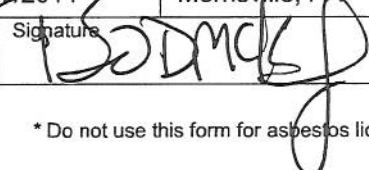


State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

| | | | | | | | | | |
|--|--|--|--|---|---------------------------|-------------------|--------|-------------|-----------|
| Date of Notification (1) 7/15/2014 | | Name of Building Owner/Operator (2) Nassau Presbyterian Church | | | | | | | |
| Agencies Notified | Type Notification | Street Address 61 Nassau St. | | | | | | | |
| <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Princeton, NJ 08542 | | | | | | | |
| | | Name of Contact Matt Salmon | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Nassau Presbyterian Church | | 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 61 Nassau Street | | Square Feet 39000 | # of Floors 4 | | | | | | |
| City (5) Princeton | | Bldg. Age 100 | | | | | | | |
| County (6) Mercer | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Church | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Health and Safety Services | | ASCM No. N/A | Name of Abatement Contractor (9) AEi2 | | | | | | |
| Street Address 318 12th Street | | Street Address 300 South Lenola Road | | | | | | | |
| City, State, Zip Code Hammonton, NJ 08037 | | City, State, Zip Code Maple Shade, NJ 08052 | | | | | | | |
| Project Manager for Monitoring Firm James Proctor | | Telephone No. 609-839-2432 | License No. 00689 | | | | | | |
| Start Date (10) 7/16/2014 | Scheduled Completion Date (11) 7/16/2014 | Name of OSHA Monitor AEi2 | | | | | | | |
| 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 <input type="checkbox"/> Other - Describe: _____ | | Street Address 300 South Lenola Road | | | | | | | |
| | | City, State, Zip Code Maple Shade, NJ 08052 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | | | | | | |
| | | <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure WRAP + CWT <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 Room 06 | | XX | | TSI | 8 | XXX | | | |
| Basement Room 07 | | XX | | TSI | 8 | XXX | | | |
| Basement Room 08 | | XX | | TSI | 16 | XXX | | | |
| Name of Registered Waste Hauler American Disposal Systems, Inc. | | NJDEP Waste Hauler ID No. 20213 | Cubic Yards of Waste 1 | Name of Registered Landfill Waste Management | | | | | |
| City, State Lumberton, NJ | | Disposal Date 7/17/2014 | | City, State Morrisville, PA | | | | | |
| Completed by BERNARD D. MCKENNA, JR | | Title GENERAL MANAGER | | Signature  | | Date 7/15/2014 | | | |

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

Check # 2166

| | | | | | |
|--|---|---|---|--|---|
| Date of Notification (1) 07 / 15 / 14 | | Name of Building Owner / Operator (2) First Energy | | | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL <input type="checkbox"/> | | Type of Notification | | Street Address | |
| | | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation | | 76 South Street | |
| | | City, State, Zip Code | | Akron, Ohio 44308 | |
| | | Name of Contact | | Telephone Number | |
| | | Jim Halsey | | | |
| FACILITY INFORMATION | | | | | |
| Name of Facility Where Abatement is Taking Place (3) | | | Type of Facility (4) | | |
| Street Address 6 LADY BESS DRIVE | | | <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.) | | |
| City (5) DEAL | County (6) OCEAN | County Code (7) | Square Feet | # Of Floors | Building Age |
| | | | Current Use (Prior if being demolished) | | Telephone Pole |
| Name of Monitoring Firm Hired by Bldg. Owner (8) | | | ASCM NO | | |
| Environmental Health Investigations | | | LVI Demolition Services Inc. | | |
| Street Address 655 West Shore Trail | | | Street Address | | |
| City, State, Zip Code Sparta, NJ 07871 | | | 32 Williams Parkway | | |
| Project Mngr. For Monitoring Firm Dino Nappi | | | City, State, Zip Code | | |
| Telephone Number 212-682-9271 | | | East Hanover, NJ 07036 | | |
| Scheduled Start Date (10) 07 / 30 / 14 | | Sched. Completion Date (11) 08 / 04 / 14 | | Telephone Number 973-884-8682 | |
| | | | | License Number 00860 | |
| Occupancy Status During Abatement (Check Only 1) | | | Name of OSHA Monitor | | |
| <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: Friday 8:30 am to 5:00 pm <input checked="" type="checkbox"/> Other - Describe: | | | LVI Demolition Services Inc. | | |
| | | | Street Address | | |
| | | | 32 Williams Parkway | | |
| | | | City, State, Zip Code | | |
| | | | East Hanover, NJ 07036 | | |
| Scope of Work (Check All That Apply) | | | | | |
| <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> >3sf or >3lf <input type="checkbox"/> >160 sf or >260 lf | | | | | |
| <input checked="" type="checkbox"/> Renovation <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 TO BE ABATED in Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff (12) | Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | |
| | YES NO N/A | | | R E M O V A L | E N C A P S U L |
| Exterior Telephone Pole | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> | Transite Conduit | 20 LF | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| Name of Registered Waste Hauler NEWARK CARTING | | NJDEP Waste Hauler ID No. 4509 | Cubic Yards of Waste | Name of Registered Landfill I.E.S.I. | |
| City, State NEWARK, NJ | | Disposal Date | City, State BETHLEHEM, PA 18105 | | |
| Completed by (Print or Type) Steven Stiles | | Title Project Manager | Signature <i>Steven Stiles</i> | | Date 07/15/14 |

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

Check # 2167

| | | | |
|---|--|--|--|
| Date of Notification (1) 07 / 15 / 14 | | Name of Building Owner / Operator (2) First Energy | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL <input type="checkbox"/> | | Type of Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation | |
| Street Address 76 South Street | | City, State, Zip Code Akron, Ohio 44308 | |
| Name of Contact Jim Halsey | | Telephone Number | |

| FACILITY INFORMATION | | | | | |
|--|---|----------------------------------|---|-------------------------|--------------|
| Name of Facility Where Abatement is Taking Place (3) Street Address 4 SHREWSBURY DRIVE | | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.) | | |
| City (5) MONMOUTH BEACH | County (6) MONMOUTH | County Code (7) | Square Feet | # Of Floors | Building Age |
| Current Use (Prior if being demolished) Telephone Pole | | | | | |
| Name of Monitoring Firm Hired by Bldg. Owner (8) Environmental Health Investigations | | | ASCM NO | | |
| Street Address 655 West Shore Trail | | | LVI Demolition Services Inc. | | |
| City, State, Zip Code Sparta, NJ 07871 | | | Street Address 32 Williams Parkway | | |
| Project Mngr. For Monitoring Firm Dino Nappi | | | City, State, Zip Code East Hanover, NJ 07036 | | |
| Telephone Number 212-682-9271 | | | | | |
| Scheduled Start Date (10) 07 / 29 / 14 | Sched. Completion Date (11) 08 / 04 / 14 | Telephone Number 973-884-8682 | | License Number 00860 | |
| Occupancy Status During Abatement (Check Only 1) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: Friday 8:30 am to 5:00 pm <input checked="" type="checkbox"/> Other - Describe: | | | Name of OSHA Monitor LVI Demolition Services Inc. | | |
| | | | Street Address 32 Williams Parkway | | |
| | | | City, State, Zip Code East Hanover, NJ 07036 | | |

| Scope of Work (Check All That Apply) | | | |
|--|--|--|--|
| <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> ≥3sf or ≥3lf <input type="checkbox"/> ≥160 sf or ≥260 lf | <input checked="" type="checkbox"/> Renovation | <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 TO BE ABATED in Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff (12) YES NO N/A | Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|--|--|---|---------------------------|-------------------------------------|----------------------------|--------------------------------------|--------------------------------------|
| | | | | R E M O V A L | R E P A I R | E N C A P S U L | E N C L O S U R |
| Exterior Telephone Pole | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> | Transite Conduit | 20 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | |
|---|-----------------------------------|---------------------------------------|---|
| Name of Registered Waste Hauler NEWARK CARTING | NJDEP Waste Hauler ID No. 4509 | Cubic Yards of Waste Disposal Date | Name of Registered Landfill I.E.S.I. City, State BETHLEHEM, PA 18105 |
| City, State NEWARK, NJ | | | |

| | | | |
|---|--------------------------|-----------------------------------|------------------|
| Completed by (Print or Type) Steven Stiles | Title Project Manager | Signature <i>Steven Stiles</i> | Date 07/15/14 |
|---|--------------------------|-----------------------------------|------------------|

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

| | | | | | | | | |
|---|---|---|--|---|-------------------------------------|--|--------------------------|--------------------------|
| Date of Notification (1) 07 / 15 / 14 | | Name of Building Owner/Operator (2) WASHINGTON TWP PUBLIC SCHOOL DISTRICT | | | | | | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8) | | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | Street Address 206 E. HOLLY AVE City, State, Zip Code SEWELL NJ 08080 Name of Contact _____ Telephone Number _____ | | | | |
| FACILITY INFORMATION | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) BELLS 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 227 GREENTREE ROAD | | | | Square Feet >50,000 # of Floors 1 Bldg. Age 50 City (5) TURNERSVILLE | | | | |
| County (6) Gloucester | | County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) SCHOOL | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) HORIZON ENVIRONMENTAL GRP., INC | | ASCM No. 00073 | | Name of Abatement Contractor (9) DELTA/BJDS, INC | | | | |
| Street Address 301 9TH STREET | | Street Address 1345 INDUSTRIAL BLVD | | | | | | |
| City, State, Zip Code WEST DEPTFORD, NJ 08086 | | City, State, Zip Code SOUTHAMPTON, PA 18966 | | | | | | |
| Project Manager for Monitoring Firm STEVE | | Telephone No. 856 848 0800 | | Telephone No. 215 322-2900 License No. 00793 | | | | |
| Start Date (10) 7 / 29 / 14 | | Scheduled Completion Date (11) 8 / 20 / 14 | | 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 - Describe Time of Abatement: 7AM-11PM | | | | Street Address City, State, Zip Code | | | | |
| Scope of Work (Check all that apply) | | | | | | | | |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) 30 LF | Abatement Type | | | |
| | Yes | No | | | N/A | Removal | Repair | Encapsulate |
| BOILER ROOM | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | PIPE FITTINGS (CUT AND WRAP) | <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 58 PYLES LANE, NEW CASTLE, DE 19720 | | | | Disposal Date | | City, State WAYNESBURG, OH 44688 | | |
| Completed By (Print or Type) DAMIAN LAVELLE | | Title PROJECT MGR. | | Signature <i>Damian Lavelle</i> | | Date 7-15-14 | | |

0102-02

CK 572 11

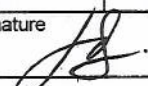
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

| | | | | | | | | | |
|---|--|--|-----------------------------|---|---|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1) 07 / 15 / 14 | | Name of Building Owner/Operator (2) WASHINGTON TWP PUBLIC SCHOOL DISTRICT | | | | | | | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 206 E. HOLLY AVE | | | | | | | |
| | | City, State, Zip Code SEWELL NJ 08080 | | | | | | | |
| | | Name of Contact | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) BIRCHES ELEM. 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 416 WEST MINSTER BLVD | | | | | | | | | |
| City (5) TURNERSVILLE | | Square Feet >50,000 | # of Floors 1 | | | | | | |
| | | Bldg. Age 50 | | | | | | | |
| County (6) Gloucester | County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) SCHOOL | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) HORIZON ENVIRONMENTAL GRP., INC | ASCM No. 00073 | Name of Abatement Contractor (9) DELTA/BJDS, INC | | | | | | | |
| Street Address 301 9TH STREET | | Street Address 1345 INDUSTRIAL BLVD | | | | | | | |
| City, State, Zip Code WEST DEPTFORD, NJ 08086 | | City, State, Zip Code SOUTHAMPTON, PA 18966 | | | | | | | |
| Project Manager for Monitoring Firm STEVE | Telephone No. 856 848 0800 | Telephone No. 215 322-2900 | License No. 00793 | | | | | | |
| Start Date (10) 7 / 29 / 14 | Scheduled Completion Date (11) 8 / 20 / 14 | 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 - Describe Time of Abatement: 7AM-11PM Mon-SAT | | Street Address | | | | | | | |
| | | City, State, Zip Code | | | | | | | |
| 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 checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <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) 30 LF | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| BOILER ROOM | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | PIPE FITTINGS (CUT AND WRAP) | | <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 58 PYLES LANE, NEW CASTLE, DE 19720 | | | Disposal Date | City, State WAYNESBURG, OH 44688 | | | | | |
| Completed By (Print or Type) DAMIAN LAVELLE | Title PROJECT MGR. | Signature <i>Damian Lavelle</i> | | | | Date 7-15-14 | | | |

CK 000168

Print Form

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

| | | | | | |
|--|--|--|---|--|---|
| Date of Notification (1) 07-08-14 | | Name of Building Owner/Operator (2) Kelvin Tong | | 2014 JUL 16 PM 7:37 | |
| Agencies Notified | Type Notification | Street Address 261 Ogden Ave. | | | |
| <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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Jersey City NJ 07307 | | | |
| | | Name of Contact Kelvin Tong | | Telephone Number | |
| FACILITY INFORMATION | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Private Residence | | | 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 261 Ogden Ave. | | | | | |
| City (5) Jersey City | | | Square Feet | # of Floors | Bldg. Age |
| County (6) Hudson | | County Code (7) (STATE USE ONLY) _____ | | Current Use (Prior if being demolished) | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | ASCN No. | | Name of Abatement Contractor (9) Delfa Contracting LLC | |
| Street Address | | Street Address 522 7th Street | | | |
| City, State, Zip Code | | City, State, Zip Code Union City NJ 07087 | | | |
| Project Manager for Monitoring Firm | | Telephone No. | | Telephone No. 201 216-9603 | License No. 01206 |
| Start Date (10) 07-09-14 | | Scheduled Completion Date (11) 07-10-14 | | Name of OSHA Monitor Delfa Contracting LLC | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____ | | | | Street Address 522 7th Street | |
| | | | | City, State, Zip Code Union City NJ 07087 | |
| Scope of Work (Check All That Apply) | | | | | |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf | | <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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) |
| | Yes | No | N/A | | |
| Basement | | X | | pipe insulation | 80 LF |
| | | | | Wrap - cut | |
| | | | | | |
| | | | | | |
| Name of Registered Waste Hauler Delfa Contracting LLC | | NJDEP Waste Hauler ID No. 35240 | | Cubic Yards of Waste 1 | Name of Registered Landfill Tullytown Resource Recovery Facility |
| City, State Union City NJ 07087 | | Disposal Date 07-14-14 | | City, State Tullytown, PA | |
| Completed by Jaime Delgado | | Title Proj. Manager | | Signature  | Date 07-08-14 |

CK 000179

Print Form

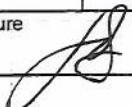
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

| | | | | | | | | | |
|--|---|--|-----|---|---|------------------|--------|-------------|-----------|
| Date of Notification (1) 07-08-2014 | | Name of Building Owner/Operator (2) Richie Damato | | 2014 JUL 16 PM 7:57 | | | | | |
| Agencies Notified | | Type Notification | | Street Address | | | | | |
| <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA | | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | 788 Fifth St. | | | | | |
| | | | | City, State, Zip Code | | | | | |
| | | | | Secaucus | | | | | |
| | | Name of Contact | | Telephone Number | | | | | |
| | | Richie Damato | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Richie Damato | | | | Type of Facility (4) | | | | | |
| Street Address | | | | <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.) | | | | | |
| 788 Fifth St. | | | | | | | | | |
| City (5) Secaucus NJ | | | | Square Feet | # of Floors | | | | |
| | | | | | Bldg. Age | | | | |
| County (6) Hudson | | County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | ASCM No. | | Name of Abatement Contractor (9) Delfa Contracting LLC | | | | | |
| Street Address | | | | Street Address | | | | | |
| | | | | 522 7th Street | | | | | |
| City, State, Zip Code | | | | City, State, Zip Code | | | | | |
| | | | | Union City NJ 07087 | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. | | Telephone No. | License No. | | | | |
| | | | | 201 216-9603 | 01206 | | | | |
| Start Date (10) 07-18-14 | | Scheduled Completion Date (11) 07-19-14 | | Name of OSHA Monitor Delfa Contracting LLC | | | | | |
| Occupancy Status During Abatement (Check Only One) | | | | Street Address | | | | | |
| <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 08:00 AM - 05:00 PM | | | | 522 7th Street | | | | | |
| | | | | City, State, Zip Code | | | | | |
| | | | | Union City NJ 07087 | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 If <input checked="" type="checkbox"/> ≥160 sf or ≥260 If | | | | | | | | | |
| <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | | | | | | | | |
| <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable 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 |
| Exterior | | x | | Siding | 450 SF | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Delfa Contracting LLC | | NJDEP Waste Hauler ID No. 35240 | | Cubic Yards of Waste 1 | Name of Registered Landfill Tullytown Resource Recovery Facility | | | | |
| City, State Union City NJ 07087 | | | | Disposal Date 07-22-14 | City, State Tullytown, PA | | | | |
| Completed by Jaime Delgado | | Title Proj. Manager | | Signature <i>J. Delgado</i> | | Date 07-08-14 | | | |

CK 000172

Print Form

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

| | | | | | |
|--|--|---|---|--|---------------------------|
| Date of Notification (1) 07-08-14 | | Name of Building Owner/Operator (2) Leo White | | 2014 JUL 16 PM 7:56 | |
| Agencies Notified | Type Notification | Street Address 106 Surrey Lane | | | |
| <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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Westfield NJ 07090 | | Name of Contact Leo White | |
| | | | | Telephone Number | |
| FACILITY INFORMATION | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Private Residence | | | Type of Facility (4) | | |
| Street Address 106 Surrey Lane | | | <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) Westfield | | | Square Feet | # of Floors | Bldg. Age |
| County (6) Union | | 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) Delfa Contracting LLC | | |
| Street Address | | Street Address 522 7th Street | | | |
| City, State, Zip Code | | City, State, Zip Code Union City NJ 07087 | | | |
| Project Manager for Monitoring Firm | | Telephone No. | Telephone No. 201 216-9603 | License No. 01206 | |
| Start Date (10) 07-11-14 | Scheduled Completion Date (11) 07-12-14 | | Name of OSHA Monitor Delfa Contracting LLC | | |
| Occupancy Status During Abatement (Check Only One) | | | Street Address 522 7th 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: 8:00 Am - 5:00 PM | | | City, State, Zip Code Union City NJ 07087 | | |
| Scope of Work (Check All That Apply) | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input 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) |
| | Yes | No | N/A | | |
| Basement | | x | | VAT | 200 SF |
| | | | | | |
| | | | | | |
| | | | | | |
| Name of Registered Waste Hauler Delfa Contracting LLC | | NJDEP Waste Hauler ID No. 35240 | Cubic Yards of Waste 1 | Name of Registered Landfill Tullytown Resource Recovery Facility | |
| City, State Union City NJ 07087 | | Disposal Date 07-08-14 | | City, State Tullytown, PA | |
| Completed by Jaime Delgado | | Title Proj. Manager | Signature  | | Date 07-08-14 |