of Abatement Contractor (9) Stanmark Contractors, LLC | | | | | | |
| Street Address | | Street Address 27 Edsall Drive | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Sussex, NJ 07461 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. 973-864-2022 | License No. 01137 | | | | | | |
| Start Date (10) 01/27/14 | Scheduled Completion Date (11) 02/01/14 | Name of OSHA Monitor AmeriSci | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: | | Street Address 117 East 30th Street | | | | | | | |
| | | City, State, Zip Code New York, NY 10016 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition | | | | | | | |
| | | <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) 650 S.F. | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Outside of the building | | X | | transite panels | | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Atlantic Carting | | NJDEP Waste Hauler ID No. 26085 | Cubic Yards of Waste 60 | Name of Registered Landfill G.R.O.W.S. | | | | | |
| City, State Wayne, NJ | | Disposal Date on completion | | City, State Morrisville, PA | | | | | |
| Completed by Marko Stankovic | | Title President | | Signature <i>Marko Stankovic</i> | | | | Date 01/16/13 | |

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

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

CK 5012

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2014 JAN 23 AM 11:34
Hazardous Waste Control & Licensing

| | | | |
|--|--|--|------------------|
| Date of Notification (1) 1/16/14 | | Name of Building Owner/Operator (2) P.S.E.G. | |
| Agencies Notified | Type Notification | Street Address 4000 HADLEY ROAD | |
| <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code SOUTH PLAINFIELD, NJ 07080 | |
| | | Name of Contact JOHN KILLIAN | Telephone Number |

FACILITY INFORMATION

| | | | |
|--|-------------------------------------|---|--|
| Name of Facility Where Abatement is Taking Place (3) PSE+G | | Type of Facility (4) | |
| Street Address 132 HENLEY AVE. | | <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | |
| City (5) NEW MILFORD | Square Feet 800 | # of Floors 1 | Bldg. Age Appx 50yrs |
| County (6) BERGEN | County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) SUBSTATION |
| Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS | | ASCM No. 0045 | Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA |
| Street Address 64 BROAD STREET | | Street Address 396 WHITEHEAD AVE. | |
| City, State, Zip Code MATAWAN, NJ 07747 | | City, State, Zip Code SOUTH RIVER, NJ 08882 | |
| Project Manager for Monitoring Firm TOM GEIGER | | Telephone No. 732-292-2217 | Telephone No. 732-432-8350 |
| Start Date (10) 1/27/14 | | Scheduled Completion Date (11) 1/27/14 | |
| Occupancy Status During Abatement (Check Only One) | | Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA | |
| <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: occupied by necessary operators only | | Street Address 396 WHITEHEAD AVE. | |
| | | City, State, Zip Code SOUTH RIVER, NJ 08882 | |

Scope of Work (Check All That Apply)

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

| Location of Asbestos-Containing Material (ACM) In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|---|---|----------|-----|---|---------------------------|----------------|--------|-------------|-----------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| CONTROL HOUSE | | X | | ACM TRASITE PANEL | 16 SF | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | | | |
|--|--|---------------------------------------|---|
| Name of Registered Waste Hauler WASTE MANAGEMENT | NJDEP Waste Hauler ID No. 1125 | Cubic Yards of Waste Appx 3 | Name of Registered Landfill GROWS NORTH |
| City, State ELIZABETH, NJ | Disposal Date 7/3/14 | City, State MORRISVILLE, PA | |
| Completed by CAROL RAIMO | Title OFFICE MGR. | Signature Carol Raimo | Date 1/16/14 |

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

OK 024214

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)
01 / 15 / 14

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

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

Name of Building Owner/Operator (2)

Kamran Ali

Street Address

624 Maple Avenue

City, State, Zip Code

Teaneck NJ 07666

Name of Contact

Esther Camaratte

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Residence

Street Address

624 Maple Avenue

City (5)

County (6)

County Code (7)

(STATE USE ONLY)

Teaneck

Name of Monitoring Firm Hired by Building Owner (8)

ASCM

Enviro Vision Consultants, Inc.

Street Address

20-21 Wagaraw Road, Bldg. #34A

Fairlawn NJ 07410

Project Manager for Monitoring Firm

Willie Morales

Telephone Number

973-636-9145

Scheduled State Date (10)

01 / 24 / 14
Month / Day / Year

Scheduled Completion Date (11)

01 / 27 / 14
Month / Day / Year

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 lf
☐ ≥ 160 sf or ≥ 260 lf

☒ Renovation
☐ Demolition

☐ Full Containment With Negative Pressure

☐ Mini-Enclosure

☒ Glovebag Procedure

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

| Location of Asbestos - Containing Material (ACM) TO BE ABATED in Facility (13) | Is Location Normally Used Solely by Maintenance / Custodial Staff (12) | | | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | | |
|--|--|----|-----|---|------------------------------|---------------------------------|----------------------------|---|---|---|
| | Yes | No | N/A | | | R E M O V E L | R E P A I R | E N C A P S U L E | E N C L O S U R E | E |
| Basement | | | X | pipe insulation | 40 LF | X | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

Name of Registered Waste Hauler

J.R. Contracting & Environmental Consulting, Inc.

City, State

Wayne NJ 07470

Completed by (Print or Type)

Jerry Bijelonic

NJDEP Waste Hauler ID No.
17819

Cubic Yards of Waste

Disposal Date

Signature

Title

Project Manager

Name of Registered Landfill

G.R.O.W.S

City, State

Morrisville PA

Date

1/15/2014

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

| Date of Notification (1) 01/14/14 | | Name of Building Owner/Operator (2) Infante Associates, Inc. | | | | | | | |
|--|--|---|--|---|---------------------------|-----------------|--------|-------------|-----------|
| Agencies Notified | Type Notification | Street Address 9 Robinson Lane | | | | | | | |
| <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (Including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Ridgewood, New Jersey 07450 | | | | | | | |
| | | Name of Contact Mark Infante | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement Is Taking Place (3) Toyota Building | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address 1096 Route 17 North | | Square Feet 10,000 | # of Floors 2 | | | | | | |
| City (5) Ramsey, New Jersey 07446 | | Bldg. Age 55+ | | | | | | | |
| County (6) Bergen | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Car Dealership | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | Name of Abatement Contractor (9) Lilich Corporation | | | | | | | |
| Street Address | | Street Address 606 McBride Avenue | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Woodland Park, NJ 07424 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. 973-641-8228 | License No. 01104 | | | | | | |
| Start Date (10) 01/06/14 | Scheduled Completion Date (11) 02/21/14 | Name of OSHA Monitor J&S Environmental | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____ | | Street Address 2333 Route 22 West | | | | | | | |
| | | City, State, Zip Code Union, New Jersey 07083 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | | | | | | |
| | | <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Roof | X | | | Flashing | 420 SF | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Lilich Corporation | | NJDEP Waste Hauler ID No. 18724 | Cubic Yards of Waste 10 | Name of Registered Landfill G.R.O.W.S Landfill | | | | | |
| City, State Woodland Park, New Jersey 07424 | | | Disposal Date | City, State Morrisville, Pennsylvania | | | | | |
| Completed by Tatiana Kalenikova | | Title Vice President | Signature <i>Tatiana Kalenikova</i> | | | Date 1/14/14 | | | |

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

| Date of Notification (1) 12/27/13 Ck:2956 \$200 | | Name of Building Owner/Operator (2) Infante Associates, Inc. | | | | | | | |
|--|--|---|--|---|---------------------------|------------------|--------|-------------|-----------|
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 9 Robinson Lane | | | | | | | |
| | | City, State, Zip Code Ridgewood, New Jersey 07450 | | | | | | | |
| | | Name of Contact Mark Infante | Telephone Number _____ | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Toyota Building | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address 1096 Route 17 North | | Square Feet 10,000 | # of Floors 2 | | | | | | |
| City (5) Ramsey, New Jersey 07446 | | Bldg. Age 55+ | | | | | | | |
| County (6) Bergen | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) Car Dealership | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | ASCM No. _____ | Name of Abatement Contractor (9) Lilich Corporation | | | | | | |
| Street Address _____ | | Street Address 606 McBride Avenue | | | | | | | |
| City, State, Zip Code _____ | | City, State, Zip Code Woodland Park, NJ 07424 | | | | | | | |
| Project Manager for Monitoring Firm _____ | | Telephone No. 973-641-8228 | License No. 01104 | | | | | | |
| Start Date (10) 01/06/14 | Scheduled Completion Date (11) 01/20/14 | Name of OSHA Monitor J&S Environmental | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____ | | Street Address 2333 Route 22 West | | | | | | | |
| | | City, State, Zip Code Union, New Jersey 07083 | | | | | | | |
| Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Roof | X | | | Flashing | 420 SF | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Lilich Corporation | | NJDEP Waste Hauler ID No. 18724 | Cubic Yards of Waste 10 | Name of Registered Landfill G.R.O.W.S Landfill | | | | | |
| City, State Woodland Park, New Jersey 07424 | | Disposal Date 01/24/14 | | City, State Morrisville, Pennsylvania | | | | | |
| Completed by Tatiana Kalenikova | | Title Vice President | | Signature <i>Tatiana Kalenikova</i> | | Date 12/27/13 | | | |

**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:26 and 12:12B)

RECEIVED
JAN 23 AM 11:30
LICENSING DIVISION

| | | | | | | | |
|--|---|--|--------------------------------------|---|--------|-------------|---------|
| Date of Notification (1) 1/16/14 | | Name of Building Owner/Operator (2) MR. ALAN CYTRYN | | | | | |
| Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 234 ENGIE ST | | | | | |
| | | City, State, Zip Code TENAFLY, NJ, 07670 | | | | | |
| | | Name of Contact MR. CYTRYN | | | | | |
| Telephone Number 1 | | | | | | | |
| FACILITY INFORMATION | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) MR CYTRYN | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | |
| Street Address 234 ENGIE ST | | Square Feet 2000 | # of Floors 2 | | | | |
| City (5) TENAFLY | | Est. Age 1940 | | | | | |
| County (6) BERGEN | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) RESIDENCE | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | Name of Abatement Contractor (9) | | | | | |
| Street Address | | Street Address | | | | | |
| City, State, Zip Code | | City, State, Zip Code | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. | License No. | | | | |
| Start Date (10) 1/31/14 | | Scheduled Completion Date (11) 2/1/14 | | | | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: 7AM to 5PM | | Name of OSHA Monitor Omega Environmental Inc | | | | | |
| | | Street Address 280 Huyler St | | | | | |
| | | City, State, Zip Code South Hackensack, N.J. 07606 | | | | | |
| Scope of Work (Check all that apply) | | | | | | | |
| <input checked="" type="checkbox"/> 2 or 3 of or 2 SF <input checked="" type="checkbox"/> 100 or or 2 200 SF | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Project Enclosure <input type="checkbox"/> Gloving Procedure <input type="checkbox"/> Non-Exempted (?) and Non-Finable Procedure | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE REMOVED IN Facility (12) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (13) Yes No N/A | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, siding, VPI, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | | | | Removal | Repair | Encapsulate | Enclose |
| BASEMENT | Y | THERMAL SYSTEMS INSULATION | 120 LF | X | | | |
| | | | | | | | |
| | | | | | | | |
| Name of Registered Waste Hauler Best Removal Inc | | NJ DEP Waste Hauler ID No. 17109 | Cubic Yards of Waste 1/207 | Name of Registered Landfill Minerva Enterprises | | | |
| City, State Hackensack, N.J. 07601 | | Disposal Date 2/1/14 | City, State Waynesburg, Oh | | | | |
| Completed by R. VELDRAH | Title Estimator | Signature R Veldrah | Date 1/16/14 | | | | |

CHECK #
3157

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

RECEIVED
2014 JAN 23 AM 11:29

| | | | |
|---|--|---|-------------|
| Date of Notification (1) <u>1/17/14</u> | | Name of Building Owner/Operator (2) <u>EARTHTECH CONTRACTING</u> | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA | | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | |
| Street Address <u>155 R. 50</u> | | City, State, Zip Code <u>GREENFIELD, N.J.</u> | |
| Name of Contact <u>BRUCE BREUNIG</u> | | Telephone <u>[REDACTED]</u> | |
| FACILITY INFORMATION | | | |
| Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u> | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) | |
| Street Address <u>9315 VERNON AVE.</u> | | Square Feet | # of Floors |
| City, State, Zip Code <u>MARGATE ATLANTIC</u> | | Building Age | |
| County (6) <u>ATLANTIC</u> | | Current Use (Prior if being demolished) <u>VACANT</u> | |
| Name of Monitoring Firm Hired by Building Owner <u>N/A</u> | | ASCM No. | |
| Street Address | | Name of Abatement Contractor (9) <u>KLEMMCO INC.</u> | |
| City, State, Zip Code | | Street Address <u>369 S. SPRUCE AVE.</u> | |
| Project Manager for Monitoring Firm | | City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u> | |
| Telephone No. | | Telephone No. <u>856-779-0472</u> | |
| Start Date (10) <u>1/28/14</u> | | License No. <u>00444</u> | |
| Scheduled Completion Date (11) <u>2/4/14</u> | | Name of OSHA Monitor <u>JOSEPH KLEMM</u> | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe | | Street Address <u>369 S. SPRUCE AVE.</u> | |
| Scope of Work (Check all that apply) <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition | | City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u> | |
| Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) <u>TRANSITE</u> | |
| Amount (Specify SF or LF) <u>2500 #</u> | | Amount (Specify SF or LF) <u>2500 #</u> | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) <u>SIDING</u> | | Amount (Specify SF or LF) <u>2500 #</u> | |
| Name of Registered Waste Hauler <u>KLEMMCO INC.</u> | | Cubic Yards of Waste <u>17904</u> | |
| NJDEP Waste Hauler ID No. <u>17904</u> | | Name of Registered Landfill <u>A.C.U.A.</u> | |
| City, State <u>MAPLE SHADE, N.J.</u> | | City, State <u>PLEASANTVILLE, N.J.</u> | |
| Signature <u>JOSEPH KLEMM</u> | | Signature <u>JOSEPH KLEMM</u> | |
| Title <u>V/P</u> | | Date <u>1/17/14</u> | |

* Do not use this form for asbestos licensure exempted activities

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

Check # 9395

| | | | |
|--|---|---|---------------------------|
| Date of Notification (1) January 17, 2014 | | Name of Building Owner / Operator (2) Bank of America | |
| Agencies Notified | Type Notification | Street Address 25 Branchport Avenue | |
| <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Cancellation | City, State & Zip Code Long Branch, NJ 07740 | |
| | | Name of Contact Jim Kalafsky | Telephone Number _____ |

FACILITY INFORMATION

| | | | |
|--|--|---|--------------------------------|
| Name of Facility Where Abatement is Taking Place (3) Bank of America | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.) | |
| Street Address 25 Branchport Avenue | | Square Feet 1,700 | # of Floors 1 |
| City (5) Long Branch | | Bldg. Age 48 | |
| County (6) Monmouth | | Current Use (Prior if being demolished) Bank | |
| County Code (7) USE ONLY | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Environmental Testing Consultants, LLC | | Name of Abatement Contractor (9) Synatech, Inc. | |
| Street Address One Mall Drive, Suite 404 | | Street Address 829 Radio Road | |
| City, State & Zip Code Cherry Hill, NJ 08002 | | City, State & Zip Code Little Egg Harbor, NJ 08087 | |
| Project Manager for Monitoring Firm Howard Zenobi | | Telephone Number 856-482-1311 | License Number 00817 |
| Scheduled Start Date (10) January 27, 2014 | Scheduled Completion Date (11) February 27, 2014 | Name of OSHA Monitor Synatech, Inc. | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement | | Street Address 829 Radio Road | |
| | | City, State & Zip Code Little Egg Harbor, NJ 08087 | |

Scope of Work (Check all that apply)

- | | | |
|--|-------------------------------------|---|
| <input type="checkbox"/> ≥ 3 sf or ≥ 50 lf | <input type="checkbox"/> Renovation | <input checked="" type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf | <input type="checkbox"/> Demolition | <input type="checkbox"/> Mini-Enclosure |
| | | <input type="checkbox"/> Glovebag Procedure |
| | | <input checked="" type="checkbox"/> Non-Exempted(*) and Non-Friable Procedure |

| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) | | | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|---|--|----|-----|---|---------------------------|----------------|--------|-------------|-----------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Main Area | | | X | Ceiling Tile and Mastic | 1,000 SF | | X | | |
| Main Area | | | X | Floor Tile and Mastic | 1,700 SF | X | | | |

| | | | |
|--|---|---|--|
| Name of Registered Waste Hauler Synatech, Inc. | NJDEP Waste Hauler ID No. 27429 | Cubic Yards of Waste 40 | Name of Registered Landfill Grows Landfill |
| City, State Little Egg Harbor, NJ 08087 | | Disposal Date February 28, 2014 | City, State Morrisville, PA |
| Completed By Diane Aloia | Title Executive Administrator | Signature <i>Diane Aloia</i> | Date January 17, 2014 |

*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)

MO# 21382890120

RECEIVED
2014 JAN 23 PM 11:14
ASBESTOS CONTROL
& LICENSING

| | | | |
|---|--|--|--|
| Date of Notification (1) 01 / 17 / 14 | | Name of Building Owner/Operator (2) Peter Burbela | |
| Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8) | | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | |
| Street Address 123 Magie Avenue | | City, State, Zip Code Roselle Park, NJ 07204 | |
| Name of Contact Peter Burbela | | Telephone Number _____ | |

FACILITY INFORMATION

| | | | |
|--|----------------------------------|---|-------------|
| Name of Facility Where Abatement is Taking Place (3) Private home | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | |
| Street Address 123 Magie Avenue | | Square Feet | # of Floors |
| City (5) Roselle Park, NJ 07204 | | Bldg. Age | |
| County (6) | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) | |

| | | | | |
|---|--|--|---|-------------|
| Name of Monitoring Firm Hired by Building Owner (8) | | ASCM No. | Name of Abatement Contractor (9) Gr Tech LLC | |
| Street Address | | Street Address 576 Valley Rd #283 | | |
| City, State, Zip Code | | City, State, Zip Code Wayne, NJ 07470 | | |
| Project Manager for Monitoring Firm | | Telephone No. | Telephone No. | License No. |
| | | 973-638-1777 | 01127 | |

| | | |
|--|--|---|
| Start Date (10) 01 / 28 / 14 | Scheduled Completion Date (11) 01 / 29 / 14 | Name of OSHA Monitor Envirovision Consultants, Inc |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM | | Street Address 20-21 Wagaraw Road, Bldg. # 34A |
| | | City, State, Zip Code Fair Lawn, NJ 07410 |

Scope of Work (Check all that apply)

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

| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SIF or LF) | Abatement Type | | | |
|---|---|--------------------------|-------------------------------------|--|----------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Basement | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Pipe Insulation | 170 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | | |
|--|--|--------------------------------------|-----------------------------------|---|--------------------|
| Name of Registered Waste Hauler Gr Tech LLC | | NUDEP 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 <i>Robert Jevtic</i> | | Date 01/17/2014 |

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

Date of Notification (1)

Name of Building Owner/Operator

HESS CORPORATION

Street Address

1 HESS PLAZA

City, State, Zip Code

WOODBIDGE, NEW JERSEY 07095

Name of Contact

DAVID CERULO

Telephone Number

Agencies Notified

☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

☐ Initial Notification
☐ Amended Notification
☐ Cancellation
☒ On Hold #4
☐ EMERGENCY N

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

HESS PLAZA

Type of Facility (4)

☐ School (K-12)
☐ Subchapter 8 (Other than K-12)
☒ Other (ie. private & commcl. bldgs., homes, etc.)

Street Address

1 HESS PLAZA

Square Feet

187,000

of Floors

13

Bldg. Age

42

City (5)

WOODBIDGE

County (6)

MIDDLESEX

County Code (7)

(STATE USE ONLY)

Current Use (Prior if being demolished)

COMMERCIAL OFFICE

Name of Monitoring Firm Hired by Building Owner (8)

HILLMANN ENVIRONMENTAL

ASCM No.

17

Name of Abatement Contractor (9)

PAR ENVIRONMENTAL CORPORATION

Street Address

1600 ROUTE 22

Street Address

313 SPOOK ROCK ROAD

City, State, Zip Code

UNION, NEW JERSEY 07083

City, State, Zip Code

SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm

MIKE NEHLSSEN

Telephone Number

908-377-5644

Telephone Number

845-369-7500

License Number

460

Expected State Date (10)

1 / 6 / 14

Sched. Completion Date (11)

3 / 15 / 14

Name of OSHA Monitor

QUALITY ENVIRONMENTAL

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: Monday - Friday 6pm - 2:30 am

Street Address

1376 ROUTE 9 W

City, State, Zip Code

WAPPINGERS FALLS, NY 12590

Scope of Work (Check all that apply)

☐ Demolition
☒ >3SF OR LF
☐ >160 SF OR

☒ Renovation

☐ Full Containment with Negative Pressure

☒ Mini-Enclos.

☒ Glovebag Procedure

☐ Non-Friable Procedure

| Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13) | Is Location normally used solely by Maint/Custodial Staff (12) | | | Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|--|--|----|-----|--|---------------------------|----------------|--------|-----------|-----------|
| | Yes | No | N/A | | | REMOVAL | REPAIR | ENCAPSULE | ENCLOSURE |
| 1ST FLOOR MER ROOM | | | X | PIPE FITTINGS | 16 LF | X | | | |
| ADDITION TO SCOPE: | | | | | | | | | |
| 1ST FLOOR MER ROOM | | | X | PIPE FITTINGS | 19 LF | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
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| | | | | | | | | | |
| | | | | | | | | | |

Name of Registered Waste Hauler

DJM TRANSPORT, LLC

NJDEP Waste Hauler ID No.

26981

Cubic Yards of Waste

10

Name of Registered Landfill

GROWS LANDFILL

City, State

KEARNEY, NEW JERSEY

Disposal Date

12/16/13-03/15/14

City, State

MORRISVILLE, PA

Completed by (Print or Type)

BENJAMIN SANCHEZ

Title

DIRECTOR OF OPERATIONS

Signature

Date

1/17/14

2014 JAN 23 AM 11:43
NJ DEP & LICENSING
RECEIVED

| Date of Notification (1) 12 / 6 /13 | | | | Name of Building Owner/Operator (2) HESS CORPORATION | | | | |
|--|--|--|-----|--|---------------------------|---|------------------------------|-----------|
| Agencies Notified | | | | Street Address 1 HESS PLAZA | | | | |
| Type Notification | | | | City, State, Zip Code WOODBIDGE, NEW JERSEY 07095 | | | | |
| <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | | | | Name of Contact DAVID CERULO <small>(Telephone Number)</small> | | | | |
| FACILITY INFORMATION | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) HESS PLAZA | | | | | | Type of Facility (4) | | |
| | | | | | | <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, et Bld.) | | |
| Street Address 1 HESS PLAZA | | | | | | Square Feet 187,000 | # of Floors 13 | |
| City (5) WOODBIDGE | | County (6) MIDDLESEX | | County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) COMMERCIAL OFFICE | | |
| Name of Monitoring Firm Hired by Building Owner (8) HILLMANN ENVIRONMENTAL | | | | ASCM No. 17 | | Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION | | |
| Street Address 1600 ROUTE 22 | | | | Street Address 313 SPOOK ROCK ROAD | | | | |
| City, State, Zip Code UNION, NEW JERSEY 07083 | | | | City, State, Zip Code SUFFERN, NEW YORK 10901 | | | | |
| Project Manager for Monitoring Firm MIKE NEHLSEN | | | | Telephone Number 908-377-5644 | | Telephone Number 845-369-7500 | License Number 460 | |
| Expected State Date (10) 12 / 16 / 13 <small>Month Day Year</small> | | Sched. Completion Date (11) 3 / 15 / 14 <small>Month Day Year</small> | | Name of OSHA Monitor QUALITY ENVIRONMENTAL | | | | |
| Occupancy Status During Abatement (Check only one) | | | | | | Street Address 1376 ROUTE 9 W | | |
| <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: Monday - Friday 6pm - 2:30 am | | | | | | City, State, Zip Code WAPPINGERS FALLS, NY 1259 | | |
| Scope of Work (Check all that apply) | | | | | | <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Encls. <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure | | |
| <input type="checkbox"/> Demolition | | <input checked="" type="checkbox"/> Renovator | | | | | | |
| <input checked="" type="checkbox"/> >3SF OR LF | | | | | | | | |
| <input type="checkbox"/> >160 SF OR | | | | | | | | |
| Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13) | Is Location normally used solely by Maint/Custodial Staff (12) | | | Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abater | | |
| | Yes | No | N/A | | | REMOVAL | REPAIR | ENCAPSULE |
| 1ST FLOOR MER ROOM | | | X | PIPE FITTINGS | 16 LF | X | | |
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| Name of Registered Waste Haule DJM TRANSPORT, LLC | | NJDEP Waste Hauler ID No. 26981 | | Cubic Yards of Waste 10 | | Name of Registered Landfill GROWS LANDFILL | | |
| City, State KEARNEY, NEW JERSEY | | Disposal Date 12/16/13-03/15/14 | | City, State MORRISVILLE, PA | | | | |
| Completed by (Print or Type) BENJAMIN SANCHEZ | | Title DIRECTOR OF OPERATIONS | | Signature | | Date 12/6/13 | | |

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|--|--|--|--|---|--|--|--|
| Date of Notification (1) <div style="display: flex; justify-content: space-around; margin-top: 5px;"> 1 / 2 / 14 </div> | | | | Name of Building Owner/Operator (2) HESS CORPORATION | | | |
| Agencies Notified <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA </div> <div style="width: 45%;"> Type Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #3 <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY N </div> </div> | | | | Street Address 1 HESS PLAZA City, State, Zip Code WOODBRIDGE, NEW JERSEY 07095 Name of Contact DAVID CERULO | | | |

| FACILITY INFORMATION | | | | | |
|--|--|--------------------------------|--|---|--------------------------|
| Name of Facility Where Abatement is Taking Place (3) HESS PLAZA | | | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.) | |
| Street Address 1 HESS PLAZA | | | | Square Feet 187,000 | # of Floors 13 |
| City (5) WOODBRIDGE | | County (6) MIDDLESEX | | County Code (7) (STATE USE ONLY) | |
| Name of Monitoring Firm Hired by Building Owner (8) HILLMANN ENVIRONMENTAL | | | | ASCM No. 17 | |
| Street Address 1600 ROUTE 22 | | | | Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION | |
| City, State, Zip Code UNION, NEW JERSEY 07083 | | | | Street Address 313 SPOOK ROCK ROAD | |
| Project Manager for Monitoring Firm MIKE NEHLSSEN | | | | Telephone Number 845-369-7500 | |
| Expected State Date (10) <div style="display: flex; justify-content: space-between;"> 1 / 6 / 14 </div> | | | | Sched. Completion Date (11) <div style="display: flex; justify-content: space-between;"> 3 / 15 / 14 </div> | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: Monday - Friday 6pm - 2:30 am | | | | City, State, Zip Code WAPPINGERS FALLS, NY 12590 | |
| Scope of Work (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> >3SF OR LF <input type="checkbox"/> >160 SF OR </div> <div style="width: 45%;"> <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclos. <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure </div> </div> | | | | | |

| Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13) | Is Location normally used solely by Maint/Custodial Staff (12) Yes No N/A | | | Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|--|--|--|---|--|---------------------------|----------------|--------|-----------|-----------|
| | | | | | | REMOVAL | REPAIR | ENCAPSULE | ENCLOSURE |
| 1ST FLOOR MER ROOM | | | X | PIPE FITTINGS | 16 LF | X | | | |
| ADDITION TO SCOPE: | | | | | | | | | |
| 1ST FLOOR MER ROOM | | | X | PIPE FITTINGS | 19 LF | X | | | |
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|--|--|---|--|---------------------------------------|--|--|--|
| Name of Registered Waste Hauler DJM TRANSPORT, LLC | | NJDEP Waste Hauler ID No. 26981 | | Cubic Yards of Waste 10 | | Name of Registered Landfill GROWS LANDFILL | |
| City, State KEARNEY, NEW JERSEY | | Disposal Date 12/16/13-03/15/14 | | City, State MORRISVILLE, PA | | Signature | |
| Completed by (Print or Type) BENJAMIN SANCHEZ | | Title DIRECTOR OF OPERATIONS | | Date 1/21/14 | | | |

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Telephone 609-984-6620

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

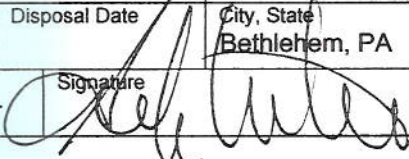
check # 1685

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|--|--|---|---|
| Date of Notification (1) 01 / 20 / 14 | | Name of Building Owner / Operator (2) PSE&G | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL | | Street Address 80 PARK PLAZA City, State, Zip Code NEWARK, NJ 07101 Name of Contact DAWN NEVILLE Telephone Number 9-28 | |
| Type of Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation | | | |
| FACILITY INFORMATION | | | |
| Name of Facility Where Abatement is Taking Place (3) SUSQUEHANNA - ROSELAND PROJECT TROY MEADOWS SECTION Street Address SEE ATTACHED | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.) | |
| City (5) | County (6) | County Code (7) | Square Feet N/A |
| | | | # Of Floors N/A |
| | | | Building Age N/A |
| Name of Monitoring Firm Hired by Bldg. Owner (8) ATLANTIC ENVIRONEMENTAL | | Current Use (Prior if being demolished) N/A | |
| Street Address 2 EAST BLACKWELL ST City, State, Zip Code DOVER, NJ | | Name of Abatement Contractor (9) LVI Demolition Services Inc. Street Address 32 Williams Parkway City, State, Zip Code East Hanover, NJ 07936 | |
| Project Mngr. For Monitoring Firm BOB SHERIFF | | Telephone Number 973-366-4660 | |
| Scheduled Start Date (10) 01 / 30 / 14 | Sched. Completion Date (11) 02 / 28 / 14 | Telephone Number 973-772-3660 | |
| Occupancy Status During Abatement (Check Only 1) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: 7:00AM - 5:00PM | | License Number 00860 | |
| 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) | | | |
| <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥3sf or ≥3lf <input type="checkbox"/> Mini - Enclosure <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | |
| Location of Asbestos Containing Material (ACM) TO BE ABATED in Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff (12) 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) |
| EXTERIOR | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A | TAR/MASTIC | 95 SF |
| SEE ATTACHED | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A | | |
| | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A | | |
| | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A | | |
| Name of Registered Waste Hauler LVI DEMOLITION SERVICES INC | | NJDEP Waste Hauler ID No. | Cubic Yards of Waste |
| City, State EAST HANOVER, NJ | | Disposal Date | Name of Registered Landfill GROWS |
| City, State EAST HANOVER, NJ | | Disposal Date | City, State MORRISVILLE, PA |
| Completed by (Print or Type) STEVEN STILES | | Title PROJECT MANAGER | Signature <i>Steven Stiles</i> Date 01/20/14 |

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

For 2014 - Open Filing

2014 Annual Filing

| | | | | | | | | | |
|--|--|---|---|--|---------------------------|--------------------|--------|-------------|-----------|
| Date of Notification (1) January 16, 2014 | | Name of Building Owner/Operator (2) IMTT - Bayonne | | | | | | | |
| Agencies Notified | Type Notification | Street Address 250 East 22nd Street | | | | | | | |
| <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL | <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Bayonne, New Jersey 07002 | | | | | | | |
| <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA | | Name of Contact Aubrey Hotard | Telephone Number _____ | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) IMTT - Bayonne | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address 250 East 22nd Street | | Square Feet | # of Floors | | | | | | |
| City (5) Bayonne, New Jersey 07002 | | Bldg. Age 30+ | | | | | | | |
| County (6) Hudson | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) EnviroVision Consultants, Inc. | | ASCM No. 00079 | Name of Abatement Contractor (9) Insulations, Inc. | | | | | | |
| Street Address 20 - 21 Wagaraw Road, Bldg. 34A | | Street Address 1101 Edwards Avenue | | | | | | | |
| City, State, Zip Code Fair Lawn, New Jersey 07410 | | City, State, Zip Code Harahan | | | | | | | |
| Project Manager for Monitoring Firm Guillermo Morales | | Telephone No. 973-636-9145 | Telephone No. 504-733-5033 | | | | | | |
| Start Date (10) open | | Scheduled Completion Date (11) open | License No. 01120 | | | | | | |
| Name of OSHA Monitor EnviroVision Consultants, Inc. | | | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: <u>area unoccupied</u> | | Street Address 20 - 21 Wagaraw Road, Bldg. 34A | | | | | | | |
| | | City, State, Zip Code Fair Lawn, New Jersey 07410 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | | | | | | |
| | | <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| | | | | | | | | | |
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| | | | | | | | | | |
| Name of Registered Waste Hauler Freehold Cartage | | NJDEP Waste Hauler ID No. S-2265 | Cubic Yards of Waste | Name of Registered Landfill IESI | | | | | |
| City, State Dunmore, PA | | Disposal Date | | City, State Bethlehem, PA | | | | | |
| Completed by Aubrey Hotard | | Title Corporate Safety Director | Signature  | | | Date 01/16/2014 | | | |

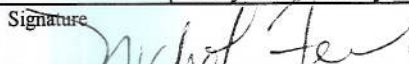
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

| | | | |
|---|---|---|------------------|
| Date of Notification (1) January 17, 2014 | | Name of Building Owner/Operator (2) Bobby Bobcat Excavating | |
| Agencies Notified | Type of Notification | Street Address | |
| <input checked="" type="checkbox"/> EPA | <input type="checkbox"/> Initial Notification | 1409 Route 9 | |
| <input type="checkbox"/> DEP | <input type="checkbox"/> Amended Notification | City, State, Zip Code | |
| <input checked="" type="checkbox"/> DOL | Amendment # _____ | Toms River, NJ 08753 | |
| <input checked="" type="checkbox"/> DOH | <input checked="" type="checkbox"/> Emergency (including justification) | Name of Contact | Telephone Number |
| <input type="checkbox"/> DCA | <input type="checkbox"/> Cancellation | Bob | |

FACILITY INFORMATION

| | | | | | |
|---|--|--|---|--|----------------|
| Name of Facility Where Abatement is Taking Place (3) Residence | | | Type of Facility (4) | | |
| Street Address 132 Ocean Bay Blvd. | | | <input type="checkbox"/> School (k-12) | | |
| | | | <input type="checkbox"/> Subchapter 8 (other than k-12) | | |
| City Toms River Twp. | | | Square feet | | |
| | | | 1200 sf | | |
| County (6) Ocean | | County Code (7) (STATE USE ONLY) | # of Floors | Bldg. Age | |
| | | | 1 | 60 | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | | Name of Abatement Contractor (9) Guardian Contracting, Inc. | | |
| Street Address | | | Street Address | | |
| | | | 1889 Route 9, Unit 61 | | |
| City, State, Zip Code | | | City, State, Zip Code | | |
| | | | Toms River, New Jersey 08755-1271 | | |
| Project Manager for Monitoring Firm | | Telephone Number | Telephone Number | | License Number |
| | | | 732-349-9932 | | 00624 |
| Scheduled Start Date (10) 1/20/14 | | Scheduled Completion Date (11) 1/22/14 | | Name of OSHA Monitor E.M.S.L. Analytical | |
| Occupancy Status During Abatement (Check only one) | | | Street Address | | |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement | | | 1056 Stelton Road | | |
| <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours | | | City, State, Zip Code | | |
| <input type="checkbox"/> Other - Describe _____ | | | Piscataway, New Jersey 08854 | | |
| Scope of Work (Check all that apply) | | | | | |
| <input type="checkbox"/> >3 sf or ≥3 lf | | <input type="checkbox"/> Renovation | | <input type="checkbox"/> Full Containment with Negative Pressure | |
| <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | <input checked="" type="checkbox"/> Demolition | | <input type="checkbox"/> Mini-Enclosure | |
| | | | | <input type="checkbox"/> Glovebag Procedure | |
| | | | | <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | |

| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> 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 | | | |
|---|--|---|--|--|---------------------------|---------------------------------|----------------------------|---|---|
| | | | | | | R E M O V A L | R E P A I R | E N C A P S U L E | E N C L O S U R E |
| Exterior | | X | | Asbestos siding | 1000 sf | X | | | |
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|--|---|---|--|
| 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 1/23/14 | City, State Tullytown, Pennsylvania | |
| Completed by (Print or Type) Nicholas Fernicola | Title Project Manager | Signature  | Date 1/17/14 |

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

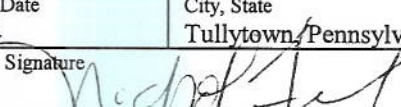
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

| | | | |
|---|---|--|--|
| Date of Notification (1) January 17, 2014 | | Name of Building Owner/Operator (2) Tony Bellino | |
| Agencies Notified | Type of Notification | Street Address | |
| <input checked="" type="checkbox"/> EPA | <input type="checkbox"/> Initial Notification | P O Box 537 | |
| <input type="checkbox"/> DEP | <input type="checkbox"/> Amended Notification | City, State, Zip Code Lodi, NJ 07644 | |
| <input checked="" type="checkbox"/> DOL | Amendment # _____ | | |
| <input checked="" type="checkbox"/> DOH | <input checked="" type="checkbox"/> Emergency (including justification) | Name of Contact Tony Bellino | |
| <input type="checkbox"/> DCA | <input type="checkbox"/> Cancellation | | |

FACILITY INFORMATION

| | | | | | |
|---|--|--|---|--|--------------------------------|
| Name of Facility Where Abatement is Taking Place (3) Residence | | | Type of Facility (4) | | |
| Street Address 1855 Monitor Drive | | | <input type="checkbox"/> School (k-12) | | |
| | | | <input type="checkbox"/> Subchapter 8 (other than k-12) | | |
| City Toms River | | | Square feet 1200 sf | | |
| | | | # of Floors 1 | | |
| County (6) Ocean | | | Bldg. Age 60 | | |
| County Code (7) (STATE USE ONLY) | | | 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 | | | Street Address 1889 Route 9, Unit 61 | | |
| City, State, Zip Code | | | City, State, Zip Code Toms River, New Jersey 08755-1271 | | |
| Project Manager for Monitoring Firm | | Telephone Number | Telephone Number 732-349-9932 | | License Number 00624 |
| Scheduled Start Date (10) 1/20/14 | | Scheduled Completion Date (11) 1/22/14 | Name of OSHA Monitor E.M.S.L. Analytical | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____ | | | Street Address 1056 Stelton Road | | |
| | | | City, State, Zip Code Piscataway, New Jersey 08854 | | |
| Scope of Work (Check all that apply) | | | | | |
| <input type="checkbox"/> >3 sf or ≥3 lf | | <input type="checkbox"/> Renovation | | <input type="checkbox"/> Full Containment with Negative Pressure | |
| <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | <input checked="" type="checkbox"/> Demolition | | <input type="checkbox"/> Mini-Enclosure | |
| | | | | <input type="checkbox"/> Glovebag Procedure | |
| | | | | <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | |

| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> 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 | | | |
|--|--|---|--|---|---------------------------|--|----------------------------|---|---|
| | | | | | | R E M O V E M E N T | R E P A I R | E N C A P S U L E | E N C L O S U R E |
| Exterior | | X | | Asbestos siding | 1100 sf | X | | | |
| | | | | | | | | | |
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|--|---|---|--|
| 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 1/23/14 | City, State Tullytown, Pennsylvania | |
| Completed by (Print or Type) Nicholas Fernicola | Title Project Manager | Signature  | Date 1/17/14 |

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

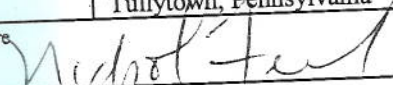
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

| | | | |
|--|--|--|------------------|
| Date of Notification (1) January 17, 2014 | | Name of Building Owner/Operator (2) Eileen Russell | |
| Agencies Notified [x] EPA [] DEP [x] DOL [x] DOH [] DCA | Type of Notification [] Initial Notification [] Amended Notification Amendment # _____ [x] Emergency (including justification) [] Cancellation | Street Address 6 Maddock Drive | |
| | | City, State, Zip Code Ewing, NJ 08628 | |
| | | Name of Contact Eileen Russell | Telephone Number |

FACILITY INFORMATION

| | | | | | |
|---|----------------------------|---|--|--|--------------------------------|
| Name of Facility Where Abatement is Taking Place (3) Residence | | | Type of Facility (4) [] School (k-12) [] Subchapter 8 (other than k-12) [x] Other (i.e., private & commercial buildings, homes, etc.) | | |
| Street Address 105 Waldron Road | | | Square feet 1500 sf | # of Floors 1 | Bldg. Age 60 |
| City Toms River | County (6) Ocean | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Residence | | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | ASCM No. | Name of Abatement Contractor (9) Guardian Contracting, Inc. | | |
| Street Address | | Street Address 1889 Route 9, Unit 61 | | | |
| City, State, Zip Code | | City, State, Zip Code Toms River, New Jersey 08755-1271 | | | |
| Project Manager for Monitoring Firm | | Telephone Number | Telephone Number 732-349-9932 | | License Number 00624 |
| Scheduled Start Date (10) 1/20/14 | | Scheduled Completion Date (11) 1/22/14 | | Name of OSHA Monitor E.M.S.L. Analytical | |
| 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 _____ | | | Street Address 1056 Stelton Road | | |
| | | | City, State, Zip Code Piscataway, New Jersey 08854 | | |
| Scope of Work (Check all that apply) | | | | | |
| [] >3 sf or ≥3 lf | | [] Renovation | | [] Full Containment with Negative Pressure | |
| [x] ≥160 sf or ≥260 lf | | [x] Demolition | | [] 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) | Abatement Type | | | |
|--|--|-----|----|-----|--|---------------------------|---------------------------------|----------------------------|---|---|
| | | | | | | | R E M O V A L | R E P A I R | E N C A P S U L E | E N C L O S U R E |
| Exterior | | | X | | Asbestos siding | 1350 sf | X | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

| | | | |
|--|---|---|--|
| 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 1/23/14 | City, State Tullytown, Pennsylvania | |
| Completed by (Print or Type) Nicholas Fernicola | Title Project Manager | Signature  | Date 1/17/14 |

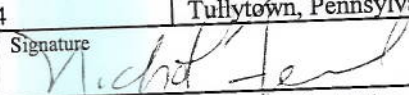
*Do not use this form for asbestos licensure exempted activities.

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

2014 JAN 23 RECEIVED
2014 JAN 23 RECEIVED

| | | | |
|---|---|--|--|
| Date of Notification (1) January 17, 2014 | | Name of Building Owner/Operator (2) Elite Construction Corp. | |
| Agencies Notified | Type of Notification | Street Address 49 Linden Avenue | |
| <input checked="" type="checkbox"/> EPA | <input type="checkbox"/> Initial Notification | City, State, Zip Code Mantua, NJ 08051 | |
| <input type="checkbox"/> DEP | <input type="checkbox"/> Amended Notification | | |
| <input checked="" type="checkbox"/> DOL | Amendment # _____ | Name of Contact Nick | |
| <input checked="" type="checkbox"/> DOH | <input checked="" type="checkbox"/> Emergency (including justification) | | |
| <input type="checkbox"/> DCA | <input type="checkbox"/> Cancellation | Telephone Number _____ | |

| FACILITY INFORMATION | | | |
|---|--|--|---|
| Name of Facility Where Abatement is Taking Place (3) Residence | | Type of Facility (4) | |
| Street Address 113 West Pompano Way | | <input type="checkbox"/> School (k-12) | |
| | | <input type="checkbox"/> Subchapter 8 (other than k-12) | |
| City Toms River Twp. | County (6) Ocean | County Code (7) (STATE USE ONLY) | <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) Square feet 700 sf |
| | | | # of Floors 1 |
| | | | Bldg. Age 60 |
| | | Current Use (Prior if being demolished) Residence | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | ASCM No. | Name of Abatement Contractor (9) Guardian Contracting, Inc. |
| Street Address | | Street Address 1889 Route 9, Unit 61 | |
| City, State, Zip Code | | City, State, Zip Code Toms River, New Jersey 08755-1271 | |
| Project Manager for Monitoring Firm | Telephone Number | Telephone Number 732-349-9932 | License Number 00624 |
| Scheduled Start Date (10) 1/20/14 | Scheduled Completion Date (11) 1/22/14 | Name of OSHA Monitor E.M.S.L. Analytical | |
| Occupancy Status During Abatement (Check only one) | | Street Address 1056 Stelton Road | |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement | | City, State, Zip Code Piscataway, New Jersey 08854 | |
| <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours | | | |
| <input type="checkbox"/> Other - Describe _____ | | | |
| Scope of Work (Check all that apply) | | | |
| <input type="checkbox"/> >3 sf or ≥3 lf | | <input type="checkbox"/> Full Containment with Negative Pressure | |
| <input type="checkbox"/> Renovation | | <input type="checkbox"/> Mini-Enclosure | |
| <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | <input type="checkbox"/> Glovebag Procedure | |
| <input checked="" type="checkbox"/> Demolition | | <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | |

| Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13) | Is Location Normally used Solely by Maintenance/Custodial Staff (12) | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|---|--|--|---|--|----------------------------|---|---|
| | | | | R E M O V A L | R E P A I R | E N C A P S U L E | E N C L O S U R E |
| Exterior | X | Asbestos siding | 550 sf | X | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 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 1/23/14 | City, State Tullytown, Pennsylvania | | | | |
| Completed by (Print or Type) Nicholas Fernicola | Title Project Manager | Signature  | | | Date 1/17/14 | | |

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