

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

check # 9259

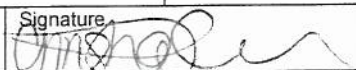
| | | | | | | | | |
|--|---|--|--|---|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1) <div style="text-align: center;">7 / 9 / 14</div> | | Name of Building Owner/Operator (2) Lakehurst School District | | | | | | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 301 Union Avenue | | | | | | |
| | | City, State, Zip Code Lakehurst, NJ 08733 | | | | | | |
| | | Name of Contact Rob McCarthy | Telephone Number | | | | | |
| FACILITY INFORMATION | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Lakehurst Elementary School | | Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | | | | | | |
| Street Address 301 Union Avenue | | | | | | | | |
| City (5) Lakehurst | | Square Feet 20,000+ | # of Floors 1 | | | | | |
| | | Bldg. Age 50+ | | | | | | |
| County (6) Ocean | | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Elementary School | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Horizon Environmental Group | | ASCM No. | Name of Abatement Contractor (9) Controlled Environmental Systems | | | | | |
| Street Address 301 9th St | | Street Address 1121 N. Bethlehem Pike - Suite 60 | | | | | | |
| City, State, Zip Code West Deptford, NJ 08086 | | City, State, Zip Code Spring House, PA 19477 | | | | | | |
| Project Manager for Monitoring Firm Steve Flanigan | | Telephone No. 856 848 0800 | Telephone No. 215 542 7000 | | | | | |
| | | License No. 00847 | | | | | | |
| Start Date (10) <div style="text-align: center;">7 / 12 / 14</div> | Scheduled Completion Date (11) <div style="text-align: center;">7 / 13 / 14</div> | Name of OSHA Monitor CES | | | | | | |
| 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: 7:00AM-7:00PM / ____PM-____AM | | Street Address 1121 N. Bethlehem Pike - Suite 60 | | | | | | |
| | | City, State, Zip Code Spring House, PA 19477 | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) 8 LF | Abatement Type | | | |
| | Yes | No | | | N/A | Removal | Repair | Encapsulate |
| Boy's Primary Bathroom | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | pipe wrap & fitting insulation | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler Allied Waste | | NJDEP Waste Hauler ID No. | Cubic Yards of Waste > 1 Yard | Name of Registered Landfill Constoga Landfill | | | | |
| City, State Telford, PA | | Disposal Date 7/21/14 | | City, State Morgantown, PA | | | | |
| Completed By (Print or Type) Patricia Visco | Title Office Manager | | Signature <i>Patricia Visco</i> | | | Date 7/10/14 | | |

CK 8488


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

| | | | | | | | | | |
|---|--|--|------------------------------------|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1) <u>7 / 8 / 14</u> | | Name of Building Owner/Operator (2) <u>FORT LEE BOARD OF EDUCATION</u> | | | | | | | |
| 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 type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address <u>255 WHITEMAN STREET</u> | | | | | | | |
| | | City, State, Zip Code <u>FORT LEE NJ 07024</u> | | | | | | | |
| | | Name of Contact <u>JACK De NICHILLO</u> | | | | | | | |
| Telephone Number | | | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) <u>FORT LEE HIGH SCHOOL</u> | | Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | | | | | | | |
| Street Address <u>3000 LEMONIE AVE</u> | | Square Feet <u>+ 500</u> | # of Floors <u>3</u> | | | | | | |
| City (5) <u>FORT LEE</u> | | Bldg. Age <u>+ 25</u> | | | | | | | |
| County (6) <u>Bergen</u> | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) <u>SCHOOL</u> | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) <u>K+A ENVIRONMENTAL CONTRACTORS</u> | | ASCM No. | | | | | | | |
| Street Address <u>20 LAUCK ROAD</u> | | Name of Abatement Contractor (9) <u>K+A ENVIRONMENTAL CONTRACTORS</u> | | | | | | | |
| City, State, Zip Code <u>MOHNTON PA 19540</u> | | Street Address <u>20 LAUCK ROAD</u> | | | | | | | |
| Project Manager for Monitoring Firm <u>MIKE KARL</u> | | City, State, Zip Code <u>MOHNTON PA 19540</u> | | | | | | | |
| Telephone No. <u>610-856-7700</u> | | Telephone No. <u>610-856-7700</u> | License No. <u>01102</u> | | | | | | |
| Start Date (10) <u>7 / 9 / 14</u> | Scheduled Completion Date (11) <u>7 / 11 / 14</u> | Name of OSHA Monitor <u>CEI LAB'S</u> | | | | | | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>800</u> AM- <u>500</u> PM / <u> </u> PM- <u> </u> AM | | Street Address <u>107 NEW EDITION COURT</u> | | | | | | | |
| Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | |
| City, State, Zip Code <u>CARY, NC 27511</u> | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED IN Facility (13)</u> | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| <u>OLD PRINT SHOP</u> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>VAT + MASTIC</u> | <u>80 SF</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Room 230</u> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>VAT + MASTIC</u> | <u>100 SF</u> | <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"/> |
| Name of Registered Waste Hauler <u>K+A ENVIRONMENTAL CONTRACTORS</u> | | NJDEP Waste Hauler ID No. <u>00815</u> | Cubic Yards of Waste <u>1/3</u> | Name of Registered Landfill <u>SOUTHERN ALLEGHENIES LANDFILL</u> | | | | | |
| City, State <u>MOHNTON PA</u> | | Disposal Date <u>7-31-14</u> | | City, State <u>DAVIDSVILLE PA</u> | | | | | |
| Completed By (Print or Type) <u>ANTHONY J SANTRELLI</u> | | Title <u>OPERATION</u> | | Signature <u>Anthony J Santrelli</u> | | | Date <u>7-8-14</u> | | |

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

| | | | | | |
|--|---|--|-----|---|---|
| Date of Notification (1) July 9, 2014 | | Name of Building Owner/Operator (2) Burlington Twp. Schools | | Check # 1287 | |
| 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 | | 610 Fountain Avenue, PO Box 428 | |
| | | | | City, State, Zip Code Burlington, NJ 08016 | |
| | | Name of Contact Mary Ann Bell | | Telephone Number | |
| FACILITY INFORMATION | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Burlington Township High School | | | | Type of Facility (4) | |
| Street Address 610 Fountain Avenue | | | | <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | |
| City (5) Burlington, NJ 08016 | | | | Square Feet 10,000 | # of Floors 2 |
| | | | | Bldg. Age 100 | |
| County (6) Burlington | | County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) School | |
| Name of Monitoring Firm Hired by Building Owner (8) Epic Environmental Services, LLC | | ASCM No. | | Name of Abatement Contractor (9) Shade Environmental, LLC | |
| Street Address 1930 Brown Road | | | | Street Address 623 Cutler Avenue | |
| City, State, Zip Code Newfield, NJ 08344 | | | | City, State, Zip Code Maple Shade, NJ 08052 | |
| Project Manager for Monitoring Firm Jim Eberts | | Telephone No. 856-205-1077 | | Telephone No. 856-755-0099 | License No. 00842 |
| Start Date (10) July 28, 2014 | | Scheduled Completion Date (11) August 28, 2014 | | Name of OSHA Monitor EMSL Laboratories | |
| 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: | | | | 200 Route 130 North | |
| | | | | City, State, Zip Code Cinnaminson, NJ 08077 | |
| 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 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 | | |
| Throughout | | XXX | | Elbows | 25 SF |
| Throughout | | XXX | | Elbows | 2 SF |
| C-Wing | | XXX | | Window Glazing (90% Exterior) | 400 LF |
| C-Wing | | XXX | | Windows | 17 Each |
| Name of Registered Waste Hauler Freehold Cartage | | NJDEP Waste Hauler ID No. 15939 | | Cubic Yards of Waste 10 | Name of Registered Landfill Western Berks Community Landfill |
| City, State Freehold, NJ 07728 | | Disposal Date 8/28/2014 | | City, State Birdsboro, PA | |
| Completed by Christina Lynch | | Title Operations Manager | | Signature  | Date 7/9/2014 |

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

| | | | | | | | | | |
|--|---|--|--|---|---------------------------|----------------|------------------|-------------|-----------|
| Date of Notification (1) July 9, 2014 | | Name of Building Owner/Operator (2) B&B Environmental, Inc. Check # 1286 | | | | | | | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address PO Box 649 | | | | | | | |
| | | City, State, Zip Code Lumberton, NJ 08048 | | | | | | | |
| | | Name of Contact Bob Benedict | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Farmhouse | | 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 40 Retreat Road | | Square Feet 5,000 | # of Floors 1 | | | | | | |
| City (5) Southampton, NJ 08088 | | Bldg. Age 100 | | | | | | | |
| County (6) Burlington | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) Farmhouse | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Management & Enviro. Consulting Serv | | ASCM No. | Name of Abatement Contractor (9) Shade Environmental, LLC | | | | | | |
| Street Address PO Box 341 | | Street Address 623 Cutler Avenue | | | | | | | |
| City, State, Zip Code Chesterfield, NJ 08515 | | City, State, Zip Code Maple Shade, NJ 08052 | | | | | | | |
| Project Manager for Monitoring Firm Lou Laureti | | Telephone No. 609-298-4070 | Telephone No. 856-755-0099 | | | | | | |
| | | License No. 00842 | | | | | | | |
| Start Date (10) July 28, 2014 | Scheduled Completion Date (11) August 1, 2014 | Name of OSHA Monitor EMSL Laboratories | | | | | | | |
| 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 200 Route 130 North | | | | | | | |
| | | City, State, Zip Code Cinnaminson, NJ 08077 | | | | | | | |
| 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 checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Basement | | XXX | | Pipe Insulation | 330 LF | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Freehold Cartage | | NJDEP Waste Hauler ID No. 15939 | Cubic Yards of Waste 10 | Name of Registered Landfill Western Berks Community Landfill | | | | | |
| City, State Freehold, NJ 07728 | | Disposal Date 8/1/2014 | | City, State Birdsboro, PA | | | | | |
| Completed by Christina Lynch | | Title Operations Manager | | Signature  | | | Date 7/9/2014 | | |

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

| | | | |
|---|---|---|--|
| Date of Notification (1) <div style="text-align: center;">July 9, 2014</div> | | Name of Building Owner/Operator (2) <div style="text-align: center;">Mary Ellen Grassin 24651</div> | |
| Agencies Notified | Type of Notification | Street Address | |
| <input checked="" type="checkbox"/> EPA | <input type="checkbox"/> Initial Notification | P O Box 144 | |
| <input type="checkbox"/> DEP | <input type="checkbox"/> Amended Notification | City, State, Zip Code <div style="text-align: center;">Rumson, NJ 07760</div> | |
| <input checked="" type="checkbox"/> DOL | Amendment # _____ | | |
| <input checked="" type="checkbox"/> DOH | <input checked="" type="checkbox"/> Emergency (including justification) | Name of Contact <div style="text-align: center;">Mary Ellen Grassin</div> | |
| <input type="checkbox"/> DCA | <input type="checkbox"/> Cancellation | | |

FACILITY INFORMATION

| | | | | | |
|---|-------------------------------------|--|---|--|--|
| Name of Facility Where Abatement is Taking Place (3) <div style="text-align: center;">Residence</div> | | | Type of Facility (4) | | |
| Street Address <div style="text-align: center;">1 Church Street</div> | | | <input type="checkbox"/> School (k-12) | | |
| | | | <input type="checkbox"/> Subchapter 8 (other than k-12) | | |
| City <div style="text-align: center;">Sea Bright</div> | | | <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) | | |
| | | | | | |
| County (6) <div style="text-align: center;">Monmouth</div> | County Code (7) (STATE USE ONLY) | Square feet <div style="text-align: center;">2000 sf</div> | # of Floors <div style="text-align: center;">2</div> | Bldg. Age <div style="text-align: center;">60</div> | |
| Current Use (Prior if being demolished) <div style="text-align: center;">Residence</div> | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) <div style="text-align: center;">Guardian Contracting, Inc.</div> | | | Name of Abatement Contractor (9) <div style="text-align: center;">Guardian Contracting, Inc.</div> | | |
| Street Address <div style="text-align: center;">1889 Rte. 9, Unit 61</div> | | | Street Address <div style="text-align: center;">1889 Route 9, Unit 61</div> | | |
| City, State, Zip Code <div style="text-align: center;">Toms River, NJ 08755</div> | | | City, State, Zip Code <div style="text-align: center;">Toms River, New Jersey 08755-1271</div> | | |
| Project Manager for Monitoring Firm <div style="text-align: center;">Nicholas Fernicola</div> | | Telephone Number <div style="text-align: center;">732-349-9932</div> | Telephone Number <div style="text-align: center;">732-349-9932</div> | License Number <div style="text-align: center;">00624</div> | |
| Scheduled Start Date (10) <div style="text-align: center;">7/10/14</div> | | Scheduled Completion Date (11) <div style="text-align: center;">7/14/14</div> | | | |
| 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 <div style="text-align: center;">E.M.S.L. Analytical</div> | | |
| | | | Street Address <div style="text-align: center;">1056 Stelton Road</div> | | |
| | | | City, State, Zip Code <div style="text-align: center;">Piscataway, New Jersey 08854</div> | | |
| | | | | | |
| 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 checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | |

| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13) | Is Location Normally used Solely by Maintenance/Custodial Staff (12) <div style="display: flex; justify-content: space-around;">YES NO N/A</div> | | | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|--|---|---|--|---|---------------------------|---------------------------------|----------------------------|---|---|
| | | | | | | R E M O V A L | R E P A I R | E N C A P S U L E | E N C L O S U R E |
| 2 nd floor | | X | | Plaster | 1500 sf | X | | | |
| Exterior | | X | | Asbestos siding | 2400 sf | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | | | |
|--|---|---|--|
| Name of Registered Waste Hauler <div style="text-align: center;">Guardian Contracting, Inc.</div> | NJDEP Waste Hauler ID No. <div style="text-align: center;">20223</div> | Cubic Yards of Waste <div style="text-align: center;">6</div> | Name of Registered Landfill <div style="text-align: center;">T.R.R.F.</div> |
| City, State <div style="text-align: center;">Toms River, New Jersey</div> | Disposal Date <div style="text-align: center;">7/15/14</div> | City, State <div style="text-align: center;">Tullytown, Pennsylvania</div> | |
| Completed by (Print or Type) <div style="text-align: center;">Nicholas Fernicola</div> | Title <div style="text-align: center;">Project Manager</div> | Signature | Date <div style="text-align: center;">7/9/2014</div> |

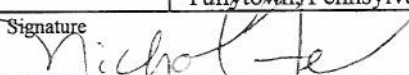
*Do not use this form for asbestos licensure exempted activities.

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

| | | | |
|---|---|---|--|
| Date of Notification (1) July 9, 2014 | | Name of Building Owner/Operator (2) AP Block 78 Venture, LLC 24652 | |
| Agencies Notified | Type of Notification | Street Address | |
| <input checked="" type="checkbox"/> EPA | <input type="checkbox"/> Initial Notification | 1100 Ocean Avenue | |
| <input type="checkbox"/> DEP | <input type="checkbox"/> Amended Notification | City, State, Zip Code Asbury Park, NJ 07712 | |
| <input checked="" type="checkbox"/> DOL | Amendment # _____ | | |
| <input checked="" type="checkbox"/> DOH | <input checked="" type="checkbox"/> Emergency (including justification) | Name of Contact Keith Ortner | |
| <input type="checkbox"/> DCA | <input type="checkbox"/> Cancellation | | |

FACILITY INFORMATION

| | | | | | |
|---|-------------------------------|---|---|---|------------------------|
| Name of Facility Where Abatement is Taking Place (3) Salvation Army Retirement Community | | | Type of Facility (4) | | |
| Street Address 200-210 5th Avenue | | | <input type="checkbox"/> School (k-12) | | |
| | | | <input type="checkbox"/> Subchapter 8 (other than k-12) | | |
| <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) | | | | | |
| City Asbury Park | County (6) Monmouth | County Code (7) (STATE USE ONLY) | Square feet 60,000 sf | # of Floors 7 | Bldg. Age 70 |
| Current Use (Prior if being demolished) Vacant Building | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Guardian Contracting, Inc. | | | Name of Abatement Contractor (9) Guardian Contracting, Inc. | | |
| Street Address 1889 Rte. 9, Unit 61 | | | Street Address 1889 Route 9, Unit 61 | | |
| City, State, Zip Code Toms River, NJ 08755 | | | City, State, Zip Code Toms River, New Jersey 08755-1271 | | |
| Project Manager for Monitoring Firm Nicholas Fernicola | | Telephone Number 732-349-9932 | Telephone Number 732-349-9932 | License Number 00624 | |
| Scheduled Start Date (10) 7/10/14 | | Scheduled Completion Date (11) 8/1/14 | | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____ | | | Name of OSHA Monitor E.M.S.L. Analytical | | |
| | | | Street Address 1056 Stelton Road | | |
| | | | City, State, Zip Code Piscataway, New Jersey 08854 | | |
| | | | | | |
| Scope of Work (Check all that apply) | | | | | |
| <input type="checkbox"/> >3 sf or ≥3 lf | | <input 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 Procedure | |

| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13) | Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A | | | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|--|--|---|--|---|--|---------------------------------|----------------------------|---|---|
| | | | | | | R E M O V A L | R E P A I R | E N C A P S U L E | E N C L O S U R E |
| Throughout | | X | | Asbestos floor tile | 40,000 sf | X | | | |
| 2 nd floor | | X | | Asbestos pipe insulation | 130 lf | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Guardian Contracting, Inc. | | NJDEP Waste Hauler ID No. 20223 | | Cubic Yards of Waste 60 | Name of Registered Landfill T.R.R.F. | | | | |
| City, State Toms River, New Jersey | | Disposal Date 8/4/14 | | City, State Tullytown, Pennsylvania | | | | | |
| Completed by (Print or Type) Nicholas Fernicola | | Title Project Manager | | Signature  | | | Date 7/9/2014 | | |

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

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

Check # 8929

| | | | |
|--|--|---|------------------|
| Date of Notification (1) July 9, 2014 July 2, 2014 | | Name of Building Owner / Operator (2) Bank of America | |
| 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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Cancellation | 6218 Landis Avenue | |
| | | City, State & Zip Code Sea Isle City, NJ 08243 | |
| | | Name of Contact Ryan Schnupp | Telephone Number |

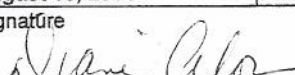
FACILITY INFORMATION

| | | | |
|--|--|---|--------------------------------|
| Name of Facility Where Abatement is Taking Place (3) Bank of America | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.) | |
| Street Address 6218 Landis Ave | | Square Feet 1,700 | # of Floors 1 |
| City (5) Sea Isle City | | Bldg. Age 48 | |
| County (6) Cape May | | Current Use (Prior if being demolished) Bank | |
| County Code (7) USE ONLY | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Environmental Testing Consultants, LLC | | ASCN No. | |
| Street Address One Mall Drive, Suite 404 | | Name of Abatement Contractor (9) Synatech, Inc. | |
| City, State & Zip Code Cherry Hill, NJ 08002 | | Street Address 829 Radio Road | |
| Project Manager for Monitoring Firm Howard Zenobi | | Telephone Number 609-296-6916 | License Number 00817 |
| Scheduled Start Date (10) July 12, 2014 | Scheduled Completion Date (11) August 14, 2014 | Name of OSHA Monitor Synatech, 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 <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement | | Street Address 829 Radio Road | |
| | | City, State & Zip Code Little Egg Harbor, NJ 08087 | |

Scope of Work (Check all that apply)

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

| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) | | | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|---|--|----|----------|--|---------------------------|----------------|--------|-------------|-----------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Main Roof | | | X | Roofing Material | 2,300 SF | X | | | |
| Drive-through Roof | | | X | Roofing Material | 200 SF | X | | | |

| | | | | | |
|--|---|---|----------------------------------|--|--|
| Name of Registered Waste Hauler Synatech, Inc. | | NJDEP Waste Hauler ID No. 27429 | Cubic Yards of Waste 8 | Name of Registered Landfill Grows Landfill | |
| City, State Little Egg Harbor, NJ 08087 | | Disposal Date August 15, 2014 | | City, State Morrisville, PA | |
| Completed By Diane Aloia | Title Executive Administrator | Signature  | | Date July 9, 2014 July 2, 2014 | |

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

Check # 8929

| | | | |
|--|---|---|--|
| Date of Notification (1) July 2, 2014 | | Name of Building Owner / Operator (2) Bank of America | |
| 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 Amendment # _____ <input type="checkbox"/> Cancellation | 63rd and Landis Avenues City, State & Zip Code Sea Isle City, NJ 08243 Name of Contact Ryan Schnupp | |
| | | Telephone Number | |

FACILITY INFORMATION

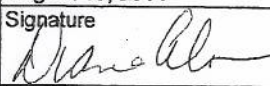
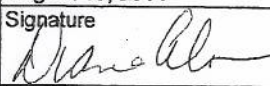
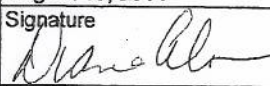
| | | | |
|--|--|---|--------------------------------|
| Name of Facility Where Abatement is Taking Place (3) Bank of America | | Type of Facility (4) | |
| Street Address 63rd and Landis Avenues | | <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.) | |
| City (5) Sea Isle City | | Square Feet 1,700 | # of Floors 1 |
| | | Bldg. Age 48 | |
| County (6) Cape May | | Current Use (Prior if being demolished) Bank | |
| County Code (7) USE ONLY | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Environmental Testing Consultants, LLC | | Name of Abatement Contractor (9) Synatech, Inc. | |
| Street Address One Mall Drive, Suite 404 | | Street Address 829 Radio Road | |
| City, State & Zip Code Cherry Hill, NJ 08002 | | City, State & Zip Code Little Egg Harbor, NJ 08087 | |
| Project Manager for Monitoring Firm Howard Zenobi | | Telephone Number 856-482-1311 | License Number 00817 |
| Scheduled Start Date (10) July 12, 2014 | Scheduled Completion Date (11) August 14, 2014 | Name of OSHA Monitor Synatech, Inc. | |
| Occupancy Status During Abatement (Check only one) | | Street Address 829 Radio Road | |
| <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement | | City, State & Zip Code Little Egg Harbor, NJ 08087 | |

Scope of Work (Check all that apply)

- ☐ ≥ 3 sf or ≥ 50 lf
☒ ≥ 160 sf or ≥ 260 lf

- ☐ Renovation
☐ Demolition

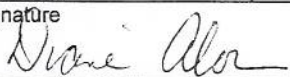
- ☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☒ Non-Exempted(*) and Non-Friable Procedure

| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) | | | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | | | | | | | | | | | | | |
|---|--|--|--|--|---------------------------|----------------|--------|-------------|-----------|--|---|----------------------------------|--|---|--|---|---------------------------------------|------------------------------------|---|--|-----------------------------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure | | | | | | | | | | | | |
| Main Roof | | | X | Roofing Material | 400 SF | X | | | | | | | | | | | | | | | |
| Drive-through Roof | | | X | Roofing Material | 200 SF | X | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Name of Registered Waste Hauler Synatech, Inc.</td> <td>NJDEP Waste Hauler ID No. 27429</td> <td>Cubic Yards of Waste 8</td> <td>Name of Registered Landfill Grows Landfill</td> </tr> <tr> <td colspan="2">City, State Little Egg Harbor, NJ 08087</td> <td>Disposal Date August 15, 2014</td> <td>City, State Morrisville, PA</td> </tr> <tr> <td>Completed By Diane Aloia</td> <td>Title Executive Administrator</td> <td>Signature </td> <td>Date July 2, 2014</td> </tr> </table> | | | | | | | | | | Name of Registered Waste Hauler Synatech, Inc. | NJDEP Waste Hauler ID No. 27429 | Cubic Yards of Waste 8 | Name of Registered Landfill Grows Landfill | City, State Little Egg Harbor, NJ 08087 | | Disposal Date August 15, 2014 | City, State Morrisville, PA | Completed By Diane Aloia | Title Executive Administrator | Signature  | Date July 2, 2014 |
| Name of Registered Waste Hauler Synatech, Inc. | NJDEP Waste Hauler ID No. 27429 | Cubic Yards of Waste 8 | Name of Registered Landfill Grows Landfill | | | | | | | | | | | | | | | | | | |
| City, State Little Egg Harbor, NJ 08087 | | Disposal Date August 15, 2014 | City, State Morrisville, PA | | | | | | | | | | | | | | | | | | |
| Completed By Diane Aloia | Title Executive Administrator | Signature  | Date July 2, 2014 | | | | | | | | | | | | | | | | | | |

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

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

Check # 8920

| | | | | | | | | |
|--|--|---|---|---------------------------|----------------|---------|--------|-------------|
| Date of Notification (1) July 9, 2014 July 1, 2014 | | Name of Building Owner / Operator (2) John D. Pittenger Builder, Inc. | | | | | | |
| 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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Cancellation | 2260 State Highway 33 City, State & Zip Code Neptune, NJ 07753 Name of Contact James Pittenger | | | | | | |
| | | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Residence | | Type of Facility (4) | | | | | | |
| Street Address 72 Main Street | | <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.) | | | | | | |
| City (5) Port Monmouth | | Square Feet 1,630 | # of Floors 2 | | | | | |
| County (6) Monmouth | | Bldg. Age 105 years | | | | | | |
| County Code (7) USE ONLY | | Current Use (Prior if being demolished) Residence | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | ASCM No. | | | | | | |
| Street Address | | Name of Abatement Contractor (9) Synatech, Inc. | | | | | | |
| City, State & Zip Code | | Street Address 829 Radio Road | | | | | | |
| Project Manager for Monitoring Firm | | City, State & Zip Code Little Egg Harbor, NJ 08087 | | | | | | |
| Telephone Number | | Telephone Number 609-296-6916 | License Number 00817 | | | | | |
| Scheduled Start Date (10) July 15, 2014 | Scheduled Completion Date (11) August 11, 2014 | Name of OSHA Monitor Synatech, Inc. | | | | | | |
| Occupancy Status During Abatement (Check only one) | | Street Address 829 Radio Road | | | | | | |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement | | City, State & Zip Code Little Egg Harbor, NJ 08087 | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | |
| <input type="checkbox"/> ≥ 3 sf or ≥ 50 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted(*) and Non-Friable Procedure | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance 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 |
| Main living area | | X | Floor Tile and Mastic | 640 SF | X | | | |
| Exterior | | X | Roofing Materials | 3,000 SF | X | | | |
| Exterior | | X | Siding | 5,600 SF | X | | | |
| Name of Registered Waste Hauler Synatech, Inc | NJDEP Waste Hauler ID No. 27429 | Cubic Yards of Waste 60 | Name of Registered Landfill Grows Landfill | | | | | |
| City, State Little Egg Harbor, NJ | | Disposal Date August 12, 2014 | City, State Morrisville, PA | | | | | |
| Completed By Diane Aloia | Title Executive Administrator | Signature  | Date July 9, 2014 July 1, 2014 | | | | | |

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

NO CK

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

Check # 8920

| | | | |
|--|---|---|--|
| Date of Notification (1) June 1, 2014 | | Name of Building Owner / Operator (2) John D. Pittenger Builder, Inc. | |
| 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 Amendment # _____ <input type="checkbox"/> Cancellation | 2260 State Highway 33 City, State & Zip Code Neptune, NJ 07753 Name of Contact James Pittenger | |
| | | Telephone Number | |

FACILITY INFORMATION

| | | | |
|--|--|---|--------------------------------|
| Name of Facility Where Abatement is Taking Place (3) Residence | | Type of Facility (4) | |
| Street Address 72 Main Street | | <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.) | |
| City (5) Port Monmouth | | Square Feet 1,630 | # of Floors 2 |
| | | Bldg. Age 105 years | |
| County (6) Monmouth | | Current Use (Prior if being demolished) Residence | |
| County Code (7) USE ONLY | | | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | ASCM No. | |
| Street Address | | Name of Abatement Contractor (9) Synatech, Inc. | |
| City, State & Zip Code | | Street Address 829 Radio Road | |
| Project Manager for Monitoring Firm | | City, State & Zip Code Little Egg Harbor, NJ 08087 | |
| Telephone Number | | Telephone Number 609-296-6916 | License Number 00817 |
| Scheduled Start Date (10) July 11, 2014 | Scheduled Completion Date (11) August 11, 2014 | Name of OSHA Monitor Synatech, Inc. | |
| Occupancy Status During Abatement (Check only one) | | Street Address 829 Radio Road | |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement | | City, State & Zip Code Little Egg Harbor, NJ 08087 | |

Scope of Work (Check all that apply)

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

| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) | | | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|--|--|---|-----|--|--|-----------------------------|--------|-------------|-----------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Main living area | | X | | Floor Tile and Mastic | 640 SF | X | | | |
| Exterior | | X | | Roofing Materials | 3,000 SF | X | | | |
| Exterior | | X | | Siding | 5,600 SF | X | | | |
| Name of Registered Waste Hauler Synatech, Inc | | NJDEP Waste Hauler ID No. 27429 | | Cubic Yards of Waste 60 | Name of Registered Landfill Grows Landfill | | | | |
| City, State Little Egg Harbor, NJ | | Disposal Date August 12, 2014 | | City, State Morrisville, PA | | | | | |
| Completed By Diane Aloia | | Title Executive Administrator | | Signature <i>Diane Aloia</i> | | Date July 1, 2014 | | | |

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

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

| | | | | | | | | | |
|--|---|---|--|---|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1) <div style="text-align: center;">6 / 24 / 14</div> | | Name of Building Owner/Operator (2) Arbor Management, LLC | | | | | | | |
| 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 checked="" type="checkbox"/> Amended Amendment # 1-7/9/14 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 4 Denny Rd. | | | | | | | |
| | | City, State, Zip Code Wilmington, DE 19809 | | | | | | | |
| | | Name of Contact Guy Pollice | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Burlington Manor Apartments | | 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 255 S. Pearl St. | | | | | | | | | |
| City (5) Burlington | | Square Feet | # of Floors Bldg. Age | | | | | | |
| County (6) Burlington | County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Apartments | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Brightfields, Inc | | ASCM No. | Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC. | | | | | | |
| Street Address 801 Industrial St | | Street Address 1123 BEAVER STREET | | | | | | | |
| City, State, Zip Code Wilmington, DE 19801 | | City, State, Zip Code BRISTOL, PA 19007 | | | | | | | |
| Project Manager for Monitoring Firm Monty Krough | | Telephone No. 302-656-9600 | Telephone No. 215-788-6040 License No. 00509 | | | | | | |
| Start Date (10) 7 / 10 / 14 | Scheduled Completion Date (11) ON HOLD | 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: 8:30AM-5:30PM PM- AM | | Street Address 1123 BEAVER STREET | | | | | | | |
| | | City, State, Zip Code BRISTOL, PA 19007 | | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input 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 Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Boiler Room | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Boiler caulk | 120 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC. | | NJDEP Waste Hauler ID No. 20990 | Cubic Yards of Waste | Name of Registered Landfill MINERVA LANDFILL | | | | | |
| City, State NEW CASTLE, DE 19720 | | | Disposal Date | City, State WAYNESBURG, OH 44688 | | | | | |
| Completed By (Print or Type) Brian Scafiro | | Title Estimator | Signature <i>Brian Scafiro</i> | | | Date 7/9/14 | | | |

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

2643

| Date of Notification (1) 6 / 24 / 14 | | Name of Building Owner/Operator (2) Arbor Management, LLC 2014 JUL 14 PM 11:22 | | | | | | | |
|--|--|---|---|---|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD 3252 <input checked="" type="checkbox"/> DHSS 3283 <input type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 4 Denny Rd. | | | | | | | |
| | | City, State, Zip Code Wilmington, DE 19809 | | | | | | | |
| | | Name of Contact Guy Pollice | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Burlington Manor Apartments | | 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 255 S. Pearl St. | | Square Feet | # of Floors | | | | | | |
| City (5) Burlington | | Bldg. Age | | | | | | | |
| County (6) Burlington | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Apartments | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Brightfields, Inc | | ASCM No. | Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC. | | | | | | |
| Street Address 801 Industrial St | | Street Address 1123 BEAVER STREET | | | | | | | |
| City, State, Zip Code Wilmington, DE 19801 | | City, State, Zip Code BRISTOL, PA 19007 | | | | | | | |
| Project Manager for Monitoring Firm Monty Krough | | Telephone No. 302-656-9600 | License No. 00509 | | | | | | |
| Start Date (10) 7 / 10 / 14 | Scheduled Completion Date (11) 7 / 11 / 14 | 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: 8:30AM-5:30PM/ _____ PM- _____ AM | | Street Address 1123 BEAVER STREET | | | | | | | |
| | | City, State, Zip Code BRISTOL, PA 19007 | | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input 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 Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Boiler Room | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Boiler caulk | 120 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC. | | NJDEP Waste Hauler ID No. 20990 | Cubic Yards of Waste | Name of Registered Landfill MINERVA LANDFILL | | | | | |
| City, State NEW CASTLE, DE 19720 | | | Disposal Date | City, State WAYNESBURG, OH 44688 | | | | | |
| Completed By (Print or Type) Brian Scafiro | | Title Estimator | Signature Brian Scafiro | | | Date 6/24/14 | | | |

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;">6 / 6 / 14</div> | | Name of Building Owner/Operator (2) Willingboro Township | | | | | | | |
|--|---|--|--------------------------|--|--|-------------------------------------|--------------------------|--------------------------|--------------------------|
| 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 checked="" type="checkbox"/> Amended Amendment # 4-7/8/14 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 1 Rev. Dr. Martin Luther King Drive City, State, Zip Code Willingboro, NJ 08046 Name of Contact Kerry Ogren Telephone Number | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) JFK Community Center | | 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 429 JFK Way | | Square Feet | | | | | | | |
| City (5) Willingboro | | # of Floors | | | | | | | |
| County (6) Burlington | | Bldg. Age | | | | | | | |
| County Code (7)(STATE USE ONLY) | | Current Use (Prior if being demolished) | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Enviromental Connections, Inc | | ASCM No. | | | | | | | |
| Street Address 120 N Warren St | | Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC. | | | | | | | |
| City, State, Zip Code Trenton, NJ 08608 | | Street Address 1123 BEAVER STREET | | | | | | | |
| Project Manager for Monitoring Firm Ryan Broadwater | | City, State, Zip Code BRISTOL, PA 19007 | | | | | | | |
| Telephone No. 609-392-4200 | | Telephone No. 215-788-6040 | | | | | | | |
| License No. 00509 | | Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC. | | | | | | | |
| Start Date (10) <div style="text-align: center;">06 / 18 / 14</div> | | Scheduled Completion Date (11) <div style="text-align: center;">ON HOLD</div> | | | | | | | |
| 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: 7:00AM-3:30PM / ____ PM- ____ AM | | Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007 | | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Kitchen, Service Hallway, Restrooms | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Floor tile and mastic | 472 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Office/Reception area | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Floor tile and mastic | 4550 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exterior and Courtyard | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Door/Window caulk | 3100 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Banquet Hall | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Floor Tile and Mastic | 2500 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC. | | NJDEP Waste Hauler ID No. 20990 | | Cubic Yards of Waste | Name of Registered Landfill MINERVA LANDFILL | | | | |
| City, State NEW CASTLE, DE 19720 | | Disposal Date | | City, State WAYNESBURG, OH 44688 | | | | | |
| Completed By (Print or Type) Brian Scafiro | | Title Estimator | | Signature <i>Brian Scafiro</i> | | Date 7/8/14 | | | |

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

CR# 2647

| Date of Notification (1) <u>6</u> / <u>6</u> / <u>14</u> | | | Name of Building Owner/Operator (2) Willingboro Township | | | | | | |
|--|---|--|--|--|--|-------------------------------------|--------------------------|--------------------------|--------------------------|
| 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 checked="" type="checkbox"/> Amended Amendment # <u>3-6/27/14</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | Street Address 1 Rev. Dr. Martin Luther King Drive | | | | | |
| | | | | City, State, Zip Code Willingboro, NJ 08046 | | | | | |
| | | | Name of Contact Kerry Ogren | | Telephone Number | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) JFK Community Center | | | 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 429 JFK Way | | | | | | | | | |
| City (5) Willingboro | | | Square Feet | # of Floors | Bldg. Age | | | | |
| County (6) Burlington | | County Code (7)(STATE USE ONLY) | | Current Use (Prior if being demolished) | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Enviromental Connections, Inc | | ASCM No. | | Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC. | | | | | |
| Street Address 120 N Warren St | | Street Address 1123 BEAVER STREET | | | | | | | |
| City, State, Zip Code Trenton, NJ 08608 | | City, State, Zip Code BRISTOL, PA 19007 | | | | | | | |
| Project Manager for Monitoring Firm Ryan Broadwater | | Telephone No. 609-392-4200 | | Telephone No. 215-788-6040 | License No. 00509 | | | | |
| Start Date (10) <u>06</u> / <u>18</u> / <u>14</u> | | Scheduled Completion Date (11) <u>7</u> / <u>11</u> / <u>14</u> | | Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC. | | | | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7:00AM-3:30PM</u> / <u> </u> PM - <u> </u> AM | | | Street Address 1123 BEAVER STREET | | | | | | |
| | | | City, State, Zip Code BRISTOL, PA 19007 | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Kitchen, Service Hallway, Restrooms | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Floor tile and mastic | 472 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Office/Reception area | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Floor tile and mastic | 4550 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exterior and Courtyard | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Door/Window caulk | 3100 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Banquet Hall | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Floor Tile and Mastic | 2500 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC. | | NJDEP Waste Hauler ID No. 20990 | | Cubic Yards of Waste | Name of Registered Landfill MINERVA LANDFILL | | | | |
| City, State NEW CASTLE, DE 19720 | | | | Disposal Date | City, State WAYNESBURG, OH 44688 | | | | |
| Completed By (Print or Type) Brian Scafiro | | Title Estimator | | Signature <i>Brian Scafiro</i> | | Date 6/27/14 | | | |

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

CL # 2635

| Date of Notification (1) <div style="text-align: center;">6 / 6 / 14</div> | | Name of Building Owner/Operator (2) Willingboro Township | | | | | | | |
|--|--|--|--|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| 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 checked="" type="checkbox"/> Amended Amendment # 2-6/17/14 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 1 Rev. Dr. Martin Luther King Drive | | | | | | | |
| | | City, State, Zip Code Willingboro, NJ 08046 | | | | | | | |
| | | Name of Contact Kerry Ogren | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) JFK Community Center | | 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 429 JFK Way | | Square Feet | # of Floors | | | | | | |
| City (5) Willingboro | | Bldg. Age | | | | | | | |
| County (6) Burlington | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Enviromental Connections, Inc | | ASCM No. | Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC. | | | | | | |
| Street Address 120 N Warren St | | Street Address 1123 BEAVER STREET | | | | | | | |
| City, State, Zip Code Trenton, NJ 08608 | | City, State, Zip Code BRISTOL, PA 19007 | | | | | | | |
| Project Manager for Monitoring Firm Ryan Broadwater | | Telephone No. 609-392-4200 | License No. 00509 | | | | | | |
| Start Date (10) <div style="text-align: center;">06 / 18 / 14</div> | Scheduled Completion Date (11) <div style="text-align: center;">7 / 2 / 14</div> | Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC. | | | | | | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM / ____ PM - ____ AM | | Street Address 1123 BEAVER STREET | | | | | | | |
| | | City, State, Zip Code BRISTOL, PA 19007 | | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Kitchen, Service Hallway, Restrooms | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Floor tile and mastic | 472 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Office/Reception area | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Floor tile and mastic | 4550 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exterior and Courtyard | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Door/Window caulk | 3100 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"/> |
| Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC. | | NJDEP Waste Hauler ID No. 20990 | Cubic Yards of Waste | Name of Registered Landfill MINERVA LANDFILL | | | | | |
| City, State NEW CASTLE, DE 19720 | | | Disposal Date | City, State WAYNESBURG, OH 44688 | | | | | |
| Completed By (Print or Type) Brian Scafiro | | Title Estimator | Signature <i>Brian Scafiro</i> | | | Date 6/17/14 | | | |

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;">6 / 6 / 14</div> | | Name of Building Owner/Operator (2) Willingboro Township | | | | | | | |
|--|--|--|---|---|---|-------------------------------------|--------------------------|--------------------------|--------------------------|
| 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 checked="" type="checkbox"/> Amended Amendment #1-6/13/14 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 1 Rev. Dr. Martin Luther King Drive | | | | | | | |
| | | City, State, Zip Code Willingboro, NJ 08046 | | | | | | | |
| | | Name of Contact Kerry Ogren | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) JFK Community Center | | 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 429 JFK Way | | Square Feet | # of Floors | | | | | | |
| City (5) Willingboro | | Bldg. Age | | | | | | | |
| County (6) Burlington | County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) | | | | | | |
| Name of Monitoring Firm hired by Building Owner (8) Environmental Connections, Inc | | ASCM No. | Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC. | | | | | | |
| Street Address 120 N Warren St | | Street Address 1123 BEAVER STREET | | | | | | | |
| City, State, Zip Code Trenton, NJ 08608 | | City, State, Zip Code BRISTOL, PA 19007 | | | | | | | |
| Project Manager for Monitoring Firm Ryan Broadwater | | Telephone No. 609-392-4200 | Telephone No. 215-788-6040 | | | | | | |
| Start Date (10) ON HOLD | | Scheduled Completion Date (11) 6 / 27 / 14 | License No. 00509 | | | | | | |
| 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: 7:00AM-3:30PM PM- AM | | Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC. | | | | | | | |
| | | Street Address 1123 BEAVER STREET | | | | | | | |
| | | City, State, Zip Code BRISTOL, PA 19007 | | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Kitchen, Service Hallway, Restrooms | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Floor tile and mastic | 472 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Office/Reception area | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Floor tile and mastic | 4580 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exterior and Courtyard | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Door/Window caulk | 3100 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"/> |
| Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC. | | NJDEP Waste Hauler ID No. 20990 | | Cubic Yards of Waste | Name of Registered Landfill MINERVA LANDFILL | | | | |
| City, State NEW CASTLE, DE 19720 | | Disposal Date | | City, State WAYNESBURG, OH 44688 | | | | | |
| Completed By (Print or Type) Brian Scalfaro | | Title Estimator | | Signature Brian Scalfaro | | Date 6/13/14 | | | |

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

CL # 2628

| | | | | | | | |
|--|--|--|--|--|--------------------------|--------------------------|--------------------------|
| Date of Notification (1) <u>6</u> / <u>6</u> / <u>14</u> | | Name of Building Owner/Operator (2) Willingboro Township | | | | | |
| Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD 7135 <input checked="" type="checkbox"/> DHSS 6929 <input type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 1 Rev. Dr. Martin Luther King Drive | | | | | |
| | | City, State, Zip Code Willingboro, NJ 08046 | | | | | |
| | | Name of Contact Kerry Ogren | Telephone Number | | | | |
| FACILITY INFORMATION | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) JFK Community Center | | 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 429 JFK Way | | Square Feet | # of Floors | | | | |
| City (5) Willingboro | | Bldg. Age | | | | | |
| County (6) Burlington | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Enviromental Connections, Inc | | ASCM No. | Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC. | | | | |
| Street Address 120 N Warren St | | Street Address 1123 BEAVER STREET | | | | | |
| City, State, Zip Code Trenton, NJ 08608 | | City, State, Zip Code BRISTOL, PA 19007 | | | | | |
| Project Manager for Monitoring Firm Ryan Broadwater | | Telephone No. 609-392-4200 | Telephone No. 215-788-6040 | | | | |
| Start Date (10) <u>6</u> / <u>19</u> / <u>14</u> | Scheduled Completion Date (11) <u>6</u> / <u>27</u> / <u>14</u> | License No. 00509 | | | | | |
| 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: <u>7:00AM-3:30PM</u> PM-____AM | | Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC. | | | | | |
| Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | Street Address 1123 BEAVER STREET | | | | | |
| | | City, State, Zip Code BRISTOL, PA 19007 | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | | | | Removal | Repair | Encapsulate | Enclosure |
| Kitchen, Service Hallway, Restrooms | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> | Floor tile and mastic | 472 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Office/Reception area | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> | Floor tile and mastic | 4550 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exterior and Courtyard | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> | Door/Window caulk | 3100 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"/> |
| Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC. | | NJDEP Waste Hauler ID No. 20990 | Cubic Yards of Waste | Name of Registered Landfill MINERVA LANDFILL | | | |
| City, State NEW CASTLE, DE 19720 | | Disposal Date | City, State WAYNESBURG, OH 44688 | | | | |
| Completed By (Print or Type) Brian Scafiro | | Title Estimator | Signature <i>Brian Scafiro</i> | | Date <u>6/6/14</u> | | |

NO CK

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


| Date of Notification (1) 7/9/2014 | | Name of Building Owner/Operator (2) RdI | | | | | | | |
|--|---|--|-----|---|---|------------------|--------|-------------|-----------|
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input checked="" 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 135 Steelmanville Rd City, State, Zip Code Egg Harbor Twp., NJ 08234 Name of Contact Chris Terrels Telephone Number _____ | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Old Lenox China Building | | | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | |
| Street Address 545 Tilton Road | | | | Square Feet 400,000 | # of Floors 1 | | | | |
| City (5) Galloway, NJ 08205 | | | | Bldg. Age 30+ | | | | | |
| County (6) Atlantic | | County Code (7) (STATE USE ONLY) _____ | | Current Use (Prior if being demolished) Abandoned | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Health and Safety Services | | ASCM No. _____ | | Name of Abatement Contractor (9) Site Enterprises | | | | | |
| Street Address 318 12th Street | | Street Address 815 12th Street | | | | | | | |
| City, State, Zip Code Hammonton, NJ 08037 | | City, State, Zip Code Hammonton, NJ 08037 | | | | | | | |
| Project Manager for Monitoring Firm James Proctor | | Telephone No. 609-704-8550 | | Telephone No. 609-567-1250 | License No. _____ | | | | |
| Start Date (10) 7/22/2014 | | Scheduled Completion Date (11) 10/22/2014 | | Name of OSHA Monitor Health and Safety Services | | | | | |
| 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 318 12th Street | | | | | |
| | | | | City, State, Zip Code Hammonton, NJ 08037 | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥ 3 sf or ≥ 13 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf | | <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition | | <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Roof | | | X | Flashing | 2500 lf | X | | | |
| Roof | | | X | A-frame Roofing | 155,000 sf | X | | | |
| Roof | | | X | Silver Flat Coating | 220,000 sf | X | | | |
| Various | | | X | Pipe Wrap | 5700 lf | X | | | |
| Name of Registered Waste Hauler Site Enterprises, Inc. | | NJDEP Waste Hauler ID No. 0035220 | | Cubic Yards of Waste | Name of Registered Landfill Grows Landfill | | | | |
| City, State Hammonton, NJ 08037 | | | | Disposal Date | City, State Morrisville, PA | | | | |
| Completed by Thomas Rock | | Title PM | | Signature | | Date 7/9/2014 | | | |

NO CK


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

| Date of Notification (1) 7/9/2014 | | Name of Building Owner/Operator (2) Rdl | | | | | | | |
|--|---|--|---|--|---|----------------|------------------|-------------|-----------|
| Agencies Notified | Type Notification | Street Address 135 Steelmanville Rd | | | | | | | |
| <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" 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 Egg Harbor Twp., NJ 08234 | | | | | | | |
| | | Name of Contact Chris Terrels | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Old Lenox China Building | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address 545 Tilton Road | | Square Feet 400,000 | # of Floors 1 | | | | | | |
| City (5) Galloway, NJ 08205 | | Bldg. Age 30+ | | | | | | | |
| County (6) Atlantic | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) Abandoned | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Health and Safety Services | | ASCM No. | Name of Abatement Contractor (9) Site Enterprises | | | | | | |
| Street Address 318 12th Street | | Street Address 815 12th Street | | | | | | | |
| City, State, Zip Code Hammonton, NJ 08037 | | City, State, Zip Code Hammonton, NJ 08037 | | | | | | | |
| Project Manager for Monitoring Firm James Proctor | | Telephone No. 609-704-8550 | Telephone No. 609-567-1250 | | | | | | |
| License No. | | | | | | | | | |
| Start Date (10) 7/22/2014 | Scheduled Completion Date (11) 10/22/2014 | Name of OSHA Monitor Health and Safety Services | | | | | | | |
| Occupancy Status During Abatement (Check Only One) | | Street Address 318 12th Street | | | | | | | |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____ | | City, State, Zip Code Hammonton, NJ 08037 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Warehouse-7 | | | X | Window caulking | 4350-sf | X | | | |
| Office 2 | | | X | 9x9 Tile and mastic | 5180 sf | X | | | |
| Various | | | X | Pipe Fittings | 300 | X | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Site Enterprises, Inc. | | NJDEP Waste Hauler ID No. 0035220 | | Cubic Yards of Waste | Name of Registered Landfill Grows Landfill | | | | |
| City, State Hammonton, NJ 08037 | | | | Disposal Date | City, State Morrisville, PA | | | | |
| Completed by Thomas Rock | | Title PM | | Signature | | | Date 7/9/2014 | | |

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


| Date of Notification (1) 7/10/14 | | Name of Building Owner/Operator (2) Black Horse Pike Regional School District | | | | | | | |
|--|---|--|-----|--|---|----------------|-----------------|-------------|-----------|
| 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 450 Erial Road City, State, Zip Code Blackwood NJ 08012 Name of Contact Joe | | | | | |
| | | Telephone Number | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Triton High School | | | | Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | |
| Street Address 250 Schubert Ave. | | | | Square Feet 1000+ | # of Floors 2 | | | | |
| City (5) Runnemede NJ 08078 | | | | Bldg. Age 35+ | | | | | |
| County (6) Camden | | County Code (7) (STATE USE ONLY) _____ | | Current Use (Prior if being demolished) | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | ASCM No. | | Name of Abatement Contractor (9) Pernaco Inc. | | | | | |
| Street Address | | Street Address PO Box 329 | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code West Berlin NJ 08091 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. | | Telephone No. 856-753-9800 | License No. 00727 | | | | |
| Start Date (10) 7/23/14 | | Scheduled Completion Date (11) 8/1/14 | | Name of OSHA Monitor Same | | | | | |
| 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 | | | | | |
| | | | | 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 type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Room B4 | | x | | Floor Tile & mastic | 728 SF | x | | | |
| C Hall Closet | | x | | Floor Tile & mastic | 36 SF | x | | | |
| Room C21 | | x | | Floor Tile & mastic | 672 SF | x | | | |
| Room H4 | | x | | Floor Tile & mastic | 672 SF | x | | | |
| Name of Registered Waste Hauler United Containers | | NJDEP Waste Hauler ID No. 22459 | | Cubic Yards of Waste 6 | Name of Registered Landfill G.R.O.W.S. | | | | |
| City, State Elm NJ | | | | Disposal Date 8/1/14 | City, State Morrisville PA 19067 | | | | |
| Completed by Anthony T Perna | | Title President | | Signature  | | | Date 7/10/14 | | |

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

| | | | | | | | | | |
|---|---|--|--|--|---------------------------|----------------|-----------------|-------------|-----------|
| Date of Notification (1) 7/10/14 | | Name of Building Owner/Operator (2) Black Horse Pike Regional School District | | | | | | | |
| Agencies Notified | Type Notification | Street Address 450 Erial Road | | | | | | | |
| <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 Blackwood NJ 08012 | | | | | | | |
| <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Name of Contact Joe | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Highland High School | | Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address 450 Erial Road | | Square Feet 1000+ | # of Floors 2 | | | | | | |
| City (5) Blackwood NJ 08012 | | Bldg. Age 35+ | | | | | | | |
| County (6) Camden | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | ASC No. | Name of Abatement Contractor (9) Pernaco Inc. | | | | | | |
| Street Address | | Street Address PO Box 329 | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code West Berlin NJ 08091 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. 856-753-9800 | License No. 00727 | | | | | | |
| Start Date (10) 7/23/14 | Scheduled Completion Date (11) 8/1/14 | Name of OSHA Monitor Same | | | | | | | |
| 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 Other - Describe: _____ | | 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 type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Room E105 | | x | | Floor Tile & mastic | 700 SF | x | | | |
| Room 206/108 | | x | | Floor Tile & mastic | 700 SF | x | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler United Containers | | NJDEP Waste Hauler ID No. 22459 | Cubic Yards of Waste 4 | Name of Registered Landfill G.R.O.W.S. | | | | | |
| City, State Elm NJ | | Disposal Date 8/1/14 | | City, State Morrisville PA 19067 | | | | | |
| Completed by Anthony T Perna | | Title President | | Signature  | | | Date 7/10/14 | | |

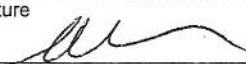
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

CK 4207

| Date of Notification (1) 7/9/14 | | Name of Building Owner/Operator (2) Scott Sidler Private Home | | | | | | | |
|--|--|---|---|---|---------------------------|----------------|----------------|-------------|-----------|
| 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 type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | Street Address 23 Ronnie Drive City, State, Zip Code Manahawkin NJ 08050 Name of Contact Dom | | | | | | |
| | | | Telephone Number | | | | | | |
| | FACILITY INFORMATION | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Scott Sidler Private Home | | 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 23 Ronnie Drive | | Square Feet 1000+ | # of Floors 1 | | | | | | |
| City (5) Manahawkin NJ 08050 | | Bldg. Age 35+ | | | | | | | |
| County (6) Ocean | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) Home | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | ASCM No. . | Name of Abatement Contractor (9) Pernaco Inc. | | | | | | |
| Street Address | | Street Address PO Box 329 | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code West Berlin NJ 08091 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. 856-753-9800 | License No. 00727 | | | | | | |
| Start Date (10) 7/10/14 | Scheduled Completion Date (11) 7/11/14 | Name of OSHA Monitor Same | | | | | | | |
| 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 | | | | | | | |
| | | City, State, Zip Code | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Exterior Siding | | | x | Exterior Siding | 1200 SF | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler United Containers | | NJDEP Waste Hauler ID No. 22459 | Cubic Yards of Waste 3 | Name of Registered Landfill G.R.O.W.S. | | | | | |
| City, State Elm NJ | | Disposal Date 7/11/14 | | City, State Morrisville PA 19067 | | | | | |
| Completed by Anthony T Perna | | Title President | | Signature  | | | Date 7/9/14 | | |

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

Check 13018

| | | | | | | | | | |
|---|---|---|---|---|--|----------------|----------------|-------------|-----------|
| Date of Notification (1) 7/9/14 | | Name of Building Owner/Operator (2) Vincent Meghdir | | | | | | | |
| Agencies Notified | Type Notification | Street Address 220 Davidson Avenue, Suite 307 | | | | | | | |
| <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL | <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # | City, State, Zip Code Somerset, NJ 08873 | | | | | | | |
| <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Name of Contact Vincent Meghdir | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) 35 Plum Street | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| City (5) New Brunswick | | Square Feet 2100 | # of Floors 2 Bldg. Age 60 | | | | | | |
| County (6) Middlesex | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | ASCM No. | Name of Abatement Contractor (9) ABS Environmental Services, LLC | | | | | | |
| Street Address | | Street Address 4 E Gate Drive, PO Box 483 | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Glenwood, NJ 07418 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. 973-583-8500 | License No. 703 | | | | | | |
| Start Date (10) <i>7-16-14</i> | Scheduled Completion Date (11) <i>8-1-14</i> | Name of OSHA Monitor | | | | | | | |
| 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 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 type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) basement | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) pipe insulation | Amount (Specify SF or LF) 30 lf | Abatement Type | | | |
| | | | | | | Removal | Repair | Encapsulate | Enclosure |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Freehold Cartage | | NJDEP Waste Hauler ID No. 15959 | Cubic Yards of Waste 10 | Name of Registered Landfill GROWS | | | | | |
| City, State Freehold NJ | | Disposal Date TBD | | City, State Morrisville, PA | | | | | |
| Completed by A. Scott Higgins | | Title President | | Signature  | | | Date 7/9/14 | | |

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

| | | | |
|---|--|--|--|
| Date of Notification (1) 7-8-14 | | Name of Building Owner/Operator (2) Daleo Crespo | |
| Agencies Notified | Type Notification | Street Address 192 North 6th Street | |
| <input type="checkbox"/> EPA | <input checked="" type="checkbox"/> Initial Notification | City, State, Zip Code Newark, NJ, 07107 | |
| <input type="checkbox"/> DEP | <input type="checkbox"/> Amended Notification | Name of Contact Daleo Crespo | |
| <input checked="" type="checkbox"/> DOL | <input type="checkbox"/> EMERGENCY | Telephone Number | |
| <input checked="" type="checkbox"/> DOH | <input type="checkbox"/> Cancellation | | |
| <input type="checkbox"/> DCA | | | |

FACILITY INFORMATION

| | | | | | |
|---|------------------|---|--|------------------------------------|--------------------------------|
| Name of Facility Where Abatement is Taking Place (3) Same as above | | | 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 | | | Square Feet # of Floors Bldg. Age | | |
| City (5) | County (6) Essex | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) | | |
| Name of Monitoring Firm hired by Building Owner (8) N/A | | | 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 | | License Number 00371 |
| Scheduled Start Date (10) 7-21-14 | | Sched. Completion Date (11) 7-22-14 | | Name of OSHA Monitor N/A | |
| Month Day Year | | Month Day Year | | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement | | | Street Address | | |
| <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript» | | | City, State, Zip Code | | |
| <input type="checkbox"/> Other - Describe: «Other Occupancy Descript» | | | | | |

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-Friable Procedure

| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) | Is Location Normally Used Solely By Maintenance/Custodial Staff (12) | | | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|---|--|----|----------|---|---------------------------|---------------------------------|----------------------------|---|---|
| | Yes | No | N/A | | | R E M O V A L | R E P A I R | E N C A P S U L E | E N C L O S U R E |
| Basement | | | X | Pipe Insulation | 160 lf | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | | | | | |
|---|---------------------------|---|---|--|--|
| Name of Registered Waste Hauler AZTECH MANAGEMENT, INC. | | NJDEP Waste Hauler ID No. 17040 | Cubic Yards of Waste 1.5 | Name of Registered Landfill G.R.O.W.S. | |
| City, State Montclair, NJ 07042 | | Disposal Date 7-23-14 | City, State Morrisville, PA 19067 | | |
| Completed By (Print or Type) Constantine Vivian | Title President | Signature <i>C Vivian</i> | Date 7-8-14 | | |

OK 8342

State of New Jersey - Notification of Asbestos Abatement

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

| | | | |
|--|--|---|---|
| Date of Notification (1) July 9, 2014 | | Name of Building Owner/Operator (2) Drew University | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH | Notification Type <input checked="" type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Certification # 8 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled | | Street Address 36 Madison Avenue City, State, Zip Code Madison, NJ Name of Contact James Hall |
| | | | Telephone Number |
| FACILITY INFORMATION | | | |
| Name of Facility Where Abatement is Taking Place (3) Drew University- Hall of Sciences | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (other than K-12) Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: Unknown # of Floors: Bldg. Age: 70 years | |
| Street Address 36 Madison Avenue | | Current Use (prior if being demolished): | |
| City (5) Madison | County (6) Morris | County Code (7) (State Use Only) | |
| Name of Monitoring Firm Hired by Bldg. Owner (8) Briggs Associates, Inc. | | Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC. | |
| Street Address 3 Crosswicks Street | | Street Address 268 MAIN STREET | |
| City, State, Zip Code Bordentown, NJ | | City, State, Zip Code Butler, NJ 07405 | |
| Project Manager for Monitoring Firm Michael Hoodak | Telephone Number 609.298.5520 | Telephone Number 973-492-0477 | License Number 00840 |
| Scheduled Start Date (10) May 27, 2014 | Scheduled Completion Date (11) September 30, 2014 | | Name of OSHA Monitor EMSL inc. |
| Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe - Occupied Other - Describe: Phase # 5- 05.272014 to 09.30.2014 | | Street Address 1056 Stelton Road City, State, Zip Code Piscataway, NJ 08854 | |
| Source of Work (Check all that apply) | | | |
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 | | <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 checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure <input type="checkbox"/> X Wrap & Cut | |
| Location of Asbestos-Containing Material (ACM) in Facility (13) | Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) | Amount (Specify SF or LF) |
| HS -3 Hallway & Bathrooms Rms # S105&S106 1st Fl. Area Adj 3rd Floor Mech Room Bsmt Mech Room 2nd Fl. Labs 2nd Fl Labs | <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> | Spray On Fireproofing Spray On Fireproofing VAT & Mastic TSI Spray On Fireproofing Spray on Fireproofing Spray on Flooring Spray on Fireproofing | 1,100 sf 1,000 sf 2,300 sf 140 lf 1,000 sf 25 sf 50 SF 50 SF |
| Abatement Type Remove Repair Encap Enclose | | | |
| Name of Reg. Waste Hauler See Hauler Below # 1 & 2 | NJDEP Waste Hauler ID # See Below | Cubic Yards of Waste: 140 | Name of Registered Landfill Meadowfill Landfill G.R.O.W.S Minerva Ent. Ohio |

State of New Jersey - Notification of Asbestos Abatement

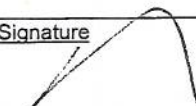
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

| | | | |
|--|---|---|--|
| Hauler #1) Greenwood Abatement Consultants, Inc. – Butler, NJ 07405 NJ DEP # 12561 NY DEP # Hauler #2) Newark Carting, Inc. – Newark, NJ 04509, NJ DEP # 19551 | | <u>Disposal Date</u> September 30, 2014 | <u>City, State</u> Route 2, Box 68 Bridgeport, WVA 304-842-2784 9000 Minerva Road Waynesburg, OH |
| <u>Completed by (Print or Type)</u> Marin Graure | <u>Title</u> SENIOR PROJECT MANAGER | <u>Signature</u> <i>Marin Graure</i> | <u>Date</u> July 9, 2014 |

GAC # 2013-414 Amendment #8- Additional asbestos quantities highlighted in yellow

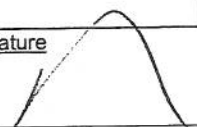
CK 8252

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

| | | | | | |
|--|--|--|---|---|-------------------------|
| <u>Date of Notification (1)</u> JULY 8, 2014 | | | <u>Name of Building Owner/Operator (2)</u> PSEG Fossil, LLC | | |
| <u>Agencies Notified</u> (X) EPA (X) DEP (X) DOL (X) DOH (X) DCA | | <u>Notification Type</u> (X) Initial Notification () Amended Certification () Cancelled | | <u>Street Address</u> 80 Park Plaza | |
| | | | | <u>City, State, Zip Code</u> Newark, NJ 07102-4109 | |
| | | | | <u>Name of Contact</u> Domenic Fiorinoi | <u>Telephone Number</u> |
| FACILITY INFORMATION | | | | | |
| <u>Name of Facility Where Abatement is Taking Place (3)</u> LINDEN GENERATING Station | | | <u>Type of Facility (4)</u> () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.) | | |
| <u>Street Address</u> 4001 S. WOOD AVE | | | <u>Sq. Feet</u> 8000,000 <u># of Floors</u> 8 | | |
| <u>City (5)</u> LINDEN | <u>County (6)</u> UNION | <u>County Code (7)</u> (State Use Only) | <u>Bldg. Age</u> 78 <u>Current Use (prior if being demolished)</u> Electric Generating Station | | |
| <u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u> | | <u>ASCM No.</u> | <u>Name of Contractor (9)</u> Absolut Ace Inc. | | |
| <u>Street Address</u> | | | <u>Street Address</u> PO BOX 295 | | |
| <u>City, State, Zip Code</u> | | | <u>City, State, Zip Code</u> FLORHAM PARK, NJ 07932 | | |
| <u>Project Manager for Monitoring Firm</u> | | <u>Telephone Number</u> | <u>Telephone Number</u> (973) 410-9217 | <u>License Number</u> 00225 | |
| <u>Scheduled Start Date (10)</u> Aug 1, 2014 | | <u>Scheduled Completion Date (11)</u> Aug 1, 2015 | | <u>Name of OSHA Monitor</u> MECS | |
| <u>Occupancy Status During Abatement (Check only one)</u> () Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours - Describe _____ Other - Describe Two Shifts, 12 hours each, 24 hour plant coverage | | | <u>Street Address</u> 5 Linwood Ct <u>City, State, Zip Code</u> Hamilton, NJ 08690 | | |
| <u>Source of Work (Check all that apply)</u> () Demolition (X) Renovation (X) Large Proj. (>160 SF or >260 LF ACM) () SM Proj. (>25<160 SF or >10 <260 LF ACM) () Minor Proj. (<25 SF or <10 LF ACM) (X) Full Containment with Negative Pressure (X) Mini-Enclosure (X) 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> Rem. Rep. Encap. Enclose | |
| BASEMENT TO PENTHOUSE, WAREHOUSE & GARAGES | X | Boiler and pipe insulation, TRANSITE & MASTIC | 25,000 square feet | X | X |
| | | | | | |
| | | | | | |
| <u>Name of Reg. Waste Hauler</u> Waste Management of New Jersey | | <u>NJDEP Waste Hauler ID #</u> 17273 | <u>Cubic Yards of Waste</u> 200 | <u>Name of Reg. Landfill</u> Tullytown Resource Recovery | |
| <u>City, State</u> Elizabeth, NJ 07114-2436 | | | <u>Disp. Date</u> | <u>City, State</u> Tullytown, PA 19007 | |
| <u>Completed by (Print or Type)</u> ROBERT GROGAN | <u>Title</u> VP | <u>Signature</u>  | <u>Date</u> 7/8/14 | | |

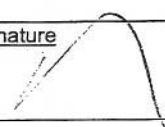
CK 8249

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

| | | | | | | | |
|--|--|---|---|--|-------------|--------------|----------------|
| <u>Date of Notification (1)</u> July 8, 2014 | | <u>Name of Building Owner/Operator (2)</u> PSEG Fossil, LLC | | | | | |
| <u>Agencies Notified</u> (X) EPA (X) DEP (X) DOL (X) DOH (X) DCA | <u>Notification Type</u> (X) Initial Notification () Amended Certification () Cancelled | <u>Street Address</u> 80 Park Plaza | | | | | |
| | | <u>City, State, Zip Code</u> Newark, NJ 07102-4109 | | | | | |
| | | <u>Name of Contact</u> Domenic Fiorino | <u>Tel. Number</u> / | | | | |
| FACILITY INFORMATION | | | | | | | |
| <u>Name of Facility Where Abatement is Taking Place (3)</u> HUDSON GENERATING Station | | <u>Type of Facility (4)</u> () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.) | | | | | |
| <u>Street Address</u> DUFFIELD & VAN KUEREN ST | | <u>Sq. Feet</u> 1,000,000 <u># of Floors</u> 8 | | | | | |
| <u>City (5)</u> JERSEY CITY | <u>County (6)</u> HUDSON | <u>County Code (7)</u> (State Use Only) | <u>Bldg. Age</u> 67 <u>Current Use (prior if being demolished)</u> Electric Generating Station | | | | |
| <u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u> | | <u>ASCM No.</u> | <u>Name of Contractor (9)</u> Absolut Ace Inc. | | | | |
| <u>Street Address</u> | | <u>Street Address</u> PO BOX 295 | | | | | |
| <u>City, State, Zip Code</u> | | <u>City State, Zip Code</u> FLORHAM PARK, NJ 07932 | | | | | |
| <u>Project Manager for Monitoring Firm</u> | <u>Telephone Number</u> | <u>Telephone Number</u> (973) 410-9217 | <u>License Number</u> 00225 | | | | |
| <u>Scheduled Start Date (10)</u> Aug 1, 2014 | <u>Scheduled Completion Date (11)</u> Aug 1, 2015 | <u>Name of OSHA Monitor</u> MECS | | | | | |
| <u>Occupancy Status During Abatement (Check only one)</u> () Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours - Describe _____ Other - Describe Two Shifts, 12 hours each, 24 hour plant coverage | | <u>Street Address</u> 5 Linwood Ct | | | | | |
| | | <u>City, State, Zip Code</u> Hamilton, NJ 08690 | | | | | |
| <u>Source of Work (Check all that apply)</u> (X) Demolition (X) Renovation (X) Large Proj. (>160 SF or >260 LF ACM) () SM Proj. (>25<160 SF or >10 <260 LF ACM) () Minor Proj. (<25 SF or <10 LF ACM) (X) Full Containment with Negative Pressure (X) Mini-Enclosure (X) 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> | | | |
| | | | | <u>Rem.</u> | <u>Rep.</u> | <u>Encap</u> | <u>Enclose</u> |
| Boiler Basement- 11fil, Warehouse and Garages | X | Boiler & Pipe insulation, Transite & Tile | 25,000sf | X | X | X | X |
| | | | | | | | |
| | | | | | | | |
| <u>Name of Reg. Waste Hauler</u> Waste Management of New Jersey | | <u>NJDEP Waste Hauler ID #</u> 17273 | <u>Cubic Yards of Waste</u> 300 | <u>Name of Reg. Landfill</u> Tullytown Resource Recovery | | | |
| <u>City, State</u> Elizabeth, NJ 07114-2436 | | | <u>Disp. Date</u> | <u>City, State</u> Tullytown, PA 19007 | | | |
| <u>Completed by (Print or Type)</u> ROBERT GROGAN | <u>Title</u> VP | <u>Signature</u>  | <u>Date</u> 7/8/14 | | | | |

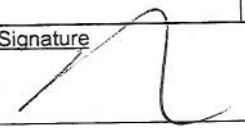
CK 8253

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

| | | | |
|--|--|---|---|
| <u>Date of Notification (1)</u> JULY 1, 2014 | | <u>Name of Building Owner/Operator (2)</u> PSEG Fossil, LLC | |
| <u>Agencies Notified</u> (X) EPA (X) DEP (X) DOL (X) DOH (X) DCA | <u>Notification Type</u> (X) Initial Notification () Amended Certification () Cancelled | <u>Street Address</u> 80 Park Plaza | |
| | | <u>City, State, Zip Code</u> Newark, NJ 07102-4109 | |
| | | <u>Name of Contact</u> Domenic Fiorino | |
| FACILITY INFORMATION | | | |
| <u>Name of Facility Where Abatement is Taking Place (3)</u> Sewaren Generating Station | | <u>Type of Facility (4)</u> () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.) | |
| <u>Street Address</u> 751 Cliff Road | | Sq. Feet <u>1,000,000</u> # of Floors <u>8</u> | |
| <u>City (5)</u> Sewaren | <u>County (6)</u> Middlesex | <u>County Code (7)</u> (State Use Only) | Bldg. Age <u>66</u> Current Use (prior if being demolished) <u>Electric Generating Station</u> |
| <u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u> | | <u>ASCM No.</u> | <u>Name of Contractor (9)</u> Absolute Ace Inc. |
| <u>Street Address</u> | | <u>Street Address</u> PO BOX 295 | |
| <u>City, State, Zip Code</u> | | <u>City, State, Zip Code</u> Florham Park, NJ 07932 | |
| <u>Project Manager for Monitoring Firm</u> | <u>Telephone Number</u> | <u>Telephone Number</u> (973) 410-9217 | <u>License Number</u> 00225 |
| <u>Scheduled Start Date (10)</u> Aug 1, 2014 | <u>Scheduled Completion Date (11)</u> Aug 1, 2015 | <u>Name of OSHA Monitor</u> MECS | |
| <u>Occupancy Status During Abatement (Check only one)</u> () Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours - Describe _____ Other - Describe <u>Two Shifts, 12 hours each, 24 hour plant coverage</u> | | <u>Street Address</u> 5 Linwood Ct <u>City, State, Zip Code</u> Hamilton, NJ 08690 | |
| <u>Source of Work (Check all that apply)</u> () Demolition (X) Renovation (X) Large Proj. (>160 SF or >260 LF ACM) () SM Proj. (>25<160 SF or >10 <260 LF ACM) () Minor Proj. (<25 SF or <10 LF ACM) (X) Full Containment with Negative Pressure (X) Mini-Enclosure (X) 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> |
| Nos. 1, 2, 3 & 4 Units, Floors 1-8, WAREHOUSE & GARAGES | X | Boiler and pipe insulation, TRANISTE & MASTIC | 25,000 square feet |
| | | | |
| | | | |
| | | | |
| <u>Name of Reg. Waste Hauler</u> Waste Management of New Jersey | | <u>NJDEP Waste Hauler ID #</u> 17273 | <u>Cubic Yards of Waste</u> 200 |
| <u>City, State</u> Elizabeth, NJ 07114-2436 | | <u>Disp. Date</u> | <u>Name of Reg. Landfill</u> Tullytown Resource Recovery |
| <u>Completed by (Print or Type)</u> ROBERT GROGAN | <u>Title</u> VP | <u>Signature</u>  | <u>Date</u> 7/8/14 |

CK 8248

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

| | | | |
|--|--|---|--|
| <u>Date of Notification (1)</u> July 8, 2014 | | <u>Name of Building Owner/Operator (2)</u> PSEG Fossil, LLC | |
| <u>Agencies Notified</u> (X) EPA (X) DEP (X) DOL (X) DOH (X) DCA | <u>Notification Type</u> (X) Initial Notification () Amended Certification () Cancelled | <u>Street Address</u> 80 Park Plaza | |
| | | <u>City, State, Zip Code</u> Newark, NJ 07102-4109 | |
| | | <u>Name of Contact</u> Domenic Fiorino | <u>Telephone Number</u> |
| FACILITY INFORMATION | | | |
| <u>Name of Facility Where Abatement is Taking Place (3)</u> Sewaren Generating Station | | <u>Type of Facility (4)</u> () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.) | |
| <u>Street Address</u> 749 Cliff Road | | <u>Sq. Feet</u> 100,000 <u># of Floors</u> 2 | |
| <u>City (5)</u> Sewaren | <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> Warehouse/ Electric Generating Station |
| <u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u> | | <u>ASCM No.</u> | <u>Name of Contractor (9)</u> Absolut Ace Inc. |
| <u>Street Address</u> | | <u>Street Address</u> PO BOX 295 | |
| <u>City, State, Zip Code</u> | | <u>City State, Zip Code</u> Florham Park, NJ 07932 | |
| <u>Project Manager for Monitoring Firm</u> | <u>Telephone Number</u> | <u>Telephone Number</u> (973) 410-9217 | <u>License Number</u> 00225 |
| <u>Scheduled Start Date (10)</u> July 21, 2014 | <u>Scheduled Completion Date (11)</u> Aug 15, 2014 | <u>Name of OSHA Monitor</u> MECS | |
| <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 - Describe _____ Other - Describe Two Shifts, 12 hours each, 24 hour plant coverage | | <u>Street Address</u> 5 Linwood Ct <u>City, State, Zip Code</u> Hamilton, NJ 08690 | |
| <u>Source of Work (Check all that apply)</u> (X) 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 (X) 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> |
| CMS BUILDING | X | Mastic Removal | 5,000 square feet |
| | | | |
| | | | |
| | | | |
| <u>Name of Reg. Waste Hauler</u> Waste Management of New Jersey | <u>NJDEP Waste Hauler ID #</u> 17273 | <u>Cubic Yards of Waste</u> 30 | <u>Name of Reg. Landfill</u> Tullytown Resource Recovery |
| <u>City, State</u> Elizabeth, NJ 07114-2436 | | <u>Disp. Date</u> | <u>City, State</u> Tullytown, PA 19007 |
| <u>Completed by (Print or Type)</u> ROBERT GROGAN | <u>Title</u> VP | <u>Signature</u>  | <u>Date</u> 7/8/14 |

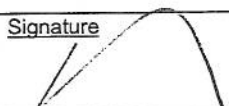
CK 8251

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

| | | | |
|--|--|---|---|
| <u>Date of Notification (1)</u> July 8, 2014 | | <u>Name of Building Owner/Operator (2)</u> PSEG Fossil, LLC | |
| <u>Agencies Notified</u> (X) EPA (X) DEP (X) DOL (X) DOH (X) DCA | <u>Notification Type</u> (X) Initial Notification () Amended Certification () Cancelled | <u>Street Address</u> 80 Park Plaza | |
| | | <u>City, State, Zip Code</u> Newark, NJ 07102-4109 | |
| | | <u>Name of Contact</u> Domenic Fiorino | <u>Phone Number</u> |
| FACILITY INFORMATION | | | |
| <u>Name of Facility Where Abatement is Taking Place (3)</u> ESSEX GENERATING Station | | <u>Type of Facility (4)</u> () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.) | |
| <u>Street Address</u> 155 Raymond Blvd | | Sq. Feet 1,000,000 # of Floors 8 | |
| <u>City (5)</u> Newark | <u>County (6)</u> Essex | <u>County Code (7)</u> (State Use Only) | Bldg. Age 66 Current Use (prior if being demolished) Electric Generating Station |
| <u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u> | | <u>ASCM No.</u> | <u>Name of Contractor (9)</u> Absolut Ace Inc. |
| <u>Street Address</u> | | <u>Street Address</u> PO BOX 295 | |
| <u>City, State, Zip Code</u> | | <u>City, State, Zip Code</u> FLORHAM PARK, NJ 07932 | |
| <u>Project Manager for Monitoring Firm</u> | <u>Telephone Number</u> | <u>Telephone Number</u> (973) 410-9217 | <u>License Number</u> 00225 |
| <u>Scheduled Start Date (10)</u> Aug 1, 2014 | <u>Scheduled Completion Date (11)</u> Aug 1, 2015 | <u>Name of OSHA Monitor</u> MECS | |
| <u>Occupancy Status During Abatement (Check only one)</u> () Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours - Describe _____ Other - Describe Two Shifts, 12 hours each, 24 hour plant coverage | | <u>Street Address</u> 5 Linwood Ct <u>City, State, Zip Code</u> Hamilton, NJ 08690 | |
| <u>Source of Work (Check all that apply)</u> (X) Demolition (X) Renovation (X) Large Proj. (>160 SF or >260 LF ACM) () SM Proj. (>25<160 SF or >10 <260 LF ACM) () Minor Proj. (<25 SF or <10 LF ACM) () Full Containment with Negative Pressure (X) Mini-Enclosure (X) 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> |
| BASEMENT - PENTHOUSE-WAREHOUSE & GARAGES | X | Boiler and pipe insulation, Transite, MASTIC | 25,000 square feet |
| | | | |
| | | | |
| | | | |
| <u>Name of Reg. Waste Hauler</u> Waste Management of New Jersey | | <u>NJDEP Waste Hauler ID #</u> 17273 | <u>Cubic Yards of Waste</u> 200 |
| <u>City, State</u> Elizabeth, NJ 07114-2436 | | <u>Disp. Date</u> Jan-Dec 2014 | <u>Name of Reg. Landfill</u> Tullytown Resource Recovery |
| <u>City, State</u> Tullytown, PA 19007 | | | |
| <u>Completed by (Print or Type)</u> ROBERT GROGAN | <u>Title</u> VP | <u>Signature</u> | <u>Date</u> 7/8/14 |

OK 8250

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

| | | | |
|--|--|---|---|
| <u>Date of Notification (1)</u> July 8, 2014 | | <u>Name of Building Owner/Operator (2)</u> PSEG Fossil, LLC | |
| <u>Agencies Notified</u> (X) EPA (X) DEP (X) DOL (X) DOH (X) DCA | <u>Notification Type</u> (X) Initial Notification () Amended Certification () Cancelled | <u>Street Address</u> 80 Park Plaza | |
| | | <u>City, State, Zip Code</u> Newark, NJ 07102-4109 | |
| | | <u>Name of Contact</u> Domenic Fiorino | <u>Telephone Number</u> 201 410 9217 |
| FACILITY INFORMATION | | | |
| <u>Name of Facility Where Abatement is Taking Place (3)</u> KEARNY GENERATING Station | | <u>Type of Facility (4)</u> () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.) | |
| <u>Street Address</u> FOOT OF HACKENSACK AVE | | <u>Sq. Feet</u> 1,000,000 <u># of Floors</u> 8 | |
| <u>City (5)</u> KEARNY | <u>County (6)</u> HUDSON | <u>County Code (7)</u> (State Use Only) | <u>Bldg. Age</u> 77 <u>Current Use (prior if being demolished)</u> Electric Generating Station |
| <u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u> | | <u>ASCM No.</u> | <u>Name of Contractor (9)</u> Absolut Ace Inc. |
| <u>Street Address</u> | | <u>Street Address</u> PO BOX 295 | |
| <u>City, State, Zip Code</u> | | <u>City, State, Zip Code</u> FLORHAM PARK, NJ 07932 | |
| <u>Project Manager for Monitoring Firm</u> | <u>Telephone Number</u> | <u>Telephone Number</u> (973) 410-9217 | <u>License Number</u> 00225 |
| <u>Scheduled Start Date (10)</u> Aug 1, 2014 | <u>Scheduled Completion Date (11)</u> Aug 1, 2015 | <u>Name of OSHA Monitor</u> MECS | |
| <u>Occupancy Status During Abatement (Check only one)</u> () Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours - Describe _____ Other - Describe Two Shifts, 12 hours each, 24 hour plant coverage | | <u>Street Address</u> 5 Linwood Ct <u>City, State, Zip Code</u> Hamilton, NJ 08690 | |
| <u>Source of Work (Check all that apply)</u> (X) Demolition (X) Renovation (X) Large Proj. (>160 SF or >260 LF ACM) () SM Proj. (>25<160 SF or >10 <260 LF ACM) () Minor Proj. (<25 SF or <10 LF ACM) (X) Full Containment with Negative Pressure (X) Mini-Enclosure (X) 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> |
| BASEMENT TO PENTHOUSE, Warehouse & Garages | X | Boiler and pipe insulation, Transite & Mastic | 25,000 square feet |
| | | | |
| | | | |
| | | | |
| <u>Name of Reg. Waste Hauler</u> Waste Management of New Jersey | | <u>NJDEP Waste Hauler ID #</u> 17273 | <u>Cubic Yards of Waste</u> 200 |
| <u>City, State</u> Elizabeth, NJ 07114-2436 | | <u>Disp. Date</u> | <u>Name of Reg. Landfill</u> Tullytown Resource Recovery |
| <u>City, State</u> Tullytown, PA 19007 | | | |
| <u>Completed by (Print or Type)</u> ROBERT GROGAN | <u>Title</u> VP | <u>Signature</u>  | <u>Date</u> 7/8/14 |