

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;">7 / 3 / 12</div> | | Name of Building Owner/Operator (2) SIMON PROPERTY GROUP INC. | |
| Agencies Notified <input checked="" 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 checked="" type="checkbox"/> Amended Amendment # 2-7/3/12 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 225 WEST WASHINGTON STREET | |
| | | City, State, Zip Code INDIANAPOLIS, INDIANA 46204 | |
| | | Name of Contact _____ Telephone: _____ | |



FACILITY INFORMATION

| | | | |
|--|--|--|-----------------------------|
| Name of Facility Where Abatement is Taking Place (3) QUAKERBRIDGE MALL - JC PENNEYS | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than homes, etc.) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, etc.) | |
| Street Address 150 QUAKER BRIDGE MALL | | Square Feet _____ # of Floors _____ | |
| City (5) LAWRENCEVILLE, NJ | | Bldg. Age _____ | |
| County (6) MERCER | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) COMMERCIAL | |
| Name of Monitoring Firm Hired by Building Owner (8) HILLMAN CONSULTING LLC | | Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC. | |
| Street Address 1600 ROUTE 22 EAST | | Street Address 1123 BEAVER STREET | |
| City, State, Zip Code UNION, NJ 07083 | | City, State, Zip Code BRISTOL, PA 19007 | |
| Project Manager for Monitoring Firm STEVE HILLMANN | | Telephone No. 908-688-7800 | License No. 00509 |
| Start Date (10) <div style="text-align: center;">6 / 21 / 12</div> | Scheduled Completion Date (11) <div style="text-align: center;">7 / 20 / 12</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 checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ 10:00PM-8:00AM <i>* NO WORK ON 7/3 or 7/4/12</i> | | 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"/> 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 type="checkbox"/> Non-Exempted (*) and Non-Friable Process |

| 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) |
|--|---|-------------------------------------|--------------------------|--|---------------------------|
| | Yes | No | N/A | | |
| ARIZONA - LOWER LEVEL | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | VAT/MASTIC | 100 SF |
| LEVI'S - LOWER LEVEL | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | VAT/MASTIC | 100 SF |
| LIZ CLAIBORNE - LOWER LEVEL | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | VAT/MASTIC | 1400 SF |
| LIZ CLAIBORNE-UPPER LEVEL | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | VAT/MASTIC | 1248 SF |

| | | | | |
|---|---------------------------|---|----------------------|--|
| Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL INC | | NJDEP Waste Hauler ID No. 18706 | Cubic Yards of Waste | Name of Registered Landfill GROWS LANDFILL |
| City, State BRISTOL, PA | | Disposal Date | | City, State MORRISVILLE, PA |
| Completed By (Print or Type) PATRICK T. DeCARO | Title Estimator | Signature <i>Patrick DeCaro</i> | | |

| Abatement Type | | | |
|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Removal | Repair | Encapsulate | Enclosure |
| <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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Date: 7/3/12

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

| | | | | | |
|--|---|--|---------------------------------------|--|---------------------------|
| Date of Notification (1) 7 / 3 / 12 | | Name of Building Owner/Operator (2) SIMON PROPERTY GROUP INC. | | | |
| Agencies Notified <input checked="" 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 checked="" type="checkbox"/> Amended Amendment # 2-7/3/12 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 225 WEST WASHINGTON STREET City, State, Zip Code INDIANAPOLIS, INDIANA 46204 Name of Contact | | | |
| FACILITY INFORMATION | | | | | |
| Name of Facility Where Abatement is Taking Place (3) QUAKERBRIDGE MALL - JC PENNEYS | | 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 150 QUAKER BRIDGE MALL | | Square Feet | # of Floors | | |
| City (5) LAWRENCEVILLE, NJ | | Bldg. Age | | | |
| County (6) MERCER | County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) COMMERCIAL | | | |
| Name of Monitoring Firm Hired by Building Owner (8) HILLMAN CONSULTING LLC | | Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC. | | | |
| Street Address 1600 ROUTE 22 EAST | | Street Address 1123 BEAVER STREET | | | |
| City, State, Zip Code UNION, NJ 07083 | | City, State, Zip Code BRISTOL, PA 19007 | | | |
| Project Manager for Monitoring Firm STEVE HILLMANN | | Telephone No. 908-688-7800 | License No. 00509 | | |
| Start Date (10) 6 / 21 / 12 | Scheduled Completion Date (11) 7 / 20 / 12 | 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 checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM- PM/10:00PM-8:00AM * NO WORK ON 7/3 or 7/4/12 | | 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 type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Process | | | | | |
| 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) |
| | Yes | No | N/A | | |
| JC PENNEY BRAND-LOWER LEVEL | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | VAT/MASTIC | 1000 SF |
| ARIZONA - UPPER LEVEL | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | VAT/MASTIC | 800 SF |
| LEVI - UPPER LEVEL | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | VAT/MASTIC | 1500 SF |
| JC PENNEY BRAND-UPPER LEVEL | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | MIRROR MASTIC | 20 SF |
| Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL INC | | NJDEP Waste Hauler ID No. 18706 | Cubic Yards of Waste | Name of Registered Landfill GROWS LANDFILL | |
| City, State BRISTOL, PA | | Disposal Date | City, State MORRISVILLE, PA | | |
| Completed By (Print or Type) PATRICK T. DeCARO | | Title Estimator | Signature <i>Patrick DeCaro</i> | | |



| Abatement Type | | | |
|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Removal | Repair | Encapsulate | Enclosure |
| <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 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"/> |

7/3/12

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;">7 / 3 / 12</div> | | Name of Building Owner/Operator (2) SIMON PROPERTY GROUP INC. | | | |
| Agencies Notified <input checked="" 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 checked="" type="checkbox"/> Amended Amendment # 2-7/3/12 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 225 WEST WASHINGTON STREET City, State, Zip Code INDIANAPOLIS, INDIANA 46204 Name of Contact Telephone Number | | | |
| FACILITY INFORMATION | | | | | |
| Name of Facility Where Abatement is Taking Place (3) QUAKERBRIDGE MALL - JC PENNEYS | | 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 150 QUAKER BRIDGE MALL | | Square Feet | # of Floors | | |
| City (5) LAWRENCEVILLE, NJ | | Bldg. Age | | | |
| County (6) MERCER | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) COMMERCIAL | | | |
| Name of Monitoring Firm Hired by Building Owner (8) HILLMAN CONSULTING LLC | | Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC. | | | |
| Street Address 1600 ROUTE 22 EAST | | Street Address 1123 BEAVER STREET | | | |
| City, State, Zip Code UNION, NJ 07083 | | City, State, Zip Code BRISTOL, PA 19007 | | | |
| Project Manager for Monitoring Firm STEVE HILLMANN | | Telephone No. 908-688-7800 | License No. 00509 | | |
| Start Date (10) <div style="text-align: center;">6 / 21 / 12</div> | Scheduled Completion Date (11) <div style="text-align: center;">7 / 20 / 12</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 checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>AM</u> - <u>PM</u> 10:00PM-8:00AM * NO WORK ON 7/3 or 7/4/12 | | 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 type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Process | | | | | |
| 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) |
| | Yes | No | N/A | | |
| IZOD - JC PENNEY BRAND | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | VAT/MASTIC | 648 SF |
| | <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 | Name of Registered Landfill GROWS LANDFILL | |
| City, State BRISTOL, PA | | Disposal Date | City, State MORRISVILLE, PA | | |
| Completed By (Print or Type) PATRICK T. DeCARO | Title Estimator | Signature <i>Patrick T. DeCaro</i> | | | |



| Abatement Type | | | |
|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Removal | Repair | Encapsulate | Enclosure |
| <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"/> |

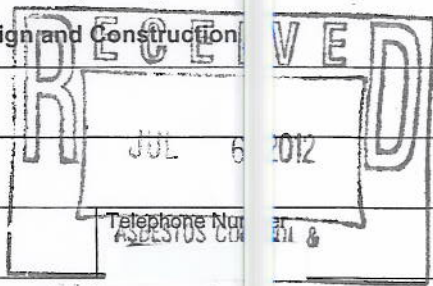
7/3/12

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

No check

ck 7/3/12

| | | | | | |
|--|--|--|--|--|---------------------------|
| Date of Notification (1) 7 / 02 / 12 | | 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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 5-7/2/2012 <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 | | | |
| 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. | | 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) 6 / 8 / 12 | Scheduled Completion Date (11) 7 / 20 / 12 | 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: AM-3:00PM/11:00PM-AM * WORKING 7AM-3:30PM ON 7/3/12 ONLY | | 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"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Process | | | |
| 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) |
| | Yes | No | N/A | | |
| West Fan Room | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pipe Insulation and fittings | 575 LF |
| West Fan Room | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Valve Packing | 60 SF |
| West Fan Room | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pipe Saddles | 30 Ea |
| West Corridor A level | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Floor tile and mastic | 160 SF |
| Name of Registered Waste Hauler SERVICE TRANSPORT GROUP INC | | NJDEP Waste Hauler ID No. 18706 | Cubic Yards of Waste | Name of Registered Landfill G.R.O.W.S. NORTH LAN | |
| City, State NEW CASTLE, DE | | Disposal Date | City, State MORRISVILLE, PA 1906 | | |
| Completed By (Print or Type) Brian Scafiro | | Title Estimator | Signature <i>Brian Scafiro</i> | | |



ial buildings,

Bldg. Age

ed)

Abatement Type

| Removal | Repair | Encapsulate | Enclosure |
|-------------------------------------|--------------------------|--------------------------|--------------------------|
| <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 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"/> |

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7/2/12

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

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 2316

| | | | |
|---|--|---|--|
| Date of Notification (1) 7 / 2 / 12 | | 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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #5 - 7/2/12 <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 | |
| <div style="float: right; border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED JUL 6 2012 LICENSING </div> | | | |
| 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. | | 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) 6 / 8 / 12 | Scheduled Completion Date (11) 7 / 20 / 12 | 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>AM-3:00PM/11:00PM</u> - <u>AM</u> * <u>WORKING 7am - 3:30pm on 7/3/12 only</u> | | 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 type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Process | |
| 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) |
| | Yes | No | |
| West Fan Room | <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"/> |
| Name of Registered Waste Hauler SERVICE TRANSPORT GROUP INC | | NJDEP Waste Hauler ID No. 18706 | Cubic Yards of Waste |
| City, State NEW CASTLE, DE | | Disposal Date | Name of Registered Landfill G.R.O.W.S. NORTH LAN |
| Completed By (Print or Type) Brian Scaffaro | | Title Estimator | Signature <i>Brian Scaffaro</i> |

| Abatement Type | | | |
|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Removal | Repair | Encapsulate | Enclosure |
| <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 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"/> |

FILL

7/6/12

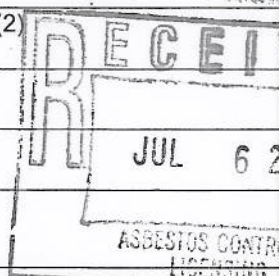
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2012
Telephone Number

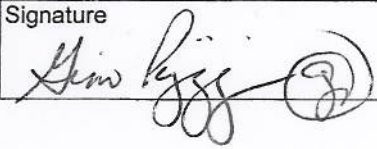
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

| | | | |
|---|--|---|--|
| Date of Notification (1) 7/2/2012 | | Name of Building Owner / Operator (2) Trenton Public Schools | |
| 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 checked="" type="checkbox"/> Emergency <input type="checkbox"/> Cancellation | Street Address 1490 Prospect Street City, State & Zip Code Trenton, NJ 08638 Name of Contact Mr. Everett O. Collins | |



| FACILITY INFORMATION | | | |
|--|---|---|-------------------------|
| Name of Facility Where Abatement is Taking Place (3) Trenton Public Schools – Main Building | | Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) NON SUB-CHAPTER 8 <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial building, homes, etc.) | |
| Street Address 1490 Prospect Street | | Square Feet | # of Floors |
| City (5) Trenton | County (6) Mercer | County Code (7) | |
| Current Use (Prior if being demolished) School | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection | | ASCN No. | |
| Street Address 120 North Warren Street | | Name of Abatement Contractor (9) Bristol Environmental, Inc. | |
| City, State & Zip Code Trenton, NJ 08010 | | Street Address 1123 Beaver Street | |
| Project Manager for Monitoring Firm Richard Beach | | Telephone Number 609-392-4200 | License 00509 |
| Scheduled Start Date (10) 7/3/2012 | Scheduled Completion Date (11) 7/3/2012 | 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 checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours – Describe: 3PM – 11PM <input type="checkbox"/> Facility Occupied During Abatement | | 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 type="checkbox"/> ≥160 sf ≥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"/> Glove Bag Procedures <input type="checkbox"/> Non-Exempted and Non-Friable Procedure | |

| Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) | Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) | | | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|--|--|-------------------------------------|--------------------------|---|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| 3 offices | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Pipe Insulation | 4 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <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 Service Transport Inc. | | NJDEP Waste Hauler ID No. 20990 | Cubic Yards of Waste 1 Cu Yd | Name of Registered Landfill Grows Landfill | |
| City, State New Castle, DE | | Disposal Date 7/3/2012 | City, State Morrisville, PA | | |
| Completed By (Print or Type) Gino Pizzigoni | | Title Project Manager | Signature  | | Date 7/2/2012 |

ck
2319

Telephone Number

, homes, etc.)

Age

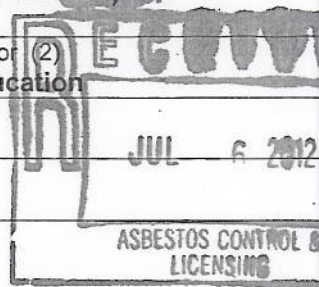
Number

gative Pressure

Friable Procedure

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

| | | | |
|---|--|--|--|
| Date of Notification (1) 7/19/06 | | Name of Building Owner / Operator (2) Lawrence Twp Board of Education | |
| 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 checked="" type="checkbox"/> Emergency <input type="checkbox"/> Cancellation | Street Address 2565 Princeton Pike City, State & Zip Code Lawrenceville, NJ Name of Contact Bo Hitchcock | |



ck
2318

Telephone Number

FACILITY INFORMATION

| | | | | |
|--|-----------------------------|---|--|---|
| Name of Facility Where Abatement is Taking Place (3) Lawrence Elementary School | | | Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) NON SUBCHAPTER 8 <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial building, homes, etc.) | |
| Street Address 40 Craven Lane | | | Square Feet | |
| City (5) Lawrenceville | County (6) Mercer | County Code (7) | # of Floors | |
| Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection | | | Name of Abatement Contractor (9) Bristol Environmental, Inc. | |
| Street Address 120 North Warren Street | | | Street Address 1123 Beaver Street | |
| City, State & Zip Code Trenton, NJ 08608 | | | City, State & Zip Code Bristol, PA 19007 | |
| Project Manager for Monitoring Firm Jim Frisbee | | Telephone Number 609-392-4200 | Telephone Number (215)788-6040 | License 00509 |
| Scheduled Start Date (10) 7/3/2012 | | Scheduled Completion Date (11) 7/3/2012 | | 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 Hours - Describe: 8am to 4pm <input checked="" type="checkbox"/> Facility Occupied During Abatement | | | 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"/> Renovation | <input type="checkbox"/> Full Containment with |
| <input checked="" type="checkbox"/> ≥ 160 sf ≥ 260 lf | <input type="checkbox"/> Demolition | <input type="checkbox"/> Mini-Enclosure |
| | | <input type="checkbox"/> Glove Bag Procedures |
| | | <input checked="" type="checkbox"/> Non-Exempted and Not |

| 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) |
|--|--|-------------------------------------|--------------------------|---|---------------------------|
| | Yes | No | N/A | | |
| Room 202 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | VAT | 240 SF |
| | <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 Service Transport Inc. | | NJDEP Waste Hauler ID No. 20990 | Cubic Yards of Waste 5 cu yd | Name of Registered Landfill Grows Landfill |
| City, State New Castle, DE | | Disposal Date 7/3/2012 | City, State Morrisville, PA | |
| Completed By (Print or Type) Gino Pizzigoni | | Title Project Manager | Signature | |

g. Age

mber

gative Pressure

Frifiable Procedure

| Abatement Type | | | |
|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Removal | Repair | Encapsulate | Enclosure |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Date
7/3/2012

EBS12-093-1

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:20 and 12:12)

Page 1 of 1

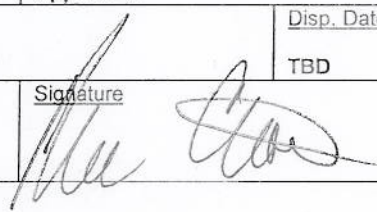
Print Form

Check 1658

| | | | | | |
|---|--|---|--|--|---|
| Date of Notification (1) 06/29/2012 | | Name of Building Owner/Operator (2) Plainfield Public School | | NJ Dept. of Health Senior Services Date: 7/2/12 Time: 7:35 AM | |
| 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 type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (Including justification) <input type="checkbox"/> Cancellation | | Street Address 920 Park Ave City, State, Zip Code Plainfield, NJ 07060 Name of Contact Harold Gee Telephone Number | |
| FACILITY INFORMATION | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Plainfield High School | | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter B (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, etc.) | | |
| Street Address 950 Park Avenue | | | Square Feet 125000 | # of Floors 3 | Age |
| City (5) Plainfield | | County (6) Union | | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) |
| Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental Inc | | ASCM No. 00003 | | Name of Abatement Contractor (9) GL Group, Inc | |
| Street Address 1253 North Church St | | Street Address 140 Hamburg Turnpike | | City, State, Zip Code Bloomington, NJ 07403 | |
| City, State, Zip Code Moorestown, NJ 08057 | | Telephone No. 856-840-8800 | | Telephone No. (201) 710-9725 | License No. 01084 |
| Project Manager for Monitoring Firm Mary Ellen Leotta | | Start Date (10) 7-9-2012 | | Scheduled Completion Date (11) 7-16-2012 | |
| Name of OSHA Monitor GL Group, 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 140 Hamburg Turnpike | | | City, State, Zip Code Bloomington, NJ 07403 | | |
| 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 checked="" 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 Pro | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) | | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | |
| | | Yes No N/A | | | |
| Boiler Room | | X | | Breeching Insulation 600 SF | |
| Boiler Room | | X | | Tank Insulation 250 SF | |
| Boiler Room | | X | | Pipe Fitting Insulation 145 Each | |
| Name of Registered Waste Hauler GL Group, Inc | | NJDEP Waste Hauler ID No. 0033034 | | Cubic Yards of Waste TBD | Name of Registered Landfill Grows |
| City, State Bloomington, NJ | | Disposal Date TBD | | City, State Morrisville, PA | |
| Completed by Michael B Sotakov | | Title P.M. | | Signature | Date 06/29/12 |

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NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

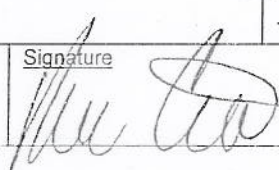
| | | | |
|--|--|---|--|
| Date of Notification (1) 07/02/2012 | | Name of Building Owner/Operator (2) MATRIX DEVELOPMENT GROUP | |
| Agencies Notified (X) EPA () DEP (X) DOL (X) DOH () DCA | Notification Type () Initial Notification (x) Amended Notification Amendment # <u>2</u> () Emergency (including justification) () Cancellation | Street Address 3 CENTER DRIVE, MONROE TOWNSHIP City, State, Zip Code CRANBURY, NJ 08831 Name of Contact RICHARD JOHNSON | |
| FACILITY INFORMATION | | | |
| Name of Facility Where Abatement is Taking Place (3) UNIT G | | Type of Facility (4) () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., home etc. | |
| Street Address 259 PROSPECT PLAINS RD | | Sq. Feet <u>4,000</u> # of Floors <u>1</u> | |
| City (5) CRANBURY | County (6) MIDDLESEX | County Code (7) (State Use Only) | Bldg. Age <u>50</u> Current Use (prior if being demolished) <u>VACANT</u> X |
| Name of Monitoring Firm HILLMAN CONSULTING, LLC | | ASCM No. | Name of Contractor (9) Alliance Environmental Systems |
| Street Address 1600 RT 22 SUITE 107 | | Street Address 550 East Union Street | |
| City, State, Zip Code UNION, NJ 07083 | | City, State, Zip Code West Chester, PA 19382 | |
| Project Manager for Monitoring Firm MICHAEL NEHLSSEN | | Telephone Number 908-688-7800 | Telephone Number 610-701-9000 License Number 00508 |
| Scheduled Start Date (10) 7/9/2012 | | Scheduled Completion Date (11) 7/10/2012 | |
| Name of OSHA Monitor HILLMAN CONSULTING, LLC | | | |
| Occupancy Status During Abatement (Check only one) (X) Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours - | | Street Address 1600 RT 22 SUITE 107 | |
| Describe Other - | | City, State, Zip Code UNION NJ 07083 | |
| Source of Work (Check all that apply) | | | |
| () Demolition () Renovation (X) Large Proj. (>160 SF or >260 LF ACM) () SM Proj. (>25<160 SF or >10 <260 LF ACM) () Minor Proj. (<25 SF or <10 LF ACM) () Full Containment with Negative Pressure () 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) |
| THROUGHOUT | X | VAT & MASTIC | 2400 SF |
| THROUGHOUT | X | TRANSITE | 200 SF |
| | X | FLOOR MASTIC | 2400 SF |
| THROUGHOUT | X | FITTINGS | 50 EA |
| | X | PIPE INSULATION | 50 LF |
| Name of Reg. Waste Hauler N.E.T.S. / Miners | NJDEP Waste Hauler ID # 17235 | Cubic Yards of Waste Approx. 5 | Name of Reg. Landfill Imperial |
| City, State Hazleton, PA | | Disp. Date TBD | City, State Imperial, PA |
| Completed by (Print or Type) ROBERT M. CASCIATO | Title PRESIDENT | Signature  | Date 7/02/2012 |

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

Telephone 609-984-6620

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9/18/00

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

| | | | | | |
|--|--|---|--|---|--|
| <u>Date of Notification (1)</u> 06/22/2012 | | | <u>Name of Building Owner/Operator (2)</u> MATRIX DEVELOPMENT GRO | | |
| <u>Agencies Notified</u> (X) EPA () DEP (X) DOL (X) DOH () DCA | | <u>Notification Type</u> () Initial Notification (x) Amended Notification Amendment # <u>1</u> () Emergency (including justification) () Cancellation | | <u>Street Address</u> 3 CENTER DRIVE, MONROE TOWNSHIP | |
| | | | | <u>City, State, Zip Code</u> CRANBURY, NJ 08831 | |
| | | | | <u>Name of Contact</u> RICHARD JOHNSON | |
| FACILITY INFORMATION | | | | | |
| <u>Name of Facility Where Abatement is Taking Place (3)</u> UNIT G | | | <u>Type of Facility (4)</u> () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes | | |
| <u>Street Address</u> 259 PROSPECT PLAINS RD | | | <u>Sq. Feet</u> 4,000 <u># of Floors</u> | | |
| <u>City (5)</u> CRANBURY | <u>County (6)</u> MIDDLESEX | <u>County Code (7)</u> (State Use Only) | <u>Bldg. Age</u> 50 <u>Current Use (prior if being demolished)</u> VAC. | | |
| <u>Name of Monitoring Firm</u> HILLMAN CONSULTING, LLC | | <u>ASCM No.</u> | <u>Name of Contractor (9)</u> Alliance Environmental Systems | | |
| <u>Street Address</u> 1600 RT 22 SUITE 107 | | <u>Street Address</u> 550 East Union Street | | | |
| <u>City, State, Zip Code</u> UNION, NJ 07083 | | <u>City, State, Zip Code</u> West Chester, PA 19382 | | | |
| <u>Project Manager for Monitoring Firm</u> MICHAEL NEHLSSEN | | <u>Telephone Number</u> 908-688-7800 | <u>Telephone Number</u> 610-701-9000 | <u>License Number</u> 00508 | |
| <u>Scheduled Start Date (10)</u> 7/3/2012 | | <u>Scheduled Completion Date (11)</u> 7/10/2012 | | <u>Name of OSHA Monitor</u> HILLMAN CONSULTING, LLC | |
| <u>Occupancy Status During Abatement (Check only one)</u> (X) Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours - | | | <u>Street Address</u> 1600 RT 22 SUITE 107 | | |
| <u>Describe Other -</u> | | | <u>City, State, Zip Code</u> UNION NJ 07083 | | |
| <u>Source of Work (Check all that apply)</u> () Demolition () Renovation (X) Large Proj. (>160 SF or >260 LF ACM) () SM Proj. (>25<160 SF or >10 <260 LF ACM) () Minor Proj. (<25 SF or <10 LF ACM) () Full Containment with Negative Pressure () Mini-Enclosure () Glovebag Procedure | | | | | |
| <u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u> | <u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u> YES NO NA | <u>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</u> | <u>Amount (Specify SF or LF)</u> | <u>Abatement Type</u> Rep. Encap. Enclose | |
| THROUGHOUT | X | VAT & MASTIC | 2400 SF | X | |
| THROUGHOUT | X | TRANSITE FLOOR MASTIC | 200 SF | X | |
| | X | | 2400 SF | X | |
| THROUGHOUT | X | FITTINGS | 50 EA | X | |
| | X | PIPE INSULATION | 50 LF | X | |
| <u>Name of Reg. Waste Hauler</u> N.E.T.S. / Miners | | <u>NJDEP Waste Hauler ID #</u> 17235 | <u>Cubic Yards of Waste</u> Approx. 5 | | <u>Name of Landfill</u> Imperial, PA |
| <u>City, State</u> Hazleton, PA | | <u>Disp. Date</u> TBD | | <u>City, State</u> Imperial, PA | |
| <u>Completed by (Print or Type)</u> ROBERT M. CASCIATO | | <u>Title</u> PRESIDENT | <u>Signature</u>  | <u>Date</u> 6/22/2012 | |

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

Telephone 609-984-6620

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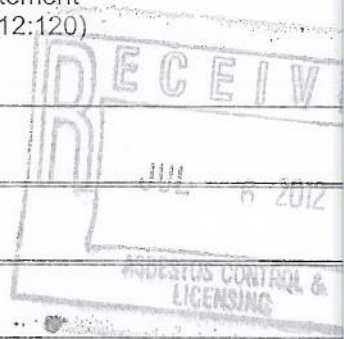
Operator (2)
DEVELOPMENT GRO
ROE TOWNSHIP
JUL 6 2012
08831
ASBEST
CONTROL &
TESTING

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003714
D&S Proj. #: MS 12-244

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



| | | | |
|---|--|---|--|
| Date of Notification (1) 10/17/10 12/11/12 | | Name of Building Owner/Operator (2) JOAN COTELLESA | |
| 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 179 LAKEWOOD AVENUE | | City, State, Zip Code HO-HO-KUS, NJ 07423 | |
| Name of Contact JOAN COTELLESA | | Telephone Number | |

FACILITY INFORMATION

| | | | | | |
|--|----------------------|-------------------------------------|---|--|--|
| Name of facility where abatement is taking place (3) JOAN COTELLESA | | | 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 Bldgs./Houses, etc.) | | |
| Street Address 179 LAKEWOOD AVENUE | | | Square Feet # of Floors Bldg. Age | | |
| City (5) HO-HO-KUS | County (6) BERGEN | County Code (7) (State use only) | Current Use (Prior to 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) 07/16/12 | Sched. Completion Date (11) 07/27/12 | Name of OSHA Monitor D & S Restoration, 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: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS | | 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 checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment w/ 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 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) | 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 | 95 L FT | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
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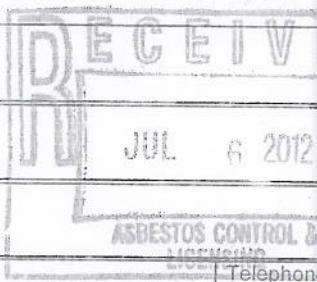
| | | | |
|--|---------------------------|------------------------------|---|
| Registered Waste Hauler D & S RESTORATION, INC. | NJDEP Hauler ID# 13506 | Cubic Yards of Waste 1 YD | Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY |
| City, State PATERSON, NJ 07503 | Disposal Date 07/17/12 | City, State TULLYTOWN, PA | |
| Completed by (Print or Type) BOGDAN JOLDZIC | Title PRESIDENT | Signature | |

OK
003710

D&S Proj. #: MS 12-241

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

| | | | |
|---|--|---|--|
| Date of Notification (1) 10/17/10 12/11/12 | | Name of Building Owner/Operator (2) HUGH CASEY | |
| Agencies Notified | Type Notification | Street Address 100 GLEN ROAD | |
| <input type="checkbox"/> EPA | <input checked="" type="checkbox"/> Initial | City, State, Zip Code WOODCLIFF LAKE, NJ | |
| <input type="checkbox"/> DEP | <input type="checkbox"/> Amended | Name of Contact HUGH CASEY | |
| <input checked="" type="checkbox"/> DOL | Amendment #: | Telephone Number | |
| <input checked="" type="checkbox"/> DOH | <input type="checkbox"/> Emergency (including justification) | | |
| <input type="checkbox"/> DCA | <input type="checkbox"/> Cancellation | | |



FACILITY INFORMATION

| | | | | |
|--|-------------------------------------|---|---|--|
| Name of facility where abatement is taking place (3) HUGH CASEY | | | Type of Facility (4) | |
| Street Address 100 GLEN ROAD | | | <input type="checkbox"/> School - 12 | |
| City (5) WOODCLIFF LAKE | | | <input type="checkbox"/> Subchapter S (Other than K-12) | |
| County (6) BERGEN | County Code (7) (State use only) | <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) | | |
| Square Feet | | Floors | Bldg. Age | |
| Current Use (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) 07/12/12 | Sched. Completion Date (11) 07/20/12 | | Name of OSHA Monitor D & S Restoration, Inc. | |
| Occupancy Status During Abatement (Check only one) | | Street Address 20 California Avenue | | |
| <input type="checkbox"/> Facility closed/vacated during entire period of abatement. | | City, State, Zip Code Paterson, NJ 07503 | | |
| <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: | | | | |
| <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS | | | | |

| | | | | | |
|--|--|--|--|--|--|
| Scope of Work (check all that apply) | | | | <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"/> >3 sf or >3 lf | <input checked="" type="checkbox"/> Renovation | | | | |
| <input type="checkbox"/> ≥160 sf or ≥260 lf | <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) | Non-friable procedure | | | | |
|--|--|-------------------------------------|-----|---|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | Yes | No | N/A | | | R | R | E | E | |
| BASEMENT | | <input checked="" type="checkbox"/> | | PIPE INSULATION | 70 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"/> |
| | | | | | | <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 1 YD | Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY |
| City, State PATERSON, NJ 07503 | Disposal Date 07/13/12 | City, State TULLYTOWN, PA | |
| Completed by (Print or Type) BOGDAN JOLDZIC | Title PRESIDENT | Signature | |

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

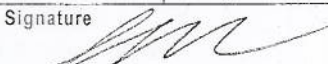
| | | | |
|---|--|---|--|
| Date of Notification (1) 07/10/12 | | Name of Building Owner/Operator (2) TODD ALLIEVI | |
| Agencies Notified | Type Notification | Street Address 65 BOYCE PLACE | |
| <input type="checkbox"/> EPA | <input checked="" type="checkbox"/> Initial | City, State, Zip Code RIDGEWOOD, NJ 07450 | |
| <input type="checkbox"/> DEP | <input type="checkbox"/> Amended | Name of Contact TODD ALLIEVI | |
| <input checked="" type="checkbox"/> DOL | Amendment #: | Telephone | |
| <input checked="" type="checkbox"/> DOH | <input type="checkbox"/> Emergency (including justification) | Number | |
| <input type="checkbox"/> DCA | <input type="checkbox"/> Cancellation | | |

FACILITY INFORMATION

| | | | | | |
|---|--|--|--|---|--|
| Name of facility where abatement is taking place (3) TODD ALLIEVI | | | | Type of Facility (4) <input type="checkbox"/> School (12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Houses, etc.) | |
| Street Address 65 BOYCE PLACE | | | | Square Feet # Floors Bldg. Age | |
| City (5) RIDGEWOOD | | County (6) BERGEN | | County Code (7) (State use only) | |
| Name of Monitoring Firm Hired by Bldg. Owner (8) | | | | 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) 07/12/12 | | Sched. Completion Date (11) 07/20/12 | | Name of OSHA Monitor D & S Restoration, 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: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS | | | | Street Address 20 California Avenue | |
| 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 | | | | City, State, Zip Code Paterson, NJ 07503 | |
| 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 | | | | | |
| 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) | |
| | | Yes No N/A | | Amount (Specify SF or LF) | |
| BASEMENT | | <input checked="" type="checkbox"/> | | PIPE INSULATION 251 L FT | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Registered Waste Hauler D & S RESTORATION, INC. | | NJDEP Hauler ID# 13506 | | Cubic Yards of Waste 3 YDS | |
| City, State PATERSON, NJ 07503 | | Disposal Date 07/13/12 | | Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY | |
| Completed by (Print or Type) BOGDAN JOLDZIC | | Title PRESIDENT | | Signature | |
| ASB-41 | | Do not use this form for asbestos licensure exempted activities. | | Date 07/2/12 | |


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

Check ☐ N/A - PA Project


| | | | | | | | | |
|---|--|---|--|---|----------------|-------------------------------------|--------------------------|--------------------------|
| Date of Notification (1) June 08, 2012 | | Name of Building Owner/Operator (2) PA of NY & NJ | | | | | | |
| Agency Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 01 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address One Path Plaza, 2nd Floor City, State, Zip Code Jersey City, NJ 07306 Name of Contact Mourad N. Rahman | | | | | | |
| FACILITY INFORMATION | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Buildings A, B & C | | 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 1000 Frank Rogers Boulevard | | Square Feet 54,512 | # of Floors 3 - 4 | | | | | |
| City (5) Harrison, NJ 07029 | | Bldg. Age 65 yrs +/- | | | | | | |
| County (6) Hudson County | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Manufacturing | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) PA of NY & NJ | | Name of Abatement Contractor (9) B&N&K Restoration Co., Inc. | | | | | | |
| Street Address 241 Erie Street, Room 236 | | Street Address 223 Randolph Avenue, Clifton, NJ 07011 | | | | | | |
| City, State, Zip Code Jersey City, NJ 07306 | | City, State, Zip Code Clifton, NJ 07012 | | | | | | |
| Project Manager for Monitoring Firm Uday Mehta | Telephone No. 201-595-4881 | Telephone No. 973-478-4681 | License No. 00120 | | | | | |
| Start Date (10) July 09, 2012 | Scheduled Completion Date (11) December 11, 2012 | Name of OSHA Monitor McCabe Environmental Services, 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 464 Valley Brook Avenue City, State, Zip Code Lyndhurst, NJ 07071-1998 | | | | | | |
| 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 Material | | | | | | | | |
| 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 (Spec SF or LF) | Abatement Type | | | |
| | | | | | Removal | Repair | Encapsulate | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Various throughout Building A, B & C | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | VAT | 2500 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Various Building A, B & C Roofs | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Flashing, Tar Patch, Roofing Materials, Roof Membrane | 65061 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Various throughout Building A, B & C | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Window Caulking, Window Caulking, Crane Controller Panel, Sink undercoating | 84 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Buildings B roof supports | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Paint | 1310 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler Jimmy Byrne Trucking / B&N&K Restoration Co., Inc. | | NJDEP Waste Hauler ID No. 50071 / 12695 | Cubic Yards of Waste 3800 | Name of Registered Landfill Minerva Enterprises, Inc. | | | | |
| City, State Bronx, NY / Clifton, NJ | | Disposal Date 07/02/12 - 12/11/12 | City, State Waynesburg, OH | | | | | |
| Completed by G. Roger Woodman | Title Project Manager | | Signature  | | | Date 7/2/2012 | | |

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

Check o. N/A - PA Project

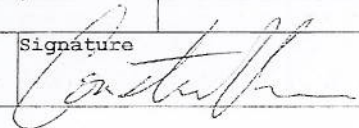
| | | | |
|--|---|--|--|
| Date of Notification (1) July 03, 2012 | | Name of Building Owner/Operator (2) PA of NY & NJ | |
| Agency Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP (Not required for State Reg. 10-2004) <input checked="" type="checkbox"/> DOL <input checked="" 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 241 Erie Street, Room 236 City, State, Zip Code Jersey City, NJ 07310-1397 Name of Contact Uday Mehta Telephone Number | |
| FACILITY INFORMATION | | | |
| Name of Facility Where Abatement is Taking Place (3) Lincoln Tunnel, Center and North Tube | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than homes, etc.) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | |
| Street Address Lincoln Tunnel | | Square Feet N/A | # of Floors N/A |
| City (5) Jersey City, NJ 07310-1397 | | Bldg. Age 65 yrs +/- | |
| County (6) Hudson County | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Roadway Tunnel | |
| Name of Monitoring Firm Hired by Building Owner (8) PA of NY & NJ | | Name of Abatement Contractor (9) B&N&K Restoration Co., Inc. | |
| Street Address 241 Erie Street, Room 236 | | Street Address 223 Randolph Avenue, Clifton, NJ 07011 | |
| City, State, Zip Code Jersey City, NJ 07306 | | City, State, Zip Code Clifton, NJ 07012 | |
| Project Manager for Monitoring Firm Uday Mehta | Telephone No. 201-595-4881 | Telephone No. 973-478-4681 | License No. 00120 |
| Start Date (10) July 15, 2012 | Scheduled Completion Date (11) August 31, 2012 | Name of OSHA Monitor McCabe Environmental Services, L.C. | |
| 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 464 Valley Brook Avenue City, State, Zip Code Lyndhurst, NJ 07071-1998 | |
| 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 type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) |
| | Yes | No | |
| Center Tube Pump Room | <input checked="" type="checkbox"/> | | Pipe Gasket Material |
| North Tube Pump Room | <input checked="" type="checkbox"/> | | Pipe Gasket Material |
| Name of Registered Waste Hauler Jimmy Byrne Trucking / B&N&K Restoration Co., Inc. | | NJDEP Waste Hauler ID No. 50071 / 12695 | Cubic Yards of Waste 3800 |
| City, State Bronx, NY / Clifton, NJ | | Name of Registered Landfill Minerva Enterprises, c. | |
| Disposal Date 07/02/12 - 12/11/12 | | City, State Waynesburg, OH | |
| Completed by G. Roger Woodman | Title Project Manager | Signature  | |
| Date 7/3/2012 | | | |

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

| | | | |
|---|--|---|---|
| Date of Notification (1) 7/2/12 | | Name of Building Owner/Operator (2) Anukool Mehta | |
| Agencies Notified | Type Notification | Street Address |  |
| <input type="checkbox"/> EPA | <input checked="" type="checkbox"/> Initial Notification | 366 North Mountain Ave | |
| <input type="checkbox"/> DEP | <input type="checkbox"/> Amended Notification | City, State, Zip Code Montclair, NJ 07042 | |
| <input checked="" type="checkbox"/> DOL | <input type="checkbox"/> EMERGENCY | Name of Contact Anukool Mehta | |
| <input checked="" type="checkbox"/> DOH | <input type="checkbox"/> Cancellation | Telephone Number | |
| <input type="checkbox"/> DCA | | | |

FACILITY INFORMATION

| | | | | |
|---|----------------------------|---|--|-------------------------|
| Name of Facility Where Abatement is Taking Place (3) Private | | | 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 366 North Mountain Ave. | | | Square Feet 2800 | # of Floors 3 |
| City (5) Montclair | County (6) Essex | County Code (7) (STATE USE ONLY) | Bldg. Age 85 | |
| Current Use (Prior if being demolished) Residence | | | | |
| Name of Monitoring Firm hired by Building Owner (8) N/A | | ASCM No. 67 | Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc. | |
| Street Address | | Street Address 86 Christopher St. | | |
| City, State, Zip Code | | City, State, Zip Code Montclair, NJ 07042 | | |
| Project Manager for Monitoring Firm | | Telephone Number N/A | Telephone Number (973) 744-8800 | |
| Scheduled Start Date (10) 7/12/12 Month Day Year | | Sched. Completion Date (11) 7/13/12 Month Day Year | | |
| 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: <u>OffHours Descript</u> <input type="checkbox"/> Other - Describe: <u>Other Occupancy Descript</u> | | Name of OSHA Monitor N/A | | |
| Street Address | | City, State, Zip Code | | |
| Scope of Work (Check all that apply) | | <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure | | |
| <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 | | |

| 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 | ENCLOSURE | ENCLOSURE |
| Basement | | | X | Pipe insulation | 110 lf | X | | | |
| Basement | | | X | Boiler Insulation | 40 sf | X | | | |
| Name of Registered Waste Hauler AZTECH MANAGEMENT, INC. | | | | | | NJDEP Waste Hauler ID No. 17040 | | | |
| City, State Montclair, NJ 07042 | | | | | | Disposal Date 7/14/12 | | | |
| Name of Registered Landfill G.R.O.W.S. | | | | | | City, State Morrisville, PA 19067 | | | |
| Completed By (Print or Type) Constantine Vivian | | | | | | Title President | | | |
| Signature  | | | | | | Date 7/2/12 | | | |

State of New Jersey
REMEMBER - MAINTAIN HARD COPY OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

MO#19807835995

DOL - 10-10-12

| | | | |
|--|--|--|--|
| Date of Notification (1) 07 / 03 / 12 | | Name of Building Owner/Operator (2) Lisa Jackson | |
| 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 <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | |
| Street Address 170 Meadowbrook Drive | | City, State, Zip Code North Plainfield, NJ 07062 | |
| Name of Contact Lisa Jackson | | Telephone Number | |

JUL 3 2012
Paul V...
WAIVER APPROVED

Notification

JUL 6 2012

RECEIVED

ASBESTOS CONTROL & LICENSING

| | | | |
|--|--|--|--|
| 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 B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private and commercial homes, etc.) | |
| Street Address 170 Meadowbrook Drive | | Square Foot | |
| City (5) North Plainfield, NJ 07062 | | # of Floors | |
| County (6) | | Current Use (Prior to being demolished) | |

| | | | | | |
|--|--|---|--|--|--|
| Name of Monitoring Firm Hired by Building Owner (8) | | ASCM No | | Name of Abatement Contractor (9) | |
| Gr Tech LLC | | | | 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 | |
| | | | | 973-638-1777 | |
| Start Date (10) 07 / 04 / 12 | | Scheduled Completion Date (11) 07 / 05 / 12 | | License No 01127 | |
| 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 | | Name of OSHA Monitor Envirovision Consultants, Inc | | Street Address 20-21 Wagaraw Road, Bldg # 34A | |
| | | | | City, State, Zip Code Fair Lawn, NJ 07410 | |

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 SIF or LF) |
|--|---|--------------------------|-------------------------------------|---|----------------------------|
| | Yes | No | N/A | | |
| Basement | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Pipe insulation | 120 LF |
| | <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"/> | | |

| Abatement Type | | | |
|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Remove | Repair | Encapsulate | Enclosure |
| <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"/> |

| | | | | | | | |
|--|--|-------------------------------------|--|-------------------------------|--|--|--|
| Name of Registered Waste Hauler Gr Tech LLC | | NJDEP 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>Paul V...</i> | | | |

03/2012

* Do not use this form for asbestos because exempted activities

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

Check # N/A

| | | | |
|--|--|--|---|
| Date of Notification (1) 7/3/12 | | Name of Building Owner/Operator (2) Montclair State University | |
| Agencies Notified | Type of Notification | Street Address | <div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED JUL 6 2012 </div> |
| <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 Notification <input type="checkbox"/> Emergency <input checked="" type="checkbox"/> Amended Notification Amend. # 2 <input type="checkbox"/> Cancellation | Normal Avenue | |
| | | City, State, Zip Code Upper Montclair, NJ 07043 | |
| | | Name of Contact Amy Ferdinand | Telephone Number |

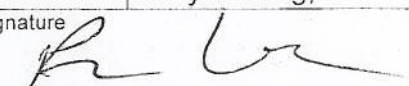
FACILITY INFORMATION

| | | | | |
|--|--|--|--|-------------------------|
| Name of Facility Where Abatement is Taking Place (3) Exterior - underground, Montclair State University | | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than homes, etc.) | |
| Street Address 1 Normal Avenue | | | Square Feet 20000 | # of Floors 1 |
| City (5) Upper Montclair | County (6) Essex | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished educational) | |
| Name of Monitoring Firm Hired by Building Owner Whitman Companies, Inc. | | ASCM No. 00110 | Name of Abatement Contractor (9) Jupiter Environmental Services, Inc. | |
| Street Address 7 Pleasant Hill Road | | Street Address 3 Lynn Court | | |
| City, State, Zip Code Cranford, NJ 08512 | | City, State, Zip Code Lincoln Park, NJ 07035 | | |
| Project Manager for Monitoring Firm Kevin Lovely | | Telephone Number 732-390-5858 | Telephone Number 973-709-0200 | |
| Scheduled Start Date (10) 5/21/12 | Sched. Completion Date (11) 12/31/12 | Name of OSHA Monitor J & S Environmental Laboratories, LLC | | |
| 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: <u>exterior</u> | | Street Address 2333 Route 22 W | | |
| | | City, State, Zip Code Union, NJ 07083 | | |

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 type="checkbox"/> ≥3 sf or ≥3 lf | | <input checked="" type="checkbox"/> Mini – Enclosure |
| <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | <input type="checkbox"/> Glovebag Procedure |
| | | <input type="checkbox"/> 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 (SF) |
|--|--|----|-----|--|-------------|
| | Yes | No | N/A | | |
| Underground pipe bank – exterior | | X | | Pipe insulation – to be done in phases | 2000 |
| | | | | | |
| | | | | | |

| | | | |
|--|---|---|--|
| Name of Registered Waste Hauler Jupiter Environmental Services | NJDEP Waste Hauler ID No. 04782 | Cubic Yards Of Waste 20 | Name of Registered Landfill Minerva Landfill |
| City, State Lincoln Park, NJ | | Disposal Date 7/27/12 | City, State Waynesburg, OH |
| Completed By (Print or Type) Pane Repic | Title General Manager | Signature  | |

| Abatement Type | | | |
|----------------|---|---|---|
| R | R | E | E |
| E | E | N | N |
| M | P | C | C |
| O | A | A | L |
| V | I | P | O |
| A | R | S | S |
| L | U | | |
| X | | | |
| | | | |
| | | | |

ASB-41

6/22/12: Amendment #1 – First 3 sections have been completed. There will be no on site work until another amendment of this notification.

 Date
 3/12

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

Check # 6794

| | | | |
|--|--|---|---|
| Date of Notification (1) 7/3/12 | | Name of Building Owner/Operator (2) Montclair State University | |
| Agencies Notified | Type of Notification | Street Address | <div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED JUL 6 2012 ASBESTOS CONTROL </div> |
| <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 Notification <input type="checkbox"/> Emergency <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation | Normal Avenue City, State, Zip Code Upper Montclair, NJ 07043 | |
| | | Name of Contact Amy Ferdinand Telephone Number | |

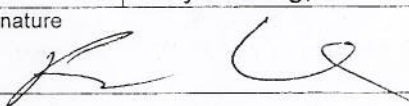
FACILITY INFORMATION

| | | | | |
|--|---|--|--|--------------------------------|
| Name of Facility Where Abatement is Taking Place (3) Student Center, Montclair State University | | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than homes, etc.) | |
| Street Address 1 Normal Avenue | | | Square Feet 20000 | # of Floors 2 |
| City (5) Upper Montclair | County (6) Essex | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) educational | |
| Name of Monitoring Firm Hired by Building Owner Whitman Companies, Inc. | | ASCM No. 00110 | Name of Abatement Contractor (9) Jupiter Environmental Services, Inc. | |
| Street Address 7 Pleasant Hill Road | | Street Address 3 Lynn Court | | |
| City, State, Zip Code Cranford, NJ 08512 | | City, State, Zip Code Lincoln Park, NJ 07035 | | |
| Project Manager for Monitoring Firm Kevin Lovely | | Telephone Number 732-390-5858 | Telephone Number 973-709-0200 | License Number 00852 |
| Scheduled Start Date (10) 7/13/12 | Sched. Completion Date (11) 1/31/13 | Name of OSHA Monitor J & S Environmental Laboratories, LLC | | |
| 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: <u>exterior</u> | | Street Address 2333 Route 22 W | | |
| | | City, State, Zip Code Union, NJ 07083 | | |

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"/> ≥3 sf or ≥3 lf | | <input checked="" type="checkbox"/> Mini – Enclosure |
| <input type="checkbox"/> ≥160 sf or ≥260 lf | | <input checked="" type="checkbox"/> Glovebag Procedure |
| | | <input type="checkbox"/> 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 (SF) | Abatement Type | | | |
|--|--|----|-----|--|-------------|----------------|---|---|---|
| | Yes | No | N/A | | | R | R | E | E |
| Various bathrooms | | X | | Pipe insulation – to be done in phases | 10 LF | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | | | |
|--|---|---|--|
| Name of Registered Waste Hauler Jupiter Environmental Services | NJDEP Waste Hauler ID No. 04782 | Cubic Yards Of Waste 20 | Name of Registered Landfill Minerva Landfill |
| City, State Lincoln Park, NJ | | Disposal Date 7/27/12 | City, State Waynesburg, OH |
| Completed By (Print or Type) Pane Repic | Title General Manager | Signature  | |

ASB-41

7/3/12: Note: – First phase is scheduled for completion by 7/18/12. Another phase is scheduled for late December 2012.

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

Check # 6796

| | | | |
|---|--|---|--|
| Date of Notification (1) 7/3/12 | | Name of Building Owner/Operator (2) Maureen Walsh | |
| 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 of Notification | Street Address 9 Jacksonville Road | |
| | <input checked="" type="checkbox"/> Initial Notification | City, State, Zip Code Pequannock, NJ 07440 | |
| | <input type="checkbox"/> Amended Notification | Name of Contact Maureen Walsh | |
| | <input type="checkbox"/> Cancellation | Telephone Number | |

FACILITY INFORMATION

| | | | | | |
|---|-----------------------------|---|--|-------------------------|--------------------------|
| Name of Facility Where Abatement is Taking Place (3) Residence | | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than commercial buildings, homes, etc.) | | |
| Street Address 9 Jacksonville Road | | | Square Feet 1000 | # of Floors 1 | Bldg. Age ~ 60 |
| City (5) Pequannock | County (6) Morris | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Armory | | |
| Name of Monitoring Firm Hired by Building Owner N/A | | ASCM No. | Name of Abatement Contractor (9) Jupiter Environmental Services, Inc. | | |
| Street Address | | | Street Address 3 Lynn Court | | |
| City, State, Zip Code | | | City, State, Zip Code Lincoln Park, NJ 07035 | | |
| Project Manager for Monitoring Firm | | Telephone Number | Telephone Number 973-709-0200 | | |
| Scheduled Start Date (10) 7/14/12 | | Sched. Completion Date (11) 7/20/12 | Name of OSHA Monitor J & S Environmental Laboratories, LLC | | |
| 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: <u>partially vacated</u> | | | Street Address 2333 Route 22 West | | |
| | | | City, State, Zip Code Union, NJ 07083 | | |

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"/> ≥3 sf or ≥3 lf | | <input checked="" type="checkbox"/> Mini – Enclosure |
| <input type="checkbox"/> ≥160 sf or ≥260 lf | | <input checked="" type="checkbox"/> Glovebag Procedure |
| | | <input type="checkbox"/> 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 (SF) (14) | Abatement Type | | | | | |
|--|--|----|-----|--|------------------|----------------|---|---|---|--|--|
| | Yes | No | N/A | | | R | R | E | E | | |
| Crawlspace | | X | | Pipe insulation | 120 | x | | | | | |
| | | | | | | | | | | | |

| | | | | | |
|--|--|---|----------------------------------|---|--|
| Name of Registered Waste Hauler Jupiter Environmental Services | | NJDEP Waste Hauler ID No. 04782 | Cubic Yards Of Waste 3 | Name of Registered Landfill Minerva Landfill | |
| City, State Lincoln Park, NJ | | Disposal Date 7/27/12 | | City, State Waynesburg, OH | |
| Completed By (Print or Type) Pane Repic | | Title General Manager | | Signature  | |

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

Check # 6795

| | | | |
|---|--|--|--|
| Date of Notification (1) 7/3/12 | | Name of Building Owner/Operator (2) New Jersey Department of Military Affairs | |
| Agencies Notified | Type of Notification | Street Address 101 Eggerts Crossing Road | |
| <input type="checkbox"/> EPA | <input checked="" type="checkbox"/> Initial Notification | City, State, Zip Code Lawrenceville, NJ 08648 | |
| <input type="checkbox"/> DEP | <input type="checkbox"/> Amended Notification | Name of Contact William McBride | |
| <input checked="" type="checkbox"/> DOL | <input type="checkbox"/> Cancellation | Telephone Number | |
| <input checked="" type="checkbox"/> DOH | | | |
| <input type="checkbox"/> DCA | | | |

FACILITY INFORMATION


| | | | | | |
|--|--|---|--|------------------|---|
| Name of Facility Where Abatement is Taking Place (3) Jersey City Armory | | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than homes, etc.) | | |
| Street Address 678 Montgomery Street | | | Bldg. Age ~ 68 | | |
| City (5) Jersey City | County (6) Hudson | County Code (7) (STATE USE ONLY) | Square Feet 35000 | # of Floors 2 | Current Use (Prior if being demolished) Armory |
| Name of Monitoring Firm Hired by Building Owner Whitman Companies, Inc. | | ASCM No. 00110 | Name of Abatement Contractor (9) Jupiter Environmental Services, Inc. | | |
| Street Address 7 Pleasant Hill Road | | Street Address 3 Lynn Court | | | |
| City, State, Zip Code Cranford, NJ 08512 | | City, State, Zip Code Lincoln Park, NJ 07035 | | | |
| Project Manager for Monitoring Firm Kevin Lovely | | Telephone Number 732-390-5858 | Telephone Number 973-709-0200 | | License Number 00852 |
| Scheduled Start Date (10) 7/12/12 | Sched. Completion Date (11) 7/20/12 | | Name of OSHA Monitor J & S Environmental Laboratories, 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 – Describe: <input checked="" type="checkbox"/> Other – Describe: <u>partially vacated for VAT</u> | | | Street Address 2333 Route 22 West | | |
| | | | City, State, Zip Code Union, NJ 07083 | | |

Scope of Work (Check all that apply)

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

☒ Renovation

- ☐ Full Containment with Negative Pressure
☒ Mini – Enclosure
☐ Glovebag Procedure
☒ 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 (SF) | Abatement Type | | | | | | | | |
|--|--|----|-----|--|------------------------------------|---|---|---|---|---|---|--|--|--|
| | Yes | No | N/A | | | R | R | E | E | N | N | | | |
| Supply room | | X | | VAT | 40 SF | x | | | | | | | | |
| Name of Registered Waste Hauler Jupiter Environmental Services | | | | | NJDEP Waste Hauler ID No. 04782 | Cubic Yards Of Waste 1 | Name of Registered Landfill Minerva Landfill | | | | | | | |
| City, State Lincoln Park, NJ | | | | | Disposal Date 7/27/12 | City, State Waynesburg, OH | | | | | | | | |
| Completed By (Print or Type) Pane Repic | | | | | Title General Manager | Signature  | | | | | | | | |

te
3/12

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

| | | | | | |
|--|---|--|--|---|---|
| Date of Notification (1) July 2, 2012 | | Name of Building Owner/Operator (2) Tony Kubach | | Check # 4813 | |
| Agencies Notified | | Type Notification | | Street Address | |
| <input checked="" 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 | | 210 Country Lane | |
| | | | | City, State, Zip Code Mount Laurel, NJ 08054 | |
| | | | | Name of Contact Tony Kubach | |
| | | | | Telephone Number | |
| FACILITY INFORMATION | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Residence | | | | Type of Facility (4) | |
| Street Address 210 Country Lane | | | | <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | |
| City (5) Mount Laurel | | | | Square Feet 2800 | # of Floors 2 |
| County (6) Burlington | | County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) Residence | |
| Name of Monitoring Firm Hired by Building Owner (8) MECS | | | ASCM No. | Name of Abatement Contractor (9) Shade Environmental, LLC | |
| Street Address PO Box 341 | | | Street Address 47 S. Lippincott Ave | | |
| City, State, Zip Code Chesterfield, NJ 08515 | | | City, State, Zip Code Maple Shade, NJ 08052 | | |
| Project Manager for Monitoring Firm Bill Weisgarber | | Telephone No. 609-298-4070 | | Telephone No. 856-755-0099 | Lic. No. 0084 |
| Start Date (10) July 14, 2012 | | Scheduled Completion Date (11) July 16, 2012 | | Name of OSHA Monitor EMSL | |
| Occupancy Status During Abatement (Check Only One) | | | | Street Address | |
| <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: | | | | 107 Haddon Ave | |
| | | | | City, State, Zip Code Westmont, New Jersey 0810 | |
| 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 checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-F | |
| 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) |
| | Yes | No | N/A | | |
| Crawlspace | | | xxx | Duct Insulation | 200 LF |
| | | | | | |
| | | | | | |
| | | | | | |
| Name of Registered Waste Hauler Freehold | | NJDEP Waste Hauler ID No. 22253 | | Cubic Yards of Waste | Name of Registered Landfill Grows Landfill |
| City, State Mount Holly, New Jersey 08060 | | | | Disposal Date | City, State Tullytown, PA. |
| Completed by William Lynch | | Title Owner | | Signature <i>William J. Lynch</i> | |

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

| | | | |
|---|---|---|--|
| Date of Notification (1) 7-3-12 | | Name of Building Owner/Operator (2) John Delloiacono | |
| 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 32 Sherwood Road City, State, Zip Code Springfield NJ 07081 | |
| Name of Facility Where Abatement is Taking Place (3) Single Family Dwelling | | Name of Contact John Delloiacono | |
| Street Address 32 Sherwood Road | | FACILITY INFORMATION | |
| City (5) Springfield NJ 07081 | | Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than etc.) <input type="checkbox"/> Other (i.e. private & comm | |
| County (6) Union | | Square Feet | # of Floors 2 |
| County Code (7) Union | | Current Use (Prior if being dem | |
| Name of Monitoring Firm Hired by Building Owner (8) EPC Tech | | Name of Abatement Contractor (9) EPC Technologies | |
| 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 | |
| Start Date (10) 7-13-12 | | Scheduled Completion Date (11) 7-13-12 | |
| 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: | | Name of OSHA Monitor EPC Technologies | |
| 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 type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-F | | Street Address P.O. Box 337 City, State, Zip Code New Egypt NJ 08533 | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Basement/Garage | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Duct TSI | Amount (Specify SF or LF) 100 SF |
| Name of Registered Waste Hauler EPC Tech. | NJDEP Waste Hauler ID No. 17000 | Cubic Yards of Waste 1 | Name of Registered L Waste Management PA |
| City, State NE NJ | Disposal Date 7-14-12 | City, State Moansville PA | |
| Completed by Steve Schenker | Title President | Signature SD Schenker | |

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

| | | | |
|---|--|---|---|
| Date of Notification (1) 7-3-12 | | Name of Building Owner/Operator (2) John Spilatro | |
| Agencies Notified | Type Notification | Street Address | |
| <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 | 148 Abbott Ave | |
| | | City, State, Zip Code Ocean Grove NJ 07056 | |
| | | Name of Contact John Spilatro | |
| FACILITY INFORMATION | | | |
| Name of Facility Where Abatement is Taking Place (3) Single family Dwelling | | Type of Facility (4) | |
| Street Address 148 Abbott Ave | | <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than etc.) <input checked="" type="checkbox"/> Other (i.e. private & comm | |
| City (5) Ocean Grove NJ 07756 | | Square Feet | # of Floors 2 |
| County (6) Monmouth | | County Code (7) (STATE USE ONLY) | Current Use (Prior if being dem |
| Name of Monitoring Firm Hired by Building Owner (8) EPC Tech | | ASCM No. N/A | Name of Abatement Contractor (9) EPC Techno |
| 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 |
| Start Date (10) 7-16-12 | | Scheduled Completion Date (11) 7-16-12 | |
| Occupancy Status During Abatement (Check Only One) | | Name of OSHA Monitor EPC Techno | |
| <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 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-F | | | |
| 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 |
| Basement | X | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Name of Registered Waste Hauler EPC Tech. | NJDEP Waste Hauler ID No. 17000 | Cubic Yards of Waste 3 | Name of Registered Landfill Waste Management PA |
| City, State NE NJ | Disposal Date 7-17-12 | City, State Monroeville PA | |
| Completed by Steve Schenker | Title President | Signature Steve Schenker | |

Project #
8243

RECEIVED

6 2012

56

CONTROL &

2) buildings, homes,

Bldg. Age
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Pressure

ble Procedure

| Abatement Type | | | |
|----------------|--------|-------------|-----------|
| Removal | Repair | Encapsulate | Enclosure |
| X | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Management
PA

ate
7-3-12

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

Check # 8245
RECEIVED
6/20/12
CONTROL #

| | | | |
|---|---|--|--|
| Date of Notification (1) 7-3-12 | | Name of Building Owner/Operator (2) Muriel Androshick | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOE <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 527 Front Street City, State, Zip Code Dunellen NJ 08812 Name of Contact Muriel Androshick Telephone | |

| | | | |
|--|--|---|---|
| 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 etc.) <input checked="" type="checkbox"/> Other (i.e. private & comm etc.) | |
| Street Address 527 Front Street | | Square Feet | # of Floors 2 |
| City (5) Dunellen NJ 08812 | | Bldg. Age 60+ | |
| County (6) Middlesex | County Code (7) (STATE USE ONLY) | Current Use (Prior if being dem) | |
| Name of Monitoring Firm Hired by Building Owner (8) EPC Tech | | ASCM No. N/A | Name of Abatement Contractor (9) EPC Technologies |
| 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 Schenken | | Telephone No. 609 758-3365 | Licens No. 00394 |
| Start Date (10) 7-23-12 | Scheduled Completion Date (11) 7-23-12 | Name of OSHA Monitor EPC Technologies | |
| 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 type="checkbox"/> ≥ 160 sf or ≥ 260 lf | <input type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Mini-Enclosure |
| | | <input checked="" type="checkbox"/> Glovebag Procedure |
| | | <input type="checkbox"/> Non-Exempted (*) and Non-F |

| 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) |
|--|---|----|-----|---|---------------------------|
| | Yes | No | N/A | | |
| Basement | <input checked="" type="checkbox"/> | | | Pipe Insulation | 100 |
| | | | | | |
| | | | | | |

| | | | |
|---|---|--------------------------------------|---|
| Name of Registered Waste Hauler EPC Tech. | NJDEP Waste Hauler ID No. 17000 | Cubic Yards of Waste 2 | Name of Registered Landfill Waste Management PA |
| City, State NE NJ | Disposal Date 7-24-12 | City, State Monroeville PA | |
| Completed by Steve Schenken | Title President | Signature Steve Schenken | |

| Abatement Type | | | |
|-------------------------------------|--------|-------------|-----------|
| Removal | Repair | Encapsulate | Enclosure |
| <input checked="" type="checkbox"/> | | | |
| | | | |
| | | | |
| Date 7-3-12 | | | |

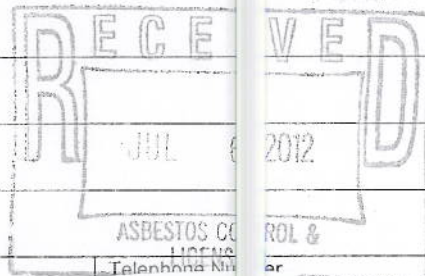
**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)**

| | | | |
|---|---|---|---|
| Date of Notification (1) 7-3-12 | | Name of Building Owner/Operator (2) Leo Farrell | |
| 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 124 Taylor Road City, State, Zip Code Hillsborough NJ Name of Contact Leo Farrell Telephone | |
| 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 <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | |
| Street Address 124 Taylor Road | | Square Feet | # of Floors 2 |
| City (5) Hillsborough NJ 08844 | | Bldg. Age 50+ | |
| County (6) Somerset | | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) |
| Name of Monitoring Firm Hired by Building Owner (8) EPC Tech | | ASCM No. N/A | Name of Abatement Contractor (9) EPC Techno |
| 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 |
| Start Date (10) 7-17-12 | | Scheduled Completion Date (11) 7-17-12 | |
| 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: | | Name of OSHA Monitor EPC Technologies | |
| 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 checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non- | | Street Address P.O. Box 337 City, State, Zip Code New Egypt NJ 08533 | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Garage/Laundry Room | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Duct TSI | Amount (Specify SF or LF) 80 L |
| Name of Registered Waste Hauler EPC Tech. | NJDEP Waste Hauler ID No. 17000 | Cubic Yards of Waste 1 | Name of Registered Landfill Waste Management PA |
| City, State NE NJ | Disposal Date 7-18-12 | City, State Morrisville | Date 7-3-12 |
| Completed by Steve Schenker | Title President | Signature Steve Schenker | |

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C. 20535

RECEIVED:
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 66 YES
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 Repair
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 Revisions
 P X
 10/15/2012

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



| | | | |
|--|--|--|--|
| Date of Notification (1) 07/02/12 | | Name of Building Owner/Operator (2) The College of New Jersey | |
| Agencies Notified | Type Notification | Street Address 2000 Pennington Road | |
| <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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #001 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Ewing, NJ 08628 | |
| | | Name of Contact David Jurkin | |

FACILITY INFORMATION

| | | | |
|---|-------------------------------------|---|------------------|
| Name of Facility Where Abatement is Taking Place (3) The College of New Jersey - Cromwell Hall | | 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 2000 Pennington Road | | Square Feet 54000 | # of Floors 6 |
| City (5) Ewing | | Bldg. Age 20+ | |
| County (6) Mercer | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Dormitory | |

| | | | | |
|---|--|---|--|----------------------|
| Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management, Inc. | | ASCM No. 0112 | Name of Abatement Contractor (9) Mattiola Services, LLC | |
| Street Address 344 West State Street | | Street Address 2082 B Lucon Road | | |
| City, State, Zip Code Trenton, NJ 08618 | | City, State, Zip Code Skippack, PA 19474 | | |
| Project Manager for Monitoring Firm William Weisgarber, Jr. | | Telephone No. 609.656.8101 | Telephone No. 610.539.5634 | License No. 01077 |

| | | | |
|--|--|--|--|
| Start Date (10) 06/01/12 | Scheduled Completion Date (11) 07/31/12 | Name of OSHA Monitor Mattiola Services, 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 2082 B Lucon Road | |
| | | City, State, Zip Code Skippack, PA 19474 | |

| | | | |
|--|---|---|--|
| Scope of Work (Check All That Apply) | | | |
| <input checked="" 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 checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable | |

| 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) |
|--|---|----|-----|---|---------------------------|
| | Yes | No | N/A | | |
| Basement, Floors 1 thru 6 | | X | | Vinyl asbestos tile & mastic | 46850 SF |
| Basement, Floors 1 thru 6 | | X | | Fittings and joint insulation | 974 LF |
| 1st Floor Kitchen | | X | | Roof drain insulation | 12 LF |
| 1st Floor Main Lounge & Lobby | | X | | ACM coated sink | 1 EA |

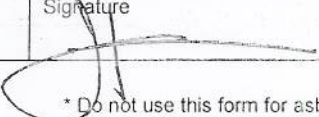
| | | | | | |
|---|--|------------------------------------|--|---|----------------|
| Name of Registered Waste Hauler Waste Management, Inc. | | NJDEP Waste Hauler ID No. 17273 | Cubic Yards of Waste | Name of Registered Landfill Waste Management, Inc. | |
| City, State Keyport, NJ | | Disposal Date | | City, State Tullytown, PA | |
| Completed by Caroline M. Harper | | Title Project Manager | Signature <i>Caroline M. Harper</i> | | Date 7/2/12 |

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



| | | | | | |
|--|---|--|--|---|---------------------------|
| Date of Notification (1) 07/02/12 | | Name of Building Owner/Operator (2) The College of New Jersey | | | |
| Agencies Notified | Type Notification | Street Address 2000 Pennington Road | | | |
| <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL | <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #001 | City, State, Zip Code Ewing, NJ 08628 | | | |
| <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Name of Contact David Jurkin | | | |
| Telephone Number | | | | | |
| FACILITY INFORMATION | | | | | |
| Name of Facility Where Abatement is Taking Place (3) The College of New Jersey - Cromwell Hall | | 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 2000 Pennington Road | | Square Feet 54000 | # of Floors 6 | | |
| City (5) Ewing | | Bldg. Age 20+ | | | |
| County (6) Mercer | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Dormitory | | | |
| Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management, Inc. | | ASCM No. 0112 | Name of Abatement Contractor (9) Mattiola Services, LLC | | |
| Street Address 344 West State Street | | Street Address 2082 B Lucon Road | | | |
| City, State, Zip Code Trenton, NJ 08618 | | City, State, Zip Code Skippack, PA 19474 | | | |
| Project Manager for Monitoring Firm William Weisgarber, Jr. | | Telephone No. 609.656.8101 | Telephone No. 610.539.5634 | | |
| Start Date (10) 06/01/12 | | Scheduled Completion Date (11) 07/31/12 | License 01077 | | |
| 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: _____ | | Name of OSHA Monitor Mattiola Services, LLC | | | |
| | | Street Address 2082 B Lucon Road | | | |
| | | City, State, Zip Code Skippack, PA 19474 | | | |
| Scope of Work (Check All That Apply) | | | | | |
| <input checked="" 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 type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable | | | |
| 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) |
| | Yes | No | N/A | | |
| Floor 6 | | X | | ACM contam demo debris | 10 TON |
| | | | | | |
| | | | | | |
| | | | | | |
| Name of Registered Waste Hauler Waste Management, Inc. | | NJDEP Waste Hauler ID No. 17273 | Cubic Yards of Waste | Name of Registered Landfill Waste Management, Inc. | |
| City, State Keyport, NJ | | Disposal Date | City, State Tullytown, PA | | |
| Completed by Caroline M. Harper | | Title Project Manager | Signature <i>Caroline M. Harper</i> | | Date 07/02/12 |

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

| | | | |
|--|---|--|---|
| Date of Notification (1) 7/3/2012 | | Name of Building Owner/Operator (2) New Jersey Department of Transportation | |
| Agencies Notified | Type Notification | Street Address 204 East Main Street | |
| <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input checked="" 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 Somerville, NJ 08876 | |
| | | Name of Contact Bruce Newrock | Telephone Number _____ |
| FACILITY INFORMATION | | | |
| Name of Facility Where Abatement is Taking Place (3) former E&B Distributors | | 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 1450 Route 22 East | | Square Feet 40000 | # of Floors 2 |
| City (5) Bridgewater | | Bldg. Age 40+ | |
| County (6) Somerset | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) warehouse | |
| Name of Monitoring Firm Hired by Building Owner (8) Louis Berger Group | | ASCM No. _____ | Name of Abatement Contractor (9) Neuber Environmental Services, Inc. |
| Street Address 412 Mount Kimble Avenue | | Street Address 42 Ridge Road | |
| City, State, Zip Code Morristown, NJ 07962 | | City, State, Zip Code Phoenixville, PA 19460 | |
| Project Manager for Monitoring Firm Tom Waldren | | Telephone No. 973-407-1413 | Telephone No. 610-933-4332 |
| Start Date (10) 7/23/2012 | | Scheduled Completion Date (11) 8/10/2012 | License No. 00836 |
| 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: _____ | | Name of OSHA Monitor Neuber Env. Svcs., Inc. | |
| | | Street Address 42 Ridge Road | |
| | | City, State, Zip Code Phoenixville, PA 19460 | |
| Scope of Work (Check All That Apply) | | | |
| <input 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 checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) |
| | Yes | No | |
| garage ceiling and throughout | | | X |
| garage and throughout | | | X |
| main warehouse roof | | | X |
| office roof | | | X |
| | | | X |
| Amount (Specify SF or LF) | | | |
| 260 lf | | | |
| 28 ea | | | |
| 23,500 sf | | | |
| 70 sf | | | |
| Name of Registered Waste Hauler Future Sanitation | | NJDEP Waste Hauler ID No. 22051 | Cubic Yards of Waste 350 |
| City, State Farmingdale, NY | | Name of Registered Landfill GROWS Landfill | |
| Disposal Date 8/2012 | | City, State Morrisville, PA | |
| Completed by Jeff LaRiviere | | Title V.P. | Signature  |

State of New Jersey
Department of Environmental Protection
(Pursuant to NJAC 8:26 and 12:120)

| | | | |
|--|--|----------------------------------|--|
| Date of Notification (1) | | Name of Building Owner/Owner (2) | |
| 7-1-12 | | Wildwood Board of Education | |
| Agency Notified: | | Street Address | |
| <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DCL <input type="checkbox"/> DOH <input type="checkbox"/> DCA | | 430 Pacific Ave | |
| Type Notification | | City, State, Zip Code | |
| <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | Wildwood NJ | |
| | | Name of Contact | |
| | | P. J. | |
| | | Telephone Number | |
| | | ASBESTOS CONTROL & LIC | |

| | | | |
|--|--|---|--|
| Name of Facility Where Abatement is Taking Place (3) | | Type of Facility (4) | |
| Wildwood High School | | <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial homes, etc.) | |
| Street Address | | Square Feet | |
| 430 Pacific Ave | | 9,000 | |
| City (5) | | # of Floors | |
| Wildwood | | 2 | |
| County (6) | | Current Use (Prior if being demolished) | |
| | | | |

| | | | | | |
|---|--|--------------------------------|--|----------------------------------|--|
| Name of Monitoring Firm Hired by Building Owner (8) | | ASCM No. | | Name of Abatement Contractor (9) | |
| | | | | Am-Joe LLC | |
| Street Address | | City, State, Zip Code | | Street Address | |
| | | Delanco NJ 08048 | | 1212 Burlington Ave | |
| Project Manager for Monitoring Firm | | Telephone No. | | Telephone No. | |
| | | | | 856 524 0911 | |
| Start Date (10) | | Scheduled Completion Date (11) | | License No. | |
| Aug 3, 12 | | Aug 30, 2012 | | 01072 | |

| | | | |
|---|--|-----------------------|--|
| Occupancy Status During Abatement (Check only one) | | Name of CSRA Monitor | |
| <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: | | | |
| Scope of Work (Check all that apply) | | Street Address | |
| <input type="checkbox"/> ≥ 5 sf or ≥ 5 lf <input type="checkbox"/> ≥ 150 sf or ≥ 250 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | City, State, Zip Code | |
| | | | |

| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) |
|--|--|----|-------------------------------------|--|---------------------------|
| | Yes | No | N/A | | |
| Class Room 111 | | | <input checked="" type="checkbox"/> | ACM Floor 211 | 1404 |
| 212 | | | <input checked="" type="checkbox"/> | | 1404 |
| House Closet 2nd Floor | | | <input checked="" type="checkbox"/> | | 1000 |

| | | | | | | | |
|---------------------------------|--|---------------------|--|----------------------|--|-----------------------------|--|
| Name of Registered Waste Hauler | | Waste Hauler ID No. | | Cubic Yards of Waste | | Name of Registered Landfill | |
| J. Robinson | | 16709 | | 5 | | WRI of | |
| City, State | | Disposal Date | | City, State | | | |
| Belmar NJ | | 7-1-12 | | Belmar NJ | | | |
| Completed by | | Title | | Signature | | Date | |
| J. Robinson | | VP | | [Signature] | | 7-1-12 | |



| Abatement Type | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Enclosure | Encapsulate | Repair | Removal |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

State of New Jersey
Asbestos Abatement License Application
 (Pursuant to NJAC 8:26 and 12:26)

| | | | |
|--|--|----------------------------------|-----------------------|
| Date of Notification (1) | | Name of Building Owner/Owner (2) | |
| 7-1-12 | | Wildwood Board of Education | |
| Agency Notified: | Type Notification | Street Address | City, State, Zip Code |
| <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DGL <input type="checkbox"/> DOW <input type="checkbox"/> SCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | 430 Pacific Ave | Wildwood NJ 08260 |
| | | Name of Contact | Telephone Number |
| | | Pat | |

| | | | |
|--|------------|---|---|
| Name of Facility Where Abatement is Taking Place (3) | | Type of Facility (4) | |
| Greenwood School | | <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial homes, etc.) | |
| Street Address | | Square Feet | % of Floor |
| 1212 Burlington Ave New York Ave | | 72000 | 2 |
| City (5) | County (6) | County Code (7) (STATE USE ONLY) | Current Use (Prior to being demolished) |
| Wildwood NJ | | | |

| | | |
|---|-------------------------------------|----------------------------------|
| Name of Monitoring Firm Hired by Building Owner (8) | ASCM No. | Name of Abatement Contractor (9) |
| | | Am-Joe LLC |
| Street Address | City, State, Zip Code | Telephone No. |
| | 1212 Burlington Ave | 656 824-0971 |
| City, State, Zip Code | Project Manager for Monitoring Firm | License No. |
| DELANCO NJ 08020 | | 01072 |

| | | |
|---|--------------------------------|---|
| Start Date (10) | Scheduled Completion Date (11) | Name of OSHA Monitor |
| Aug 3-12 | Aug 15-12 | |
| Occupancy Status During Abatement (Check only one) | | Street Address |
| <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: | | City, State, Zip Code |
| Scope of Work (Check all that apply) | | |
| <input type="checkbox"/> ≥ 3 sf or ≥ 5 ft <input type="checkbox"/> ≥ 150 sf or ≥ 250 ft <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Gloving Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Permit Procedure |

| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (12) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (13) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) |
|--|---|----|-----|--|---------------------------|
| | Yes | No | N/A | | |
| Floor Tiles | | | | ACM Floor Tiles | 2000 |
| Ceiling Acoustical Tiles | | | | | 2000 |
| Storage Box | | | | | |

| | | | |
|---------------------------------|---------------------------|----------------------|-----------------------------|
| Name of Registered Waste Hauler | RIJEP Waste Hauler ID No. | Cubic Yards of Waste | Name of Registered Landfill |
| T. Robinson | 18398 | 7 | WM of NJ |
| City, State | Disposal Date | City, State | Telephone |
| Bellmawr, NJ | TBD | | |
| Completed by | Title | Signature | Date |
| J. H. H. | VP | JH | 7-1-12 |



ASBESTOS CONTROL & LIC

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g. App 80

| Abatement Type | | |
|----------------|-------------|--------|
| Enclosure | Encapsulate | Repair |
| Removal | | |

State of New Jersey

Asbestos Abatement License Application
(Pursuant to NJAC 8:60 and 12:120)

| | | | |
|--|---|----------------------------------|-----------------------|
| Date of Notification (1) | | Name of Building Owner/Owner (2) | |
| 2-1-12 | | Paco - tec | |
| Agency Notified | Type Notification | Street Address | City, State, Zip Code |
| <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA | <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | 725 Wickor Ave | Bensalem Pa |
| | | Name of Contact | Telephone Number |
| | | Pat Rancie | |

FACILITY INFORMATION

| | | | |
|--|--|---|-------------|
| Name of Facility Where Abatement is Taking Place (3) | | Type of Facility (4) | |
| Resident | | <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial homes, etc.) | |
| Street Address | | Square Feet | # of Floors |
| 17 Whittier St | | | |
| City (5) | | County Code (7) (STATE USE ONLY) | |
| Trenton NJ | | | |
| County (6) | | Current Use (Prior if being demolished) | |
| | | | |

| | | |
|---|--------------------------------|----------------------------------|
| Name of Monitoring Firm Hired by Building Owner (8) | ASCM No. | Name of Abatement Contractor (9) |
| | | Am-Joe LLC |
| Street Address | | Street Address |
| | | 1212 Burlington Ave |
| City, State, Zip Code | | City, State, Zip Code |
| | | Delanco NJ 08035 |
| Project Manager for Monitoring Firm | Telephone No. | Telephone No. |
| | | 856 824 0971 |
| Start Date (10) | Scheduled Completion Date (11) | Name of OSHA Monitor |
| 2-13-12 | 7-16-12 | |

| | | |
|---|--|-----------------------|
| Occupancy Status During Abatement (Check only one) | | Street Address |
| <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: | | City, State, Zip Code |
| | | |

| | | | |
|--|--|--|--|
| Scope of Work (Check all that apply) | | <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Gloving Procedure <input type="checkbox"/> Non-Enclosed (?) and Non-Fabric Process | |
| <input type="checkbox"/> ≥ 9 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 250 lf | <input 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/Guestodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) |
|--|--|----|-------------------------------------|--|---------------------------|
| | Yes | No | N/A | | |
| Basement | | | <input checked="" type="checkbox"/> | Asbestos | 800 sf |
| | | | | | |
| | | | | | |

| | | | |
|---------------------------------|---------------------------|----------------------|-----------------------------|
| Name of Registered Waste Hauler | RIDEP Waste Hauler ID No. | Cubic Yards of Waste | Name of Registered Landfill |
| J Robinson Waste | 16394 | 2 | WHL of Pa |
| City, State | | Disposal Date | City, State |
| Bellevue NJ | | | Trenton Pa |
| Completed by | Title | Signature | Date |
| 3/6/12 | VP | Pat | 7-1-12 |



USING

Buildings.

Age

Abatement Type

| | | | |
|-----------|-------------|--------|---------|
| Enclosure | Encapsulate | Repair | Removal |
|-----------|-------------|--------|---------|

State of New Jersey
 Department of Environmental Protection
 (Pursuant to NJAC 8:26 and 12:120)



| | | | |
|--|--|---|--|
| Date of Notification (1) | | Name of Building Owner/Owner (2) | |
| Agency Notified | | Street Address | |
| <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA | | City, State, Zip Code Greenfield NJ 0823 | |
| Type Notification | | Name of Contact | |
| <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including incineration) <input type="checkbox"/> Cancellation | | GARY | |
| FACILITY INFORMATION | | | |
| Name of Facility Where Abatement is Taking Place (3) | | Type of Facility (4) | |
| Resident | | <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial homes, etc.) | |
| Street Address | | Square Feet | |
| 603 N. New York Ave | | 7500 | |
| City (5) | | # of Floors | |
| Atlantic City | | 3 | |
| County (6) | | County Code (7) (STATE USE ONLY) | |
| Atlantic | | Resident | |
| Name of Monitoring Firm Hired by Building Owner (8) | | Name of Abatement Contractor (9) | |
| ASCM No. | | ANI-JOE LLC | |
| Street Address | | Street Address | |
| | | 1212 Burlington Ave | |
| City, State, Zip Code | | City, State, Zip Code | |
| | | DELANCO NJ 08028 | |
| Project Manager for Monitoring Firm | | Telephone No. | |
| | | 856 824 0971 | |
| Start Date (10) | | License No. | |
| 7-17-12 | | 0107 | |
| Scheduled Completion Date (11) | | Name of OSHA Monitor | |
| 7-31-12 | | | |
| Occupancy Status During Abatement (Check only one) | | Street Address | |
| <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: DEMO | | City, State, Zip Code | |
| Scope of Work (Check all that apply) | | | |
| <input type="checkbox"/> ≥ 3 sf or ≥ 35 f <input checked="" type="checkbox"/> ≥ 150 sf or ≥ 250 f | | <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Full Enclosure <input type="checkbox"/> Cleaning Procedure <input type="checkbox"/> Non-Exempted (7) and Non-Fibrous Process | |
| <input 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) | |
| outside | | Yes No NA | |
| | | | |
| | | | |
| Description of Asbestos Containing Material (ACM) (i.e., thermal system insulation, surfacing, VAV, or other miscellaneous) | | Amount (Specify SF or LF) | |
| ACM siding | | 2400 | |
| | | | |
| | | | |
| Name of Registered Waste Hauler | | Name of Registered Landfill | |
| J. Robinson | | WMA of PA | |
| EPA/DEP Waste Hauler ID No. | | City, State | |
| 19362 | | Tollyham | |
| City, State | | Disposal Date | |
| Baltimore MD | | TBD | |
| Completed by | | Signature | |
| J. H. V. | | [Signature] | |
| Title | | Date | |
| VP | | 7-12 | |

| Abatement Type | | |
|-------------------------------------|--------------------------|--------------------------|
| Removal | Repair | Enclosure |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

State of New Jersey Asbestos Abatement Regulations (Pursuant to NJAC 9:20 and 12:120)



Date of Notification (1) 7-17-12
 Agency Notified
☐ EPA
☐ DEP
☐ DOL
☐ DOH
☐ DCA
 Type Notification
☐ Initial
☐ Amended
☐ Amendment
☐ Emergency (including justification)
☐ Cancellation

Name of Building Owner (2) Earth Tec
 Street Address 155 RT 50
 City, State, Zip Code Greenfield NJ 08737
 Name of Contact Chad

Name of Facility Where Abatement is Taking Place (3) Resident
 Street Address 705 N Indiana Ave
 City (5) Atlanta City
 County (6) Atlanta
 County Code (7) (STATE USE ONLY)
 Type of Facility (4)
☐ School (K-12)
☐ Subchapter S (Other than K-12)
☐ Other (i.e. private & commercial homes, etc.)
 Square Feet 390
 # of Floors 2
 Current Use (Prior Existing condition) Resident

Name of Monitoring Firm Hired by Building Owner (8) ASCM No.
 Street Address
 City, State, Zip Code
 Project Manager for Monitoring Firm
 Telephone No.
 Name of Abatement Contractor (9) Am-Joe LLC
 Street Address 1212 Burlington Ave
 City, State, Zip Code Delanco NJ 08035
 Telephone No. 856 8240971
 License No. 0107

Start Date (10) 7-17-12
 Scheduled Completion Date (11) 7-31-12
 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
☐ ≥ 150 sf or ≥ 250 lf
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Full-Enclosure
☐ Enclosure Procedure
☐ Non-Enclosed () and Non-Finish Process

| 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) |
|--|---|----|-------------------------------------|--|---------------------------|
| | Yes | No | NA | | |
| <u>Corridor windows</u> | | | <input checked="" type="checkbox"/> | <u>CAULK</u> | <u>3000</u> |

Name of Registered Waste Handler J. Robinson Waste
 City, State Bellmore NJ
 Registered Waste Handler ID No. 17362
 Cubic Yards of Waste 1
 Disposal Date
 Name of Registered Landfill WM of PA
 City, State Wilmington PA
 Completed by Joe Hill
 Title VP
 Signature JH

| Abatement Type | | |
|-------------------------------------|-------------------------------------|-------------------------------------|
| Enclosure | Repair | Removal |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

State of New Jersey
Asbestos Abatement License Application
 (Pursuant to N.J.A.C. 8:26 and 12:120)

| | | |
|--|---|--|
| Date of Notification (1) <u>7-1-12</u> | | Name of Building Owner/Owner (2) <u>ETHAN</u> |
| Agency Notified: | Type Notification: | Street Address: <u>155 RT 50</u> |
| <input type="checkbox"/> EPA | <input type="checkbox"/> Initial | City, State, Zip Code: <u>Greenfield NJ 0823</u> |
| <input type="checkbox"/> DEP | <input type="checkbox"/> Amended | Name of Contact: <u>GARY</u> |
| <input type="checkbox"/> DCL | <input type="checkbox"/> Emergency (including notification) | |
| <input type="checkbox"/> DOW | <input type="checkbox"/> Cancellation | |
| <input type="checkbox"/> DCA | | |

| | | |
|--|---|--|
| Name of Facility Where Abatement is Taking Place (3) <u>Resident</u> | | Type of Facility (4) |
| Street Address: <u>450 Maryland Ave</u> | | <input type="checkbox"/> School (K-12) |
| City (5) <u>Atlantic City NJ</u> | | <input type="checkbox"/> Subchapter S (Other than K-12) |
| County (6) | | <input type="checkbox"/> Other (i.e. private & commercial homes, etc.) |
| County Code (7) (STATE USE ONLY) | Square Feet: <u>2500</u> | # of Floors: <u>3</u> |
| | Current Use (Prior to being demolished) <u>Resident</u> | |

| | | |
|---|---------------|--|
| Name of Monitoring Firm Hired by Building Owner (8) | ASCM No. | Name of Abatement Contractor (9) |
| Street Address: | | Street Address: <u>1212 Burlington Ave</u> |
| City, State, Zip Code: | | City, State, Zip Code: <u>DELANCO NJ 08028</u> |
| Project Manager for Monitoring Firm: | Telephone No. | Telephone No. <u>856 524 0971</u> |
| | | License No. <u>01070</u> |

| | | |
|--|---|------------------------|
| Start Date (10) <u>7-17-12</u> | Scheduled Completion Date (11) <u>7-31-12</u> | Name of OSHA Monitor: |
| Occupancy Status During Abatement (Check only one) | | Street Address: |
| <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement | | City, State, Zip Code: |
| <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours | | |
| <input type="checkbox"/> Other - Describe: | | |

Scope of Work (Check all that apply)

☐ ≥ 9 sf or ≥ 5 lf

☐ ≥ 160 sf or ≥ 250 lf

☐ Renovation

☐ Demolition

☐ Full Containment with Negative Pressure

☐ Mini-Enclosure

☐ Gloving Procedures

☐ Non-Exempted (?) and Non-Plastic Process

| Location of Asbestos Containing Material (ACM) TO BE ABATED IN Facility (12) | 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) |
|--|---|----|-------------------------------------|--|---------------------------|
| | Yes | No | NA | | |
| <u>Roof</u> | | | <input checked="" type="checkbox"/> | <u>Roof Membrane</u> | <u>1200</u> |
| | | | | | |
| | | | | | |

| | | | |
|--|-----------------------------------|------------------------------------|---|
| Name of Registered Waste Hauler: <u>J Robinson Waste</u> | Waste Hauler ID No.: <u>17396</u> | Cubic Yards of Waste: <u>5</u> | Name of Registered Landfill: <u>WR 46 Pa.</u> |
| City, State: <u>Bellmawr NJ</u> | Disposal Date: <u>7/31/12</u> | City, State: <u>Tellertown Pa.</u> | |
| Completed by: <u>JOE Hill</u> | Title: <u>VP</u> | Signature: <u>[Signature]</u> | Date: <u>7-1-12</u> |



| Abatement Type | | | |
|-------------------------------------|-------------|--------|---------|
| Enclosure | Encapsulate | Repair | Removal |
| <input checked="" type="checkbox"/> | | | |
| | | | |
| | | | |

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

| | | | | | |
|--|---|---|---|---|---------------------------|
| Date of Notification (1) 6/28/12 | | Name of Building Owner/Operator (2) Melissa Elias | | | |
| Agencies Notified | Type Notification | Street Address 3 Norman Circle | | | |
| <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ | City, State, Zip Code Madison, NJ 07940 | | | |
| <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Name of Contact John Souness | Telephone Number _____ | | |
| FACILITY INFORMATION | | | | | |
| Name of Facility Where Abatement is Taking Place (3) House | | 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 3 Norman Circle | | Square Feet N/A | # of Floors N/A | | |
| City (5) Madison | | Blgd. Age N/A | | | |
| County (6) Morris | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) House | | | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | ASCM No. _____ | Name of Abatement Contractor (9) D&S Abatement, Inc. | | |
| Street Address | | Street Address 11 Rosengren Avenue | | | |
| City, State, Zip Code | | City, State, Zip Code Totowa, NJ 07512 | | | |
| Project Manager for Monitoring Firm | | Telephone No. _____ | Telephone No. _____ License #0067 | | |
| Start Date (10) 7/11/12 | Scheduled Completion Date (11) 7/12/12 | Name of OSHA Monitor D&S Abatement, Inc. | | | |
| Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Occupied | | Street Address 11 Rosengren Avenue | | | |
| | | City, State, Zip Code Totowa, NJ 07512 | | | |
| 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 type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable | | | |
| 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) |
| | Yes | No | N/A | | |
| crawl space | | X | | duct insulation | 30 SF |
| | | | | | |
| | | | | | |
| | | | | | |
| Name of Registered Waste Hauler D&S Abatement, Inc. | | NJDEP Waste Hauler ID No. #00675 | Cubic Yards of Waste TBD | Name of Registered Landfill Waste Management PA | |
| City, State Totowa, NJ | | Disposal Date TBD | | City, State Tullytown, PA | |
| Completed by Deanna Brkusanin | | Title Project Manager | Signature <i>Deanna Brkusanin</i> | | |

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

| | | | | | |
|---|---|--|---|---|---------------------------|
| Date of Notification (1) 6/28/12 | | Name of Building Owner/Operator (2) Brian Wolliver | | | |
| Agencies Notified | Type Notification | Street Address 26 Van Ness Ave | | | |
| <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ | City, State, Zip Code Fairfield, NJ 07004 | | | |
| <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Name of Contact Brian Wolliver | Telephone Number _____ | | |
| FACILITY INFORMATION | | | | | |
| Name of Facility Where Abatement is Taking Place (3) House | | 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 45 Van Tess Avenue | | Square Feet N/A | # of Floors N/A | | |
| City (5) Fairfield | | Bldg. Age N/A | | | |
| County (6) Essex | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) House | | | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | ASCM No. _____ | Name of Abatement Contractor (9) D&S Abatement, Inc. | | |
| Street Address | | Street Address 11 Rosengren Avenue | | | |
| City, State, Zip Code | | City, State, Zip Code Totowa, NJ 07512 | | | |
| Project Manager for Monitoring Firm | | Telephone No. _____ | Telephone No. _____ License #0067 | | |
| Start Date (10) 7/09/12 | Scheduled Completion Date (11) 7/10/12 | Name of OSHA Monitor D&S Abatement, 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 checked="" type="checkbox"/> Other -- Describe: <u>Occupied</u> | | Street Address 11 Rosengren Avenue | | | |
| | | City, State, Zip Code Totowa, NJ 07512 | | | |
| 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 type="checkbox"/> Demolition | | | |
| | | <input checked="" 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 | | | |
| 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) |
| | Yes | No | N/A | | |
| basement | | X | | pipe insulation | 35 LF |
| garage | | X | | pipe fitting insulation | 3 |
| | | | | | |
| | | | | | |
| Name of Registered Waste Hauler D&S Abatement, Inc. | | NJDEP Waste Hauler ID No. #00675 | Cubic Yards of Waste TBD | Name of Registered Landfill Waste Management PA | |
| City, State Totowa, NJ | | Disposal Date TBD | | City, State Tullytown, PA | |
| Completed by Deanna Brkusanin | | Title Project Manager | Signature <i>Deanna Brkusanin</i> | | |

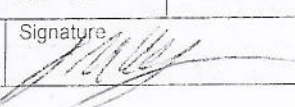
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)


| | | | | | |
|---|---|---|---|---|---------------------------|
| Date of Notification (1) 6/28/12 | | Name of Building Owner/Operator (2) John Souness | | | |
| Agencies Notified | Type Notification | Street Address 29 Perry Lane | | | |
| <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # | City, State, Zip Code Marlborough, MA 07152 | | | |
| <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Name of Contact John Souness | Telephone Number | | |
| FACILITY INFORMATION | | | | | |
| Name of Facility Where Abatement is Taking Place (3) House | | 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 25 Terry Drive | | Square Feet N/A | # of Floors N/A | | |
| City (5) Morristown | | Bldg. Age N/A | | | |
| County (6) Morris | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) House | | | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | ASCM No. | Name of Abatement Contractor (9) D&S Abatement, Inc. | | |
| Street Address | | Street Address 11 Rosengren Avenue | | | |
| City, State, Zip Code | | City, State, Zip Code Totowa, NJ 07512 | | | |
| Project Manager for Monitoring Firm | | Telephone No. 973-345-8685 | Licenses #0067 | | |
| Start Date (10) 7/09/12 | Scheduled Completion Date (11) 7/10/12 | Name of OSHA Monitor D&S Abatement, 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 checked="" type="checkbox"/> Other - Describe: Occupied | | Street Address 11 Rosengren Avenue | | | |
| | | City, State, Zip Code Totowa, NJ 07512 | | | |
| 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 type="checkbox"/> Demolition <input checked="" 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 | | | | | |
| 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) |
| | Yes | No | N/A | | |
| crawl space & garage | | X | | duct insulation | 25 SF |
| | | | | | |
| | | | | | |
| | | | | | |
| Name of Registered Waste Hauler D&S Abatement, Inc. | | NJDEP Waste Hauler ID No. # 00677 | Cubic Yards of Waste TBD | Name of Registered Landfill Waste Management PA | |
| City, State Totowa, NJ | | Disposal Date TBD | | City, State Tullytown, PA | |
| Completed by Deanna Brkusani | | Title Project Manager | | Signature <i>Deanna Brkusani</i> | |

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

Checked # 8500

| | | | |
|--|--|---|--|
| Date of Notification (1) 7-3-12 | | Name of Building Owner/Operator (2) Princeton Theological Seminary | |
| 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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 64 Mercer Street | |
| | | City, State, Zip Code Princeton, NJ 08546 | |
| | | Name of Contact German Martienez | |
| Telephone _____ | | | |
| FACILITY INFORMATION | | | |
| Name of Facility Where Abatement is Taking Place (3) Princeton Theological Seminary-West Windsor Campus | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than <input checked="" type="checkbox"/> Other (i.e. private & comm etc.) | |
| Street Address Farber Road and Loetscher Place | | Square Feet 120,000 | # of Floors |
| City (5) Princeton | | Bldg. Age 60yrs. | |
| County (6) Mercer | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being dem apartment complex | |
| Name of Monitoring Firm Hired by Building Owner (8) Harvard Environmental, Inc. | | ASCM No. _____ | Name of Abatement Contractor (9) Plymouth Environmental Co., Inc. |
| Street Address 760 Pulaski Highway | | Street Address 923 Haws Avenue | |
| City, State, Zip Code Bear, DE 19701 | | City, State, Zip Code Norristown, PA 19401 | |
| Project Manager for Monitoring Firm Duane Reese | | Telephone No. 302-326-2333 | Telephone No. 610-239-9920 |
| Start Date (10) 7-23-12 | | Scheduled Completion Date (11) 9/28/12 | Licens 0198 |
| Name of OSHA Monitor Plymouth Environmental Co., Inc. | | Co., 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 923 Haws Avenue | |
| | | City, State, Zip Code Norristown, PA 19401 | |
| Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" 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 type="checkbox"/> Non-Exempted (*) and Non-F | | | |
| 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) |
| | Yes | No | |
| 1st & 2nd floors | | x | drywall joint compound |
| exterior | | x | roofing |
| exterior | | x | window caulk |
| 1st floor | | x | floor adhesive |
| Name of Registered Waste Hauler Robinson Waste Disposal | | NJDEP Waste Hauler ID No. 17304 | Cubic Yards of Waste 8,000 |
| City, State Bellmawr, NJ | | Disposal Date 9-28-12 | Name of Registered Landfill GROWS Landfill |
| City, State Morrisville, NC | | | |
| Completed by James M. Kelly | | Title Project Manager | Signature  |
| Date 7-3-12 | | Date 7-3-12 | |

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

| | | | | | |
|--|---|--|---|--|---------------------------|
| Date of Notification (1) 7 / 3 / 12 | | Name of Building Owner/Operator (2) Saint Stevens Parish | | | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DCA (NJAC 5:16) <input type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8) | 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 97 Buckingham Avenue City, State, Zip Code Perth Amboy, NJ 08861 Name of Contact Fr. Walter | | | |
| FACILITY INFORMATION | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Saint Stevens Rectory to Convent | | 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 97 Buckingham Avenue | | Square Feet 7500 sf | # of Floors 3 | | |
| City (5) Perth Amboy | | Bldg. Age 100 + yrs | | | |
| County (6) Middlesex | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Rectory to Convent | | | |
| Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental Inc. | ASCM No. | Name of Abatement Contractor (9) Finishing Touch Asbestos Abatement Corp. | | | |
| Street Address 1253 North Church St. | | Street Address 17 Thompson Street | | | |
| City, State, Zip Code Moorestown, NJ 08057 | | City, State, Zip Code West Long Branch, NJ 07764 | | | |
| Project Manager for Monitoring Firm Mike Stocku | Telephone No. 856-840-8800 | Telephone No. 732-222-8372 | License No. 00040 | | |
| Start Date (10) 7 / 12 / 12 | Scheduled Completion Date (11) 7 / 31 / 12 | Name of OSHA Monitor n/a | | | |
| 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 City, State, Zip Code | | | |
| 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 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) |
| | Yes | No | N/A | | |
| 1st, 2nd & 3rd Floors | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | AC Ceiling & Wall Plaster | 20,200 sf |
| 1st Floor, 2nd and 3rd Floors | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Vat & Linoleum | 755 sf |
| Basement | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | TSI | 185 LF |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Name of Registered Waste Hauler Finishing Touch Asbestos | | NJDEP Waste Hauler ID No. 12058 | Cubic Yards of Waste 30 cy | Name of Registered Landfill GROWS Landfill | |
| City, State Oceanport, NJ 07757-0400 | | Disposal Date 8/3/12 | City, State Morrisville, PA | | |
| Completed By (Print or Type) Joseph P. Miller | | Title President | Signature  | | |

07628
Telephone

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| Date 7/2/12 | | | |