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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>1 / 25 / 13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (3)</td>
<td>JC Penney Corporation Inc.</td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>Garden State Plaza</td>
</tr>
<tr>
<td>Street Address</td>
<td>6501 Legacy Drive</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Plano, TX 75024</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Soy Thomas</td>
</tr>
<tr>
<td>FACILITY INFORMATION</td>
<td></td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>Hillmann Consulting LLC</td>
</tr>
<tr>
<td>ASCM No.</td>
<td>62252</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>JVN Restoration Inc</td>
</tr>
<tr>
<td>Street Address</td>
<td>1600 Route 22 East</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Union NJ 07083</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Tom Rubino</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>908-956-1233</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>2 / 6 / 13</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>3 / 6 / 13</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check only one)</td>
<td></td>
</tr>
<tr>
<td>[] Facility Closed/Vacated During Entire Period of Abatement</td>
<td></td>
</tr>
<tr>
<td>[] Abatement Performed Outside of Regular Facility Hours - Describe</td>
<td></td>
</tr>
<tr>
<td>Time of Abatement:</td>
<td>AM-PM AM-PM</td>
</tr>
<tr>
<td>Scope of Work (Check all that apply)</td>
<td></td>
</tr>
<tr>
<td>[] 200 sf or 200 if</td>
<td></td>
</tr>
<tr>
<td>[] 1600 sf or 2600 if</td>
<td></td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED</td>
<td></td>
</tr>
<tr>
<td>IN Facility</td>
<td></td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)</td>
<td>Yes No N/A</td>
</tr>
<tr>
<td>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td></td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td></td>
</tr>
<tr>
<td>Abatement Type</td>
<td></td>
</tr>
<tr>
<td>CURTAIN \ 50</td>
<td></td>
</tr>
<tr>
<td>2nd Level Joe Fresh Dept.</td>
<td>VAT/MASTIC</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>Express Waste Services LLC</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>3/6/13</td>
</tr>
<tr>
<td>City, State</td>
<td>Hackettstown, NJ</td>
</tr>
<tr>
<td>Completed By (Print or Type)</td>
<td>John Tardy</td>
</tr>
<tr>
<td>Title</td>
<td>Senior Project Manager</td>
</tr>
<tr>
<td>Signature</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>12/5/13</td>
</tr>
</tbody>
</table>

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

Date of Notification (1) 1/25/13

Name of Building Owner/Operator (2) JC Penney Corporation Inc.

Agencies Notified
☒ EPA
☒ DOLWD
☒ DHSS
☒ DCA (NJAC 5:23-8)

Type Notification
☒ Initial
☐ Amended
☐ Amendment # __________
☐ Emergency (Including justification)
☐ Cancellation

Street Address
6501 Legacy Drive

City, State, Zip Code
Plano, TX 75024

Name of Contact
Soy Thomas

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Woodbridge Center

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

Street Address
428 Woodbridge Center

City (5)
Woodbridge NJ

County Code (7) [STATE USE ONLY]
150000

Square Feet
150000

# of Floors
2

Bldg. Age
75

County (6)
Middlesex

Current Use (Prior to being demolished)

Name of Monitoring Firm Hired by Building Owner (8)
Hillmann Consulting LLC

ASCM No.
62252

Name of Abatement Contractor (9)
JVN Restoration Inc

Street Address
1600 Route 22 East

City, State, Zip Code
Union NJ 07083

County
Staten Island

Project Manager for Monitoring Firm
Tom Rubino

Telephone No.
908-956-1233

Telephone No.
718-605-6256

License No.
00774

Start Date (10)
2/7/13

Scheduled Completion Date (11)
3/7/13

Name of OSHA Monitor
Testor Tech

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

Name of Registered Waste Hauler
Express Waste Services LLC

NJD DEP Waste Hauler ID No.
NJ-904

Cubic Yards of Waste
40

Name of Registered Landfill
Global Waste Industries, Inc.

City, State
Newark NJ

Disposal Date
3/7/13

City, State
Hackettstown, NJ

Title
Senior Project Manager

Signature

Compacted By (Print or Type)
John Tardy

Date
1/25/13

* Do not use this form for asbestos license exempted activities.
### State of New Jersey
### NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:90 and 5:16)

#### Date of Notification (1)
1 / 25 / 13

#### Name of Building Owner/Operator (2)
JC Penney Corporation Inc.

#### Agencies Notified
- [ ] EPA
- [ ] DOLWD
- [ ] DHSS
- [X] DCA
  - (NJAC 5:23-8)

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

#### Street Address
6501 Legacy Drive

#### City, State, Zip Code
Plano, TX 75024

#### Name of Contact
Soy Thomas

#### Telephone Number

### FACILITY INFORMATION

#### Name of Facility Where Abatement is Taking Place (3)
Monmouth Mall

#### Street Address
State Highway 35 & 36

#### City (5)
Eatontown

#### County (6)
Monmouth

#### County Code (7)
- [ ] STATE USE ONLY

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

#### Name of Monitoring Firm Hired by Building Owner (8)
Hillmann Consulting LLC

#### ASCM No.
62252

#### Name of Abatement Contractor (9)
JVN Restoration Inc

#### Street Address
1600 Route 22 East

#### City, State, Zip Code
Union NJ 07083

#### License No.
00774

#### Telephone No.
908-956-1233

#### Name of OSHA Monitor
Testor Tech

#### Start Date (10)
2 / 4 / 13

#### Scheduled Completion Date (11)
3 / 4 / 13

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

#### Square Feet
150000

#### # of Floors
2

#### Bidg. Age
75

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

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

#### Scope of Work (Check all that apply)
- [ ] Renovation
- [X] 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)
- [ ] Yes
- [ ] No
- [ ] N/A

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

#### Amount (Specify SF or LF)

#### Abatement Type
- [ ] Removal
- [ ] Repair
- [ ] Encapsulate
- [ ] Enclose

#### 1st Level Joe Fresh Depty.
- VAT/MASTIC
- 1500

#### 2nd Level Homes Street Dept.
- VAT/MASTIC
- 9000

#### Name of Registered Waste Hauler
Express Waste Services LLC

#### NJWPR Waste Hauler ID No.
NJ-804

#### Cubic Yards of Waste
80

#### Name of Registered Landfill
Global Waste Industries, Inc.

#### City, State
Hacketts-town, NJ

#### Disposal Date
3/4/13

#### Completed By (Print or Type)
John Tardy

#### Title
Senior Project Manager

#### Signature

#### Date
12/5/13

---

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

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>1 / 25 / 13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>JC Penney Corporation Inc.</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>☑ EPA</td>
</tr>
<tr>
<td>☑ DOLWD</td>
<td></td>
</tr>
<tr>
<td>☑ DHSS</td>
<td></td>
</tr>
<tr>
<td>☑ DCA (NJAC 5:23-8)</td>
<td></td>
</tr>
<tr>
<td>Type Notification</td>
<td>Initial</td>
</tr>
<tr>
<td>☑ Amended</td>
<td></td>
</tr>
<tr>
<td>Amendment #</td>
<td></td>
</tr>
<tr>
<td>☑ Emergency (including justification)</td>
<td></td>
</tr>
<tr>
<td>☑ Cancellation</td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
<td>6501 Legacy Drive</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Plano, TX 75024</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Soy Thomas</td>
</tr>
<tr>
<td>FACILITY INFORMATION</td>
<td></td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>Wayne Town Center</td>
</tr>
<tr>
<td>Street Address</td>
<td>260 Wayne Town Center</td>
</tr>
<tr>
<td>City (6)</td>
<td>Wayne</td>
</tr>
<tr>
<td>County (6)</td>
<td>Passaic</td>
</tr>
<tr>
<td>County Code (7) (STATE USE ONLY)</td>
<td></td>
</tr>
<tr>
<td>Current Use (Prior if being demolished)</td>
<td></td>
</tr>
<tr>
<td>Type of Facility (4)</td>
<td></td>
</tr>
<tr>
<td>☑ School (K-12)</td>
<td></td>
</tr>
<tr>
<td>☑ Subchapter 8 (Other than K-12)</td>
<td></td>
</tr>
<tr>
<td>☑ Other (i.e., private and commercial buildings, homes, etc.)</td>
<td></td>
</tr>
<tr>
<td>Square Feet</td>
<td>150000</td>
</tr>
<tr>
<td># of Floors</td>
<td>2</td>
</tr>
<tr>
<td>Bldg. Age</td>
<td>75</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (5)</td>
<td>Hillmann Consulting LLC</td>
</tr>
<tr>
<td>ASCM No.</td>
<td>62252</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>JVN Restoration Inc</td>
</tr>
<tr>
<td>Street Address</td>
<td>1600 Route 22 East</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Union NJ 07083</td>
</tr>
<tr>
<td>Street Address</td>
<td>47 Foster Road</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Staten Island</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>908-956-1233</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>718-605-6256</td>
</tr>
<tr>
<td>License No.</td>
<td>00774</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>2 / 11 / 13</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>3 / 11 / 13</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>Testor Tech</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check only one)</td>
<td></td>
</tr>
<tr>
<td>☑ Facility Closed/Vacated During Entire Period of Abatement</td>
<td></td>
</tr>
<tr>
<td>☑ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM/PM</td>
<td></td>
</tr>
<tr>
<td>Scope of Work (Check all that apply)</td>
<td></td>
</tr>
<tr>
<td>☑ ≥3 sf or ≥3 if</td>
<td></td>
</tr>
<tr>
<td>☑ ≥160 sf or ≥260 if</td>
<td></td>
</tr>
<tr>
<td>☑ Renovation</td>
<td></td>
</tr>
<tr>
<td>☑ Demolition</td>
<td></td>
</tr>
<tr>
<td>☑ Full Containment with Negative Pressure</td>
<td></td>
</tr>
<tr>
<td>☑ Mini-Enclosure</td>
<td></td>
</tr>
<tr>
<td>☑ Glovebag Procedure</td>
<td></td>
</tr>
<tr>
<td>☑ Non-Exempted (*) and Non-Friable Procedure</td>
<td></td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</td>
<td></td>
</tr>
<tr>
<td>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td></td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td></td>
</tr>
<tr>
<td>Abatement Type</td>
<td></td>
</tr>
<tr>
<td>Removal</td>
<td>Repair</td>
</tr>
<tr>
<td>VAT/MASTIC</td>
<td></td>
</tr>
<tr>
<td>2nd Level Home Street Dept.</td>
<td></td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>Express Waste Services LLC</td>
</tr>
<tr>
<td>NJ/DEP Waste Hauler ID No.</td>
<td>NJ-804</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>40</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>Global Waste Industries, Inc.</td>
</tr>
<tr>
<td>City, State</td>
<td>Newark NJ</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>3/11/13</td>
</tr>
<tr>
<td>City, State</td>
<td>Hackettstown, NJ</td>
</tr>
<tr>
<td>Completed By (Print or Type)</td>
<td>John Tardy</td>
</tr>
<tr>
<td>Title</td>
<td>Senior Project Manager</td>
</tr>
<tr>
<td>Signature</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>1/25/13</td>
</tr>
</tbody>
</table>

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

Date of Notification (1)

1 / 25 / 13

Name of Building Owner/Operator (2)
JC Penney Corporation Inc.

Agencies Notified
☒ EPA
☒ DOLWD
☒ DHSS
☒ DCA
(NJAC 5:23-8)

Type Notification
☒ Initial
☐ Amended

Amendment #

Emergency (including justification)

☐ Cancellation

Street Address
6501 Legacy Drive

City, State, Zip Code
PLano, TX 75024

Name of Contact
Soy Thomas

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Rockaway Town Square

Street Address
305 Mount Hope Avenue

City (5)
Rockaway NJ

County (6)
Morris

County Code (7) ([STATE USE ONLY])

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)
Hillmann Consulting LLC

ASCM No.
62252

Name of Abatement Contractor (9)
JVN Restoration Inc

Street Address
1600 Route 22 East

City, State, Zip Code
Union NJ 07083

Project Manager for Monitoring Firm
Tom Rubino

Telephone No.
908-856-1233

License No.
718-605-6256

Start Date (10)
2 / 11 / 13

Scheduled Completion Date (11)
3 / 11 / 13

Name of OSHA Monitor
Testor Tech

Occupancy Status During Abatement (Check only one)
☒ Facility Closed/Vacated During Entire Period of Abatement
☒ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM/PM: 10:00 PM-6:00 AM

Scope of Work (Check all that apply)
☐ ≥ 3,000 sf or ≥ 3 floors
☐ ≥ 160 sf or ≥ 260 sq ft
☐ 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? (14)
Yes No N/A

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

Abatement Type

Amount (Specify SF or LF)

1ST Level Home Street Dept.

VAT/MASTIC

21500

Name of Registered Waste Hauler
Express Waste Services LLC

NJD EP Waste Hauler ID No. NJ-804

Cubic Yards of Waste
120

Name of Registered Landfill
Global Waste Industries, Inc.

City, State
Newark NJ

Disposal Date
3/11/13

City, State
Hackettstown, NJ

Completed By (Print or Type)
John Tardy

Title
Senior Project Manager

Signature

Date
1/25/13

* Do not use this form for asbestos license exempted activities.
**STATE OF NEW JERSEY**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(PURSUANT TO NJAC 8:50-7 AND 12:120-7)

**Date of Notification (1)**
01 / 25 / 13

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

**Street Address**
1011 MORRIS AVENUE

**City, State, Zip Code**
UNION, N.J. 07083

**Name of Contact**
MIKE CARRANO

**Telephone Number**
203 JAN 28 PH 2:58

**FACILITY INFORMATION**

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

**Street Address**
1011 MORRIS AVENUE

**City (5)**
UNION

**County (6)**
UNION

**County Code (7)**

**Square Feet**
10,000

**# Of Floors**
2

**Building Age**
45+

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

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

**ASCM NO**

**Name of Abatement Contractor (9)**
LVI Environmental Services Inc.

**Street Address**
335 HIGH STREET

**City, State, Zip Code**
METUCHEN, N.J. 08840

**Project Mgr. For Monitoring Firm**
ERIC HOUSEKNETCH

**Telephone Number**
732-321-0588

**Scheduled Start Date (10)**
02 / 05 / 13

**Scheduled Completion Date (11)**
02 / 06 / 13

**Telephone Number**
973-772-3660

**License Number**
00117

**Occupy Status During Abatement (Check Only 1)**

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe:
- Other - Describe: 7:00AM-3:30 PM

**Name of OSHA Monitor**
LVI Environmental Services Inc.

**Street Address**
462 GETTY AVENUE

**City, State, Zip Code**
CLIFTON, N.J. 07011

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

- Demolition
- >3sf or >3lf
- >160 sf or >260 lf
- Renovation
- Full Containment with Negative Pressure
- Mini - Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>U-6 1ST FLOOR</td>
<td>PIPE FITTING</td>
<td>1 LF</td>
<td>REPAIR</td>
</tr>
<tr>
<td>U-6 MEZZANINE</td>
<td>PIPE &amp; FITTING</td>
<td>25 LF</td>
<td>CLOSURE</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
NEWARK CARTING

**NJDPS Waste Hauler ID No.**
4509

**Cubic Yards of Waste**

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

**City, State**
NEWARK, N.J.

**Disposal Date**

**Completed by (Print or Type)**
STEVEN STILES

**Title**
PROJECT MANAGER

**Signature**

**Date**
01/25/13
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 7:26-2.12)

Date of Notification (1):
01-19-2013

Name of Building Owner/Operator (2):
Hoboken University
2026 E 30th St
Hoboken, NJ 07030

Facility Information:

Name of Facility Where Abatement Is Taking Place (3):
Hoboken Medical Center
308 Willow Ave

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

City, State, Zip Code:
Hoboken, NJ 07030

Street Address:
308 Willow Ave

Name of Monitoring Firm Hired by Bldg. Owner (8):
Aero Environmental Inc

ASCM No.:

Project Manager for Monitoring Firm:
Michael Beltra
Telephone Number:
973-920-9061

Scheduled Start Date (10):
02-04-2013

Street Address:
275 Route 10 East
Succasna, NJ 07876

City, State, Zip Code:

Telephone Number:
973-920-9061

City State Zip Code:

License Number:
01133

Name of Contractor (9):
Nick Restoration Inc

Street Address:
18 Brookside Rd
Randolph, NJ 07869

ASCM No.:

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maint/Custodial Staff (12)</th>
<th>Description of ACM (i.e., thermal systems insulation, surfacing, VAT, or other materials)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surface</td>
<td>YES</td>
<td>thermal systems insulation, surfacing, VAT, or other materials</td>
<td>1200 SF</td>
<td></td>
</tr>
<tr>
<td>400 LF</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Name of Reg. Waste Hauler:
Newark Carting Inc
04509

Cubic Yards of Waste:
TBD

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

Completed by (Print or Type):
Elvira Mota
President

Signature:
Elvira Mota

Date:
01-19-2013

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

Telephone 609-984-0620

C:\WORD\MYDOCS\ASBESTOS
9/18/00
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1)  1/18/2013
Name of Building Owner / Operator (2)
Servicemaster of Cherry Hill

Agencies Notified
☑ EPA ☐ DEP ☐ DOL ☑ DOH ☑ DCA
Type of Notification
☑ Initial ☐ Amended ☑ Emergency ☐ Cancellation

Street Address
2005 Rote 70 East
City, State & Zip Code
Cherry Hill, NJ

Name of Contact
Kevin Allen
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Residence
Street Address
54 Midvale Ln

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

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

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

Square Feet # of Floors Bldg. Age
1500 1 50

Current Use (Prior if being demolished)
Residential

Name of Abatement Contractor (9)
Alpha Environmental Services

Street Address
2129 Route 33
City, State & Zip Code
Hamilton, NJ 08610

Telephone Number
609-947-2956
License Number
01091

Name of OSHA Monitor
EMSL Analytical

Street Address
107 Haddon Ave.
City, State & Zip Code
Westmont, NJ 08108

Scheduled Start Date (10) 1/23/2013 Scheduled Completion Date (11) 1/24/2013

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

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

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

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

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

Amount (Specify SF or LF)

Abatement Type
Endoscope
Removal ☑ Repair ☐

Endoscope
Removal ☐ Repair ☑

First Floor
☑ VAT 130sf
☐

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

Cubic Yards of Waste
2

Name of Registered Landfill
Grows Landfill

Disposal Date
1/28/2013
City, State
Morrisonville, PA

Completed By (Print or Type)
Rod Richardson
Title Project Manager
Signature
Rod Richardson
Date 1/18/2013
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:129)

Date of Notification (1)
1/2/13

Name of Building Owner/Operator (2)
The Prudential Insurance Company of America

Name of Contact
Mr. Richard Hummers

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

Type Notification
- Initial
- Amended
- Amendment #
- Emergency (Including justifications)
- Cancellation

FACILITY INFORMATION

Location Where Abatement is Taking Place (3)
Beauty in Everyone Bldg

Street Address
679-681 Broad Street

City (5)
Newark

County Code (6)
Essex

County (6)

Square Feet
16,000

No. of Floors
3

Bldg. Age

Current Use (Prior if being demolished)
Vacant (Prior Use Commercial)

Name of Building Owner/Operator (5)
The Prudential Insurance Company of America

Name of Monitoring Firm Hired by Building Owner (6)
Environmental Health Investigations Inc.

ASCM No.
00104

Name of Abatement Contractor (7)
PAL Environmental Services

Street Address
655 West Shore Trail

City, State, Zip Code
Sparta, NJ 07871

Telephone No.
973-729-5649

License No.
00853

Name of OSHA Monitor
Martin McRea

Project Manager for Monitoring Firm
Bill Kerbel

Scheduled Completion Date (11)
4/30/2013

Street Address
11-02 Queens Plaza South

City, State, Zip Code
Long Island City, NY 11101

Start Date (10)
2/5/2013

Telephone No.
718-349-0900

Name of OSHA Monitor
Martin McRea

Occupancy Status During Abatement (Check Only One)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other — Describe: Building is Vacant & Scheduled for Demolition

Scope of Work (Check All That Apply)
- ≥3 sf of ≥3 if
- ≥150 sf or ≥260 ft²
- Renovation
- Demolition

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

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

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

Amount (Specify SF or LF)

Abatement Type

Entire Building

Cubic Yards of Waste
120

Name of Registered Landfill
Minerva Enterprises

Disposal Date
4/30/2013

City, State, Zip Code
Waynesburg, OH 44688

Completed by
Aric Domozick

Title
VP Business Operations

Signature

Date
1/2/13

* Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Location/Room</th>
<th>Type of Asbestos Material</th>
<th>Approximate Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>679-681 Broad - Roof</td>
<td>Roof Field &amp; Flashing – Entire Roof Except Penthouse</td>
<td>4,025 Square Feet</td>
</tr>
<tr>
<td>679-681 Broad - Roof</td>
<td>Parapet Caulk – between parapet cap sections</td>
<td>70 Linear Feet</td>
</tr>
<tr>
<td>679-681 Broad - 3rd Fl. - Floor</td>
<td>9&quot;X9&quot; Green Floor Tile &amp; Mastic</td>
<td>400 Square Feet</td>
</tr>
<tr>
<td>679-681 Broad - 3rd Fl. - Floor</td>
<td>Pipe Insulation Debris – Mixed With Masonry Rubble on Approx. two Thirds of the Floor*</td>
<td>3,000 Square Feet</td>
</tr>
<tr>
<td>679-681 Broad - 3rd Fl. Exterior Walls</td>
<td>Radiator Enclosure Insulation – Behind Metal Radiator Enclosures Measuring Approx. 24 ft² each</td>
<td>10 Enclosures</td>
</tr>
<tr>
<td>679-681 Broad - 3rd Fl. Exterior Walls</td>
<td>Radiator Enclosure Paper – Paper Behind Insulation – Approx. 20 ft² each</td>
<td>10 Enclosures</td>
</tr>
<tr>
<td>679-681 Broad - 3rd Fl. - Pipe Chase – Stair Landing</td>
<td>Pipe Insulation – Vertical Pipe Chase Between 2nd Floor and Roof †</td>
<td>40 Linear Feet</td>
</tr>
<tr>
<td>679-681 Broad - 2nd Floor - Exterior Walls</td>
<td>Radiator Enclosure Insulation – Behind Metal Radiator Enclosures Measuring Approx. 24 ft² each</td>
<td>10 Enclosures</td>
</tr>
<tr>
<td>679-681 Broad - 2nd Fl. Ceiling</td>
<td>Ceiling Coating – plaster like material</td>
<td>3,150 Square Feet</td>
</tr>
<tr>
<td>679-681 Broad - 2nd Floor - Inside Exterior Walls</td>
<td>Pipe Insulation – Radiator Risers – Inside Exterior Walls At Each Radiator</td>
<td>370 Linear Feet</td>
</tr>
<tr>
<td>679-681 Broad - 2nd Floor - Inside Column Enclosure</td>
<td>Pipe Insulation – Inside column enclosures – Estimated to be Approx. 15 Feet – But May Be More</td>
<td>15 Linear Feet</td>
</tr>
<tr>
<td>679-681 Broad - 1st Floor - Inside Exterior Walls</td>
<td>Pipe Insulation – Radiator Risers – Inside Exterior Walls At Each Radiator – Assumed Space Was Occupied During Survey</td>
<td>370 Linear Feet</td>
</tr>
<tr>
<td>679-681 Broad - Basement – Entire Floor</td>
<td>Debris Consisting of Asbestos Cement Board (Transite™) &amp; Pipe Insulation Mixed With Masonry Rubble</td>
<td>All Basement Rubble Approx. 4,500 Square Feet</td>
</tr>
</tbody>
</table>
**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to N.J.A.C. 8:60 and 8:100)

**Agencies Needed**
- [ ] OSHA
- [ ] DEP
- [ ] Other: 

**Type of Notification**
- [ ] Initial Notice
- [ ] Amendment
- [ ] Certification
- [ ] Emergency (Hazardous Material)

**Emergency (Hazardous Material)**

**Agencies Needed**
- [ ] OSHA
- [ ] DEP
- [ ] Other: 

**Name of Building Owner/Developer**
- America Contractors Service

**Address**
- 2577 First Road - Unit A-1

**City, State, Zip Code**
- E. Hanover Twp., N.J., 07936

**Name of Contractor**
- Stow :

**Name of Owner**
- Scott

**Facility Information**

**Name of Facility Where Abatement is Taking Place**
- House

**Address**
- 369 S. Spuyten Duyvil Ave.

**City, State, Zip Code**
- Maple Shade, N.J. 08052

**Name of Contractor (if different)**
- Klemco Inc.

**County**
- Cape May

**Owner**
- Joseph Klemm

**Start Date**
- 1/28/13

**Scheduled Completion Date**
- 2/19/13

**Occupancy Status During Abatement**
- Vacant

**Facility Close VACATED During Entire Period of Abatement**
- Yes

**Abatement Performed During Hours of Normal Facility Hours**
- Yes

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Material Used</th>
<th>Material Removed</th>
<th>ACM</th>
<th>Description</th>
<th>Amount (SF or LB)</th>
</tr>
</thead>
<tbody>
<tr>
<td>25300</td>
<td>Transite</td>
<td>2000 lb</td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Name of Registered Waste Handler**
- Klemco Inc.

**City, State, Zip Code**
- Maple Shade, N.J. 08052

**Name of Registered Contractor**
- Joseph Klemm

**Compilator**
- Joseph Klemm

**Signatures**
- [Signature]

**Date**
- 1/27/13

---

*Do not use the form for asbestos licensed for sampled structures.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) January 23, 2013

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

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

Name of Building Owner/Operator (2)
Lakewood Historical Society

Street Address
245 Martine Way
City, State, Zip Code
Lakewood, NJ 08701

Name of Contact
Bob Kirschner
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Historical Building

Street Address
500 Country Club Lane

City
Lakewood
County
Ocean

County Code (7) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)
Guardian Contracting, Inc.

ASCM No.

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

Street Address
1889 Rte. 9, Unit 61

City, State, Zip Code
Toms River, NJ 08755

Type of Facility (4)
[ ] School (k-12)
[ ] Subchapter 8 (other than k12)
[ x ] Other (i.e., private & commercial buildings, homes, etc.)

Square feet
6000 sf

# of Floors
2

Bldg. Age
100

Current Use (Prior to if being demolished)
Historical Building

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

Street Address
1056 Stetson Road

City, State, Zip Code
Piscataway, New Jersey 08854

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

Scheduled Start Date (10)
1/24/13

Scheduled Completion Date (11)
2/1/13

Scope of Work (Check all that apply)
[ ] Full Containment with Negative Pressure
[ x ] Mini-Enclosure
[ x ] Glovebag Procedure
[ ] Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM)

TO BE ABATED
in facility
(13)

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

Is Location
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)

Boiler room
X
Asbestos pipe insulation
1000 ft

Boiler room
X
Tank insulation
1000 ft

Boiler room
X
Boiler insulation
1000 ft

1st floor
X
Asbestos floor tile
1000 ft

Name of Registered Waste Hauler
Guardian Contracting, Inc.

City, State
Toms River, New Jersey

Disposal Date
2/4/13

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

Completed by (Print or Type)
Nicholas Fernicola
Title
Project Manager

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

Date of Notification (1)
01/21/2013

Name of Building Owner/Operator (2)
Louise Berkman

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

Street Address
289 Windsor Road

City, State, Zip Code
Englewood, NJ 07631

Name of Contact
Louise Berkman

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

City (5)
Englewood

County Code (7) (STATE USE ONLY)

County Code (6)
Bergen

Current Use (Prior to being demolished)
Residence

Square Feet
2,800

# of Floors
2

Bldg. Age
80+

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

ASCN No.
N/A

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

Street Address
494 E. 41st Street

City, State, Zip Code
Paterson, NJ 07504

Project Manager for Monitoring Firm

Telephone No.
973-345-0022

License No.
00507

Start Date (10)
February 2, 2013

Scheduled Completion Date (11)
February 4, 2013

Name of OSHA Monitor
Same as above

Occupancy Status During Abatement (Check Only One)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other – Describe: Unoccupied Basement

Scope of Work (Check All That Apply)
☐ ≥3 sf or ≥3 if
☐ ≥160 sf or ≥260 if
☐ Renovation
☐ Demolition

Full Containment with Negative Pressure
Mini-Enclosure
Glovebag Procedure
Non-Exempted (*) 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
Removal
Repair
Encapsulate
Endorse

Basement Boiler Room
X
Pipe Insulation
50 LF
X

Name of Registered Waste Hauler
East Coast Haz Mat Removal, Inc.

NJDEP Waste Hauler ID No.
NJ 419

Cubic Yards Name of Registered Landfill
Waste
1
G.R.O.W.S. North Inc.

City, State
Paterson, NJ 07504

Disposal Date
02/04/2013

City, State
Morrisville, PA

Completed by
James E. Unger

Title
Project Manager

Signature

Date
01/21/2013

* Do not use this form for asbestos licensure exempted activities.
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:29 and 12:129)

Date of Notification (1): 01-22-2013
Name of Building Owner/Operator (2): ROGER GUPTA

Agency(ies) Notified: EPA
Type Notification: Initial
Street Address: 19 GLENWOOD AVE.
City, State, Zip Code: LAKE HAIWATHA NJ 0764
Name of Contact: ROGER GUPTA

Name of Facility Where Abatement Is Taking Place (3):
PRIVATE HOUSE
Street Address: 19 GLENWOOD AVE.
City: LAKE HAIWATHA NJ.

County: [N/A]
County Code (7): [N/A (STATE USE ONLY)]

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

Square Foot: 700
Floors: 1
Bldg. Age: 50
Current Use: [N/A]

Name of Monitoring Firm Hired by Building Owner (5): [N/A]
Name of Abatement Contractor (9): SHARON QUALITY CO LLC

Street Address: 22-VAN ORDEN PL
City: HACKENSACK
State: NJ
Zip Code: 07601

Telephone No.: 201-708-4270
License No.: 01135

Project Manager for Monitoring Firm: [N/A]
Name of OSHA Monitor: ENVIRO PROBE

Street Address: 108 LIBERTY ST.
City: METUCHEN
State: NJ
Zip Code: 08840

Start Date (10): 01-31-2013
Scheduled Completion Date (11): 01-31-2013

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

Scope of Work (Check All That Apply):
- [X] x 20 ft or x 2 yd
- [X] x 160 ft or x 480 yd
- Renovation
- Demolition
- [X] Full Containment with Negative Pressure
- [X] Misting
- [X] Glycolating
- [X] Non-Exempted (*) and Non-Fitable Procedure

Location of Asbestos-Containing Material (ACM) To Be Abated

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LP)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>House outdoor</td>
<td>[X]</td>
<td>Siding, Transite, Linoleum Floor</td>
<td>700 SF</td>
<td>[X]</td>
</tr>
<tr>
<td>Kitchen</td>
<td>[X]</td>
<td></td>
<td>80 SF</td>
<td>[X]</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler: SHARON QUALITY CO LLC
NJDEP Waste Hauler ID No: 0033967
Cubic Yards of Waste: TBD

Name of Registered Landfill: TRI STATE SERVICES
Disposal Date: TBD

City, State: HACKENSACK, NJ

Completed by: CARLOS ESQUIVEL
Title: SAFETY MANAGER
Signature: [Signature]
Date: 01-22-2013

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

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

Date of Notification (1) January 22, 2013

Name of Building Owner/Operator (2)
Infante Associates

Name of Facility Where Abatement is Taking Place (3)
Infante Associates

Street Address
30 Broadway

City (m) Elmwood Park
County (6) Bergen
County Code (7) ASGM No.
(State Use Only) 00775

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

Street Address
80 Mill Road

City, State, Zip Code Irvington NJ

Project Manager for Monitoring Firm
Anthony Valentine

Telephone Number 201.207.6082

Scheduled Start Date (10)
January 23, 2013

Scheduled Completion Date (11)
February 8, 2013

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

Source of Work (Check all that apply)

<table>
<thead>
<tr>
<th>Renovation</th>
<th>Demolition</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Check all)</td>
<td>(Check all)</td>
</tr>
<tr>
<td>≥ 3 sf or ≥ 3 If</td>
<td>≥ 160 sf or ≥ 260</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Exterior</th>
<th>Transite Siding</th>
<th>Transite Pipe</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>480 sf</td>
<td>195 lf</td>
</tr>
</tbody>
</table>

Cubic Yards of Waste: 100 cu yds

Name of Registered Landfill
Meadowhill Landfill

Disposal Date February 8, 2013

City, State Route 2, Box 68
Bridgeport, WV

Signature
Marin Graure

Date February 8, 2013

GAC # 2013-369
State of New Jersey - Notification of Asbestos Abatement

Date of Notification (1)
January 22, 2013

Name of Building Owner/Contractor (2)
Infante Associates

Notification Type
Initial Notification
Amended Certification
Emergency (including justification)
Cancelled

Name of Building Owner/Contractor (1)
Infante Associates

Signal Address
9 Robinson Lane
City, State, Zip Code
Ridgewood NJ

Name of Facility Where Abatement Is Taking Place (3)
Infante Associates

Street Address
30 Broadway

City (4)
Elmwood Park
County (6)
Bergen
County Code (7)
07640

Name of Notifications Firm Hired by Rider, Owner (8)
Anthony Valentine

ASCM No.
00775

Name of Contractor (8)
GREENWOOD ABATEMENT CONSULTANTS, INC.

Street Address
268 MAIN STREET
City State Zip Code
Butler, NJ 07405

Type of Building (4)
School (K-12)
Subchapter 6 (other than K-12)
Other (i.e. private & commercial buildings, etc.)
So. Foot: Unknown
# of Floors: 1
Bldg. Age: 50 years

Current Use (prior if being demolished):

Source of Work (Check all that apply)

3 of 3 if
100 of or ≥ 250

Location of Asbestos-Containing Material (ACM) in Facility (12)
Exterior

Translite Sliding Translite Pipe

480 sf
196 ft

Name of Responsible Hauler

Full Containment with Negative Pressure
Mini-Enclosure
Glovebox Procedure
x Non-Exempted (1) and Non-Fragile Procedures

Complated by (City or Type)
Marin Greure
Title
SENIOR PROJECT MANAGER
Signature
Marin Greure
Date
February 8, 2013
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 01 / 23 / 13
Name of Building Owner/Operator (2) Jonathan Kohl

Agencies Notified
- DOLWD
- DHSS
- DCA

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

Street Address
49 Curtis Place
City, State, Zip Code
Maplewood, NJ 07040

Name of Contact
Jonathan Kohl
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Private house
Street Address
49 Curtis Place
City (5)
Maplewood, NJ 07040

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

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

Name of Abatement Contractor (9)
Envirovision Consultants, Inc
Street Address
20-21 Wagarow Road, Bldg. #34A
City, State, Zip Code
Fair Lawn, NJ 07410

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

Square Feet
# of Floors
Bldg. Age

Current Use (Prior to being demolished)

Start Date (10) 02 / 02 / 13
Scheduled Completion Date (11) 02 / 03 / 13

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

Time of Abatement: AM-PM-PM-AM

Scope of Work (Check all that apply)
- >30 sf or >30 ft
- 180 sf or >260 sf
- Renovation
- Demolition

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

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

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

Amount (Specify Sf or Lf)

Abatement Type
- Removal
- Repair
- Encapsulate
- Enclosure

Name of Registered Waste Hauler
Gr Tech LLC
NJ DEP Waste Hauler ID No.
0033785
Cubic Yards of Waste
TBD
Name of Registered Landfill
T.R.R.F. Inc
Disposal Date
TBD
City, State
Tullytown, PA

Completed By (Print or Type)
N. Jevtic
Title
Owner
Signature
Date
01/23/2013

* Do not use this form for asbestos license exempted activities.
# State of New Jersey
## Notification of Asbestos Abatement
(Pursuant to NJAC 8:50 and 12:120)

### Date of Notification (1)
1/21/13

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

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

### Name of Building Owner/Operator (2)
Douglas Murphy

### Street Address
1 West Oak

### City, State, Zip Code
Moorstown, NJ 08057

### Name of Contact
Douglas Murphy

### Telephone Number

### FACILITY INFORMATION

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

#### Residence

| Square Feet | 3500 |
| Bldg. Age | 65 yrs |
| # of Floors | 2 |

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

### 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)
AEI2, LLC

### Street Address
300 S. Lenola Road

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

### Telephone No.
609-481-2122

### License No.
00689

### Start Date (10)
2/1/2013

### Scheduled Completion Date (11)
2/1/2013

### Affiliation 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)
- 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

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

#### Basement

- X Duct wrap 35 LF X

### Name of Registered Waste Hauler
AEI2, LLC

### NJDEP Waste Hauler ID No.
21376

### Cubic Yards of Waste
4

### Name of Registered Landfill
TBD

### Disposal Date
TBD

### City, State
Maple Shade, NJ

### Completed By
Wm. Minnick

### Title
Program Mgr.

### Signature

### Date
1/21/13

---

*Do not use this form for asbestos licensure exempted activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:68 and 12:128)

Date of Notification (1)
JAN. 25, 2013

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

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

Street Address
688 Maple Avenue

City, State, Zip Code
Elizabeth, NJ 07202

Name of Contact
Mike Medeiros

Name of Facility Where Abatement is Taking Place (3)
Ford Leonard Towers Apt. 212

City (5)
Elizabeth

County (6) County Code (7)
Union (STATE USE ONLY)

Square Feet
60000

# of Floors
5

Bldg. Age
55+ yrs

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

Current Use (Prior if being demolished)
APARTMENT BLDG

Name of Abatement Contractor (9)
Finishing Touch Asbestos Abatement Corp, Inc.

Street Address
17 Thompson Street

City, State, Zip Code
West Long Branch, NJ 07764

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

ASCM No.

Name of OSHA Monitor
n/a

Project Manager for Monitoring Firm

Telephone No.
732-222-8372

License No.
00040

Start Date (10) Scheduled Completion Date (11)
2/4/13 2/5/13

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

Scope of Work (Check All That Apply)
- [X] ≥3 sf or ≥3 If
- [X] ≥160 sf or ≥260 If
- [X] Renovation Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Fragile Procedure

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

In Facility

(13)

Is Location Normally Used Solely by Maintenance/Custodial Staff?

Yes No N/A

APARTMENT 212 X

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

Amount (Specify SF or LF)

644 SF

Abatement Type

Full Containment with Negative Pressure

Removal

Repair

Enclosure

Name of Registered Waste Hauler
Finishing Touch Asbestos Abatement Corp

NJDEP Waste Hauler ID No.
12058

Cubic Yards of Waste
4cy

Name of Registered Landfill
GROWS NORTH LANDFILL

Disposal Date
2/6/13

City, State
MORRISVILLE, PA

Completed by
JOSEPH P. MILLER

Title
PRESIDENT

Signature

Date
1/25/13

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

**State of New Jersey**

**Date of Notification (1):** JANUARY 24, 2013

**Name of Building Owner/Operator (2):** BRUCE O’CONNOR

**Name of Facility Where Abatement is Taking Place (3):** O’CONNOR RESIDENCE

**Street Address:** 16 ST. CLAIR AVENUE

**City (5):** SPRING LAKE

**County (6):** MONMOUTH

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

**Name of Abatement Contractor (9):** FINISHING TOUCH ASBESTOS ABATEMENT CO.

**Address:**
- **Street:** 17 THOMPSON STREET
- **City, State, Zip Code:** WEST LONG BRANCH, NJ 07764

**Name of OSHA Monitor:**
- **Telephone No.:** 732-754-0281
- **License No.:** 00040

**Start Date (10):** 2/24/13

**Occupancy Status During Abatement (Check Only One):**
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other - Describe: Renovation - Demolition

**Scope of Work (Check All That Apply):**
- ≥ 36 ft. or ≥ 160 sf or ≥ 260 #
- ≥ 10 ft. or ≥ 200 sf or ≥ 300 #
- 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).**

| Basement | TSI | 125 LF | X |

**Amount (Specify SF or LF):** 125 LF

**Name of Registered Waste Hauler:**
- **NJ/DEP Waste Hauler ID No.:** 12058
- **Cubic Yards of Waste:** 1 CY
- **Name of Registered Landfill:** GROWS NORTH LANDFILL

**City, State:** OCEANPORT, NJ 07757-0400

**Completed by:** JOSEPH P. MILLER

**Title:** PRESIDENT

**Signature:**

**Date:** 2/24/13

---

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

Date of Notification (1) 1/10/2013

Agencies Notified Type Notification
☐ EPA
☐ DEP
☒ DOL
☐ DOH
☐ DCA
☒ Initial
☐ Amended
☐ Emergency
☐ Cancellation

Name of Building Owner / Operator (2)
Hess Corporation

Street Address
One Hess Plaza

City, State & Zip Code
Woodbridge, NJ 07095

Name of Contact
John Phipbin

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Hess Corporation
River Road

City (5) County (6) County Code (7)
Pennsauken Camden

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

Square Feet # of Floors Bldg. Age

Current Use (Prior if being demolished)
Exterior

Name of Abatement Contractor (9)
Bristol Environmental, Inc.

Street Address
1123 Beaver Street

City, State & Zip Code
Bristol, PA 19007

License Number
00509

Telephone Number
(215)788-6040

Name of OSHA Monitor
Bristol Environmental Inc.

Street Address
1123 Beaver Street

City, State & Zip Code
Bristol, PA 19007

Occupy Status During Abatement (Check only one)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Hours – Describe: Exterior Remova
☒ Facility Occupied During Abatement: 7 AM – 3:30 PM

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

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

(13)

Is Location Normally Used Solely by Maintenance or Custodial Staff?

Yes No N/A

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

Amount (Specify SF or LF)
58 LF

Abatement Type
Enclosure

name of Registered Waste Hauler
Bristol Environmental Inc.

NJDEP Waste Hauler ID No.
18706

Cubic Yards of Waste
10

Name of Registered Landfill
GROWS Landfill

City, State
Bristol, PA

Disposal Date
1/23/2013

City, State
Morrisville, PA

Completed By (Print or Type)
Gino Pizzigoni

Title
Project Manager

Signature

Date
1/10/13