

CHECK #  
2359

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

RECEIVED

|  |   |  |   |
|--|---|--|---|
| Date of Notification (1)<br><b>7/27/12</b>   |   | Name of Building Owner/Operator (2)<br><b>COMMERCIAL REAL ESTATE</b>   |   |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input type="checkbox"/> DOH<br><input type="checkbox"/> DCA   | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment #<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><b>3200 BAYSHORE ROAD</b>  |   |
|  |   | City, State, Zip Code<br><b>NORTH CAPE MAY, NJ 08204</b>   |   |
|  |   | Name of Contact<br><b>SAME</b>   | Telephone Number<br><b>856-779-0422</b>   |
| FACILITY INFORMATION   |   |  |   |
| Name of Facility Where Abatement is Taking Place (3)<br><b>RESIDENCE</b>   |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)                   |   |
| Street Address<br><b>232 LENNOX AVE</b>  |   | Square Feet<br><b>1000</b>   | # of Floors<br><b>2</b>   |
| City (5)<br><b>NORTH CAPE MAY</b>  |   | Bldg. Age<br><b>40+</b>  |   |
| County (6)<br><b>CAPE MAY</b>  | County Code (7) (STATE USE ONLY)  | Current Use (Prior if being demolished)<br><b>VACANT</b>   |   |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>N/A</b>  |   | Name of Abatement Contractor (9)<br><b>KLEMMCO INC.</b>  |   |
| Street Address   |   | Street Address<br><b>369 S. SPRUCE AVE.</b>  |   |
| City, State, Zip Code  |   | City, State, Zip Code<br><b>MAPLE SHADE, N.J. 08052</b>  |   |
| Project Manager for Monitoring Firm  |   | Telephone No.<br><b>856-779-0422</b>   | License No.<br><b>20444</b>   |
| Start Date (10)<br><b>8/13/12</b>  | Scheduled Completion Date (11)<br><b>8/20/12</b>  | Name of OSHA Monitor<br><b>JOSEPH KLEMM</b>  |   |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: |   | Street Address<br><b>369 S. SPRUCE AVE.</b>  |   |
|  |   | City, State, Zip Code<br><b>MAPLE SHADE, N.J. 08052</b>  |   |
| Scope of Work (Check all that apply)   |   |  |   |
| <input type="checkbox"/> < 23 sf or < 3 ft<br><input type="checkbox"/> > 23 sf or > 3 ft   |   | <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |   |
| <input checked="" type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition   |   |  |   |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)<br><b>SIDING</b>  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)<br>Yes No N/A<br><b>X</b>   |  | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)<br><b>TRANSITE</b> |
|  |   |  |   |
| Amount (Specify SF or LF)<br><b>5004</b>   |   | Abatement Type<br>Removal Repair Encapsulation Enclosure<br><b>X</b>   |   |
| Name of Registered Waste Hauler<br><b>KLEMMCO INC.</b>   |   | NJOEP Waste Hauler ID No.<br><b>17904</b>  | Cubic Yards of Waste<br><b>5</b>  |
| City, State<br><b>MAPLE SHADE, N.J. 08052</b>  |   | Disposal Date  | Name of Registered Landfill<br><b>C.M.C. M.U.A.</b>   |
| City, State<br><b>WOODBINE, N.J.</b>   |   |  |   |
| Completed By<br><b>JOSEPH KLEMM</b>  | Title<br><b>OWNER</b>   | Signature<br><b>Joseph Klemm</b>   | Date<br><b>7/27/12</b>  |



CHECK #  
2358

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

RECEIVED

|  |  |  |   |   |                        |               |          |
|--|--|--|---|---|------------------------|---------------|----------|
| Date of Notification (1)<br><u>7/26/12</u>   |  | Name of Building Owner/Operator (2)<br><u>MEN &amp; MACHINES</u>   |   |   |                        |               |          |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input type="checkbox"/> DOL<br><br><input type="checkbox"/> DOH<br><input type="checkbox"/> DCA  | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><u>225 FREEMONT AVE.</u><br>City, State, Zip Code<br><u>WOODBINE, N.J. 08028</u><br>Name of Contact<br><u>LISA FISHER</u>  |   |   |                        |               |          |
|  |  | Telephone Number<br>_____  |   |   |                        |               |          |
| FACILITY INFORMATION   |  |  |   |   |                        |               |          |
| Name of Facility Where Abatement is Taking Place (3)<br><u>RESIDENCE</u>   |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) |   |   |                        |               |          |
| Street Address<br><u>304 77TH ST.</u>  |  | Square Feet<br><u>1000</u>   | # of Floors<br><u>2</u>                     |   |                        |               |          |
| City (5)<br><u>AVULON</u>  |  | Bldg. Age<br><u>40+</u>  |   |   |                        |               |          |
| County (6)<br><u>Cape May</u>  | County Code (7) (STATE USE ONLY)   | Current Use (Prior if being demolished)<br><u>VACANT</u>   |   |   |                        |               |          |
| Name of Monitoring Firm Hired by Building Owner (8)<br><u>N/A</u>  |  | ASCM No. _____   |   |   |                        |               |          |
| Street Address _____   |  | Name of Abatement Contractor (9)<br><u>KLEMMCO INC.</u>  |   |   |                        |               |          |
| City, State, Zip Code _____  |  | Street Address<br><u>369 S. SPRUCE AVE.</u>  |   |   |                        |               |          |
| Project Manager for Monitoring Firm _____  |  | City, State, Zip Code<br><u>MAPLE SHADE, N.J. 08052</u>  |   |   |                        |               |          |
| Telephone No. _____  |  | Telephone No.<br><u>856-779-0422</u>   |   |   |                        |               |          |
| License No.<br><u>00444</u>  |  | Name of OSHA Monitor<br><u>JOSEPH KLEMM</u>  |   |   |                        |               |          |
| Start Date (10)<br><u>8/13/12</u>  |  | Scheduled Completion Date (11)<br><u>8/20/12</u>   |   |   |                        |               |          |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____ |  | Street Address<br><u>369 S. SPRUCE AVE.</u>  |   |   |                        |               |          |
|  |  | City, State, Zip Code<br><u>MAPLE SHADE, N.J. 08052</u>  |   |   |                        |               |          |
| Scope of Work (Check all that apply)   |  |  |   |   |                        |               |          |
| <input type="checkbox"/> >3 sf or >3 ft<br><input type="checkbox"/> >160 sf or >260 ft   |  | <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition  |   |   |                        |               |          |
| <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure  |  |  |   |   |                        |               |          |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED IN FACILITY</u><br>(13)  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)<br>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)<br><u>2500 lb</u> | Abatement Type                                      |                        |               |          |
|  |  |  |   | Removal   | Repair                 | Encapsulation | Emulsion |
| <u>SIDING</u>  |  | <u>TRANSITE</u>  |   | <input checked="" type="checkbox"/>                 |                        |               |          |
|  |  |  |   |   |                        |               |          |
|  |  |  |   |   |                        |               |          |
|  |  |  |   |   |                        |               |          |
| Name of Registered Waste Hauler<br><u>KLEMMCO INC.</u>   |  | NJDEP Waste Hauler ID No.<br><u>17904</u>  | Cubic Yards of Waste<br><u>5</u>            | Name of Registered Landfill<br><u>C.M.C. M.U.A.</u> |                        |               |          |
| City, State<br><u>MAPLE SHADE, N.J. 08052</u>  |  | Disposal Date  | City, State<br><u>WOODBINE, N.J.</u>        |   |                        |               |          |
| Completed By<br><u>JOSEPH KLEMM</u>  |  | Title<br><u>OWNER</u>  | Signature<br><u>Joseph Klemm</u>            |   | Date<br><u>8/26/12</u> |               |          |



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

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|--|--|--|----|--|----------------------|---|-----|-----------------------|--------|-------------|-----------|
| Date of Notification (1)<br>July 24, 2012  |  | Name of Building Owner/Operator (2)<br>Leslie Monahan  |    | 2012 JUL 31 AM 11:34   |                      |   |     |                       |        |             |           |
| Agencies Notified  |  | Type Notification  |    | Street Address   |                      |   |     |                       |        |             |           |
| <input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA                                |  | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment #<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |    | 303 East Main Street   |                      |   |     |                       |        |             |           |
|  |  |  |    | City, State, Zip Code<br>Moorestown, NJ 08057  |                      |   |     |                       |        |             |           |
|  |  | Name of Contact<br>Leslie Monahan  |    | Telephone Number   |                      |   |     |                       |        |             |           |
| <b>FACILITY INFORMATION</b>  |  |  |    |  |                      |   |     |                       |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Residence  |  |  |    | Type of Facility (4)   |                      |   |     |                       |        |             |           |
| Street Address<br>303 East Main Street   |  |  |    | <input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)  |                      |   |     |                       |        |             |           |
| City (5)<br>Moorestown   |  | Square Feet<br>2800  |    | # of Floors<br>2   | Bldg. Age<br>75      |   |     |                       |        |             |           |
| County (6)<br>Burlington   |  | County Code (7)<br>(STATE USE ONLY)  |    | Current Use (Prior if being demolished)<br>Residence   |                      |   |     |                       |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>MECS  |  | ASCM No.   |    | Name of Abatement Contractor (9)<br>Shade Environmental, LLC   |                      |   |     |                       |        |             |           |
| Street Address<br>PO Box 341   |  | Street Address<br>47 S. Lippincott Ave   |    |  |                      |   |     |                       |        |             |           |
| City, State, Zip Code<br>Chesterfield, NJ 08515  |  | City, State, Zip Code<br>Maple Shade, NJ 08052   |    |  |                      |   |     |                       |        |             |           |
| Project Manager for Monitoring Firm<br>Bill Weisgarber   |  | Telephone No.<br>609-298-4070  |    | Telephone No.<br>856-755-0099  | License No.<br>00842 |   |     |                       |        |             |           |
| Start Date (10)<br>Aug 11, 2012  |  | Scheduled Completion Date (11)<br>August 15, 2012  |    | Name of OSHA Monitor<br>EMSL   |                      |   |     |                       |        |             |           |
| Occupancy Status During Abatement (Check Only One)   |  |  |    | Street Address<br>107 Haddon Ave   |                      |   |     |                       |        |             |           |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: |  |  |    | City, State, Zip Code<br>Westmont, New Jersey 08108  |                      |   |     |                       |        |             |           |
| Scope of Work (Check All That Apply)   |  |  |    |  |                      |   |     |                       |        |             |           |
| <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf  |  | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition  |    | <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><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        |        |             |           |
|  |  |  |    |  |                      |   |     | Removal               | Repair | Encapsulate | Enclosure |
| Basement   |  | Yes  | No | N/A  | Pipe Insulation      | 360 LF  | xxx |                       |        |             |           |
|  |  |  |    |  |                      |   |     |                       |        |             |           |
|  |  |  |    |  |                      |   |     |                       |        |             |           |
|  |  |  |    |  |                      |   |     |                       |        |             |           |
| Name of Registered Waste Hauler<br>Freehold  |  | NJDEP Waste Hauler ID No.<br>22253   |    | Cubic Yards of Waste   |                      | Name of Registered Landfill<br>Grows Landfill |     |                       |        |             |           |
| City, State<br>Mount Holly, New Jersey 08060   |  |  |    | Disposal Date  |                      | City, State<br>Tullytown, PA.                 |     |                       |        |             |           |
| Completed by<br>William Lynch  |  | Title<br>Owner   |    | Signature<br><i>William J. Lynch</i>   |                      |   |     | Date<br>July 24, 2012 |        |             |           |



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

RECEIVED


*No check sent*

|  |  |   |                               |  |  |   |                      |
|--|--|---|-------------------------------|--|--|---|----------------------|
| Date of Notification (1)<br>07-27-2012   |  | Page 1 of 2   |                               | Name of Building Owner/Operator (2)<br>Ewing Township School District  |  | 2012 JUL 31 AM 11:51                          |                      |
| Agencies Notified  |  | Type Notification   |                               | Street Address<br>2099 Pennington Road   |  | ASBESTOS CONTROL & LICENSING                  |                      |
| <input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA  |  | <input type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br>Amendment # 2<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |                               | City, State, Zip Code<br>Ewing, NJ 08618   |  | Telephone Number                              |                      |
|  |  |   |                               | Name of Contact<br>Ryan Broadwater   |  |   |                      |
| <b>FACILITY INFORMATION</b>  |  |   |                               |  |  |   |                      |
| Name of Facility Where Abatement is Taking Place (3)<br>Ryan Administration Building-Frank O'Brien Academy   |  |   |                               | Type of Facility (4)<br><input checked="" type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)                    |  |   |                      |
| Street Address<br>1331 Lower Ferry Road  |  |   |                               | Square Feet<br>22,500  |  | # of Floors<br>2                              |                      |
| City (5)<br>Ewing  |  |   |                               | Bldg. Age<br>75  |  |   |                      |
| County (6)<br>Mercer   |  | County Code (7)<br>(STATE USE ONLY)   |                               | Current Use (Prior if being demolished)<br>Academy   |  |   |                      |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Environmental Connection, Inc.  |  |   | ASCM No.                      |  | Name of Abatement Contractor (9)<br>Shade Environmental, LLC |   |                      |
| Street Address<br>120 North Warren Street  |  |   |                               | Street Address<br>47 S. Lippincott Ave   |  |   |                      |
| City, State, Zip Code<br>Trenton, N.J 08608  |  |   |                               | City, State, Zip Code<br>Maple Shade, NJ 08052   |  |   |                      |
| Project Manager for Monitoring Firm<br>Ryan Broadwater   |  |   | Telephone No.<br>609-392-4200 |  | Telephone No.<br>856-755-0099                                |   | License No.<br>00842 |
| Start Date (10)<br>July 16, 2012   |  | Scheduled Completion Date (11)<br>Oct. 31, 2012   |                               | Name of OSHA Monitor<br>EMSL   |  |   |                      |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____ |  |   |                               | Street Address<br>107 Haddon Ave   |  |   |                      |
|  |  |   |                               | City, State, Zip Code<br>Westmont, New Jersey 08108  |  |   |                      |
| Scope of Work (Check All That Apply)   |  |   |                               |  |  |   |                      |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf  |  | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition   |                               | <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |   |                      |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility (13)  |  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)   |                               | Description of Asbestos Containing Material (ACM)<br>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)   |  | Amount (Specify SF or LF)                     |                      |
|  |  | Yes   | No                            | N/A  |  |   | Abatement Type       |
| See page 2 for Additional ACM  |  |   |                               |  |  |   | Removal              |
| Multiple Offices   |  |   |                               | XX   | Floor Tile and Mastic  |   | 2446 SF              |
| Boiler Room  |  |   |                               | XX   | Breeching  |   | 25 SF                |
| Boiler Room  |  |   |                               | XX   | Fire Brick   |   | 30 SF                |
| Boiler Room  |  |   |                               | XX   | Fire Door  |   | 1@                   |
| Name of Registered Waste Hauler<br>Jack Robinson Waste   |  | NJDEP Waste Hauler ID No.<br>17304  |                               | Cubic Yards of Waste<br>30   |  | Name of Registered Landfill<br>Grows Landfill |                      |
| City, State<br>Bellmawr, NJ  |  |   |                               | Disposal Date<br>8-21-2012   |  | City, State<br>Tullytown, PA                  |                      |
| Completed by<br>William Lynch  |  | Title<br>Owner  |                               | Signature<br><i>William J. Lynch</i>   |  | Date<br>07-27-2012                            |                      |



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

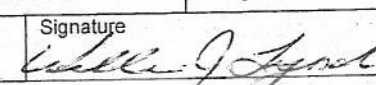
**RECEIVED**

|  |  |  |   |   |   |   |   |                           |                    |                |        |             |           |
|--|--|--|---|---|---|---|---|---------------------------|--------------------|----------------|--------|-------------|-----------|
| Date of Notification (1)<br>07-27-2012   |  | Page 2 of 2  |   | Name of Building Owner/Operator (2)<br>Ewing Township School District   |   | 2012 JUL 31 AM 11:51  |   |                           |                    |                |        |             |           |
| Agencies Notified  |  | Type Notification  |   | Street Address  |   | ASBESTOS CONTROL  |   |                           |                    |                |        |             |           |
| <input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA                                      |  | <input type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br>Amendment # <u>2</u><br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |   | 2099 Pennington Road  |   | ASBESTOS CONTROL  |   |                           |                    |                |        |             |           |
|  |  |  |   | City, State, Zip Code   |   | Ewing, NJ 08618   |   |                           |                    |                |        |             |           |
|  |  |  |   | Name of Contact   |   | Telephone Number  |   |                           |                    |                |        |             |           |
|  |  |  |   | Ryan Broadwater   |   |   |   |                           |                    |                |        |             |           |
| <b>FACILITY INFORMATION</b>  |  |  |   |   |   |   |   |                           |                    |                |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Ryan Administration Building-Frank O'Brien Academy   |  |  |   | Type of Facility (4)  |   |   |   |                           |                    |                |        |             |           |
| Street Address<br>1331 Lower Ferry Road  |  |  |   | <input checked="" type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)   |   |   |   |                           |                    |                |        |             |           |
| City (5)<br>Ewing  |  |  |   | Square Feet<br>22,500   |   | # of Floors<br>2  |   |                           |                    |                |        |             |           |
|  |  |  |   |   |   | Bldg. Age<br>75   |   |                           |                    |                |        |             |           |
| County (6)<br>Mercer   |  | County Code (7)<br>(STATE USE ONLY)  |   | Current Use (Prior if being demolished)<br>Academy  |   |   |   |                           |                    |                |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Environmental Connection, Inc.  |  |  | ASCM No.  |   | Name of Abatement Contractor (9)<br>Shade Environmental, LLC                                      |   |   |                           |                    |                |        |             |           |
| Street Address<br>120 North Warren Street  |  |  | Street Address<br>47 S. Lippincott Ave                                |   |   |   |   |                           |                    |                |        |             |           |
| City, State, Zip Code<br>Trenton, N.J 08608  |  |  | City, State, Zip Code<br>Maple Shade, NJ 08052                        |   |   |   |   |                           |                    |                |        |             |           |
| Project Manager for Monitoring Firm<br>Ryan Broadwater   |  |  | Telephone No.<br>609-392-4200   |   | Telephone No.<br>856-755-0099   |   | License No.<br>00842                          |                           |                    |                |        |             |           |
| Start Date (10)<br>July 16, 2012   |  | Scheduled Completion Date (11)<br>Oct 31, 2012   |   | Name of OSHA Monitor<br>EMSL  |   |   |   |                           |                    |                |        |             |           |
| Occupancy Status During Abatement (Check Only One)   |  |  |   | Street Address  |   |   |   |                           |                    |                |        |             |           |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____ |  |  |   | 107 Haddon Ave  |   |   |   |                           |                    |                |        |             |           |
|  |  |  |   | City, State, Zip Code<br>Westmont, New Jersey 08108   |   |   |   |                           |                    |                |        |             |           |
| Scope of Work (Check All That Apply)   |  |  |   |   |   |   |   |                           |                    |                |        |             |           |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf  |  | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition  |   | <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |   |   |   |                           |                    |                |        |             |           |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)   |  |  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |   |   | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) |   | Amount (Specify SF or LF) |                    | Abatement Type |        |             |           |
|  |  |  |   |   |   |   |   |                           |                    | Removal        | Repair | Encapsulate | Enclosure |
| See page 1 for Additional ACM  |  |  | Yes   | No  | N/A   |   |   |                           |                    |                |        |             |           |
| Interior and Exterior Windows  |  |  |   |   | XX  | Caulk   |   | 320 LF                    |                    | X              |        |             |           |
| Throughout Exterior  |  |  |   |   | XX  | Clad Panels   |   | 204 SF                    |                    | X              |        |             |           |
| Break Room   |  |  |   |   | XX  | Sink Mastic   |   | 6 SF                      |                    | X              |        |             |           |
| Business Office and Board Room   |  |  |   |   | XX  | Wood paneling Mastic  |   | TBD                       |                    | X              |        |             |           |
| Name of Registered Waste Hauler<br>Jack Robinson Waste   |  |  | NJDEP Waste Hauler ID No.<br>17304                                    |   | Cubic Yards of Waste<br>30  |   | Name of Registered Landfill<br>Grows Landfill |                           |                    |                |        |             |           |
| City, State<br>Bellmawr, NJ  |  |  |   |   | Disposal Date<br>8-21-2012  |   | City, State<br>Tullytown, PA                  |                           |                    |                |        |             |           |
| Completed by<br>William Lynch  |  |  | Title<br>Owner  |   | Signature<br> |   |   |                           | Date<br>07-27-2012 |                |        |             |           |



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

**RECEIVED**

|  |  |   |   |   |   |   |   |                           |  |                |        |             |           |
|--|--|---|---|---|---|---|---|---------------------------|--|----------------|--------|-------------|-----------|
| Date of Notification (1)<br>07-25-2012   |  | Page 1 of 2   |   | Name of Building Owner/Operator (2)<br>Ewing Township School District   |   | 2012 JUL 31 AM 11:51  |   |                           |  |                |        |             |           |
| Agencies Notified  |  | Type Notification   |   | Street Address  |   | ASBESTOS CONTROL & LICENSING  |   |                           |  |                |        |             |           |
| <input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA                            |  | <input type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br>Amendment # 1<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |   | 2099 Pennington Road  |   |   |   |                           |  |                |        |             |           |
|  |  |   |   | City, State, Zip Code<br>Ewing, NJ 08618  |   |   |   |                           |  |                |        |             |           |
|  |  |   |   | Name of Contact<br>Ryan Broadwater  |   | Telephone Number<br>7   |   |                           |  |                |        |             |           |
| <b>FACILITY INFORMATION</b>  |  |   |   |   |   |   |   |                           |  |                |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Ryan Administration Building-Frank O'Brien Academy   |  |   |   | Type of Facility (4)  |   |   |   |                           |  |                |        |             |           |
| Street Address<br>1331 Lower Ferry Road  |  |   |   | <input checked="" type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)   |   |   |   |                           |  |                |        |             |           |
| City (5)<br>Ewing  |  |   |   | Square Feet<br>22,500   |   | # of Floors<br>2  |   |                           |  |                |        |             |           |
|  |  |   |   |   |   | Bldg. Age<br>75   |   |                           |  |                |        |             |           |
| County (6)<br>Mercer   |  | County Code (7)<br>(STATE USE ONLY)   |   | Current Use (Prior if being demolished)<br>Academy  |   |   |   |                           |  |                |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Environmental Connection, Inc.  |  |   | ASCM No.  |   | Name of Abatement Contractor (9)<br>Shade Environmental, LLC                                      |   |   |                           |  |                |        |             |           |
| Street Address<br>120 North Warren Street  |  |   |   | Street Address<br>47 S. Lippincott Ave  |   |   |   |                           |  |                |        |             |           |
| City, State, Zip Code<br>Trenton, N.J 08608  |  |   |   | City, State, Zip Code<br>Maple Shade, NJ 08052  |   |   |   |                           |  |                |        |             |           |
| Project Manager for Monitoring Firm<br>Ryan Broadwater   |  |   | Telephone No.<br>609-392-4200   |   | Telephone No.<br>856-755-0099   |   | License No.<br>00842                          |                           |  |                |        |             |           |
| Start Date (10)<br>July 16, 2012   |  | Scheduled Completion Date (11)<br>Aug. 21, 2012   |   | Name of OSHA Monitor<br>EMSL  |   |   |   |                           |  |                |        |             |           |
| Occupancy Status During Abatement (Check Only One)   |  |   |   | Street Address<br>107 Haddon Ave  |   |   |   |                           |  |                |        |             |           |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: |  |   |   | City, State, Zip Code<br>Westmont, New Jersey 08108   |   |   |   |                           |  |                |        |             |           |
| Scope of Work (Check All That Apply)   |  |   |   |   |   |   |   |                           |  |                |        |             |           |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf  |  | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition   |   | <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |   |   |   |                           |  |                |        |             |           |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>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 |        |             |           |
|  |  |   |   |   |   |   |   |                           |  | Removal        | Repair | Encapsulate | Enclosure |
| See page 2 for Additional ACM  |  |   | Yes   | No  | N/A   |   |   |                           |  |                |        |             |           |
| Multiple Offices   |  |   |   |   | XX  | Floor Tile and Mastic   |   | 2446 SF                   |  | X              |        |             |           |
| Boiler Room  |  |   |   |   | XX  | Breeching   |   | 25 SF                     |  | X              |        |             |           |
| Boiler Room  |  |   |   |   | XX  | Fire Brick  |   | 30 SF                     |  | X              |        |             |           |
| Boiler Room  |  |   |   |   | XX  | Fire Door   |   | 1@                        |  | X              |        |             |           |
| Name of Registered Waste Hauler<br>Jack Robinson Waste   |  |   | NJDEP Waste Hauler ID No.<br>17304                                    |   | Cubic Yards of Waste<br>30  |   | Name of Registered Landfill<br>Grows Landfill |                           |  |                |        |             |           |
| City, State<br>Bellmawr, NJ  |  |   |   |   | Disposal Date<br>8-21-2012  |   | City, State<br>Tullytown, PA                  |                           |  |                |        |             |           |
| Completed by<br>William Lynch  |  |   | Title<br>Owner  |   | Signature<br> |   |   | Date<br>07-25-2012        |  |                |        |             |           |



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

**RECEIVED**

|  |   |   |                                    |  |  |                              |                      |             |           |
|--|---|---|------------------------------------|--|--|------------------------------|----------------------|-------------|-----------|
| Date of Notification (1)<br>07-25-2012   |   | Page 2 of 2   |                                    | Name of Building Owner/Operator (2)<br>Ewing Township School District  |  | 2012 JUL 31 AM 11:51         |                      |             |           |
| Agencies Notified  |   | Type Notification   |                                    | Street Address   |  | ASBESTOS CONTROL & LICENSING |                      |             |           |
| <input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA                            |   | <input type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br>Amendment # 1<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |                                    | City, State, Zip Code<br>Ewing, NJ 08618   |  | Telephone Number             |                      |             |           |
|  |   |   |                                    | Name of Contact<br>Ryan Broadwater   |  |                              |                      |             |           |
| <b>FACILITY INFORMATION</b>  |   |   |                                    |  |  |                              |                      |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Ryan Administration Building-Frank O'Brien Academy   |   |   |                                    | Type of Facility (4)   |  |                              |                      |             |           |
| Street Address<br>1331 Lower Ferry Road  |   |   |                                    | <input checked="" type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)  |  |                              |                      |             |           |
| City (5)<br>Ewing  |   |   |                                    | Square Feet<br>22,500  |  | # of Floors<br>2             |                      |             |           |
|  |   |   |                                    |  |  | Bldg. Age<br>75              |                      |             |           |
| County (6)<br>Mercer   |   | County Code (7)<br>(STATE USE ONLY)   |                                    | Current Use (Prior if being demolished)<br>Academy   |  |                              |                      |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Environmental Connection, Inc.  |   |   | ASCM No.                           |  | Name of Abatement Contractor (9)<br>Shade Environmental, LLC |                              |                      |             |           |
| Street Address<br>120 North Warren Street  |   |   |                                    | Street Address<br>47 S. Lippincott Ave   |  |                              |                      |             |           |
| City, State, Zip Code<br>Trenton, N.J 08608  |   |   |                                    | City, State, Zip Code<br>Maple Shade, NJ 08052   |  |                              |                      |             |           |
| Project Manager for Monitoring Firm<br>Ryan Broadwater   |   |   | Telephone No.<br>609-392-4200      |  | Telephone No.<br>856-755-0099                                |                              | License No.<br>00842 |             |           |
| Start Date (10)<br>July 16, 2012   |   | Scheduled Completion Date (11)<br>Aug. 21, 2012   |                                    | Name of OSHA Monitor<br>EMSL   |  |                              |                      |             |           |
| Occupancy Status During Abatement (Check Only One)   |   |   |                                    | Street Address<br>107 Haddon Ave   |  |                              |                      |             |           |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: |   |   |                                    | City, State, Zip Code<br>Westmont, New Jersey 08108  |  |                              |                      |             |           |
| Scope of Work (Check All That Apply)   |   |   |                                    |  |  |                              |                      |             |           |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf  |   | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition   |                                    | <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |                              |                      |             |           |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility<br>(13)   | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |   |                                    | Description of Asbestos Containing Material (ACM)<br>(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 |
| See page 1 for Additional ACM  |   |   |                                    |  |  |                              |                      |             |           |
| Interior and Exterior Windows  |   |   | XX                                 | Caulk  | 320 LF   | X                            |                      |             |           |
| Throughout Exterior  |   |   | XX                                 | Clad Panels  | 204 SF   | X                            |                      |             |           |
| Break Room   |   |   | XX                                 | Sink Mastic  | 6 SF   | X                            |                      |             |           |
| Business Office and Board Room   |   |   | XX                                 | Wood paneling Mastic   | TBD  | X                            |                      |             |           |
| Name of Registered Waste Hauler<br>Jack Robinson Waste   |   |   | NJDEP Waste Hauler ID No.<br>17304 | Cubic Yards of Waste<br>30   | Name of Registered Landfill<br>Grows Landfill                |                              |                      |             |           |
| City, State<br>Bellmawr, NJ  |   |   |                                    | Disposal Date<br>8-21-2012   | City, State<br>Tullytown, PA                                 |                              |                      |             |           |
| Completed by<br>William Lynch  |   |   | Title<br>Owner                     | Signature<br><i>William J. Lynch</i>   |  | Date<br>07-25-2012           |                      |             |           |



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

**RECEIVED**

|  |  |  |   |  |   |  |                           |
|--|--|--|---|--|---|--|---------------------------|
| Date of Notification (1)<br>07-03-2012   |  | Page 1 of 2  |   | Name of Building Owner/Operator (2)<br>Ewing Township School District  |   | 2012 JUL 31 AM 11:51   |                           |
| Agencies Notified  |  | Type Notification  |   | Street Address   |   | ASBESTOS CONTROL   |                           |
| <input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA                                  |  | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |   | 2099 Pennington Road   |   | & LICENSING  |                           |
|  |  |  |   | City, State, Zip Code<br>Ewing, NJ 08618   |   |  |                           |
|  |  |  |   | Name of Contact<br>Ryan Broadwater   |   | Telephone Number   |                           |
| <b>FACILITY INFORMATION</b>  |  |  |   |  |   |  |                           |
| Name of Facility Where Abatement is Taking Place (3)<br>Ryan Administration Building-Frank O'Brien Academy   |  |  |   | Type of Facility (4)   |   |  |                           |
| Street Address<br>1331 Lower Ferry Road  |  |  |   | <input checked="" type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)  |   |  |                           |
| City (5)<br>Ewing  |  |  |   | Square Feet<br>22,500  |   | # of Floors<br>2   |                           |
|  |  |  |   |  |   | Bldg. Age<br>75  |                           |
| County (6)<br>Mercer   |  |  |   | County Code (7)<br>(STATE USE ONLY) _____  |   | Current Use (Prior if being demolished)<br>Academy           |                           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Environmental Connection, Inc.  |  |  |   | ASCM No.   |   | Name of Abatement Contractor (9)<br>Shade Environmental, LLC |                           |
| Street Address<br>120 North Warren Street  |  |  |   | Street Address<br>47 S. Lippincott Ave   |   |  |                           |
| City, State, Zip Code<br>Trenton, N.J 08608  |  |  |   | City, State, Zip Code<br>Maple Shade, NJ 08052   |   |  |                           |
| Project Manager for Monitoring Firm<br>Ryan Broadwater   |  |  |   | Telephone No.<br>609-392-4200  |   | Telephone No.<br>856-755-0099                                |                           |
|  |  |  |   |  |   | License No.<br>00842   |                           |
| Start Date (10)<br>July 16, 2012   |  | Scheduled Completion Date (11)<br>Aug. 21, 2012  |   | Name of OSHA Monitor<br>EMSL   |   |  |                           |
| Occupancy Status During Abatement (Check Only One)   |  |  |   | Street Address   |   |  |                           |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____ |  |  |   | 107 Haddon Ave   |   |  |                           |
|  |  |  |   | City, State, Zip Code<br>Westmont, New Jersey 08108  |   |  |                           |
| Scope of Work (Check All That Apply)   |  |  |   |  |   |  |                           |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf  |  | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition  |   | <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><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) |
|  |  |  | Yes   | No   | N/A   |  |                           |
| See page 2 for Additional ACM  |  |  |   |  |   |  |                           |
| Multiple Offices   |  |  |   |  | XX  | Floor Tile and Mastic  | 2446 SF                   |
| Boiler Room  |  |  |   |  | XX  | Breeching  | 25 SF                     |
| Boiler Room  |  |  |   |  | XX  | Fire Brick   | 30 SF                     |
| Boiler Room  |  |  |   |  | XX  | Fire Door  | 1@                        |
| Name of Registered Waste Hauler<br>Freehold Cartage  |  |  | NJDEP Waste Hauler ID No.   |  | Cubic Yards of Waste  | Name of Registered Landfill<br>Grows Landfill                |                           |
| City, State<br>Freehold, NJ  |  |  |   |  | Disposal Date   | City, State<br>Tullytown, PA                                 |                           |
| Completed by<br>William Lynch  |  |  | Title<br>Owner  |  | Signature<br><i>William Lynch</i>   |  | Date<br>07-03-2012        |



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

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|--|--|--|--|---|--|--|--|
| Date of Notification (1)<br>07-03-2012   |  | Page 2 of 2  |  | Name of Building Owner/Operator (2)<br>Ewing Township School District   |  | 2012 JUL 31 AM 11:51<br>Check # 4814               |  |
| Agencies Notified  |  | Type Notification  |  | Street Address  |  | ASBESTOS CONTROL & LICENSING                       |  |
| <input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA                            |  | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment #<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |  | 2099 Pennington Road  |  |  |  |
|  |  |  |  | City, State, Zip Code<br>Ewing, NJ 08618  |  |  |  |
|  |  |  |  | Name of Contact<br>Ryan Broadwater  |  | Telephone Number<br>A                              |  |
| <b>FACILITY INFORMATION</b>  |  |  |  |   |  |  |  |
| Name of Facility Where Abatement is Taking Place (3)<br>Ryan Administration Building-Frank O'Brien Academy   |  |  |  | Type of Facility (4)  |  |  |  |
| Street Address<br>1331 Lower Ferry Road  |  |  |  | <input checked="" type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)   |  |  |  |
| City (5)<br>Ewing  |  |  |  | Square Feet<br>22,500   |  | # of Floors<br>2                                   |  |
| County (6)<br>Mercer   |  |  |  | County Code (7)<br>(STATE USE ONLY)   |  | Bldg. Age<br>75                                    |  |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Environmental Connection, Inc.  |  |  |  | ASCM No.  |  | Current Use (Prior if being demolished)<br>Academy |  |
| Street Address<br>120 North Warren Street  |  |  |  | Name of Abatement Contractor (9)<br>Shade Environmental, LLC  |  |  |  |
| City, State, Zip Code<br>Trenton, N.J 08608  |  |  |  | Street Address<br>47 S. Lippincott Ave  |  |  |  |
| Project Manager for Monitoring Firm<br>Ryan Broadwater   |  |  |  | Telephone No.<br>609-392-4200   |  | City, State, Zip Code<br>Maple Shade, NJ 08052     |  |
| Start Date (10)<br>July 16, 2012   |  | Scheduled Completion Date (11)<br>Aug. 21, 2012  |  | Telephone No.<br>856-755-0099   |  | License No.<br>00842                               |  |
| Occupancy Status During Abatement (Check Only One)   |  |  |  | Name of OSHA Monitor<br>EMSL  |  |  |  |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: |  |  |  | Street Address<br>107 Haddon Ave  |  |  |  |
|  |  |  |  | City, State, Zip Code<br>Westmont, New Jersey 08108   |  |  |  |
| Scope of Work (Check All That Apply)   |  |  |  |   |  |  |  |
| <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf  |  | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition  |  | <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |  |  |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility (13)  |  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)  |  | Description of Asbestos Containing Material (ACM)<br>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  |  | Amount (Specify SF or LF)                          |  |
| See page 1 for Additional ACM  |  | Yes No N/A   |  |   |  |  |  |
| Interior and Exterior Windows  |  |  |  | Caulk   |  | 320 LF   |  |
| Throughout Exterior  |  |  |  | Clad Panels   |  | 204 SF   |  |
| Break Room   |  |  |  | Sink Mastic   |  | 6 SF   |  |
| Business Office and Board Room   |  |  |  | Wood paneling Mastic  |  | TBD  |  |
| Name of Registered Waste Hauler<br>Freehold Cartage  |  | NJDEP Waste Hauler ID No.  |  | Cubic Yards of Waste  |  | Name of Registered Landfill<br>Grows Landfill      |  |
| City, State<br>Freehold, NJ  |  |  |  | Disposal Date   |  | City, State<br>Tullytown, PA                       |  |
| Completed by<br>William Lynch  |  | Title<br>Owner   |  | Signature<br><i>William G. Lynch</i>  |  | Date<br>07-03-2012                                 |  |




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

RECEIVED

2012 JUL 31 PM 1:39

ASBESTOS CONTROL  
& LICENSING

|   |  |   |               |  |   |   |                      |
|---|--|---|---------------|--|---|---|----------------------|
| Date of Notification (1)<br>7/24/2012   |  | Check #2271   |               | Name of Building Owner/Operator (2)<br>TRINITAS REGIONAL MEDICAL CENTER  |   |   |                      |
| Agencies Notified   |  | Type Notification   |               | Street Address   |   | City, State, Zip Code                           |                      |
| <input type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA   |  | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment #<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |               | 225 Williamson Street/ North Building  |   | Elizabeth, NJ 07207                             |                      |
|   |  |   |               | Name of Contact  |   | Telephone Number                                |                      |
|   |  |   |               | Brian Akers  |   |   |                      |
| <b>FACILITY INFORMATION</b>   |  |   |               |  |   |   |                      |
| Name of Facility Where Abatement is Taking Place (3)<br>Trinitas Regional Medical Center  |  |   |               | Type of Facility (4)   |   |   |                      |
| Street Address<br>225 Williamson Street/North Building-8th Floor Penthouse  |  |   |               | <input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)  |   |   |                      |
| City (5)<br>Elizabeth, NJ   |  |   |               | Square Feet<br>60,000  |   | # of Floors<br>8                                |                      |
|   |  |   |               |  |   | Bldg. Age<br>65+                                |                      |
| County (6)<br>UNION   |  | County Code (7)<br>(STATE USE ONLY)   |               | Current Use (Prior if being demolished)<br>Hospital  |   |   |                      |
| Name of Monitoring Firm Hired by Building Owner (8)<br>N/A  |  |   | ASCM No.      |  | Name of Abatement Contractor (9)<br>EA Services Corporation |   |                      |
| Street Address  |  |   |               | Street Address<br>426 69th Street- 2nd Floor   |   |   |                      |
| City, State, Zip Code   |  |   |               | City, State, Zip Code<br>Guttenberg, NJ 07093  |   |   |                      |
| Project Manager for Monitoring Firm<br>n/a  |  |   | Telephone No. |  | Telephone No.<br>201-295-1700                               |   | License No.<br>01074 |
| Start Date (10)<br>7/24/12  |  | Scheduled Completion Date (11)<br>7/28/12   |               | Name of OSHA Monitor<br>EA Services Corporation  |   |   |                      |
| Occupancy Status During Abatement (Check Only One)  |  |   |               | Street Address   |   |   |                      |
| <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other - Describe: 2nd Shift -4:00 PM to 12:00 PM |  |   |               | same as above  |   |   |                      |
|   |  |   |               | City, State, Zip Code  |   |   |                      |
| Scope of Work (Check All That Apply)  |  |   |               |  |   |   |                      |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf   |  | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition   |               | <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |   |   |                      |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>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  |               |  |   |   |                      |
| Penthouse   |  | x   |               | Elbows/Valves/Fittings   |   | 40 LF   |                      |
|   |  |   |               |  |   |   |                      |
|   |  |   |               |  |   |   |                      |
|   |  |   |               |  |   |   |                      |
| Name of Registered Waste Hauler<br>Freehold Carting   |  | NJDEP Waste Hauler ID No.<br>15939  |               | Cubic Yards of Waste<br>tbd  |   | Name of Registered Landfill<br>Waste Management |                      |
| City, State<br>PO BOX 5010  |  |   |               | Disposal Date<br>tbd   |   | City, State<br>Tullytown Landfill               |                      |
| Completed by<br>Gina Salvador   |  | Title<br>Office Manage  |               | Signature<br>  |   | Date<br>7/24/2012n                              |                      |



# Emergency

REMEMBER - MAIL IN HARD COPY  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:26 and 12:11)

Check # 22714  
10/10/12

|  |  |   |   |                                       |                |  |        |               |
|--|--|---|---|---------------------------------------|----------------|--|--------|---------------|
| Date of Notification (1)<br><b>7-26-12</b>   |  | Name of Building Owner/Operator (2)<br><b>McEvoy 2012 Enterprises, LLC</b>  |   |                                       |                |  |        |               |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA  | Type Notification<br><input type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input checked="" type="checkbox"/> Amendment<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><b>117 State Hwy 3504</b><br>City, State, Zip Code<br><b>Keyport &amp; Linderoth NJ 07835</b>   |   |                                       |                |  |        |               |
|  |  | Name of Contact<br><b>Mike McEvoy</b><br>Telephone Number<br><b>[REDACTED]</b>  |   |                                       |                |  |        |               |
| FACILITY INFORMATION   |  |   |   |                                       |                |  |        |               |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Single Family Dwelling</b>  |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter S (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |   |                                       |                |  |        |               |
| Street Address<br><b>12 Orchard Street</b>   |  | Square Foot<br><b>2</b>   |   |                                       |                |  |        |               |
| City (5)<br><b>Matawan NJ 07747</b>  |  | # of Floors<br><b>2</b>   |   |                                       |                |  |        |               |
| County (6)<br><b>Monmouth</b>  |  | Bldg. Age<br><b>50+-</b>  |   |                                       |                |  |        |               |
| Country Code (7)<br><b>(STATE USE ONLY)</b>  |  | Current Use (Prior if being demolished)<br><b>Single Family Dwelling</b>  |   |                                       |                |  |        |               |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>EPC Tech</b>   |  | ASCM No.<br><b>N/A</b>  |   |                                       |                |  |        |               |
| Street Address<br><b>P.O. Box 337</b>  |  | Name of Abatement Contractor (9)<br><b>EPC Technologies</b>   |   |                                       |                |  |        |               |
| City, State, Zip Code<br><b>New Egypt NJ 08533</b>   |  | Street Address<br><b>P.O. Box 337</b>   |   |                                       |                |  |        |               |
| Project Manager for Monitoring Firm<br><b>Steve Schenker</b>   |  | City, State, Zip Code<br><b>New Egypt NJ 08533</b>  |   |                                       |                |  |        |               |
| Telephone No.<br><b>609-758-3365</b>   |  | Telephone No.<br><b>609-758-3365</b>  |   |                                       |                |  |        |               |
| Libraries No.<br><b>00394</b>  |  |   |   |                                       |                |  |        |               |
| Start Date (10)<br><b>7-27-12</b>  |  | Scheduled Completion Date (11)<br><b>7-27-12</b>  |   |                                       |                |  |        |               |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe  |  | Name of OSHA Monitor<br><b>EPC Technologies</b>   |   |                                       |                |  |        |               |
|  |  | Street Address<br><b>P.O. Box 337</b>   |   |                                       |                |  |        |               |
|  |  | City, State, Zip Code<br><b>New Egypt NJ 08533</b>  |   |                                       |                |  |        |               |
| Scope of Work (Check All That Apply)<br><input checked="" type="checkbox"/> $\geq 8$ of or $\geq 3$ lf<br><input type="checkbox"/> $\geq 180$ sf or $\geq 280$ lf<br><input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |   |   |                                       |                |  |        |               |
| Location of Asbestos-Containing Material (ACM) (12)<br><b>TO REABATED In Facility</b>  | 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 | Encapsulation |
| <b>Back Porch</b>  |  | <b>X</b>  | <b>Flooring</b>   | <b>60 SF</b>                          | <b>X</b>       |  |        |               |
| Name of Registered Waste Hauler<br><b>EPC Tech.</b>  |  | NJDEP Waste Hauler ID No.<br><b>17000</b>   |   | Cubic Yards of Waste<br><b>&lt; 1</b> |                | Name of Registered Landfill<br><b>Waste Management</b> |        |               |
| City, State<br><b>NE NJ</b>  |  | Disposal Date<br><b>7-27-12</b>   |   | City, State<br><b>Morrisville PA</b>  |                |  |        |               |
| Completed by<br><b>Steve Schenker</b>  |  | Title<br><b>President</b>   |   | Signature<br><b>SD Schenker</b>       |                | Date<br><b>7-26-12</b>                                 |        |               |



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

*\* Amended \**

*new completion date 2012 JUL 31 AM 11:52K 2604*

**ASBESTOS CONTROL & LICENSING**

|  |   |  |                           |   |                           |                 |        |             |
|--|---|--|---------------------------|---|---------------------------|-----------------|--------|-------------|
| Date of Notification (1)<br>6/29/12  |   | Name of Building Owner/Operator (2)<br>Krystal Environmental Services Inc  |                           |   |                           |                 |        |             |
| Agencies Notified  | Type Notification   | Street Address<br>208 Lower Vally Road   |                           |   |                           |                 |        |             |
| <input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA   | <input checked="" type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br>Amendment # <u>1</u><br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br>North Wales PA 19454  |                           |   |                           |                 |        |             |
|  |   | Name of Contact<br>Jerry   | Telephone Number          |   |                           |                 |        |             |
| <b>FACILITY INFORMATION</b>  |   |  |                           |   |                           |                 |        |             |
| Name of Facility Where Abatement is Taking Place (3)<br>Residential Properties   |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)  |                           |   |                           |                 |        |             |
| Street Address<br>Route 73 and Beaver Av   |   | Square Feet<br>1000 +  | # of Floors<br>2          |   |                           |                 |        |             |
| City (5)<br>Mt Laurel NJ 08054   |   | Bldg. Age<br>35+   |                           |   |                           |                 |        |             |
| County (6)<br><u>Burlington</u>  | County Code (7)<br>(STATE USE ONLY)   | Current Use (Prior if being demolished)<br>Residence   |                           |   |                           |                 |        |             |
| Name of Monitoring Firm Hired by Building Owner (8)<br>N/A   | ASCM No.  | Name of Abatement Contractor (9)<br>Pernaco Inc  |                           |   |                           |                 |        |             |
| Street Address   |   | Street Address<br>PO Box 329   |                           |   |                           |                 |        |             |
| City, State, Zip Code  |   | City, State, Zip Code<br>West Berlin NJ 08091  |                           |   |                           |                 |        |             |
| Project Manager for Monitoring Firm  | Telephone No.   | Telephone No.<br>856-753-9800  | License No.<br>00727      |   |                           |                 |        |             |
| Start Date (10)<br><u>7/13/12</u>  | Scheduled Completion Date (11)<br><u>8/3/12</u>   | Name of OSHA Monitor<br>Pernaco Inc  |                           |   |                           |                 |        |             |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: |   | Street Address<br>PO Box 329   |                           |   |                           |                 |        |             |
|  |   | City, State, Zip Code<br>West Berlin NJ 08091  |                           |   |                           |                 |        |             |
| Scope of Work (Check All That Apply)   |   |  |                           |   |                           |                 |        |             |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf  |   | <input checked="" type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition   |                           |   |                           |                 |        |             |
|  |   | <input checked="" type="checkbox"/> Wet wrap and cut<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                           |   |                           |                 |        |             |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)   | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)   |  |                           | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type  |        |             |
|  | Yes   | No   | N/A                       |   |                           | Removal         | Repair | Encapsulate |
| <i>* Vacant House in Woods</i><br>30 Beaver Rd   |   |  | x                         | Siding, Floor Tile, Duct insulation unknown   | 800 SF                    | x               |        |             |
| 34 Beaver Rd   |   |  | x                         | Exterior Siding   | 400 SF                    | x               |        |             |
| 28 Beaver Rd Kitchen & Sunroom   |   |  | x                         | Floor Tile  | 500 SF                    | x               |        |             |
| 3903 Church Rd Kitchen   |   |  | x                         | Heat Shield / Linoleum  | 210 SF                    | x               |        |             |
| Name of Registered Waste Hauler<br>United Containers   |   | NJDEP Waste Hauler ID No.<br>22459   | Cubic Yards of Waste<br>3 | Name of Registered Landfill<br>G.R.O.W.S.   |                           |                 |        |             |
| City, State<br>Elm NJ  |   | Disposal Date<br><u>8/3/12</u>   |                           | City, State<br>Morrisville PA 19067   |                           |                 |        |             |
| Completed by<br>Anthony T Perna  |   | Title<br>President   |                           | Signature<br>   |                           | Date<br>6/29/12 |        |             |


*See Attached*



\* Emergency \*

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

CREATED

|  |  |   |   |   |                           |                |                 |             |           |
|--|--|---|---|---|---------------------------|----------------|-----------------|-------------|-----------|
| Date of Notification (1)<br>7/27/12  |  | Name of Building Owner/Operator (2)<br>East Greenwich Township Board Of Education   |   |   |                           |                |                 |             |           |
| Agencies Notified  | Type Notification  | Street Address<br>559 Kings Highway   |   |   |                           |                |                 |             |           |
| <input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA  | <input type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment # _____<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br>Mickleton NJ 08056   |   |   |                           |                |                 |             |           |
|  |  | Name of Contact<br>Joseph Conray  | Telephone Number                                |   |                           |                |                 |             |           |
| <b>FACILITY INFORMATION</b>  |  |   |   |   |                           |                |                 |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Jeffrey Clark Elementary School  |  | Type of Facility (4)<br><input checked="" type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |   |   |                           |                |                 |             |           |
| Street Address<br>7 Quaker Road  |  | Square Feet<br>1000 +   | # of Floors<br>1                                |   |                           |                |                 |             |           |
| City (5)<br>Mickleton NJ 08056   |  | Bldg. Age<br>35+  |   |   |                           |                |                 |             |           |
| County (6)<br>Gloucester   | County Code (7)<br>(STATE USE ONLY)  | Current Use (Prior if being demolished)   |   |   |                           |                |                 |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>N/A   |  | ASCM No.  | Name of Abatement Contractor (9)<br>Pernaco Inc |   |                           |                |                 |             |           |
| Street Address   |  | Street Address<br>PO Box 329  |   |   |                           |                |                 |             |           |
| City, State, Zip Code  |  | City, State, Zip Code<br>West Berlin NJ 08091   |   |   |                           |                |                 |             |           |
| Project Manager for Monitoring Firm  |  | Telephone No.<br>856-753-9800   | License No.<br>00727                            |   |                           |                |                 |             |           |
| Start Date (10)<br>7/30/12   | Scheduled Completion Date (11)<br>8/2/12   | Name of OSHA Monitor<br>Pernaco Inc   |   |   |                           |                |                 |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other - Describe: Exterior  |  | Street Address<br>PO Box 329  |   |   |                           |                |                 |             |           |
|  |  | City, State, Zip Code<br>PO Box 329   |   |   |                           |                |                 |             |           |
| Scope of Work (Check All That Apply)<br><input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf<br><input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |   |   |   |                           |                |                 |             |           |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)   | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)  |   |   | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |                 |             |           |
|  | Yes  | No  | N/A   |   |                           | Removal        | Repair          | Encapsulate | Enclosure |
| Soffits  |  |   | X   | Transite  | 630 SF                    | X              |                 |             |           |
|  |  |   |   |   |                           |                |                 |             |           |
|  |  |   |   |   |                           |                |                 |             |           |
|  |  |   |   |   |                           |                |                 |             |           |
| Name of Registered Waste Hauler<br>United Containers   |  | NJDEP Waste Hauler ID No.<br>22459  | Cubic Yards of Waste<br>3                       | Name of Registered Landfill<br>G.R.O.W.S.   |                           |                |                 |             |           |
| City, State<br>Elm NJ  |  | Disposal Date<br>8/2/12   |   | City, State<br>Morrisville PA 19067   |                           |                |                 |             |           |
| Completed by<br>Anthony T Perna  |  | Title<br>President  |   | Signature<br>                           |                           |                | Date<br>7/27/12 |             |           |



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

**RECEIVED**  
2012 JUL 31 AM 11:30  
ASBESTOS CONTROL & LICENSING

|   |   |   |  |
|---|---|---|--|
| Date of Notification (1)<br><b>7/25/12</b>  |   | Name of Building Owner/Operator (2)<br><b>MR. JOHN KINDERGAN</b>  |  |
| Agency Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA   | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment #<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><b>118 EAST CHURCH ST</b>   |  |
|   |   | City, State, Zip Code<br><b>BERGENFIELD, NJ, 07621</b>  |  |
|   |   | Name of Contact<br><b>MR. KINDERGAN</b>   | Telephone Number<br>_____  |
| <b>FACILITY INFORMATION</b>   |   |   |  |
| Name of Facility Where Abatement is Taking Place (3)<br><b>MR. KINDERGAN</b>  |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter S (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |  |
| Street Address<br><b>118 EAST CHURCH ST</b>   |   | Square Feet<br><b>2000</b>  | # of Floors<br><b>2</b>  |
| City (5)<br><b>BERGENFIELD</b>  |   | Bldg. Age<br><b>1940</b>  |  |
| County (6)<br><b>BERGEN</b>   | County Code (7) (STATE USE ONLY)  | Current Use (Prior if being demolished)<br><b>RESIDENCE</b>   |  |
| Name of Monitoring Firm Hired by Building Owner (8)   |   | Name of Abatement Contractor (9)<br><b>Best Removal Inc</b>   |  |
| Street Address  |   | Street Address<br><b>450 South River St</b>   |  |
| City, State, Zip Code   |   | City, State, Zip Code<br><b>Hackensack, N.J 07601</b>   |  |
| Project Manager for Monitoring Firm   |   | Telephone No.<br><b>201-329-7444</b>  | License No.<br><b>00388</b>  |
| Start Date (10)<br><b>8/6/12</b>  | Scheduled Completion Date (11)<br><b>8/7/12</b>   | Name of OSHA Monitor<br><b>Omega Environmental</b>  |  |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other - Describe: <b>7 AM TO 5 PM</b>  |   | Street Address<br><b>280 Huyler St</b>  |  |
|   |   | City, State, Zip Code<br><b>Hackensack, N.J. 07606</b>  |  |
| Scope of Work (Check all that apply)<br><input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf<br><input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |   |   |  |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)<br><br><b>BASEMENT</b>   | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)<br>Yes    No    N/A   |   | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)<br><br><b>THERMAL SYSTEM INSULATION</b> |
|   | Amount (Specify SF or LF)<br><b>35LF</b>  |   |  |
|   |   |   | Abatement Type   |
|   |   |   | Removal    Encapsulate    Repair    Enclosure  |
|   |   |   | <b>X</b>   |
| Name of Registered Waste Hauler<br><b>BEST REMOVAL INC</b>  |   | NJDEP Waste Hauler ID No.<br><b>17109</b>   | Cubic Yards of Waste<br><b>107</b>   |
| City, State<br><b>HACKENSACK, NJ-07601</b>  |   | Disposal Date<br><b>8/7/12</b>  | Name of Registered Landfill<br><b>CUMBERLAND LANDFILL</b>  |
| Completed by<br><b>J. Maiorano</b>  |   | Title<br><b>Estimator</b>   | Signature<br><i>J. Maiorano</i>  |
|   |   |   | Date<br><b>7/25/12</b>   |



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

RECEIVED

|   |   |  |  |  |                           |                                     |                          |                          |                          |
|---|---|--|--|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1)<br>7 / 26 / 12   |   | Name of Building Owner/Operator (2)<br>CRDA  |  |  |                           |                                     |                          |                          |                          |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input type="checkbox"/> DCA (NJAC 5:16)<br><input checked="" type="checkbox"/> DHSS<br><input type="checkbox"/> DCA (NJAC 5:23-8)   |   | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |  |  |                           |                                     |                          |                          |                          |
| Street Address<br>15 South Pennsylvania Ave   |   | City, State, Zip Code<br>Atlantic City, NJ 08401   |  |  |                           |                                     |                          |                          |                          |
| Name of Contact<br>W. Rachelle Knight   |   | Telephone Number<br>[REDACTED]   |  |  |                           |                                     |                          |                          |                          |
| FACILITY INFORMATION  |   |  |  |  |                           |                                     |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br>Block 163 - Lot 25  |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)         |  |  |                           |                                     |                          |                          |                          |
| Street Address<br>2314 Leopold Terrace  |   | City (5)<br>Atlantic City  |  |  |                           |                                     |                          |                          |                          |
| County (6)<br>Atlantic  |   | County Code (7) (STATE USE ONLY)   | Current Use (Prior if being demolished)<br>home                      |  |                           |                                     |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Acer Associates  |   | ASCM No.   | Name of Abatement Contractor (9)<br>Controlled Environmental Systems |  |                           |                                     |                          |                          |                          |
| Street Address<br>1012 Industrial Drive   |   | Street Address<br>1121 N. Bethlehem Pike - Suite 60  |  |  |                           |                                     |                          |                          |                          |
| City, State, Zip Code<br>West Berlin, NJ 08091  |   | City, State, Zip Code<br>Spring House, PA 19477  |  |  |                           |                                     |                          |                          |                          |
| Project Manager for Monitoring Firm<br>Vince Krisak   |   | Telephone No.<br>856 809 1202  | License No.<br>00847   |  |                           |                                     |                          |                          |                          |
| Start Date (10)<br>8 / 13 / 12  | Scheduled Completion Date (11)<br>8 / 17 / 12                         | Name of OSHA Monitor<br>CES  |  |  |                           |                                     |                          |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: 7:00AM-5:00PM/____PM-____AM |   | Street Address<br>1121 N. Bethlehem Pike - Suite 60  |  |  |                           |                                     |                          |                          |                          |
| Scope of Work (Check all that apply)<br><input type="checkbox"/> >3 sf or >3 lf<br><input checked="" type="checkbox"/> >160 sf or >260 lf<br><input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition  |   | Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure                |  |  |                           |                                     |                          |                          |                          |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |  |  | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type                      |                          |                          |                          |
|   | Yes   | No   | N/A  |  |                           | Removal                             | Repair                   | Encapsulate              | Enclosure                |
| Exterior -- 10 Windows & 2 Doors  | <input type="checkbox"/>  | <input type="checkbox"/>   | <input checked="" type="checkbox"/>                                  | white caulk  | 166 LF                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Roof  | <input type="checkbox"/>  | <input type="checkbox"/>   | <input checked="" type="checkbox"/>                                  | Black Tar  | 550 SF                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>   |  |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>   |  |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler<br>Allied Waste   |   | NJDEP Waste Hauler ID No.  | Cubic Yards of Waste<br>5  | Name of Registered Landfill<br>Conestoga Landfill  |                           |                                     |                          |                          |                          |
| City, State<br>Telford, PA  |   | Disposal Date<br>8/17/12   |  | City, State<br>Morgantown, PA  |                           |                                     |                          |                          |                          |
| Completed By (Print or Type)<br>Patricia Visco  |   | Title<br>Office Manager  |  | Signature<br><i>Patricia Visco</i>   |                           |                                     | Date<br>7/26/12          |                          |                          |



**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to N.J.A.C. 8:26 and 12:12)

check 38700 RECEIVED  
2012 JUL 31 AM 11:27  
ASBESTOS CONTROL & LICENSING

|   |  |  |   |
|---|--|--|---|
| Date of Notification (1)<br><b>7-26-12</b>  |  | Name of Building Owner/Operator (2)<br><b>J. JAREMKO</b>   |   |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input type="checkbox"/> DOL<br><input type="checkbox"/> DOH<br><input type="checkbox"/> DCA   | Type Notification<br><input type="checkbox"/> Initial<br><input type="checkbox"/> Amended Amendment #<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><b>380 MEADOWBROOK AVENUE</b>  |   |
|   |  | City, State, Zip Code<br><b>RIDGEWOOD, N.J. 07450</b>  |   |
|   |  | Name of Contact<br><b>J. JAREMKO</b>   |   |
|   |  | Telephone Number   |   |
| <b>FACILITY INFORMATION</b>   |  |  |   |
| Name of Facility Where Abatement is Taking Place (3)<br><b>J. JAREMKO</b>   |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)                     |   |
| Street Address<br><b>380 MEADOWBROOK AVENUE</b>   |  | Square Feet<br><b>2600</b>   | # of Floors<br><b>2</b>   |
| City (5)<br><b>RIDGEWOOD, NJ</b>  |  | Bldg. Age<br><b>84 yrs</b>   |   |
| County (6)<br><b>BERGEN</b>   | County Code (7)<br><small>(STATE USE ONLY)</small>   | Current Use (Prior if being demolished)<br><b>RESIDENCE</b>  |   |
| Name of Monitoring Firm Hired by Building Owner (8)   |  | ASCM No.   | Name of Abatement Contractor (9)<br><b>Best Removal Inc</b>   |
| Street Address  |  | Street Address<br><b>450 South River St</b>  |   |
| City, State, Zip Code   |  | City, State, Zip Code<br><b>Hackensack, N.J. 07601</b>   |   |
| Project Manager for Monitoring Firm   |  | Telephone No.<br><b>201-329-7444</b>   | License No.<br><b>00388</b>   |
| Start Date (10)<br><b>8-7-2012</b>  | Scheduled Completion Date (11)<br><b>8-8-2012</b>  | Name of OSHA Monitor<br><b>Omega Environmental Services</b>  |   |
| Occupancy Status During Abatement (Check Only One)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other - Describe: <b>8AM 5PM</b> |  | Street Address<br><b>280 Huyler St.</b>  |   |
|   |  | City, State, Zip Code<br><b>South Hackensack, N.J. 07606</b>   |   |
| Scope of Work (Check All That Apply)  |  |  |   |
| <input type="checkbox"/> 25 or less sf<br><input type="checkbox"/> 2600 or less sf  |  | <input type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition   |   |
|   |  | <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Flexible 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) |
|   | Yes  | No   |   |
| <b>BASEMENT</b>   |  |  | <b>THERMAL INSULATION</b>   |
|   |  |  |   |
|   |  |  |   |
|   |  |  |   |
|   |  |  |   |
| Name of Registered Waste Hauler<br><b>Best Removal Inc.</b>   |  | NJDEP Waste Hauler ID No.<br><b>17109</b>  | Cubic Yards of Waste<br><b>3/4 yd</b>   |
| City, State<br><b>Hackensack, NJ</b>  |  | Disposal Date<br><b>8-8-12</b>   | Name of Registered Landfill<br><b>Minerva Enterprises Inc</b>   |
|   |  | City, State<br><b>Waynesburg, OH.</b>  |   |
| Completed by<br><b>R. Veldran</b>   | Title<br><b>Estimator</b>  | Signature<br><b>R. Veldran</b>   | Date<br><b>7/26/12</b>  |



No  
check

Print Form

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

RECEIVED

CHECK 11435

|  |   |  |   |  |   |
|--|---|--|---|--|---|
| Date of Notification (1)<br>7-25-12  |   | Name of Building Owner/Operator (2)<br>Caitaman Properties   |   | 2012 JUL 31 AM 11:52   |   |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA  |   | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br><input type="checkbox"/> Amendment #<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |   | Street Address<br>PO Box 371<br>City, State, Zip Code<br>Highlands, NJ 07732<br>Name of Contact<br>Dr. John M. Taylor<br>Telephone Number  |   |
| FACILITY INFORMATION   |   |  |   |  |   |
| Name of Facility Where Abatement is Taking Place (3)<br>194 Route 35 South   |   |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |  |   |
| City (5)<br>Middletown   |   |  | Square Feet<br>3000   | # of Floors<br>2   | Bldg. Age<br>60                                 |
| County (6)<br>Monmouth   |   | County Code (7)<br>(STATE USE ONLY)  |   | Current Use (Prior if being demolished)  |   |
| Name of Monitoring Firm Hired by Building Owner (8)<br>ASCM No.  |   | Name of Abatement Contractor (9)<br>ABS Environmental Services, LLC  |   |  |   |
| Street Address   |   | Street Address<br>4 E Gate Drive, PO Box 483   |   |  |   |
| City, State, Zip Code  |   | City, State, Zip Code<br>Glenwood, NJ 07418  |   |  |   |
| Project Manager for Monitoring Firm  |   | Telephone No.  |   | Telephone No.<br>973-764-2276  | License No.<br>703                              |
| Start Date (10)<br>7/27/12   |   | Scheduled Completion Date (11)<br>8/3/12   |   | Name of OSHA Monitor   |   |
| Occupancy Status During Abatement (Check Only One)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other - Describe: weekend |   |  |   | Street Address   |   |
|  |   |  |   | City, State, Zip Code  |   |
| Scope of Work (Check All That Apply)   |   |  |   |  |   |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf  |   | <input type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition   |   | <input checked="" type="checkbox"/> WRAP & CUR<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><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)                       |
|  | Yes   | No   | N/A   |  |   |
| front/rear basement  |   |  | x   | pipe insulation  | 80 LF   |
|  |   |  |   |  |   |
|  |   |  |   |  |   |
|  |   |  |   |  |   |
| Name of Registered Waste Hauler<br>Freehold Cartage  |   | NJDEP Waste Hauler ID No.<br>15939   |   | Cubic Yards of Waste<br>10   | Name of Registered Landfill<br>GROWS N Landfill |
| City, State<br>Freehold, NJ  |   | Disposal Date<br>TBD   |   | City, State<br>Morrisville, PA   |   |
| Completed by<br>Andrew Scott Higgins   |   | Title<br>President/Owner   |   | Signature<br>  | Date<br>7/25/12                                 |



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

RECEIVED

*No check*

|  |   |  |  |  |                           |                |        |             |           |
|--|---|--|--|--|---------------------------|----------------|--------|-------------|-----------|
| Date of Notification (1)<br>07/26/12   |   | Name of Building Owner/Operator (2)<br>Teaneck School District   |  | 2012 JUL 31 AM 11:28   |                           |                |        |             |           |
| Agencies Notified  |   | Type Notification  |  | Street Address<br>One Merrison Street  |                           |                |        |             |           |
| <input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input checked="" type="checkbox"/> DCA                             |   | <input type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br>Amendment #1<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |  | City, State, Zip Code<br>Teaneck, New Jersey 07666   |                           |                |        |             |           |
|  |   | Name of Contact<br>Anthony D'Angelo  |  | Telephone Number   |                           |                |        |             |           |
| <b>FACILITY INFORMATION</b>  |   |  |  |  |                           |                |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Ben Franklin Middle School   |   |  |  | Type of Facility (4)   |                           |                |        |             |           |
| Street Address<br>1315 Taft Road   |   |  |  | <input checked="" type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)  |                           |                |        |             |           |
| City (5)<br>Teaneck, New Jersey 07666  |   |  |  | Square Feet<br>139,000 Apro  | # of Floors<br>3          |                |        |             |           |
| County (6)<br>Bergen   |   |  |  | Bldg. Age<br>60  |                           |                |        |             |           |
| County Code (7)<br>(STATE USE ONLY)  |   | Current Use (Prior if being demolished)<br>Middle school   |  |  |                           |                |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Environmental Design Inc.   |   | ASCM No.<br>0095   | Name of Abatement Contractor (9)<br>Lilich Corporation   |  |                           |                |        |             |           |
| Street Address<br>5434 King Avenue, Suite 101  |   |  | Street Address<br>606 McBride Avenue                     |  |                           |                |        |             |           |
| City, State, Zip Code<br>Pennsauken, New Jersey 08109  |   |  | City, State, Zip Code<br>Woodland Park, New Jersey 07424 |  |                           |                |        |             |           |
| Project Manager for Monitoring Firm<br>Tom Pruno   |   | Telephone No.<br>856-616-9516  | Telephone No.<br>973-225-8400                            | License No.<br>01104   |                           |                |        |             |           |
| Start Date (10)<br>07/30/12  |   | Scheduled Completion Date (11)<br>08/24/12   |  | Name of OSHA Monitor<br>J&S Environmental Labs LLC   |                           |                |        |             |           |
| Occupancy Status During Abatement (Check Only One)   |   |  |  | Street Address<br>2333 Route 22 West   |                           |                |        |             |           |
| <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other - Describe: 8AM-9PM |   |  |  | City, State, Zip Code<br>Union, New Jersey 07083   |                           |                |        |             |           |
| Scope of Work (Check All That Apply)   |   |  |  |  |                           |                |        |             |           |
| <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf  |   | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition  |  | <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                           |                |        |             |           |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility (13)  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |  |  | Description of Asbestos Containing Material (ACM)<br>(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 |
| Pipe Tunnels   | X   |  |  | TSI(Full Cont. w/Variations)   | 3,250 LF                  | X              |        |             |           |
| Pipe Tunnels   | X   |  |  | TSI(Lim,Cont.GloveBag w/ Var)  | 41 LF                     | X              |        |             |           |
|  |   |  |  |  |                           |                |        |             |           |
| Name of Registered Waste Hauler<br>Asbestos Transportation Co  |   | NJDEP Waste Hauler ID No.<br>S24310  | Cubic Yards of Waste<br>20                               | Name of Registered Landfill<br>Minerva Enterprises   |                           |                |        |             |           |
| City, State<br>Yaphank, NY 11980   |   |  | Disposal Date<br>08/27/12                                | City, State<br>Waynesburg, OH 44688  |                           |                |        |             |           |
| Completed by<br>Tatiana Kalenikova   |   | Title<br>Vice President  | Signature<br><i>Tatiana Kalenikova</i>                   |  | Date<br>07/26/12          |                |        |             |           |



Fax:

Jul 19 2012 11:50am P001/001

State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:50 and 12:120)

NJ Dept. of Health & Senior Services  
*Paul R. [Signature]*  
Signature  
Date: 7/19/12 Time: 11:50 AM  
2012 JUL 31 AM 11:28

ASBESTOS CONTROL  
& LICENSING

|  |   |  |  |   |                           |                |                  |             |           |
|--|---|--|--|---|---------------------------|----------------|------------------|-------------|-----------|
| Date of Notification (1)<br>07/19/12 Ck# 2171 \$200  |   | Name of Building Owner/Operator (2)<br>Teaneck School District   |  |   |                           |                |                  |             |           |
| Agencies Notified  | Type Notification   | Street Address<br>One Merrison Street  |  |   |                           |                |                  |             |           |
| <input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL  | <input type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment #<br><input type="checkbox"/> Emergency (Including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br>Teaneck, New Jersey 07666   |  |   |                           |                |                  |             |           |
| <input checked="" type="checkbox"/> DOH<br><input checked="" type="checkbox"/> DCA   |   | Name of Contact<br>Anthony D'Angelo  | Telephone Number                                       |   |                           |                |                  |             |           |
| FACILITY INFORMATION   |   |  |  |   |                           |                |                  |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Ben Franklin Middle School   |   | Type of Facility (4)<br><input checked="" type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)                    |  |   |                           |                |                  |             |           |
| Street Address<br>1315 Taft Road   |   | Square Feet<br>139,000 Approx  | # of Floors<br>3                                       |   |                           |                |                  |             |           |
| City (5)<br>Teaneck, New Jersey 07666  |   | Bldg. Age<br>60  |  |   |                           |                |                  |             |           |
| County (6)<br>Bergen   | County Code (7)<br>(STATE USE ONLY)   | Current Use (Prior if being demolished)<br>Middle school   |  |   |                           |                |                  |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Environmental Design Inc.   |   | ASCM No.<br>0095   | Name of Abatement Contractor (9)<br>Lilich Corporation |   |                           |                |                  |             |           |
| Street Address<br>5434 King Avenue, Suite 101  |   | Street Address<br>606 McBride Avenue   |  |   |                           |                |                  |             |           |
| City, State, Zip Code<br>Pennsauken, New Jersey 08109  |   | City, State, Zip Code<br>Woodland Park, New Jersey 07424   |  |   |                           |                |                  |             |           |
| Project Manager for Monitoring Firm<br>Tom Pruno   |   | Telephone No.<br>856-816-9516  | Telephone No.<br>973-225-8400                          |   |                           |                |                  |             |           |
| Start Date (10)<br>07/30/12  |   | Scheduled Completion Date (11)<br>08/24/12   | License No.<br>01104                                   |   |                           |                |                  |             |           |
| Name of OSHA Monitor<br>J&S Environmental Labs LLC   |   |  |  |   |                           |                |                  |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other - Describe: 7AM-4PM |   | Street Address<br>2333 Route 22 West   |  |   |                           |                |                  |             |           |
|  |   | City, State, Zip Code<br>Union, New Jersey 07083   |  |   |                           |                |                  |             |           |
| Scope of Work (Check All That Apply)   |   |  |  |   |                           |                |                  |             |           |
| <input type="checkbox"/> 23 sf or 23 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf  |   | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition  |  |   |                           |                |                  |             |           |
|  |   | <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><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 |
| Pipe Tunnels   | X   |  |  | TSI (Full Cont. w/ Variations)  | 3,250 LF                  | X              |                  |             |           |
| Pipe Tunnels   | X   |  |  | TSI (Lim. Cont. GloveBag w/ Var)  | 41 LF                     | X              |                  |             |           |
|  |   |  |  |   |                           |                |                  |             |           |
|  |   |  |  |   |                           |                |                  |             |           |
| Name of Registered Waste Hauler<br>Lilich Corporation  |   | NJOEP Waste Hauler ID No.<br>18724   | Cubic Yards of Waste<br>20                             | Name of Registered Landfill<br>G.R.O.W.S Landfill   |                           |                |                  |             |           |
| City, State<br>Woodland Park, New Jersey 07424   |   | Disposal Date<br>08/27/12  | City, State<br>Morrisville, Pennsylvania               |   |                           |                |                  |             |           |
| Completed by<br>Tatiana Kalenikova   |   | Title<br>Vice President  | Signature<br><i>Tatiana Kalenikova</i>                 |   |                           |                | Date<br>07/19/12 |             |           |