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

Date of Notification (1):
7/11/12

Name of Building Owner/Operator (2):
Caltaman Properties

Agencies Notified Type Notification

EPA Initial
DEP Amended
DOL Amendment #
DOH Emergency (including justification)
DCA Cancellation

Street Address
PO Box 371
City, State, Zip Code
Highlands, NJ 07732

Name of Contact:
Dr. John M. Taylor

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):
194 Route 35 South
City (5):
Middletown
County (6):
Monmouth
County Code (7) (STATE USE ONLY)

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

Name of Abatement Contractor (9):
ABS Environmental Services, LLC

Street Address
4 E Gate Drive, PO Box 483
City, State, Zip Code
Glenwood, NJ 07418

Project Manager for Monitoring Firm

Telephone No.
Telephone No. 973-764-2276
License No. 703

Start Date (10):
HOLD
Scheduled Completion Date (11):

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

Occupy Status During Abatement (Check Only One)

Scope of Work (Check All That Apply)

- 23 sf or 23 sf
- 160 sf or 1626 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 (13):

front/rear basement

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

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

Amount (Specify SF or LF):
80 LF

Abatement Type

- Removal
- Repair
- Encapsulate
- Enclose

Name of Registered Waste Hauler:
Freehold Cartage

NJDEP Waste Hauler ID No.
15936

Cubic Yards of Waste:
10

Name of Registered Landfill:
GROWS N Landfill

City, State:
Morrisville, PA

Completed by:
Andrew Scott Higgins
Title: President/Owner
Signature:
Date: 7/11/12

* 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)

Amended Notification

Date of Notification (1)
07 / 16 / 12

Name of Building Owner/Operator (2)
Ryan Moglia

Street Address
143 Maple Avenue
Wallington, NJ 07057

Telephone Number

Name of Facility Where Abatement is Taking Place (3)
Private home

City (5)
Summit, NJ 07901

County (6)
Union

County Code (7) (STATE USE ONLY)

License No.
973-638-1777

License No.
01127

Name of Abatement Contractor (9)
Gr Tech LLC

Street Address
576 Valley Rd #283
Wayne, NJ 07470

Name of Professional Monitor
Envirosion Consultants, Inc

20-21 Wagaw Road, Bldg. #34A
Fair Lawn, NJ 07410

Scope of Work (Check all that apply)
- Decontamination using wet, wipe
- HEPA vac
- Removal
- Demolition
- Other (specify):

Location of Asbestos-Containing Material (ACM)

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

First floor

Location of Asbestos-Containing Material (ACM)

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

Decontamination using wet, wipe,

Amount (Specify SF or LF)

400 SF

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

Abatement Type

Removal

Endorsement

Contact Information

Name of Registered Waste Hauler
Gr Tech LLC

Disposal Date
TBD

City, State
WAYNE, NJ 07470

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

TBD

Tullytown, PA

Name of Registered Owner

N Jevtic

Signature

Date
07/16/2012

MAY 11

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

**NOTIFICATION OF ASBESTOS ABATÉMENT**

(Pursuant to NJAC 8:69 and 5:16)

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>Name of Building Owner/Operator</th>
</tr>
</thead>
<tbody>
<tr>
<td>07 / 16 / 12</td>
<td>Rancocas Valley Regional High School</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place</th>
<th>Type of Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rancocas Valley Regional High School</td>
<td>School (K-12)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>520 Jacksonville Road</td>
<td>Mt. Holly, NJ 08060</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>County</th>
<th>County Code (NJ STATE USE ONLY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Burlington</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner</th>
<th>ASCM No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Westchester Environmental</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diamond Huntbach Construction Corporation</td>
<td>500 East Luzerne Street</td>
<td>Philadelphia, PA 19124</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date</th>
<th>Scheduled Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>07 / 16 / 12</td>
<td>07 / 31 / 12</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occurrence Status During Abatement</th>
<th>Time of Abatement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Closed, Vacated During Entire Period of Abatement</td>
<td></td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours - Describe</td>
<td></td>
</tr>
<tr>
<td>Time of Abatement: 7:00AM-3:30PM PM AM</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ 3 ks or 23 If</td>
</tr>
<tr>
<td>□ 160 sf or &gt;260 sf</td>
</tr>
<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 (C) and Non-Friable Procedure</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</th>
<th>Description of Asbestos Containing Material ( ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
</tr>
</thead>
<tbody>
<tr>
<td>TO BE ABATED IN Facility</td>
<td>(13)</td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff?</td>
<td>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
</tr>
<tr>
<td>Yes</td>
<td>□ 2' X 4' Ceiling Tiles</td>
</tr>
<tr>
<td>No</td>
<td>1,416</td>
</tr>
<tr>
<td>N/A</td>
<td>□ 2 X 4 Ceiling Tiles</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJDEP Waste Hauler ID No. A901 #20990</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service Transport</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waynesburg, OH</td>
<td>9-31-12</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minerva</td>
<td></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 12, 2012

Name of Building Owner / Operator (2) JP Morgan Chase & Co.

Agencies Notified
☐ EPA
☐ DEP
☒ DOH
☐ DCA

Type Notification
☒ Initial
☐ Amended
☐ Cancellation

Street Address
20 Paterson-Hamburg Turnpike

City, State & Zip Code
Riverdale, NJ 07457

Name of Contact
Damiano Albanese

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)
JP Morgan Chase Bank

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

Square Feet
5,000

Current Use (Prior if being demolished)
Bank

City (5)
Riverdale

County Code (7)
USE ONLY

County (6)
Morris

Name of Monitoring Firm Hired by Building Owner (8)
Arcadis US Inc.

ASCM No.

Name of Abatement Contractor (9)
Synatech, Inc.

Street Address
829 Radio Road

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

Branchburg, NJ 08876

Project Manager for Monitoring Firm
William Maner

Telephone Number
908-526-1000

Telephone Number
609-296-6916

License Number
00817

Scheduled Start Date (10)
July 23, 2012

Scheduled Completion Date (11)
July 24, 2012

Name of OSHA Monitor
Synatech, Inc.

Street Address
829 Radio Road

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

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

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

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

Location
Description
SF or LF

Removal
Encapsulation

Exterior, southside stone facade
Grey caulk
25 LF
X

Exterior, southside, teller window
Grey caulk
27 LF
X

Exterior, westside, drive-up teller window
Grey caulk debris
6 LF
X

Exterior, westside, 2nd fl. Window
Grey caulk
28 LF
X

Name of Registered Waste Hauler
NUDEP Waste Hauler ID No.
27429

Cubic Yards of Waste
1

Name of Registered Landfill
Grows Landfill

City State
Little Egg Harbor, NJ 08087

Disposal Date
July 24, 2012

City, State
Morrisville, PA

Completed By
Diane Aloia

Title
Executive Administrator

Signature

Date
July 12, 2012

*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 12, 2012
Name of Building Owner / Operator (2)    JPMorgan Chase & Co.

Agencies Notified    Type Notification
☐ EPA    ☑ Initial
☐ DEP
☐ DOL
☐ DOH
☐ DCA
☐ Amended
☐ Amendment #
☐ Cancellation

Street Address
20 Paterson-Hamburg Turnpike

City, State & Zip Code
Riverdale, NJ 07437

Name of Contact
Damiano Albaneese

FACILITY INFORMATION

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

Street Address
20 Paterson-Hamburg Turnpike

City (5)
Riverdale

County (6)
Morris

Name of Monitoring Firm Hired by Building Owner (8)
Arcadis US Inc.

Name of Abatement Contractor (9)
Synatech, Inc.

Project Manager for Monitoring Firm
William Mener

Name of OSHA Monitor
Synatech, Inc.

Scheduled Start Date (10)    April 27, 2012
Scheduled Completion Date (11)    April 28, 2012

Occupancy Status During Abatement (Check only one):
☐ Facility Closed/Abandoned 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 ft² or ≥ 50 lf
☐ ≥ 160 sf or ≥ 260 lf
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebox Procedure
☐ Non-Exempted(1) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Cubic Yards of Waste</th>
</tr>
</thead>
<tbody>
<tr>
<td>Synatech, Inc.</td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exterior, southside stone facade</td>
<td></td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Exterior, southside, teller window</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exterior, westside, drive-up teller window</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exterior, westside, 2&quot; fl. window</td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Amount (Specify SF or LF)

<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VA1 or other miscellaneous)</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grey caulking</td>
<td>25 LF</td>
</tr>
<tr>
<td>Grey caulking</td>
<td>27 LF</td>
</tr>
<tr>
<td>Grey caulking debris</td>
<td>6 LF</td>
</tr>
<tr>
<td>Grey caulking</td>
<td>28 LF</td>
</tr>
</tbody>
</table>

Abatement Type

<table>
<thead>
<tr>
<th>Removel</th>
<th>Recapuate</th>
<th>Enclosure</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Completely By
Diane Aloia
Executive Administrator

Telephone Number
908-526-1000

License Number
080817

*Do not use this form for asbestos licensure examination purposes.*
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7.7 and 7:120-7)

Date of Notification (1) 7/13/12

Name of Building Owner/Operator (2)
Newton BOE

Street Address
57 Trinity Street

City, State, Zip Code
Newton, NJ 07860

Name of Contact
Donna Snyder

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Merriam Avenue School

Street Address
81 Merriam Ave.

City (5)
Newton

County (6)
Sussex

County Code (7) (STATE USE ONLY)
80000

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

Square Feet
80000

# of Floors
1

Bldg. Age
~50

Current Use (Prior if being demolished)
School - educational

Name of Abatement Contractor (9)
Jupiter Environmental Services, Inc.

Street Address
3 Lynn Court

City, State, Zip Code
Lincoln Park, NJ 07035

Telephone Number
973-709-0200

License Number
00852

Name of OSHA Monitor
J & S Environmental Laboratories, LLC

Street Address
2333 Route 22W

City, State, Zip Code
Union, NJ 07083

Scope of Work (Check all that apply)

- [x] Renovation
  - [x] Full Containment with Negative Pressure
  - [ ] Mini – Enclosure
  - [ ] Glovebag Procedure
  - [ ] Non – Friable Procedure

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

<table>
<thead>
<tr>
<th>Rooms 100 &amp; 101</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Rooms 100 &amp; 101</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Rooms 100 &amp; 101</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>x</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
Jupiter Environmental Services

Cubic Yards Of Waste
15

Name of Registered Landfill
Minerva Landfill

City, State
Waynesburg, OH

Disposal Date
7/30/12

Date
7/13/12

Pane Replic
General Manager

Signature

ASB-41
JUN 95

G4687
State of New Jersey
NOTIFICATION OF ASPEROS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1)
7/17/12

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

Type Notification
- Initial
- Amended #
- Emergency
- Cancellation

Name of Building Owner / Operator (2)
Verizon Communications

Street Address
100 Greenwood Ave.

City, State & Zip Code
Jenkintown, PA 19046

Name of Contact
Alex Baylor

FACILITY INFORMATION

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

Street Address
10 Tansboro Road

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

Name of Monitoring Firm Hired by Building Owner (8)
USA Environmental

ASCM No.

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

Square Feet # of Floors Blg. Age

Current Use (Prior if being demolished)

Offices

Name of Abatement Contractor (9)
AbateTech, Inc.

Street Address
8436 Enterprise Avenue

City, State & Zip Code
Philadelphia, PA 19153

Project Manager for Monitoring Firm
Mark Jenkins

Telephone Number
215-365-5810 ext. 111

Scheduled Start Date (10)
7/30/12

Scheduled Completion Date (11)
8/3/12

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

Describe:

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

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

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

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

Amount (Specify SF or LF)

Abatement Type

Full Containment with Negative Pressure

Mini-Enclosure

Glove Bag Procedures

Non-Exempted and Non-Friable Procedure

Basement Ventilating Equipment Room

Floor tile & Mastic

700 SF

Pipe Insulation

43 LF

Name of Registered Waste Hauler
AbateTech, Inc

NJDEP Waste Hauler ID No.
18750

Cubic Yards of Waste
8

Name of Registered Landfill
TRRF Landfill

City, State
Lumberton, NJ

Disposal Date
8/3/12

City, State
Tullytown, PA

Completed By (Print or Type)
Gwen Trumbetti

Title
Opps. Coord.

Signature

Date
7/17/12
State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60-7 and 12:120-7)  
Sub 8  
Check # 5384

**Date of Notification (1)**

| Date | 07/17/12 |

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

| Name | Fair Lawn Board of Education |

**Type of Notification**

| Type | Initial |

**Street Address**

| Address | 37-01 Fair Lawn Avenue |

**City, State, Zip Code**

| City | Fair Lawn, NJ 07410 |

**Name of Contact**

| Contact | Tom Senko |

**Telephone Number**

| Number |

**FACILITY INFORMATION**

**Name of facility where abatement is taking place (3)**

**Transportation Building (Sub 8)**

**Street Address**

| Address | 5-01 Bergen Avenue |

**City, State, Zip Code**

| City | Bergen |

| State | Fair Lawn |

| Zip Code |

**Project Manager for Monitoring Firm**

| Name | n/a |

**Phone Number**

| Number |

**Scheduled Start Date (10)**

| Date | 7/27/2012 |

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

| Facility closed/vacated during entire period of abatement. |

**Scope of Work (check all that apply)**

| Demolition | Renovation | Full Containment winegative pressure | Glovebag procedure | Non-flamable procedure |

**Location of asbestos-containing material to be abated in facility (13)**

| Location | Yes | No | N/A | Description of asbestos-containing material (ACM) | Amount (Specify SF or LF) |

| basement | pipe insulation | 175 sf |

| basement | fiber board | 195 sf |

| basement | transite ceiling |  |

**Registered Waste Hauler**

| Name | B & G Restoration, Inc. |

**City, State, Zip Code**

| City | Lincoln Park, NJ 07035 |

**Disposal Date**

| Date | 7/30/12 |

**Completed by (Print or Type)**

| Name | Gordana Luna |

**Title**

| Treasurer |

**Signature**

| Gordana Luna |

**Date**

| 7/17/12 |
**State of NJ**
**Notification of Asbestos Abatement**
(Pursuant to NJAC 8:60 and 12:120)

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Building Owner/Operator (1)</th>
<th>MICHAEL CARDONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>842 STANDISH AVENUE</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>WESTFIELD, NJ</td>
</tr>
</tbody>
</table>

**Type of Facility (4)**
- [x] Other (Private/Commercial Blgs./Homes, etc.)

**Square Feet**
- 

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

**Name of facility where abatement is taking place (3)**
- MICHAEL CARDONE

**Project Manager for Monitoring Firm**
- 

**Start Date (10)**
- 07/18/12

**Occupancy Status During Abatement (Check only one)**
- [x] Facility closed/evacuated during entire period of abatement.
- [x] Abatement performed outside of normal facility hours.

**Scope of Work (check all that apply)**
- [x] >3 sf or >2 if
- [x] Renovation
- [x] Demolition

**Location of asbestos-containing material (ACM) to be abated in facility (13)**
- **BASEMENT**
  - [x] PIPE INSULATION
  - [x] BARE HEATING PIPES

**Name of Abatement Contractor (9)**
- D & S RESTORATION, INC.

**City, State, Zip Code**
- Paterson, NJ 07503

**Telephone Number**
- 973-345-8020

**Amount (Specify ST or LP)**
- 72 L PT
- 30 L PT

**Registered Waste Handler**
- D & S RESTORATION, INC.

**City, State**
- Paterson, NJ 07503

**Disposal Date**
- 07/19/12

**Name of Registered Handler**
- TULLYTOWN, RESOURCE RECOVERY

**City, State**
- TULLYTOWN, PA

**Completed by (Print or Type)**
- BOGDAN JOLDZIC

**Title**
- PRESIDENT

**Date**
- 07/12/12

---

*Do not use this form for asbestos license-exempted activities.*
<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>07/17/12</td>
<td>MICHAEL CARDONE</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

- **Name of facility where abatement is taking place (3):** MICHAEL CARDONE
- **Street Address:** 842 STANDISH AVENUE
- **City:** WESTFIELD
- **County:** UNION
- **Name of Monitoring Firm hired by Bldg. Owner (8):** ASCM No.
- **Name of Abatement Contractor (9):** D & S RESTORATION, INC.
- **Street Address:** 20 California Ave.
- **City:** Paterson
- **License Number:** 00159
- **Full Containment w/negative pressure**
- **Renovation**
- **Glovebag procedure**
- **Non-Exempted (*) and Non-Friable procedure**
- **Location of asbestos-containing material (ACM) to be abated in facility (13):**
  - **BASEMENT:** PIPE INSULATION, 72 LFT
  - **BASEMENT:** BARE HEATING PIPES, 30 LFT
- **Registered Waste Hauler:** D & S RESTORATION, INC.
- **Disposal Date:** 07/19/12
- **Name of Registered Landfill:** TULLYTOWN, RESOURCE RECOVERY
- **City:** Paterson
- **Date:** 07/12/12

*Do not use this form for asbestos licensure exempted activities.*
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
10/17/11 1/11/12

Agencies Notified
- EPA
- DEP
- DOH
- DEP
- DOH
- DOH

Name of Building Owner/Operator (2)
ANITA BIER

Street Address
2493 ST. GEORGE AVENUE

City, State, Zip Code
RAHWAY, NJ

Name of Contact
GEORGE RIVER

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
ANITA BIER

Street Address
2493 ST. GEORGE AVENUE

City (5)
RAHWAY

County (6)
UNION

County Code (7)

Name of Abatement Contractor (9)

D & S RESTORATION, INC.

Street Address
20 California Ave.

City, State, Zip Code
PATERSON, NJ 07503

Telephone Number
973-345-5020

License Number
00159

Name of OS/HA Monitor
D & S Restoration, Inc.

Street Address
20 California Avenue

City, State, Zip Code
PATERSON, NJ 07503

Scope of Work (check all that apply)
- Renovation
- Demolition

Location of asbestos-containing material (ACM) to be abated in facility (13)

BASEMENT

PIPE INSULATION

32 LFT

Registered Waste Hauler
D & S RESTORATION, INC.

City, State
PATERSON, NJ 07503

Disposal Date
07/21/12

Completed by (Print or Type)
BOGDAN JOLDZIC

Title
PRESIDENT

Signature

Data
07/16/12

* Do not use this form for asbestos licensed exempted activities.
State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:30 and 12:120)

**Date of Notification (1)**  
[0 17 1/11 6 1/11 2]

**Name of Building Owner/Operator (2)**  
ANITA BIER

**Agencies Notified**  
☐ EPA  
☐ DEP  
☒ DOL  
☐ DOH  
☐ DCA

**Type Notification**  
☐ Initial  
☐ Amended  
☐ Amendment #:  
☐ Emergency  
(including justification)

**Name of Abatement Contractor (9)**  
D & S RESTORATION, INC.

**Street Address**  
2493 ST. GEORGE AVENUE  
RAHWAY, NJ

**City (5)**  
RAHWAY  
**County (6)**  
UNION  
**County Code (7)**  
(State use only)

**Type of Facility (4)**  
☐ School (K - 12)  
☐ Subchapter 8 (Other than K-12)  
☒ Other (Private/Commercial Blgs./Homes, etc.)

**Square Feet**  
**# of Floors**  
**Bldg. Age**

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

**Occupancy Status During Abatement (Check only one)**  
☐ Facility closed/vacated during entire period of abatement.  
☐ Abatement performed outside of normal facility hours-  
Describe:  
☐ Other-Describe: NORMAL HOURS

**Scope of Work (check all that apply)**  
☒ >3 sf or >3 ft  
☐ >160 sf or >260 ft  
☐ Demolition  
☐ Renovation

**Location of asbestos-containing material (acm) to be abated in facility (13)**  
☐ Yes  
☐ No  
☐ N/A

**Description of asbestos-containing material (ACM)**  
PIPE INSULATION

**Amount (Specify SF or LF)**  
52 L FT

**Registered Waste Hauler**  
D & S RESTORATION, INC.

**NJDEP Hauler ID#**  
13506

**Cubic Yards of Waste**  
1 YD

**Name of Registered Landfill**  
TULLYTOWN, RESOURCE RECOVERY

**City, State**  
PATerson, NJ 07503

**Disposal Date**  
07/21/12

**Completed by (Print or Type)**  
BOGDAN JOLDZIC  
Title  
PRESIDENT

**Signature**  

**Date**  
07/16/12

*Do not use this form for asbestos licensure exempted activities.*
State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)  
[ ] 07/11/11  [ ] 11/11/12

Name of Building Owner/Operator (2)  
CAROL & PHILIP FRALEY

Name of Contact  
MARK SINGLETON

FACILITY INFORMATION

Name of facility where abatement is taking place (3)  
CAROL & PHILIP FRALEY

Street Address  
926 CASTLE POINT TERRACE

City (5)  
HOBOKEN

County (6)  
HUDSON

County Code (7)  

ASCM No.  

Type of Facility (4)  
[ ] School  (K - 12)  
[ ] Subchapter 8 (Other than K-12)  
[ ] Other  (Private/Commercial  

Bldgs./Homes, etc.)

Square Feet  

# of Floors  

Bldg. Age  

Current Use (Prior if being demolished)

Name of Abatement Contractor (9)  
D & S RESTORATION, INC.

Street Address  
20 California Ave.

City, State, Zip Code  
Paterson, NJ 07503

Telephone Number  
973-345-8020

License Number  
00159

Name of OSHA Monitor  
D & S Restoration, Inc.

Street Address  
20 California Avenue

City, State, Zip Code  
Paterson, NJ 07503

Scope of Work (check all that apply)  
[ ] >3 sf or >3 if  
[ ] >160 sf or >260 if

Location of asbestos-containing material (ACM) to be abated in facility (13)  

<table>
<thead>
<tr>
<th>Location</th>
<th>Description of asbestos-containing material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Remove</th>
<th>Repair</th>
<th>Encap</th>
<th>Enc L</th>
</tr>
</thead>
<tbody>
<tr>
<td>BASEMENT #1</td>
<td>PIPE INSULATION</td>
<td>177 L FT</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BASEMENT #2</td>
<td>PIPE INSULATION</td>
<td>227 L FT</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Registered Waste Hauler  
D & S RESTORATION, INC.

NJDEP Hauler ID  
13556

Cubic Yards of Waste  
4 YDS

Name of Registered Landfill  
TULLYTOWN, RESOURCE RECOVERY

City, State  
PATerson, NJ 07503

Disposal Date  
08/10/12

Completed by (Print or Type)  
BOGDAN JOLDZIC

Title  
PRESIDENT

Signature  

Date  
07/16/12

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>7/13/2012</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Notification Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>(X) EPA</td>
<td>(X) Initial Notification</td>
</tr>
<tr>
<td>( ) DEP</td>
<td>( ) Amended Notification</td>
</tr>
<tr>
<td>(X) DOL</td>
<td>Amendment # ______</td>
</tr>
<tr>
<td>(X) DOH</td>
<td>( ) Emergency (including justification)</td>
</tr>
<tr>
<td>( ) DCA</td>
<td>( ) Cancellation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Building Owner/Operator (2)</th>
<th>AVALON BAY COMMUNITIES</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>517 ROUTE ONE SOUTH SUITE 5500</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State, Zip Code</td>
<td>ISELIN, NJ 08830</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Contact</th>
<th>STEVEN WEBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tel. Number</td>
<td>NOS CONTROL &amp; ING</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Fox run apartments maintenance shop</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>60 fox run drive</td>
</tr>
<tr>
<td>City (5)</td>
<td>plainsboro</td>
</tr>
<tr>
<td>County (6)</td>
<td>Middlesex</td>
</tr>
<tr>
<td>County Code (7)</td>
<td></td>
</tr>
<tr>
<td>State Code (8)</td>
<td></td>
</tr>
<tr>
<td>(State Use Only)</td>
<td></td>
</tr>
<tr>
<td>Name of Monitoring Firm</td>
<td>VERTEX, INC</td>
</tr>
<tr>
<td>ASCM No.</td>
<td></td>
</tr>
<tr>
<td>Name of Contractor (9)</td>
<td>Alliance Environmental Systems</td>
</tr>
<tr>
<td>Street Address</td>
<td>550 East Union Street</td>
</tr>
<tr>
<td>City State, Zip Code</td>
<td>West Chester, PA 19382</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>DON HEIM</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>610-539-0302</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>610-701-0500</td>
</tr>
<tr>
<td>License Number</td>
<td>00503</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>VERTEX, INC</td>
</tr>
<tr>
<td>Street Address</td>
<td>700 TURNER WAY, SUITE 105</td>
</tr>
<tr>
<td>City State, Zip Code</td>
<td>ASTON, PA 19014</td>
</tr>
<tr>
<td>Scheduled Start Date (10)</td>
<td>7/27/2012</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>7/30/2012</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>( ) Abatement Performed Outside of Normal Facility Hours -</td>
<td></td>
</tr>
<tr>
<td>Describe</td>
<td>Other -</td>
</tr>
<tr>
<td>Source of Work (Check all that apply)</td>
<td></td>
</tr>
<tr>
<td>( ) Demolition</td>
<td>( ) Renovation</td>
</tr>
<tr>
<td>(x) Large Proj. (&gt;150 SF or &gt;260 LF ACM)</td>
<td>( ) SM Proj. (&gt;25&lt;160 SF or &gt;10 &lt;260 LF ACM)</td>
</tr>
<tr>
<td>(x) Negativ Pressure Enclosure</td>
<td>( ) Mini-Enclosure</td>
</tr>
<tr>
<td>( ) Glovebag Procedure</td>
<td></td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) in Facility (13)</td>
<td>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</td>
</tr>
<tr>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</td>
<td>LINOLEUM</td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td>300 sf</td>
</tr>
<tr>
<td>Abatement Type</td>
<td></td>
</tr>
<tr>
<td>Name of Reg. Waste Hauler</td>
<td>NUIDEP Waste Hauler ID # 18939</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>1</td>
</tr>
<tr>
<td>Name of Reg. Landfill</td>
<td>GROWS OR TULLEYTOWN PA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FREEHOLD CARTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State</td>
</tr>
<tr>
<td>Disp. Date</td>
</tr>
<tr>
<td>IRA Date</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by (Print or Type)</th>
<th>DEVIN BLOM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>Estimator</td>
</tr>
<tr>
<td>Signature</td>
<td>[Signature]</td>
</tr>
<tr>
<td>Date</td>
<td>7/13/2012</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mail to:</th>
<th>NUIDEP-DSHW-BRRTP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone</td>
<td>609-984-6620</td>
</tr>
<tr>
<td>C:</td>
<td>WORD/MDOCASASBESTOS 9/18/00</td>
</tr>
<tr>
<td>401 E, State St, PO 414</td>
<td>Trenton, NJ 08625-0414</td>
</tr>
</tbody>
</table>
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 07/17/2012

Name of Building Owner/Operator (2) BIOMET Inc.

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

Name of Facility Where Abatement is Taking Place (3)
BIOMET Inc.

Street Address
20-01 Pollit Drive

City, State, Zip Code
Fair Lawn, NJ

County (6) Bergen

County Code (7) (STATE USE ONLY) N/A

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

Square Feet 40,000

# of Floors 1

Bidg. Age 40

Commercial Space

Name of Monitoring Firm Hired by Building Owner (8) J & S Environmental Laboratories

ASCM No. N/A

Name of Abatement Contractor (9) Valiant Associates, LLC

Street Address
145 Mill Street

City, State, Zip Code Paterson, NJ 07501

Telephone No. 973-553-8374

License No. 01108

Name of OSHA Monitor Valiant Associates, LLC

Street Address
145 Mill Street

City, State, Zip Code Paterson, NJ 07501

Start Date (10) 07/27/2012

Scheduled Completion Date (11) 07/30/2012

Occuancy 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)
☐ >80 sf or >3 if
☐ >150 sf or >260 sf
☐ Renovation
☐ Demolition

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (12)

Is Location Normally Used Solely by Maintenance/Custodial staff? (13) 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) 60 SF

Abatement Type Removal

Location Name of Registered Waste Hauler
NJDEP Waste Hauler ID No. 20590

Cubic Yards of Waste 3 CY

Name of Registered Landfill Minerva Landfill

City, State New Castle, DE

Disposal Date 7/30/2012

Completed By Miodrag Stamenovic

Title Project Manager

Signature

ASB-41

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

**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 12:1.20)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>07/16/2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Glenwood Apartment &amp; Country Club</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>Type Notification</td>
</tr>
<tr>
<td>EPA</td>
<td>✓ Initial</td>
</tr>
<tr>
<td>DEP</td>
<td></td>
</tr>
<tr>
<td>DOL</td>
<td></td>
</tr>
<tr>
<td>DOH</td>
<td>✓ Amended</td>
</tr>
<tr>
<td>DCA</td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
<td>1655 US HWY 9</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Old Bridge, NJ 08857</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Bernadette Poppe</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place (3) | Apartments Bldg. |
| Street Address | 27 Peach Lane |
| City (5) | Old Bridge, |
| County (6) | Middlesex |
| Name of Monitoring Firm Hired by Building Owner | ASGM No. |
| Street Address | |
| City, State, Zip Code | |
| Project Manager for Monitoring Firm | |
| Telephone No. | |
| Start Date (10) | 07/26/2012 |
| Scheduled Completion Date (11) | 07/31/2012 |
| 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) | ✓ Renovation / Demolition |
| ✓ >3 sf or >3 if | |
| ✓ >160 sf or >200 if | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | |
| Is Location Normally Used Solely by Maintenance/ Custodial staff? (12) | Yes |
| Name of Registered Waste Hauler | |
| Service Transport Group | |
| City, State | New Castle, DE |
| Name of Registered Landfill | Minerva Landfill |
| Cubic Yards of Waste 10 | |
| Disposal Date | 07/31/2012 |
| City, State | Waynesburg, OH 44688 |
| Completed By | Krutarth Jagad |
| Title | President |
| Signature | |
| Date | 07/16/2012 |

- 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)
07/16/2012

Name of Building Owner/Operator (2)
Glenwood Apartment & Country Club

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Apartments Bldg.

Street Address
36 A-D Cottonwood Lane

City (6)
Old Bridge,

County (8)
Middlesex

Name of Monitoring Firm Hired by Building Owner (9) N/A

ASCN No.

Name of Abatement Contractor (9)
DIA General Construction, Inc.

Street Address
1360 Clifton, Avenue, PMB Suite 218

City, State, Zip Code
Clifton, NJ 07012

Project Manager for Monitoring Firm

Telephone No.
973-389-0089

License No.
00693

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)
☐ >200 sf or >3 If
☐ 160 sf or >280 If
☐ Renovation
☐ Demolition

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (10)

Is Location Normally Used Solely by Maintenance/Custodial staff? (11) 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

Crawl Space

Pipe/Elbow Insulation
200 LF

X

Name of Registered Waste Hauler

Service Transport Group

NJDEP Waste Hauler ID No.
20670

Cubic Yards of Waste
10

City, State
New Castle, DE

Name of Registered Landfill
Minerva Landfill

Disposal Date
07/31/2012

City, State
Waynesburg, OH 44688

Completed By
Krutarth Jagad

Title
President

Signature

Date
07/16/2012

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>07/16/2012</td>
<td>Glenwood Apartment &amp; Country Club</td>
</tr>
</tbody>
</table>

Avenues Notified  

<table>
<thead>
<tr>
<th>EPA</th>
<th>DEP</th>
<th>DOL</th>
<th>DOH</th>
<th>DCA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

Type Notification  

<table>
<thead>
<tr>
<th>Initial</th>
<th>Amended</th>
<th>Amendment</th>
<th>Emergency (including justification)</th>
<th>Cancellation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Street Address  

1653 US HWY 9

City, State, Zip Code  

Old Bridge, NJ 08857

Name of Contact  

Bernadette Poppel

Telephone Number  

FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apartments Bldg.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Square Feet</th>
<th>% of Floors</th>
<th>Current Use (Prior to being demolished)</th>
</tr>
</thead>
<tbody>
<tr>
<td>29 Peach Lane</td>
<td>2000 SF</td>
<td>2</td>
<td>Apartments Bldg.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

City (5)  

Old Bridge

County (6)  

Middlesex

County Code (7) (STATE USE ONLY)  

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>

Street Address  

City, State, Zip Code  

Project Manager for Monitoring Firm

Telephone No.  

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>07/26/2012</td>
<td>07/31/2012</td>
</tr>
</tbody>
</table>

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 >$200 if
- Renovation
- Demolition

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

IN Facility

<table>
<thead>
<tr>
<th>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>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Cubic Yards of Waste</td>
</tr>
<tr>
<td>No</td>
<td>(13)</td>
</tr>
<tr>
<td>N/A</td>
<td>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Crawl Space</th>
<th>Pipe/Elbow Insulation</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td>Pipe/Elbow Insulation</td>
<td>200 LF</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler Service Transport Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>NDEP Waste Hauler (ID No. 20970)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>Minerva Landfill</td>
</tr>
</tbody>
</table>

Completed By  

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>NJDEP Waste Hauler (ID No. 20970)</td>
</tr>
</tbody>
</table>

City, State  

New Castle, DE

Disposal Date  

07/31/2012

Signature  

President

Date  

07/16/2012

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

Date of Notification (1) 07/16/2012
Agency Notified Type Notification
[ ] EPA
[ ] DEP
[ X] DOL
[ ] DOH
[ ] DCA
[ ] Initial
[ ] Amended
[ ] Amendment #
[ ] Emergency (Including justification)
[ ] Cancellation

Name of Building Owner/Operator (2): Glenwood Apartment & Country Club
Street Address: 1655 US HWY 9
City, State, Zip Code: Old Bridge, NJ 08857
Name of Contact: Bernadette Poppel
TelephoneNumber:

FACILITY INFORMATION
Name of Facility Where Abatement is Taking Place (3): Apartments Bldg.
Street Address: 31 Peach Lane
City (5): Old Bridge,
County (6): Middlesex
Name of Monitoring Firm Hired by Building Owner (9): N/A
AsCM No.

Type of Facility (4):
[ ] School (K-12)
[ ] Subchapter 8 (Other than K-12)
[ ] Other (i.e., private & commercial buildings, homes, etc.)
Square Feet: 2000 SF
# of Floors: 2
Bldg. Age: 60+

Current Use (Prior if being demolished): Apartments Bldg.

Name of Abatement Contractor (9): DIA General Construction, Inc.
Street Address: 1360 Clifton, Avenue, PMB Suite 218
City, State, Zip Code: Clifton, NJ 07012
Telephone No.: 973-389-0089
License No.: 00693

Name of OSHA Monitor: DIA General Construction, Inc.
Street Address: 1360 Clifton, Avenue, PMB Suite 218
City, State, Zip Code: Clifton, NJ 07012

Start Date (10) 07/26/2012
Scheduled Completion Date (11) 07/31/2012
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):
[ ] >3 sf or >3 if
[ ] >160 sf or >260 if
[ X] Renovation
[ ] Demolition

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

Is Location Normally Used Solely by Maintenance/Custodial staff? (12): Yes
Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous):
Amount (Specify SF or LF): 200 LF

Abatement Type:

<table>
<thead>
<tr>
<th></th>
<th>Repair</th>
<th>Encapsulate</th>
<th>Remove</th>
<th>Endoscope</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler:
Service Transport Group
City, State: New Castle, DE
Complete By: Krutarth Jagad
Title: President
Date: 07/16/2012

ASBC1

* Do not use this form for asbestos license exempted activities.
**STATE OF NEW JERSEY**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(PURSUANT TO NJAC 8:60-7 AND 12:120-7)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>8/15/2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner / Operator (2)</td>
<td>paraus chrysler jeep dodge</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>EPA, DEP, DOH, DOL</td>
</tr>
<tr>
<td>Type of Notification</td>
<td>Initial, Amended, Amendment # 2, Emergency w/ justification, Cancellation</td>
</tr>
<tr>
<td>Street Address</td>
<td>314 route 4 west</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>paraus, nj 07652</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>melissa michaels</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place (3) | paraus chrysler jeep dodge |
| Street Address | 314 route 4 west |
| City (5) | paramus |
| County (6) | bergen |
| County Code (7) | |
| Square Feet | 10,000 |
| # Of Floors | 1 |
| Building Age | 20+ |
| Current Use (Prior if being demolished) | car dealer |
| Name of Monitoring Firm Hired by Bldg. Owner (8) | ASCM NO |
| Name of Abatement Contractor (9) | LVI Environmental Services Inc. |
| Street Address | 55 lane rd |
| City, State, Zip Code | fairfield nj 07004 |
| Project Mgr. For Monitoring Firm | ben salimi |
| Telephone Number | 973-2487816 |
| Sched. Start Date (10) | 7/30/12 |
| Sched. Completion Date (11) | 8/30/12 |
| Telephone Number | 973-772-3660 |
| License Number | 00117 |
| Occupation Status During Abatement (Check Only 1) | Facility Closed/Vacated During Entire Period of Abatement, Abatement Performed Outside of Normal Facility |
| Hours - Describe: | 8am to 4 pm |
| Other - Describe: | |

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

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

**Location of Asbestos Containing**

<table>
<thead>
<tr>
<th>Location of Asbestos Containing in Facility (13)</th>
<th>TO BE ABATED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is Location Normally Used Solely by Maintenance/ Custodial Staff (12)</td>
<td></td>
</tr>
<tr>
<td>Description of Asbestos - Containing Material (ACM) (I.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td></td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td></td>
</tr>
<tr>
<td>Abatement Type</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>roof level</td>
<td>YES</td>
</tr>
<tr>
<td>roof level</td>
<td></td>
</tr>
<tr>
<td>duct tar paper</td>
<td>200 sf</td>
</tr>
<tr>
<td>pitch pockets</td>
<td>4 sf</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Name of Registered Waste Hauler | NEWARK CARTING |
| NJ DEP Waste Hauler ID No. | 4569 |
| Cubic Yards of Waste | |
| Name of Registered Landfill | |
| City, State | NEWARK, NJ |
| Disposal Date | |
| Name of Registered Waste Hauler | |
| City, State | |
| Disposal Date | |
| Completed by (Print or Type) | PAUL MAST |
| Title | VICE PRESIDENT |
| Signature | |
| Date | 07/19/12 |

ASB-41
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1) 7/17/12

Name of Building Owner/Operator (2)
Mr. Stern

Agencies Notified Type of Notification
[X] EPA Initial Notification
[X] DEP Amended Notification
[X] DOL Cancellation

Street Address
16 Bradford Rd.

City, State, Zip Code
Edison, NJ 08820

Name of Contact
GC: Steven Lasker

FACILITY INFORMATION

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

Street Address
16 Bradford Road

City (5) County (6) County Code (7)
Edison Middlesex (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner ASCM No.
N/A

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm Telephone Number

Scheduled Start Date (10) Sched. Completion Date (11)
7/27/12 8/4/12

Occupancy Status During Abatement (Check only one)
[X] Abatement Performed Outside of Normal Facility Hours – Describe: Other - Describe: Partially vacated

Scope of Work (Check all that apply)
[X] Renovation

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

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

Name of Registered Waste Hauler Jupiter Env. Svc.

NJDEP Waste Hauler ID No. 04783

Cubic Yards Of Waste 1

Name of Registered Landfill Minerva Landfill

City, State Waynesburg, OH

Completed By (Print or Type) Pane Repic
Title General Manager
Signature

Completion Date 8/10/12

ASB-41 JUN 95

G4667
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 12:120)

**Date of Notification (1):** 07/10/12

**Agencies Notified:**
- [x] DOL
- [ ] EPA
- [ ] DEP
- [ ] DOH
- [ ] DCA

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

**Name of Building Owner/operator (2):** Brielle School District

**Street Address:** 605 Union Lane

**City, State, Zip Code:** Brielle, NJ 08730

**Name of Contact:** Edward McManus

**Telephone Number:**

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3):
- Brielle Elementary School

Street Address:
- 605 Union Lane

City (5):
- Brielle

County (6):
- Monmouth County

County Code (7) (STATE USE ONLY):

Name of Monitoring Firm Hired by Building Owner (8):
- AHERA Consultants, Inc

ASCM No.:

Name of Abatement Contractor (9):
- Nick Restoration LLC

Street Address:
- PO Box 385

City, State, Zip Code:
- Oceanville, NJ 08231

Project Manager for Monitoring Firm:
- John Smoyer

Telephone No.:
- 609-652-1833

Start Date (10):
- 07/13/2012

Scheduled Completion Date (11):
- 07/16/2012

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: 3:30pm-11:30 pm

Scopes of Work (Check all that apply):
- [x] ≤5 sf or ≥2 if
- [ ] >150 sf or >250 sf
- [x] Demolition

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Normal Asbestos</th>
</tr>
</thead>
<tbody>
<tr>
<td>boy's-cigarette smokers</td>
<td>renovation Buliding</td>
</tr>
</tbody>
</table>

Is Location Normally Used Solely by Maintenance/Custodial Staff?
- [x] No

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

Amount (Specify SF or LF):
- 7

Abatement Type:
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Frisable Procedure

Name of Registered Waste Hauler:
- Nick Restoration LLC

Cubic Yards of Waste:
- TBD

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

City, State:
- Randolph, NJ 07869

Disposal Date:
- TBD

Completed By:
- Elvira Mrda

Title:
- President

Signature:

Date:
- 07/10/2012

*Do not use this form for asbestos licensure exempted activities.*
<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Notification (1)</td>
<td>07/13/12</td>
</tr>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Union Township BOE</td>
</tr>
<tr>
<td>Agency/ies Notified</td>
<td>EPA, DEP, DOL, DOH, DCA</td>
</tr>
<tr>
<td>Type Notification</td>
<td>Initial, Emergency</td>
</tr>
<tr>
<td>Street Address</td>
<td>165 Perrville Road</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Hampton, NJ 08827</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Amy Barkman</td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>Union Township Middle School</td>
</tr>
<tr>
<td>Type of Facility (4)</td>
<td>School (K-12)</td>
</tr>
<tr>
<td>County Code (7) (STATE USE ONLY)</td>
<td></td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>AHERA Consultants, Inc</td>
</tr>
<tr>
<td>ASCM No.</td>
<td></td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>Nick Restoration LLC</td>
</tr>
<tr>
<td>Street Address</td>
<td>72 Brookside Rd</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Randolph, NJ 07869</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>John Smoyer</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>609-652-1833</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>07/17/2012</td>
</tr>
<tr>
<td>Occupancy Status During Abatement</td>
<td>Facility Closed/Vacated</td>
</tr>
<tr>
<td>Scope of Work (Check all that apply)</td>
<td>2333 Rt 22 W</td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</td>
<td>Boiler Room -pipe chase</td>
</tr>
<tr>
<td>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td>TSI wrap and cure</td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td>15 LF</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>Nick Restoration LLC</td>
</tr>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
<td>00353782</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>G.R.O.W.S</td>
</tr>
<tr>
<td>City, State</td>
<td>Randolph, NJ 07869</td>
</tr>
<tr>
<td>Completed By</td>
<td>Elvira Mrda</td>
</tr>
<tr>
<td>Title</td>
<td>President</td>
</tr>
<tr>
<td>Signature</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>07/13/2012</td>
</tr>
</tbody>
</table>

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-12
Client Project #

Date of Notification (1)       July 17, 2012

Agencies Notified
☐ EPA
☐ DCA
☐ DOL
☐ DEP-No Longer REQUIRED
☐ DOH

Notification Type
☒ Initial Notification
☐ Amended Notification
☐ Emergency (Including justification)
☐ Cancelled

Name of Building Owner/Operator (2)
RUTGERS, THE STATE UNIVERSITY OF NJ

Street Address
ENVIRONMENTAL HEALTH & SAFETY DEPT.
27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS

City, State, Zip Code
PISCATAWAY, NJ 08854

Name of Contact
GREG LUPinski, ENV.

HEALTH & SAFETY

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
BLAKE HALL, BLDG# 6005

Street Address
COOK CAMPUS

City (5)              County (6)              County Code (7)
NEW BRUNSWICK          MIDDLESEX          (State Use Only)

Name of Monitoring Firm Hired by Blg. Owner (8)
ATC ASSOCIATES

ASCM No.
0098

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

Sq. Feet: N/A  # of Floors: 2  Bldg. Age: 60+ years

Current Use (prior if being demolished): ACADEMIC

Name of Contractor (6)
GREENWOOD ABATEMENT CONSULTANTS, INC.

Street Address
268 MAIN STREET

City, State, Zip Code
BURLINGTON, NJ 08016

Project Manager for Monitoring Firm
BRIAN KEARNY

Telephone Number
609-386-8800

Scheduled Start Date (10)
07/27/12

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: Shift Hours: 5:00 PM – 5:00 AM DAILY

Scope of Work (Check all that apply)

☒ ≥ 3 sf or ≥ 3 lf
☒ ≥ 160 sf or ≥ 260

☒ Renovation
☒ Demolition

Location of Asbestos-Containing Material (ACM) in Facility (13)
Is Location Normally Used Solely by Maint./Custodial Staff (12)
YES NO NA

Description of Asbestos-Containing Material (ACM) (i.e., thermal insulation, surfacing, VAC, or other miscell.)

Amount (Specify SF or LF)

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

Location of Registered Landfill
G.R.O.W.S. North Landfill

Room 244

VAT

Cubic Yards of Waste: 25 CY

Name of Registered Landfill

Disposal Date
08/11/12

Completed by (Print or Type)
RAYMOND C. PEDALINO

Title
SENIOR PROJECT MANAGER

Signature

Date
July 17, 2012

Copies To: Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1) 7/17/12

Agenies Notified
[x] EPA
[ ] DEP
[x] DOH
[x] DOB
[ ] IRCA
[ ] Other

Type Notification
[x] Initial Notification
[ ] Amended Notification
[ ] Emergency
[ ] Cancellation

Name of Building Owner/Operator (2)
Jackie More

Street Address
87 Cumberland Ave.

City, State, Zip Code
Verona, NJ 07044

Name of Contact
Jackie More

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

Square Feet
1500

# of Floors
2

Bldg. Age
90

Current Use (Prior if being demolished)

FACILITY INFORMATION

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

Street Address
87 Cumberland Ave.

City (5)
Verona

County (6)
Essex

County Code (7)

Name of Monitoring Firm hired by Building Owner (8)

ASCN No.

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

Street Address
86 Christopher St.

City, State, Zip Code
Montclair, NJ 07042

License Number
00371

Type of Abatement
Full Containment with Negative Pressure

Name of OSHA Monitor

Telephone Number
(973) 744-8800

Other Occupancy Describes

Project Manager for Monitoring Firm

Telephone Number

N/A

Scheduled Start Date (10)
7/26/12

Sched. Completion Date (11)
7/27/12

Occupancy Status During Abatement (Check only one)

Facility Closed/Vacated During Entire Period of Abatement

Facility Performed Outside of Normal Facility Hours

Other - Describe

Scope of Work (Check all that apply)
[x] 33' or 33.12
[ ] 160' or 160 LF

Renovation
[ ] Demolition

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

In Facility

[x] YES
[ ] NO

Location Normally Used Soley By Maintenance/Custodial Staff (12)

Pipe Insulation

85 LF

Location of Registered Waste Hauler

AZTECH MANAGEMENT, INC.

Hauler ID No.
17040

Cubic Yards
1.0

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

Disposal Date
7/28/12

City, State, Zip Code
Morrisville, PA 19067

Completed By (Print or Type)

Constantine Vivian
President

Signature
7/17/12
**NOTIFICATION OF ASBESTOS ABATEMENT**

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>7/12/2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Yecenia De torrice</td>
</tr>
</tbody>
</table>

**AGENCIES NOTIFIED**

- [x] EPA
- [x] DEP
- [ ] DOL
- [ ] DOH
- [ ] DCA

<table>
<thead>
<tr>
<th>Type Notification</th>
<th>Initial</th>
<th>Amended</th>
<th>Amendment #</th>
<th>Emergency (including justification)</th>
<th>Cancellation</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>50n Parker Street</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State, Zip Code</td>
<td>Dover NJ</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Yecenia De torrice</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Private Property</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>50 Parker Ave Dover NJ</td>
</tr>
<tr>
<td>City (5)</td>
<td>Dover NJ</td>
</tr>
<tr>
<td>County (6)</td>
<td>Ocean County</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>County Code (7)</th>
<th>STATE USE ONLY</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Current Use (Prior if being demolished)</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>n/a</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone No.</td>
<td>N/a</td>
</tr>
<tr>
<td>License No.</td>
<td>001144</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>J&amp;S Environmental</td>
</tr>
<tr>
<td>Street Address</td>
<td>567-52nd street suite #16</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>West New York NJ</td>
</tr>
</tbody>
</table>

| Start Date (10) | 7/24/2012 |
| Scheduled Completion Date (11) | 7/26/2012 |

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check Only One)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
<td></td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
<td></td>
</tr>
<tr>
<td>Other – Describe: 8 hours</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>≥3 sf or ≥3 ft</td>
<td></td>
</tr>
<tr>
<td>≥160 sf or ≥260 ft</td>
<td></td>
</tr>
<tr>
<td>Renovation</td>
<td></td>
</tr>
<tr>
<td>Demolition</td>
<td></td>
</tr>
<tr>
<td>Full Containment with Negative Pressure</td>
<td></td>
</tr>
<tr>
<td>Mini-Enclosure</td>
<td></td>
</tr>
<tr>
<td>Glovebag Procedure</td>
<td></td>
</tr>
<tr>
<td>Non-Exempted (*) and Non-Friable Procedure</td>
<td></td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td>pipe insulation</td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td>50LF</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>DJM</th>
</tr>
</thead>
<tbody>
<tr>
<td>NJ/DEP Waste Hauler ID No.</td>
<td>29681</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td></td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>Cumberland</td>
</tr>
<tr>
<td>City, State</td>
<td>109-113 Jacobus Ave</td>
</tr>
<tr>
<td>Disposal Date</td>
<td></td>
</tr>
<tr>
<td>City, State</td>
<td>South Kearny NJ</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by</th>
<th>Edwin Pecilla</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>Project manager</td>
</tr>
<tr>
<td>Signature</td>
<td>[Signature]</td>
</tr>
<tr>
<td>Date</td>
<td>7-12-2012</td>
</tr>
</tbody>
</table>

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

**State of New Jersey**

**Date of Notification:** 7-11-12

**Name of Building Owner/Operator:** Suez promotion Inc.

**Address:** 814 Kennedy Blvd

**City:** Union City, NJ 07087

**Name of Contractor:** Joe Bokowski

**Type of Facility:** Old Warehouse

**Address:** 551 40th Street

**City:** Union City

**County:** Hudson

**Occupancy Status During Abatement:**

- **Scheduled Abatement Date:** 07/11/2012
- **Actual Abatement Date:** 07/12/2012

**Schedule of Work:**

- **Removal/Disposal:**
- **Location of Asbestos-Containing Material (ACM):** Throughout

**Description of ACM:**

- **Amount:** 800 lbs

**Abatement Type:**

- **Encapsulation:**
- **Full Encapsulation with Negative Pressure:**
- **Other:**

**Name of Registered Waste Handler:**

**Weight Trucking Company:**

**City:** Linden, PA

**Date:** 07/08/2012

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

Date of Notification (1) 7/13/2012
CHECK #2264

Name of Building Owner/Operator (2) Jackie Krohn

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

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

Street Address
19 Hoffman Street
City, State, Zip Code
Maplewood, NJ

Name of Contact Jackie Krohn
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Jackie Krohn Residence

County Code (6)
ESSEX

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

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

Square Feet
1600

# of Floors
2

Bldg. Age
50+

Current Use (Prior if being demolished)
Residence

Name of Abatement Contractor (3)
EA Services Corporation

Project Manager for Monitoring Firm

Name of OSHA Monitor
EA Services Corporation

Start Date (10) 7/27/2012
Scheduled Completion Date (11) 7/28/2012

Occupancy Status During Abatement (Check Only One)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other - Describe: 7:00 AM - 3:30 PM

Scope of Work (Check All That Apply)

- 25 sf or 25 ft
- 25 to 250 sf or 250 ft
- Renovation
- Demolition

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

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

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

Amount (Specify SF or LF)

Abatement Type

Location of Registered Waste Hauler

Name of Registered Landfill

Freehold Cartling
NJDEP Waste Hauler ID No. 15939
Cubic Yards of Waste ftd
Disposal Date tbd
City, State
Tullytown Landfill
PO BOX 5010

Completed by Gina Salvador
Title Office Manager
Signature

Date 7/13/2012

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:99 and 12:120)

Date of Notification (1) 7-19-12

Name of Building Owner/Operator (2) Chad Doris

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

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

Street Address 6 Rockhill Drive

City, State, Zip Code Livingston, NJ 07039

Name of Contact Chad Doris

Facility Information

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

Square Feet 2

# of Floors

Bldg. Age

Single Family Dwelling

Name of Facility Where Abatement is Taking Place (3)

Single Family Dwelling

Street Address 6 Rockhill Drive

City (5) Livingston
County (8) NJ 07039

Name of Monitoring Firm Hired by Building Owner (6)

EPC Tech

ASCM No. N/A

Name of Abatement Contractor (9)

EPC Technologies

Address P.O. Box 337

City, State, Zip Code New Egypt, NJ 08533

Project Manager for Contracting Firm Steve Schenker

Telephone No. 609-758-3500

License No. 00394

Name of OSHA Monitor EPC Technologies

Address P.O. Box 337

City, State, Zip Code New Egypt, NJ 08533

Start Date (10) 7-31-12

Scheduled Completion Date (11) 7-31-12

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

Scope of Work (Check All That Apply)
- 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

2nd Floor, Area: x Floor Tile 700 SF x

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

Yes No N/A

Description of Asbestos-Containing Material (ACM)

(12) (i.e. thermal systems insulation, surfacing, VLT, or other miscellaneous)

Amount (Specify SF or LF)

Abatement Type

Removal
Repair
Enclosure

Name of Registered Waste Hauler EPC Tech.

NJDEP Waste Hauler ID No. 17060

Cubic Yards of Waste 1

Name of Registered Landfill Waste Management

City, State Mansfield, PA

Disposal Date 8-1-12

Completed by Steve Schenker

Title President

Date 7-19-12

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