Date of Notification: 7/14/2014

Name of Building Owner/Operator: Lakehurst School District

Name of Facility Where Abatement Is Taking Place: Lakehurst Elementary School

Street Address: 301 Union Avenue
City, State, Zip Code: Lakehurst, NJ 08733

Name of Contact: Rob McCarthy

FACILITY INFORMATION

Type of Facility: School (K-12)

Current Use: Elementary School

Name of Monitoring Firm Hired by Building Owner: Horizon Environmental Group

ASCM No.: 00847

Name of Abatement Contractor: Controlled Environmental Systems

Street Address: 1121 N. Bethlehem Pike - Suite 60
City, State, Zip Code: Spring House, PA 19477

Occupancy Status During Abatement: Full Time

Scope of Work: Renovation, Demolition

Location of Asbestos-Containing Material (ACM) to be Abated:

Boy's Primary Bathroom

Name of Registered Waste Hauler: Allied Waste

Cubic Yards of Waste: > 1 Yard

Name of Registered Landfill: Constanza Landfill

City, State: Morgantown, PA

Completed By (Print or Type): Patricia Visco
Title: Office Manager
Signature: [Signature]
Date: 7/10/14

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>7 / 8 / 14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Fort Lee Board of Education</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td></td>
</tr>
<tr>
<td>[ ] EPA</td>
<td>[ ] DOLWD</td>
</tr>
<tr>
<td>(NJAC 5:23-8)</td>
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<tr>
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<tr>
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<td>[ ] Emergency (including justification)</td>
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<tr>
<td>Street Address</td>
<td>255 White Man Street</td>
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<tr>
<td>City, State, Zip Code</td>
<td>Fort Lee, NJ 07024</td>
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<tr>
<td>Name of Contact</td>
<td>Jack de Michiello</td>
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<tr>
<td>FACILITY INFORMATION</td>
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<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>Fort Lee High School</td>
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<td>County (6)</td>
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<tr>
<td>Square Feet</td>
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<tr>
<td># of Floors</td>
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<tr>
<td>Bidg. Age</td>
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<tr>
<td>Current Use (Prior if being demolished)</td>
<td>School</td>
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<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>K+A Environmental Contractor</td>
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<tr>
<td>Street Address</td>
<td>20 Lauck Road</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>MONTON, PA 19540</td>
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<tr>
<td>Telephone No.</td>
<td>610-556-7700</td>
</tr>
<tr>
<td>License No.</td>
<td>01102</td>
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<tr>
<td>Start Date (10)</td>
<td>7 / 17 / 14</td>
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<td>Scheduled Completion Date (11)</td>
<td>7 / 11 / 14</td>
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<tr>
<td>Name of Abatement Contractor (9)</td>
<td>K+A Environmental Contractor</td>
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<td>Street Address</td>
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<td>City, State, Zip Code</td>
<td>MONTON, PA 19540</td>
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<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Mike Kali</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>610-556-7700</td>
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<td>Name of OSHA Monitor</td>
<td>CEI Labs</td>
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<tr>
<td>Occupancy Status During Abatement (Check only one)</td>
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<tr>
<td>[ ] Facility Closed/Vacated During Entire Period of Abatement</td>
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<tr>
<td>[ ] Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 8:00 AM - 5:00 PM, PM - AM</td>
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<tr>
<td>Scope of Work (Check all that apply)</td>
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<tr>
<td>[ ] Renvation</td>
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<tr>
<td>[ ] Demolition</td>
<td></td>
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<tr>
<td>[ ] Full Containment with Negative Pressure</td>
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<tr>
<td>[ ] Mini-Enclosure</td>
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<tr>
<td>[ ] Glovebag Procedure</td>
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<tr>
<td>[ ] Non-Exempted (*) and Non-Friable Procedure</td>
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<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</td>
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</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</td>
<td>Yes</td>
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<tr>
<td>Description of Asbestos-Containing Material (ACM)</td>
<td>VAT + Mastic</td>
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<tr>
<td>Amount (Specify SF or LF)</td>
<td>384SF</td>
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<tr>
<td>Name of Registered Waste Hauler</td>
<td>K+A Environmental Contractor</td>
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<tr>
<td>NJDEP Waste Hauler ID No.</td>
<td>00815</td>
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<tr>
<td>Cubic Yards of Waste</td>
<td>1/3</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>Southern Alleghenic Landfill</td>
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<tr>
<td>City, State</td>
<td>MONTON, PA</td>
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<tr>
<td>Disposal Date</td>
<td>7-31-14</td>
</tr>
<tr>
<td>Title</td>
<td>Anthony J. Santelli</td>
</tr>
<tr>
<td>Signature</td>
<td>Anthony Santelli</td>
</tr>
<tr>
<td>Date</td>
<td>7-8-14</td>
</tr>
</tbody>
</table>

* Do not use this form for asbestos licensure exempted activities.
Date of Notification (1)  
July 9, 2014

Name of Building Owner/Operator (2)  
Burlington Twp. Schools

Check # 1287

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

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

Street Address  
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

Street Address  
610 Fountain Avenue

City  
Burlington, NJ 08016

County (6)  
Burlington  [ ]

County Code (7)  
(BUSINESS USE ONLY)

Square Feet  
10,000

# of Floors  
2

Bldg. Age  
100

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

Subchapter B (Other than K-12)  [ ]

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

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

City, State, Zip Code  
Newfield, NJ 08344

Project Manager for Monitoring Firm  
Jim Eberts

Telephone No.  
856-205-1077  
856-755-0999

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)  
Facility Closed/Vacated During Entire Period of Abatement  [x]

Abatement Performed Outside of Normal Facility Hours  [ ]

Other – Describe:

Scope of Work (Check All That Apply)  
23 sf or 23 sf  [x]

160 sf or 260 sf  [ ]

Renovation  [x]

Demolition  [ ]

Full Containment with Negative Pressure  [ ]

Mini-Enclosure  [ ]

Glovebag Procedure  [ ]

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

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

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

Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  
Elbows  25 SF

Elbows  2 SF

Window Glazing (90% Exterior)  400 LF

Windows  17 Each

Location of Registered Waste Hauler  
Freehold Cartage

Name of Registered Landfill  
Western Berks Community Landfill

Disposal Date  
8/28/2014

City, State  
Birdsboro, PA

Name of Registered Waste Hauler  
Freehold Cartage

NJDEP Waste Hauler ID No.  
15939

Cubic Yards of Waste  
10

Completed by  
Christina Lynch

Title  
Operations Manager

Signature  
[Signature]

Date  
7/9/2014

ASB-41 (R-06-08)

* 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)**  
B&B Environmental, Inc.

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<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
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<td>EPA</td>
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<td>PO Box 849</td>
<td>Lumberton, NJ 08048</td>
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<td>DEP</td>
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<td>DOL</td>
<td>Emergency (including justification)</td>
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<td>DOH</td>
<td>Cancellation</td>
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**Name of Contact**  
Bob Benedict

**Telephone Number**

<table>
<thead>
<tr>
<th>FACILITY INFORMATION</th>
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<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
</tr>
<tr>
<td>Farmhouse</td>
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</tbody>
</table>

**Street Address**  
40 Retreat Road

**City (5)**  
Southampton, NJ 08088

**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

**City, State, Zip Code**  
Chesterfield, NJ 08515

**Project Manager for Monitoring Firm**  
Lou Lauri

**Telephone No.**  
609-298-4070

**Start Date (10)**  
July 28, 2014

**Scheduled Completion Date (11)**  
August 1, 2014

**Occupancy Status During Abatement (Check Only One)**  
Facility Closed/Vacated During Entire Period of Abatement

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

<table>
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<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)</th>
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<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM)</th>
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<tr>
<td>Pipe Insulation</td>
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<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
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<tr>
<td>330 LF</td>
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**Abatement Type**  
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

**Disposal Date**  
8/1/2014

**City, State**  
Birdsboro, PA

**Completed by**  
Christina Lynch

**Title**  
Operations Manager

**Signature**

**Date**  
7/9/2014

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

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

**Date of Notification:** July 9, 2014

**Name of Building Owner/Operator:** Mary Ellen Grassin

**Street Address:** P O Box 144

**City, State, Zip Code:** Rumson, NJ 07760

**Name of Contact:** Mary Ellen Grassin

## FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place:** Residence

**Street Address:** 1 Church Street

**City:** Sea Bright

**County:** Monmouth

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

**Type of Facility:**
- [ ] School (k-12)
- [ ] Subchapter 9 (other than k-12)
- [x] Other (i.e., private & commercial buildings, homes, etc.)

**Square feet:** 2000 sf

**# of Floors:** 2

**Bldg. Age:** 60

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

**Name of Monitoring Firm Hired by Building Owner:** Guardian Contracting, Inc.

**ASCM No.:** 

**Name of Abatement Contractor:** Guardian Contracting, Inc.

**Street Address:** 1889 Route 9, Unit 61

**City, State, Zip Code:** Toms River, New Jersey 08755-1271

**Telephone Number:** 732-349-9932

**License Number:** 00624

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

**Street Address:** 1056 Stelton Road

**City, State, Zip Code:** Piscataway, New Jersey 08854

**Telephone Number:** 732-349-9932

## Occupancy Status During Abatement

- [x] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours
- [ ] Other – Describe:

## Scope of Work

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

## Location of Asbestos-Containing Material (ACM)

<table>
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<tr>
<th>Location of ACM</th>
<th>Normally used by Maintenance/Custodial Staff</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
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<tbody>
<tr>
<td>2nd floor</td>
<td>X</td>
<td>Plaster</td>
<td>1500 sf</td>
<td>X</td>
</tr>
<tr>
<td>Exterior</td>
<td>X</td>
<td>Asbestos siding</td>
<td>2400 sf</td>
<td>X</td>
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</table>

**Name of Registered Waste hauler:** Guardian Contracting, Inc.

**Disposal Date:** 7/15/14

**City, State:** Toms River, New Jersey

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

**Completion 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)

Date of Notification (1) July 9, 2014
Name of Building Owner/Operator (2) AP Block 78 Venture, LLC

Agencies Notified
[X] EPA
[ ] DEP
[X] DOH
[ ] DCA

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

Street Address 1100 Ocean Avenue
City, State, Zip Code Asbury Park, NJ 07712

Name of Contact Keith Ortner
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Salvation Army Retirement Community

Street Address 200-210 5th Avenue
City Asbury Park
County (6) Monmouth
County Code (7) (STATE USE ONLY)

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

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.

ASCM No.

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

Street Address 1889 Rte. 9, Unit 61
City, State, Zip Code Toms River, NJ 08755

Phone Number 732-349-9932
Name of OSHA Monitor E.M.S.L. Analytical

Telephone Number 732-349-9932
License Number 00624

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

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM)

TO BE ABATED in facility

Location of Is Location Normally used Description of Amount
Alternatively used Asbestos-Containing
Material (ACM) Maintenance/Custodial Amount
Solitary by Material (ACM)
Staff (12) (i.e., thermal systems
[ ] NO or ≥260 lb insulating, surfacing,
[ ] ≥160 lb or ≥260 lb VAT, or
[ ] 2 lb or ≥260 lb other miscellaneous)

Throughout X Asbestos floor tile 40,000 sf X
2nd floor X Asbestos pipe insulation 130 lb X

Name of Registered Waste Hauler
Guardian Contracting, Inc.

Disposal Date 8/4/14
NIDEP Waste Hauler ID No. 20223
Cubic Yards of Waste 60
Name of Registered Landfill T.R.R.F.

City, State Toms River, New Jersey

Completed by (Print or Type)
Nicholas Fernicola

Title Project Manager

Signature [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)

<table>
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<tr>
<th>Date of Notification (1)</th>
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<td>Amended Amendment #1</td>
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<td>Cancellation</td>
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<td>□ DCA</td>
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<th>Name of Building Owner / Operator (2)</th>
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<tr>
<td>Bank of America</td>
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<td>Sea Isle City, NJ 08243</td>
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<table>
<thead>
<tr>
<th>Name of Contact</th>
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<tbody>
<tr>
<td>Ryan Schnupp</td>
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### FACILITY INFORMATION

<table>
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<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
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<td>Bank of America</td>
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<tr>
<th>Street Address</th>
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<th>Name of Monitorining Firm Hired by Building Owner (8)</th>
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<tbody>
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<td>One Mall Drive, Suite 404</td>
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<th>City, State &amp; Zip Code</th>
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<td>Cherry Hill, NJ 08002</td>
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<table>
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<tr>
<th>Project Manager for Monitoring Firm</th>
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<tbody>
<tr>
<td>Howard Zenobi</td>
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<tr>
<th>Telephone Number</th>
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<td>856-482-1311</td>
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<tr>
<th>Scheduled Completion Date (11)</th>
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<td>August 14, 2014</td>
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### OCCUPANCY STATUS DURING ABATEMENT

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<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
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<tbody>
<tr>
<td>□ Facility Closed/Vacated During Entire Period of Abatement</td>
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<tr>
<td>□ Abatement Performed Outside of Normal Hours</td>
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<td>□ Other - Describe:</td>
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<td>□ Facility Occupied During Abatement</td>
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### SCOPE OF WORK (Check all that apply)

<table>
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<tr>
<th>Scope of Work (Check all that apply)</th>
</tr>
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<tbody>
<tr>
<td>□ Renovation</td>
</tr>
<tr>
<td>□ Demolition</td>
</tr>
<tr>
<td>□ Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>□ Mini-Enclosure</td>
</tr>
<tr>
<td>□ Glovebag Procedure</td>
</tr>
<tr>
<td>□ Non-Exempted(*) and Non-Friable Procedure</td>
</tr>
</tbody>
</table>

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

#### IN Facility

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes No N'A</td>
</tr>
<tr>
<td>Main Roof X</td>
</tr>
<tr>
<td>Drive-through Roof X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Roofing Material</td>
</tr>
<tr>
<td>2,300 SF</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2,300 SF</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exposed Removal</td>
</tr>
<tr>
<td>Repair</td>
</tr>
<tr>
<td>Encapsulate</td>
</tr>
<tr>
<td>Enclose</td>
</tr>
</tbody>
</table>

### Name of Registered Waste Hauler

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>Synatech, Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NJDEP Waste Hauler ID No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>27429</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>August 15, 2014</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Growes Landfill</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Little Egg Harbor, NJ 08087</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Completed By</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diane Aloia</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Executive Administrator</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 2, 2014</td>
</tr>
</tbody>
</table>

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

Date of Notification (1)  July 2, 2014

Name of Building Owner / Operator (2)
Bank of America

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ EPA</td>
<td></td>
</tr>
<tr>
<td>□ DEP</td>
<td></td>
</tr>
<tr>
<td>□ DOL</td>
<td>Initial</td>
</tr>
<tr>
<td>□ DOH</td>
<td>Amended Amendment #_</td>
</tr>
<tr>
<td>□ DCA</td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

Street Address
63rd and Landis Avenues

City, State & Zip Code
Sea Isle City, NJ 08243

Name of Contact
Ryan Schnupp

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Bank of America

Street Address
63rd and Landis Avenues

City (5)
Sea Isle City

County (6)  County Code (7)  USE ONLY
Cape May

Name of Monitoring Firm HIred by Building Owner (8)  ASCM No.
Environmental Testing Consultants, LLC

Name of Abatement Contractor (9)
Synatech, Inc.

Street Address
829 Radio Road

City, State & Zip Code
Little Egg Harbor, NJ 08087

Telephone Number  License Number
856-482-1311  00817

Occupancy Status During Abatement (Check only one)

Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Hours

Other – Describe:

Facility Occupied During Abatement

Scheduled Completion Date (11)
August 14, 2014

Scope of Work (Check all that apply)

□ ≥3 sf or ≥ 50 if

□ ≥160 sf or ≥260 if

□ Renovation

□ Demolition

□ Full Containment with Negative Pressure

□ Mini-Enclosure

□ Glovebag Procedure

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

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

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal insulations, surfacing, VAT or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Roofing Material</td>
<td>400 SF</td>
</tr>
<tr>
<td>No</td>
<td>Roofing Material</td>
<td>200 SF</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
Synatech, Inc.

City, State
Little Egg Harbor, NJ 08087

Completed By  Title
Diane Aloia  Executive Administrator

Signature  Date

*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
July 1, 2014

Name of Building Owner / Operator (2) 
John D. Pittenger Builder, Inc.

Agencies Notified 
☐ EPA
☐ DEP
☒ DOL
☐ DOH
☐ DCA
Type Notification 
☒ Initial
☐ Amended
Amendment # _ 1
☐ Cancellation

Street Address 
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
Street Address 
72 Main Street
City (5) 
Port Monmouth
County (6) 
Monmouth
County Code (7) 
USE ONLY
Name of Monitoring Firm Hired by Building Owner (8) 
AESC No.
N/A

Name of Abatement Contractor (9) 
Synatech, Inc.
Street Address 
828 Radio Road
City, State & Zip Code 
Little Egg Harbor, NJ 08087

Project Manager for Monitoring Firm 
TelephoneNumber 
Telephone Number 
609-286-6916
License Number 
00817

Scheduled Start Date (10) 
July 15, 2014
Scheduled Completion Date (11) 
August 11, 2014

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

Scope of Work (Check all that apply) 
☐ ≥3 sf or ≥ 50 ft
☐ ≥100 sf or ≥260 ft
☒ Renovation
☒ Demolition
☒ Full Containment with Negative Pressure
☒ Mini-Enclosure
☒ Glovebag Procedure
☒ Non-Exempted(*) and Non-Friable Procedure

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

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

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

Amount (Specify SF or LF) 

Abatement Type 
Removal
Encapsulate
Repair

Location
Amount
SF or LF
Removal
Encapsulate
Repair

Main living area

Exterior

Exterior

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 
City, State
Little Egg Harbor, NJ
Little Egg Harbor, NJ
Completed By 
Diane Aloia
Title 
Executive Administrator
Signature 
Date 
July 9, 2014
July 1, 2014

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State of New Jersey

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

Date of Notification (1) June 1, 2014

Name of Building Owner / Operator (2)
John D. Pittenger Builder, Inc.

Agencies Notified Type Notification
☐ EPA
☐ DEP
☒ IDOL
☐ DOH
☐ DCA

☐ Initial
☐ Amended
☐ Amendment # __________
☐ Cancellation

Street Address
2260 State Highway 33

City, State & Zip Code
Neptune, NJ 07753

Name of Contact
James Pittenger

Facility Information

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

City (5)
Port Monmouth

County (6) Monmouth

County Code (7) USE ONLY

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

Name of Abatement Contractor (9)
Synatech, Inc.

Street Address
829 Radio Road

City, State & Zip Code
Little Egg Harbor, NJ 08087

License Number
00817

Project Manager for Monitoring Firm

Telephone Number
609-296-6916

Scheduled Start Date (10)
July 11, 2014

Scheduled Completion Date (11)
August 11, 2014

Occupy Status During Abatement (Check only one)
☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Hours
☐ Other – Describe:

Scope of Work (Check all that apply)
☐ ≥3 sf or ≥ 50 lf
☒ ≥160 sf or ≥260 lf

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

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

Yes No N/A

Main living area

Exterior

Exterior

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

Amount (Specify SF or LF)

Abatement Type

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

Name of Registered Waste Hauler
Synatech, Inc.

Name of Registered Landfill
Grows Landfill

Cubic Yards of Waste
60

Disposal Date
August 12, 2014

City, State
Morrisville, PA

Completed By
Diana Aloia

Title Executive Administrator

Signature

Date
July 1, 2014

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

Date of Notification (1)
6 / 24 / 14

Name of Building Owner/Operator (2)
Arbor Management, LLC

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

Type Notification
☒ Initial
☒ Amended Amendment #1-7/14
☐ Emergency (including justification)
☐ Cancellation

Street Address
4 Denny Rd.

City, State, Zip Code
Wilmington, DE 19809

Name of Contact
Guy Pollic

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Burlington Manor Apartments

Street Address
255 S. Pearl St.

City (5)
Burlington

County (6)
Burlington

County Code (?)(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

City, State, Zip Code
Wilmington, DE 19801

Project Manager for Monitoring Firm
Monty Krouch

Telephone No.
302-856-9800

Telephone No.
215-788-6040

License No.
00509

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

Time of Abatement: 8:30AM-5:30PM/____ PM-____ AM

Start Date (10)
7 / 10 / 14

Scheduled Completion Date (11)
ON HOLD

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)
☒ ≥3 sf or ≥3 ft
☒ ≥160 sf or ≥260 sf
☐ 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)

IN Facility (13)

Yes ☐ No ☐ N/A ☒

Boiler Room

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

Amount (Specify SF or LF)
120 SF

Abatement Type
☒ Removal
☒ Repair
☒ Encapsulate
☒ Enclosure

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
WAYNESBURG, OH 44688

Completed By (Print or Type)
Brian Scalfio

Title
Estimator

Signature

Date
7/9/14

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

Date of Notification (1) 6 / 24 / 14

Name of Building Owner/Operator (2) Arbor Management, LLC

Agencies Notified

- EPA
- DOLWD 52.5
- DHSS 52.3
- DCA (NJAC 5:23-8)

Type Notification

- Initial
- Amended
- Amendment #_
- Emergency (including justification)
- 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

Street Address

255 S. Pearl St.

City (5)

Burlington

County (6)

Burlington

County Code (?) (STATE USE ONLY)

Square Feet

# of Floors

Bldg. Age

Type of Facility (4)

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

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

City, State, Zip Code

Wilmington, DE 19801

Project Manager for Monitoring Firm

Monty Krough

Telephone No.

302-655-9600

License No.

215-788-6040

00509

Start Date (10)

7 / 10 / 14

Scheduled Completion Date (11)

7 / 11 / 14

Name of OSHA Monitor

BRISTOL ENVIRONMENTAL, INC.

Street Address

1123 BEAVER STREET

City, State, Zip Code

BRISTOL, PA 19007

Occupancy Status During Abatement (Check only one)

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 8:30AM-5:30PM/___PM-___AM

Scope of Work (Check all that apply)

- ≥ 23 sf or ≥ 23 ft
- ≥ 160 sf or ≥ 260 ft
- Renovation
- Demolition

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

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

- Boiler Room

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

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

- Repair
- Encapsulate

Name of Registered Waste Hauler

SERVICE TRANSPORT GROUP, INC.

NJDEP Waste Hauler ID No.

20950

Cubic Yards of Waste

Name of Registered Landfill

MINERVA LANDFILL

City, State

NEW CASTLE, DE 19720

Disposal Date

Date

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

Date of Notification (1)

<table>
<thead>
<tr>
<th>6</th>
<th>6</th>
<th>14</th>
</tr>
</thead>
</table>

Name of Building Owner/Operator (2)
Willingboro Township

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

Type Notification
☐ Initial
☐ Amended
Amendment #4-7/8/14
☐ Emergency (including justification)
☐ Cancellation

Street Address
1 Rev. Dr. Martin Luther King Drive

City, State, Zip Code
Willingboro, NJ 08046

Name of Contact
Kerry Ogren

FACILITY INFORMATION

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

Type of Facility (4)
☐ School (K-12)
☐ Subchapter 8 (Other than K-12)
☐ 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

City, State, Zip Code
Trenton, NJ 08608

Project Manager for Monitoring Firm
Ryan Broadwater

Telephone No.
609-392-4200

Telephone No.
215-788-6040

License No.
00509

Start Date (10)
06/18/14

Scheduled Completion Date (11)
ON HOLD

Occupyancy Status During Abatement (Check only one)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours - Describe

Time of Abatement: 7:00AM-3:30PM/ 3:30PM- 7:00AM

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

Location of Asbestos-Containing Material (ACM)

TO BE ABATED

IN Facility

(13)

Is Location Normally Used Solely by Maintenance/Custodial Staff?

Yes No N/A

Kitchen, Service Hallway, Restrooms

Office/Reception area

Exterior and Courtyard

Banquet Hall

Location

Name of Registered Waste Hauler
SERVICE TRANSPORT GROUP, INC.

Name of Registered Landfill
MINERVA LANDFILL

Cubic Yards of Waste

Disposal Date

City, State
NEW CASTLE, DE 19720

Date

2014

ASB-41
MAY 11

B514017

* 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)
- 6 / 6 / 14

### Name of Building Owner/Operator (2)
- Willingboro Township

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

### Type Notification
- [x] Initial
- [ ] Amended
- [ ] Amendment: # 3-8/27/14
- [ ] Emergency (including justification)
- [ ] 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

#### Street Address
- 429 JFK Way

#### City (5)
- Willingboro

#### 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
- 1123 BEAVER STREET

#### City, State, Zip Code
- BRISTOL, PA 19007

### Project Manager for Monitoring Firm
- Ryan Broadwater

### Telephone No.
- 609-392-4200

### Start Date (10)
- 06 / 18 / 14

### Scheduled Completion Date (11)
- 7 / 11 / 14

### Occupancy Status During Abatement (Check only one)
- [x] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM - 3:30PM/ PM - AM

### Scope of Work (Check all that apply)
- [ ] 3sf or < 3sf
- [ ] 160sf or < 260sf
- [x] 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 (12)

<table>
<thead>
<tr>
<th>Kitchen, Service Hallway, Restrooms</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
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</thead>
<tbody>
<tr>
<td>Floor tile and mastic</td>
<td>[x]</td>
<td>[x]</td>
<td></td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Office/Reception area</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Floor tile and mastic</td>
<td>[x]</td>
<td>[x]</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Exterior and Courtyard</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Door/Window caulk</td>
<td>[x]</td>
<td>[x]</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Banquet Hall</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Floor Tile and Mastic</td>
<td>[x]</td>
<td>[x]</td>
<td></td>
</tr>
</tbody>
</table>

### Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
- 472 SF
- 4550 SF
- 3100 SF
- 2500 SF

### Amount (Specify SF or LF)

### Location Normally Used Solely by Maintenance/Custodial Staff (13)
- [ ] Yes
- [ ] No
- [ ] N/A

### 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
- WAYNESBURG, OH 44686

### Completed By (Print or Type)
- Brian Scafiro

### Title
- Estimator

### Signature
- Brian Scafiro

### Date
- 6/27/14

---

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

Date of Notification (1)
6 / 6 / 14

Name of Building Owner/Operator (2)
Willingboro Township

Agency Notified
☐ EPA
☒ DOLWD
☒ DHSS
☐ DCA (NJAC 5:23-6)

Type Notification
☒ Initial
☐ Amended
☐ Amendment #2-6/17/14
☐ Emergency (including justification)
☐ Cancellation

Street Address
1 Rev. Dr. Martin Luther King Drive

City, State, Zip Code
Willingboro, NJ 08046

Name of Contact
Kerry Ograin

Telephone Number

FACILITY INFORMATION

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

Street Address
429 JFK Way

City (5)
Willingboro

County (6)
Burlington

County Code (7) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)
Enviromental Connections, Inc

ASCN No.

Name of Abatement Contractor (9)
BRISTOL ENVIRONMENTAL, INC.

Street Address
1123 BEAVER STREET

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)
05 / 18 / 14

Scheduled Completion Date (11)
7 / 2 / 14

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)
☐ ≥ 500 sf or ≥3 if
☒ ≥1600 sf or ≥250 if

Occupancy Status During Abatement (Check only one)
☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours - Describe
Time of Abatement: 7:00AM-3:30PM PM--AM

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

Amount (Specify SF or LF)

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

Kitchen, Service Hallway, Restrooms

Floor tile and mastic

472 SF

Office/Reception area

Floor tile and mastic

4550 SF

Exterior and Courtyard

Door/Window caulk

3100 LF

Name of Registered Waste Hauler
SERVICE TRANSPORT GROUP, INC.

NJDEP Waste Hauler ID No.
20990

Cubic Yards of Waste

Disposal Date

Name of Registered Landfill
MINERVA LANDFILL

City, State
NEW CASTLE, DE 19720

Completed By (Print or Type)
Brian Scafido

Title
Estimator

Signature

Date
6/17/14
# State of New Jersey

## NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:50 and 8:16)

### Date of Notification

| 6 | 5 | 14 |

### Name of Building Owner/Operator

Willingboro Township

### Name of Facility Where Abatement is Taking Place

JFK Community Center

### 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

### Type of Facility

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

### Current Use (Prior if being demolished)

<table>
<thead>
<tr>
<th>Square Feet</th>
<th>Floors</th>
<th>Bldg. Age</th>
</tr>
</thead>
</table>

### Name of Monitoring Firm

Environmental Connections, Inc.

### Name of Abatement Contractor

BRISTOL ENVIRONMENTAL, INC.

### Street Address

1123 BEAVER STREET

### City, State, Zip Code

BRISTOL, PA 19007

### Name of OSHA Monitor

BRISTOL ENVIRONMENTAL, INC.

### Start Date

HOLD

### Scheduled Completion Date

6 / 19 / 14

### Occupancy Status During Abatement (Check only one)

- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours - Describe

### Time of Abatement:

7:00AM - 5:00PM

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

- [ ] ≥30 ft or ≥30 ft
- [ ] ≥160 sf or ≥230 sf
- [ ] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (1) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) IN Facility TO BE ABATED</th>
<th>Is Location Normally Used Solely by Maintenance/ Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specific SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kitchen, Service Hallway, Restrooms</td>
<td>Yes</td>
<td>Floor tile and mastic</td>
<td>472 SF</td>
<td>Removal</td>
</tr>
<tr>
<td>Office/Reception area</td>
<td>No</td>
<td>Floor tile and mastic</td>
<td>4860 SF</td>
<td>Removal</td>
</tr>
<tr>
<td>Exterior and Courtyard</td>
<td>N/A</td>
<td>Door/Window caulking</td>
<td>3100 LF</td>
<td>Removal</td>
</tr>
</tbody>
</table>

### Name of Registered Waste Hauler

SERVICE TRANSPORT GROUP, INC.

### NJDEP Waste Hauler ID No.

20590

### Cubic Yards of Waste

Cubic Yards of Waste: 0

### Name of Registered Landfill

MINERVA LANDFILL

### City, State

WAYNESBURG, OH 44688

### Disposal Date

City, State

### Completed By (Print or Type)

Brian Scarfo

### Title

Estimator

### Signature

Brian Scarfo

### Date

6/13/16
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 5:60 and 5:16)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>6/6/14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agencies Notified</td>
<td></td>
</tr>
<tr>
<td>□ EPA</td>
<td></td>
</tr>
<tr>
<td>□ DOLWD 7/135</td>
<td></td>
</tr>
<tr>
<td>□ DHSS 6/29</td>
<td></td>
</tr>
<tr>
<td>□ DCA (NJAC 5:23-8)</td>
<td></td>
</tr>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Willingboro Township</td>
</tr>
<tr>
<td>Street Address</td>
<td>1 Rev. Dr. Martin Luther King Drive</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Willingboro, NJ 08046</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Kerry Ogren</td>
</tr>
</tbody>
</table>

### FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>JFK Community Center</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>429 JFK Way</td>
</tr>
<tr>
<td>City (5)</td>
<td>Willingboro</td>
</tr>
<tr>
<td>County (6)</td>
<td>Burlington</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>ASCM No.</td>
</tr>
<tr>
<td>Environmental Connections, Inc</td>
<td></td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>BRISTOL ENVIRONMENTAL, INC.</td>
</tr>
<tr>
<td>Street Address</td>
<td>1123 BEAVER STREET</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>BRISTOL, PA 19007</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Ryan Brodwater</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>609-392-4200</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>6/19/14</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>6/27/14</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check only one)</td>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>Time of Abatement: 7:00AM-8:30PM __PM __AM</td>
<td></td>
</tr>
<tr>
<td>Scope of Work (Check all that apply)</td>
<td>□ Renovation</td>
</tr>
<tr>
<td>□ 30% of or &gt;30'W</td>
<td></td>
</tr>
<tr>
<td>□ ≤150 sf or ≥250'W</td>
<td></td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM)</td>
<td>Description of Asbestos Containing Material (ACM)</td>
</tr>
<tr>
<td>TO BE ABATED IN Facility (13)</td>
<td>(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
</tr>
<tr>
<td>Yes No N/A</td>
<td>Amount (Specify SF or LF)</td>
</tr>
<tr>
<td>Kitchen, Service Hallway, Restrooms</td>
<td>472 SF</td>
</tr>
<tr>
<td>Office/Reception area</td>
<td>4550 SF</td>
</tr>
<tr>
<td>Exterior and Courtyard</td>
<td>3100 LF</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>SERVICE TRANSPORT GROUP, INC.</td>
</tr>
<tr>
<td>City, State</td>
<td>NEW CASTLE, DE 19720</td>
</tr>
<tr>
<td>Completed By (Print or Type)</td>
<td>Brian Scafiro</td>
</tr>
<tr>
<td>Title Estimator</td>
<td></td>
</tr>
<tr>
<td>Signature</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>6/6/14</td>
</tr>
</tbody>
</table>
Date of Notification (1)  
7/9/2014

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

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

Name of Building Owner/Operator (2)  
Rdi

Street Address  
135 Steelmanville Rd

City, State, Zip Code  
Egg Harbor Twp., NJ 08234

Name of Contact  
Chris Terrels

Facility Information

Name of Facility Where Abatement is Taking Place (3)  
Old Lenox China Building

Street Address  
545 Tilton Road

City (5)  
Galloway, NJ 08205

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

City, State, Zip Code  
Hammonton, NJ 08037

Project Manager for Monitoring Firm  
James Proctor

Telephone No.  
609-704-8550

License No.  
609-567-1250

Start Date (13)  
7/22/2014

Scheduled Completion Date (11)  
10/22/2014

Occupancy Status During Abatement (Check Only One)  
- Facility Closed/Vacated During Entire Period of Abatement  
- Abatement Performed Outside of Normal Facility Hours  

Other – Describe:

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

- Renovation
- Demolition

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

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

<table>
<thead>
<tr>
<th>Location of ACM</th>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of ACM (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
<th>Encapsulate</th>
<th>Endorse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Roof</td>
<td>No</td>
<td>N/A</td>
<td>Flashing</td>
<td>2,500 sf</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Roof</td>
<td>X</td>
<td></td>
<td>A-frame Roofing</td>
<td>155,000 sf</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Roof</td>
<td>X</td>
<td></td>
<td>Silver Flat Coating</td>
<td>220,000 sf</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Various</td>
<td>X</td>
<td></td>
<td>Pipe Wrap</td>
<td>5,700 sf</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler  
Site Enterprises, Inc.

NJDEP Waste Hauler ID No.  
00035220

Cubic Yards of Waste  

Name of Registered Landfill  
Grows Landfill

City, State  
Hammonton, NJ 08037

Completed by  
Thomas Rock

Title  
PM

Signature  

Date  
7/9/2014

ASB-41 (R-06-08)

* Do not use this form for asbestos licensure exempted activities.
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:80 and 12:120)

Date of Notification (1)  
7/9/2014

Name of Building Owner/Operator (2)  
RCCI

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

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

Street Address  
135 Stealmanville Rd

City, State, Zip Code  
Egg Harbor Twp., NJ 08234

Name of Contact  
Chris Terrells

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
Old Lenox China Building

City (5)  
Galloway, NJ 08205

County (6)  
Atlantic

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

Square Feet  
400,000

Current Use (Prior to being demolished)  
- Abandoned

Health and Safety Services  
Site Enterprises

Street Address  
318 12th Street

City, State, Zip Code  
Hammonton, NJ 08037

Project Manager for Monitoring Firm  
James Proctor

Telephone No.  
609-704-8550

License No.  
609-567-1250

Start Date (10)  
7/22/2014

Scheduled Completion Date (11)  
10/22/2014

Name of Monitoring Firm HIred by Building Owner (6)  
Health and Safety Services

Name of Abatement Contractor (9)  
Site Enterprises

Street Address  
815 12th Street

City, State, Zip Code  
Hammonton, NJ 08037

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

Scope of Work (Check All That Apply)  
- ≥3 sf or ≥3 if
- ≥150 sf or ≥260 if
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED  
in Facility  
(15)

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Warehouse 7</td>
<td>X</td>
<td>Window caulking</td>
<td>4,350 sf</td>
<td>x</td>
</tr>
<tr>
<td>Office 2</td>
<td>X</td>
<td>9x9 Tile and mastic</td>
<td>5,180 sf</td>
<td>x</td>
</tr>
<tr>
<td>Various</td>
<td>X</td>
<td>Pipe Fittings</td>
<td>300</td>
<td>x</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler  
Site Enterprises, Inc.

City, State  
Hammonton, NJ 08037

Completed by  
Thomas Rock

Title  
PM

Signature

Date  
7/9/2014

* Do not use this form for asbestos licensure exempted activities.
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
- EPA
- DEP
- DOL
- DOH
- DCA

Type Notification
- Initial
- Amended
- Emergency (Including Justification)
- Cancellation

Street Address:
450 Erlal 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):
Tilton High School

Street Address:
250 Schubert Ave.

City (5):
Runnemede NJ 08078

County (6):
Camden

County Code (7):

Square Feet:
1000+

# of Floors:
2

Bldg. Age:
35+

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:
PO Box 329

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

Scope of Work (Check All That Apply):
- ≥3 sf or ≥3 if
- ≥160 sf or ≥250 sf
- Renovation
- Demolition

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

In Facility (13):

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):

Floor Tile & mastic

Amount (Specify SF or LF): 728 SF

Abatement Type:

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:
Morrisville PA 19067

Completed by:
Anthony T Perna

Title:
President

Signature:

Date:
7/10/14

* Do not use this form for asbestos licensure exempted activities.
Date of Notification (1)  
7/10/14  

Name of Building Owner/Operator (2)  
Black Horse Pike Regional School District  

Street Address  
450 Erial Road  

City, State, Zip Code  
Blackwood NJ 08012  

Name of Contact  
Job  

FACILITY INFORMATION  

Name of Facility Where Abatement Is Taking Place (3)  
Highland High School  

Street Address  
450 Erial Road  

City (5)  
Blackwood NJ 08012  

County Code (7)  
Camden (STATE USE ONLY)  

County Code (7)  
Camden (STATE USE ONLY)  

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

ASCM No.  
Name of Abatement Contractor (9)  
Pernaco Inc.  

Street Address  
PO Box 329  

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)  
X Facility Closed/Vacated During Entire Period of Abatement  

Abatement Performed Outside of Normal Facility Hours  
Other – Describe:  

Scope of Work (Check All That Apply)  

\[1.5\text{ sf or } 3.5\text{ ft} \]  
\[\geq 160\text{ sf or } 260\text{ ft} \]  
\[\text{Renovation} \]  
\[\text{Demolition} \]  
\[\text{Full Containment with Negative Pressure} \]  
\[\text{Mini-Enclosure} \]  
\[\text{Glovebag Procedure} \]  
\[\text{Non-Exempted } (*) \]  
\[\text{and Non-Friable Procedure} \]  

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

Yes  
No  
N/A  

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

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

Yes  
No  
N/A  

Is Location Normally Used Solely by Maintenance/ Custodial Staff?  

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

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  
Endorse  

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.  

Disposal Date  
8/1/14  

City, State  
Morrisville PA 19067  

Completed by  
Anthony T Perna  
Title  
President  

Signature  

Date  
7/10/14  

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

Date of Notification (1)
7/9/14

Name of Building Owner/Operator (2)
Scott Sidler Private Home

Agencies Notified
☑ EPA  ☑ Initial
☑ DEP  ☑ Amended
□ DOL  ☑ Amendment #
□ DOH  ☑ Emergency (including justification)
□ DCA  ☑ 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

Street Address
23 Ronnie Drive

City (5)
Manahawkin NJ 08050

County Code (7)
County Code (7) (STATE CODE ONLY)

Square Feet
1000+

# of Floors
1

Bidg. Age
35+

Current Use (Prior if being demolished)
Home

Name of Monitoring Firm Hired by Building Owner (6)
ASCM No.

Name of Abatement Contractor (9)
Pernaco Inc.

Street Address
PO Box 329

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

Scope of Work (Check All That Apply)

• 23 sf or ≥3 if
• 190 sf or ≥260 if

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

in Facility

Exterior Siding

Yes  No  N/A

Exterior Siding

1200 SF  x

Name of Registered Waste Hauler
United Containers

Cubic Yards of Waste
3

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

City, State
Morrissville PA 19067

Disposal Date
7/11/14

City, State

Completed by
Anthony T Perna

Title
President

Signature

Date
7/9/14

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

Date of Notification (1)
7/9/14

Name of Building Owner/Operator (2)
Vincent Meghdir

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

Street Address
220 Davidson Avenue, Suite 307

City, State, Zip Code
Somerset, NJ 08873

Name of Contact
Vincent Meghdir

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
35 Plum Street

City (5)
New Brunswick

County (6)
Middlesex

County Code (7) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)
ASCM No.
Name of Abatement Contractor (8)
ABS Environmental Services, LLC

Street Address
4 E Gate Drive, PO Box 463

City, State, Zip Code
Glenwood, NJ 07418

Project Manager for Monitoring Firm

Telephone No.
973-583-8500
License No.
703

Start Date (10)
7-16-14
Scheduled Completion Date (11)
8-6-14

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

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

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

Yes ☒ No ☐ N/A ☐
in Facility (13)

Is Location Normally Used Solely by Maintenance/ Custodial Staff?

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

Amount (Specify SF or LF)
30 ft

Abatement Type

Name of Registered Waste Hauler
Freehold Cartage

Freehold Cartage

City, State
Freehold, NJ

Disposal Date
TBD

Name of Registered Landfill
GROWS

City, State
Morrisville, PA

Completed by
A. Scott Higgins
Title
President
Signature

Date
7/9/14

* Do not use this form for asbestos licensure exempted activities.
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  
- [X] EPA
- [ ] IDHP
- [X] DOL
- [ ] DOH
- [ ] DCA

Type Notification  
- [X] Initial Notification
- [ ] Amended Notification
- [ ] EMERGENCY
- [ ] Cancellation

Street Address 192 North 6th Street

City, State, Zip Code Newark, NJ, 07107

Name of Contact Daleo Crespo

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Same as above

City (5)  

County (6) Essex  

County Code (7) (STATE USE ONLY)

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

ASCM No. N/A

Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.

Street Address 86 Christopher St.

City, State, Zip Code Montclair, NJ 07042

Name of OSHA Monitor N/A

Telephone Number (973) 744-8800

License Number 00371

Scheduled Start Date (10) 7-21-14

Sched. Completion Date (11) 7-22-14

Month Day Year  

Month Day Year

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

Scope of Work (Check all that apply) 
- [X] ≥ 30 sf or ≥ 3 lf
- [ ] ≥ 160 sf or ≥ 250 lf
- [X] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Gловая Procedure
- [ ] Non-Friable Procedure

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

LocationNormally UsedSolitaryBy 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) 160 lf

Abatement Type Remaining

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.

Disposal Date 7-23-14

City, State Morrisville, PA 19067

Completed By (Print or Type) Constantine Vivian

Title President

Signature [Signature]

Date 7-8-14
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: EPA, DCA, DOL

Street Address: 36 Madison Avenue

Name of Facility Where Abatement is Taking Place (3): Drew University- Hall of Sciences

City (5): Madison

Type of Facility (4): Other (i.e. private & commercial buildings, homes, etc.)

County (6): Morris

Sq. Feet: Unknown

County Code (7): (State Use Only)

# of Floors: Bldg. Age: 70 years


Current Use (prior if being demolished):

ASCM No.:

Name of Contractor (9): GREENWOOD ABATEMENT CONSULTANTS, INC.

Street Address: 1056 Stelton Road

City, State, Zip Code: Piscataway, NJ 08854

Street Address: 36 Madison Avenue

City State, Zip Code: Madison, NJ

Project Manager for Monitoring Firm: Michael Hoodak

Telephone Number: 609.298.5520

Occupancy Status During Abatement (Check only one):

Scheduled Start Date (10): May 27, 2014

Other - Describe: Phase # 5- 05.27.2014 to 09.30.2014

Scheduled Completion Date (11): September 30, 2014

Source of Work (Check all that apply)

- 3 sf or > 3 sf
- > 160 sf or > 260 sf

- Renovation
- Demolition

Amount (Specify SF or LF): 1,100 sf

Abatement Type: Spray On Fireproofing

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) in Facility (13)</th>
<th>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
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</thead>
<tbody>
<tr>
<td>HS - 3</td>
<td>YES</td>
<td>Spray On Fireproofing</td>
<td>1,100 sf</td>
<td>X</td>
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<tr>
<td>Hallway &amp; Bathrooms</td>
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<td>Spray On Fireproofing</td>
<td>1,000 sf</td>
<td>X</td>
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<tr>
<td>Rms # S105&amp;S106</td>
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<td>Spray On Fireproofing</td>
<td>2,300 sf</td>
<td>X</td>
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<tr>
<td>1st Fl. Area Adj</td>
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<td>Spray On Fireproofing</td>
<td>140 LF</td>
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<tr>
<td>3rd Floor Mech Room</td>
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<td>Spray On Fireproofing</td>
<td>1,000 sf</td>
<td>X</td>
</tr>
<tr>
<td>Bsmt Mech Room</td>
<td></td>
<td>Spray On Fireproofing</td>
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<td>X</td>
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<tr>
<td>2nd Fl. Labs</td>
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<tr>
<td>2nd Fl. Labs</td>
<td></td>
<td>Spray On Fireproofing</td>
<td>50 SF</td>
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</table>

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: Meadow hill Landfill

G.R.O.W.S. Minerva Ent. Ohio

Name of Contractor (9): GREENWOOD ABATEMENT CONSULTANTS, INC.

Street Address: 1056 Stelton Road

City State, Zip Code: Piscataway, NJ 08854

Project Manager for Monitoring Firm: Michael Hoodak

Telephone Number: 609.298.5520

Occupancy Status During Abatement (Check only one):

Scheduled Start Date (10): May 27, 2014

Other - Describe: Phase # 5- 05.27.2014 to 09.30.2014

Scheduled Completion Date (11): September 30, 2014

Source of Work (Check all that apply)

- 3 sf or > 3 sf
- > 160 sf or > 260 sf

- Renovation
- Demolition

Amount (Specify SF or LF): 1,100 sf

Abatement Type: Spray On Fireproofing

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) in Facility (13)</th>
<th>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</th>
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<th>Amount (Specify SF or LF)</th>
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<tr>
<td>Hallway &amp; Bathrooms</td>
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<td>Spray On Fireproofing</td>
<td>1,000 sf</td>
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<td>Rms # S105&amp;S106</td>
<td></td>
<td>Spray On Fireproofing</td>
<td>2,300 sf</td>
<td>X</td>
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<tr>
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<td></td>
<td>Spray On Fireproofing</td>
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<td>X</td>
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<tr>
<td>2nd Fl. Labs</td>
<td></td>
<td>Spray On Fireproofing</td>
<td>50 SF</td>
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</table>

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: Meadow hill 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)

<table>
<thead>
<tr>
<th>Hauler #1</th>
<th>Greenwood Abatement Consultants, Inc. – Butler, NJ 07405</th>
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</thead>
<tbody>
<tr>
<td>Hauler #2</td>
<td>Newark Carting, Inc. – Newark, NJ 07102, NJ DEP # 19551</td>
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| Disposal Date | September 30, 2014 |

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<thead>
<tr>
<th>City, State</th>
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<tbody>
<tr>
<td>Route 2, Box 58</td>
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<tr>
<td>Bridgewater, NJ 08807</td>
</tr>
<tr>
<td>Address</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Completed by (Print or Type)</th>
<th>Marin Graure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>SENIOR PROJECT MANAGER</td>
</tr>
<tr>
<td>Signature</td>
<td>Marin Graure</td>
</tr>
<tr>
<td>Date</td>
<td>July 9, 2014</td>
</tr>
</tbody>
</table>

GAC # 2013-414 Amendment #8 - Additional asbestos quantities highlighted in yellow
# NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 7:26-2.12)

**Date of Notification (1)**
JULY 8, 2014

**Name of Building Owner/Operator (2)**
PSEG Fossil, LLC

### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place (3)**
LINDEN GENERATING Station

**Street Address**
4001 S. WOOD AVE

**City (5)**
LINDEN

**County (6)**
UNION

**County Code (7)**
(State Use Only)

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

**Name of Contractor (9)**
Absolut Ace Inc.

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

- Demolition
- Renovation
- Large Proj. (>160 SF or >250 LF ACM)
- SM Proj. (25<160 SF or >10 <250 LF ACM)
- Minor Proj. (<25 SF or <10 LF ACM)
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure

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

<table>
<thead>
<tr>
<th>Location to PENTHOUSE, WAREHOUSE &amp; GARAGES</th>
<th>Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of ACM (i.e., thermal systems insulation, surfacing, VAT, or other)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>BASEMENT TO PENTHOUSE, WAREHOUSE &amp; GARAGES</td>
<td></td>
<td>Boiler and pipe insulation, TRANSITE &amp; MASTIC</td>
<td>25,000 square feet</td>
<td>X X X X</td>
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</table>

### Name of Reg. Waste Hauler

**Name of Reg. Landfill**
Tullytown Resource Recovery

**Name of Reg. Landfill**
Tullytown Resource Recovery

**City, State, Zip Code**
Tullytown, PA 19007

**Disp. Date**
7/8/14

### Completed by (Print or Type)

**Title**
VP

**Signature**

ROBERT GROGAN

**City, State**
Elizabeth, NJ 07114-2436

**Date**
7/8/14
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 7:26-2.12)

Date of Notification (1)
July 8, 2014

Name of Building Owner/Operator (2)
PSEG Fossil, LLC

Agencies Notified
(X) EPA
(X) DEP
(X) DOL
(X) DOH
(X) DCA

Notification Type
(X) Initial Notification
( ) Amended Certification
( ) Cancelled

Street Address
80 Park Plaza

City, State, Zip Code
Newark, NJ 07102-4109

Name of Contact
Domenic Florino

Tel. Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
HUDSON GENERATING Station

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

Sq. Feet _1,000,000_________ # of Floors 8

Bldg. Age 67

Current Use (prior if being demolished) Electric Generating Station

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

Name of Contractor (9)
Absolut Ace Inc.

Street Address
DUFFIELD & VAN KUEREN ST

City, State, Zip Code

JERSEY CITY
HUDDSON

County Code (7)
(State Use Only)

Project Manager for Monitoring Firm

Telephone Number

Street Address
PO BOX 295

City, State, Zip Code
FLORHAM PARK, NJ 07932

Name of CSHA Monitor
MECS

Telephone Number
(973) 410-9217

License Number
00225

Occupancy Status During Abatement (Check only one)
( ) Facility Closed/Vacated During Entire Period of Abatement
( ) Abatement Performed Outside of Normal Facility Hours

Describe

Other - Describe Two Shifts, 12 hours each, 24 hour plant coverage

Source of Work (Check all that apply)
(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

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

Is Location Normally Used Solely by Maint./Custodial Staff? (12)
YES
NO
NA

Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)
Boiler & Pipe insulation, Transite & Tile

Amount (Specify SF or LF)
25,000sf

Abatement Type

Rem.
Rep.
Encap.
Endos.

Name of Reg. Waste Hauler
WASTE MANAGEMENT OF NEW JERSEY

NJDEP Waste Hauler ID #
17273

Cubic Yards of Waste
300

Name of Reg. Landfill
Tullytown Resource Recovery

Disp. Date

City, State
Elizabeth, NJ 07114-2436

Tullytown, PA 19007

Completed by (Print or Type)
ROBERT GROGAN

Title
VP

Signature

Date
7/8/14
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 7:25-2.12)

Date of Notification (1)
JULY 1, 2014

Name of Building Owner/Operator (2)
PSEG Fossil, LLC

Agencies Notified Notification Type
(X) EPA (X) Initial Notification
(X) DEP (X) Amended Certification
(X) DOL (X) Cancelled
(X) DOH
(X) DCA

Street Address
80 Park Plaza

City, State, Zip Code
Newark, NJ 07102-4109

Name of Contact
Domenic Fiorino

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Sewaren Generating Station

Street Address
751 Cliff Road

City (5) County (6) County Code (7)
Sewaren Middlesex (State Use Only)

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

Name of Contractor (9)
Absolute Ace Inc.

Street Address
PO BOX 295

City State, Zip Code
Florham Park, NJ 07932

Project Manager for Monitoring Firm Telephone Number

Telephone Number
(973) 410-9217

License Number
00225

Scheduled Start Date (10)
Aug 1, 2014

Scheduled Completion Date (11)
Aug 1, 2015

Occu}pant}y Status During Abatement (Check only one)
( ) 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

Source of Work (Check all that apply)
( ) Demolition (X) Renovation
(X) Large Proj. (>180 SF or >280 LF ACM) ( ) SM Proj. (>25<160 SF or >10 <280 LF ACM)
( ) Minor Proj. (<25 SF or <10 LF ACM)
(X) Full Containment with Negative Pressure (X) Mini-Enclosure (X) Glovebag Procedure

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

Is Location Normally Used Solely by Maint./Custodial
Yes No NA Staff? (12)

Description of ACM (i.e. thermal systems insulation,
surfacing, VAT, or other miscell.)
Boiler and pipe insulation, TRANISTE & MASTIC

Amount (Specify SF or LF)
25,000 square feet

Abatement Type
X X X X

Name of Reg. Waste Hauler
Waste Management of New Jersey

Cubic Yards of Waste
200

Name of Reg. Landfill
Tullytown Resource Recovery

City, State
Tullytown, PA 19007

Disp. Date
7/8/14

Completed by (Print or Type)
ROBERT GROGAN
Title
VP
Signature
Date
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to N.J.A.C. 7:26-2.12)

Date of Notification (1)  July 8, 2014

Agencies Notified  
(X) EPA  
(X) DEP  
(X) DOL  
(X) DOH  
(X) DCA

Notification Type  
(X) Initial Notification  
( ) Amended Certification  
( ) Cancelled

Name of Building Owner/Operator (2)  PSEG Fossil, LLC

Street Address  
80 Park Plaza

City, State, Zip Code  
Newark, NJ 07102-4109

Name of Contact  
Domenic Florino

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  Sewaren Generating Station

Street Address  
749 Cliff Road

City (5)  
Sewaren

County (6)  
Middlesex

County Code (7)  
(State Use Only)

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

Sq. Feet  
100,000

# of Floors  
2

Bldg. Age  
50

Current Use (prior if being demolished)  Warehouse/ Electric Generating Station

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

Name of Contractor (9)  
Absolut Ace Inc.

Street Address  
PO BOX 295

City State, Zip Code  
Florham Park, NJ 07932

Project Manager for Monitoring Firm  
Telephone Number

(973) 410-8217

License Number  
00225

Scheduled Start Date (10)  
July 21, 2014

Scheduled Completion Date (11)  
Aug 15, 2014

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

Other - Describe  
Two Shifts, 12 hours each, 24 hour plant coverage

Source of Work (Check all that apply)  
(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  
( ) Mini-Enclosure  
( ) Glovebag Procedure

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

Is Location Normally Used Solely by Main/L/Custodial Staff? (12)  
YES  
NO  
NA

Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)  
Mastic Removal

Amount (Specify SF or LF)  
5,000 square feet

Abatement Type  
X


Name of Reg. Waste Hauler  
Waste Management of New Jersey

NJDEP Waste Hauler ID #  
17273

Cubic Yards of Waste  
30

Name of Reg. Landfill  
Tullytown Resource Recovery

Disp. Date  

City, State  
Tullytown, PA 19007

Completed by (Print or Type)  
ROBERT GROGAN  
Title  
VP

Signature  

Date  
7/8/14
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to N.J.A.C. 7:26-2.12)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
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<tbody>
<tr>
<td>July 8, 2014</td>
<td>PSEG Fossil, LLC</td>
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<tr>
<th>Agencies Notified</th>
<th>Notification Type</th>
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<td>(X) EPA</td>
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<td>(X) DEP</td>
<td>( ) Amended Certification</td>
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<td>( ) Canceled</td>
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<td>(X) DOH</td>
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<td>(X) DCA</td>
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<th>Street Address</th>
<th>City, State, Zip Code</th>
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<td>80 Park Plaza</td>
<td>Newark, NJ 07102-4109</td>
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<table>
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<tr>
<th>Name of Contact</th>
<th>Phone Number</th>
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<tbody>
<tr>
<td>Domenic Florino</td>
<td>(973) 410-9217</td>
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<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
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</thead>
<tbody>
<tr>
<td>ESSEX GENERATING STATION</td>
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<tr>
<th>City (6)</th>
<th>County (8)</th>
<th>County Code (7)</th>
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<tbody>
<tr>
<td>Newark</td>
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<td>(State Use Only)</td>
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<table>
<thead>
<tr>
<th>Name of Monitoring Firm</th>
<th>ASCM No.</th>
<th>Name of Contractor (9)</th>
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<tbody>
<tr>
<td>Absolut Ace Inc.</td>
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<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>PO BOX 295</td>
<td>FLORHAM PARK, NJ 07932</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(973) 410-9217</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>MECS</td>
<td>5 Linwood Ct</td>
<td>Hamilton, NJ 08690</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>( ) Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>( ) Abatement Performed Outside of Normal Facility Hours -</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other – Describe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Two Shifts, 12 hours each, 24 hour plant coverage</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Source of Work (Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(X ) Demolition</td>
</tr>
<tr>
<td>(X ) Renovation</td>
</tr>
<tr>
<td>(X ) Large Proj. (&gt;160 SF or &gt;260 LF ACM)</td>
</tr>
<tr>
<td>( ) SM Proj. (&gt;25&lt;160 SF or &gt;10 &lt;260 LF ACM)</td>
</tr>
<tr>
<td>( ) Minor Proj. (&lt;25 SF or &lt;10 LF ACM)</td>
</tr>
<tr>
<td>( ) Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>( ) Mini-Enclosure</td>
</tr>
<tr>
<td>(X ) Glovebag Procedure</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) in Facility (13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>BASEMENT – PENTHOUSE - WAREHOUSE &amp; GARAGES</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES NO NA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boiler and pipe insulation, Transite, MASTIC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>25,000 square feet</td>
<td>X X X X X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Reg. Waste Hauler</th>
<th>Waste Management of New Jersey</th>
</tr>
</thead>
<tbody>
<tr>
<td>NJDEP Waste Hauler ID #</td>
<td>17273</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cubic Yards of Waste (14)</th>
</tr>
</thead>
<tbody>
<tr>
<td>200</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Reg. Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tullytown Resource Recovery</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan-Dec 2014</td>
<td>Tullytown, PA 19007</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by (Print or Type)</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>ROBERT GROGAN</td>
<td>VP</td>
<td></td>
<td>7/8/14</td>
</tr>
</tbody>
</table>
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 7:26-2.12)

Date of Notification (1)
July 8, 2014

Agencies Notified
(X) EPA
(X) DEP
(X) DOL
(X) DOH
(X) DCA

Notification Type
(X) Initial Notification
( ) Amended Certification
( ) Cancelled

Name of Building Owner/Operator (2)
PSEG Fossil, LLC

Street Address
80 Park Plaza
City, State, Zip Code
Newark, NJ 07102-4109

Name of Contact
Domenico Fiorino
Tel. Number

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)
KEARNY GENERATING Station

Street Address
FOOT OF HACKENSACK AVE

City (5) County (6) County Code (7) (State Use Only)
KEARNY HUDSON

Type of Facility (4)
( ) School (K-12)
( ) Subchapter 8 (other than K-12)
(X) Other (i.e. private & commercial bldgs., homes, etc.
Sq. Feet_1,000,000_________ # of Floors 8

Bldg. Age 77
Current Use (prior if being demolished): Electric Generating Station

Name of Monitoring Firm Hired by Bldg. Owner (8)
ASCM No.
Name of Contractor (9)
Absolut Ace Inc.

Street Address
PO BOX 295
City State, ZipCode
FLORHAM PARK, NJ 07932

Project Manager for Monitoring Firm
Telephone Number
(973) 410-8217
License Number
00225

Scheduled Start Date (10)
Aug 1, 2014
Scheduled Completion Date (11)
Aug 1, 2015

Name of OSHA Monitor
MECS

Occupancy Status During Abatement (Check only one)
( ) Facility Closed/Vacated During Entire Period of Abatement
( ) Abatement Performed Outside of Normal Facility Hours

Describe

Other – Describe Two Shifts, 12 hours each, 24 hour plant coverage

Source of Work (Check all that apply)
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(X) Large Proj. (>160 SF or >260 LF ACM) (X) SM Proj. (>25<160 SF or >10 <260 LF ACM)
(X) Full Containment with Negative Pressure (X) Mini-Enclosure (X) Glovebag Procedure

Location of Asbestos-Containing Material (ACM) in Facility (13)
Is Location Normally Used Solely by Maint./Custodial Staff? (12)
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BASEMENT TO PENTHOUSE, Warehouse & Garages

Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscall.)
Boiler and pipe insulation, Transite & Mastic
Amount (Specify SF or LF)
25,000 square feet
Abatement Type

Name of Reg. Waste Hauler
Waste Management of New Jersey

Cubic Yards of Waste
200

Name of Reg. Landfill
Tullytown Resource Recovery

City, State
Elizabeth, NJ 07114-2436
Disp. Date

Completed by (Print or Type)
ROBERT GROGAN
Title VP
Signature
Date 7/8/14