**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:89 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>5/7/14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Marx Realty and Improvement Co., Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td>708 Third Ave., 21st Floor</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>New York, NY 10017-4146</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Phoebe Starr</td>
</tr>
<tr>
<td>FACILITY INFORMATION</td>
<td></td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>No name</td>
</tr>
<tr>
<td>Street Address</td>
<td>3607 Bergenline Ave.</td>
</tr>
<tr>
<td>City (5)</td>
<td>Union City</td>
</tr>
<tr>
<td>County (6)</td>
<td>Hudson</td>
</tr>
<tr>
<td>County Code (7)</td>
<td></td>
</tr>
<tr>
<td>Type of Facility (4)</td>
<td></td>
</tr>
<tr>
<td>Square Foot</td>
<td>30,000</td>
</tr>
<tr>
<td># of Floors</td>
<td>3</td>
</tr>
<tr>
<td>Bldg. Age</td>
<td>75</td>
</tr>
<tr>
<td>Current Use (Prior to dolphins)</td>
<td>Retail 1st floor vacant above</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>ASCM No.</td>
</tr>
<tr>
<td>Vertex Air Quality Services</td>
<td>Alliance Environmental Systems, Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td>700 Turner Way, Suite 105</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Aston, PA 19014</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Don Heim</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>610-559-8902</td>
</tr>
<tr>
<td>Street Address</td>
<td>550 East Union St.</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>West Chester, PA 19382</td>
</tr>
<tr>
<td>License No.</td>
<td>00508</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>6/2/14</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>7/18/14</td>
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<tr>
<td>Name of OSHA Monitor</td>
<td>Vertex</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check Only One)</td>
<td></td>
</tr>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
<td></td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
<td></td>
</tr>
<tr>
<td>Other — Describe: Abatement to be performed in unoccupied areas of building</td>
<td></td>
</tr>
<tr>
<td>Scope of Work (Check All That Apply)</td>
<td></td>
</tr>
<tr>
<td>≥3,000 sq or ≥3,160 sq or ≥280 sq</td>
<td>Renovation</td>
</tr>
<tr>
<td>Demolition</td>
<td></td>
</tr>
<tr>
<td>Description of Asbestos-Containing Material (ACM)</td>
<td></td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Basement Boiler and Breeching</td>
<td>X</td>
</tr>
<tr>
<td>Location Normally Used Solely by Maintenance/ Custodial Staff? (12)</td>
<td>Yes</td>
</tr>
<tr>
<td>Thermal Insulation</td>
<td>750 SF</td>
</tr>
<tr>
<td>Pipe Insulation</td>
<td>850 LF</td>
</tr>
<tr>
<td>VAT/Mastic</td>
<td>4000 SF</td>
</tr>
<tr>
<td>3rd Floor</td>
<td>X</td>
</tr>
<tr>
<td>Plaster</td>
<td>250 SF</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>Richard Burns</td>
</tr>
<tr>
<td>NJ/DEP Waste</td>
<td>Cubic Yards of Waste</td>
</tr>
<tr>
<td>Name</td>
<td>60</td>
</tr>
<tr>
<td>Hauler ID No.</td>
<td>18955</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>Western Berks Community Landfill</td>
</tr>
<tr>
<td>City, State</td>
<td>Philadelphia</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>TBD</td>
</tr>
<tr>
<td>City, State</td>
<td>Birdsboro, PA</td>
</tr>
<tr>
<td>Completed by</td>
<td>Robert M. Casciato</td>
</tr>
<tr>
<td>Title</td>
<td>President</td>
</tr>
<tr>
<td>Signature</td>
<td></td>
</tr>
</tbody>
</table>

*Do not use this form for asbestos licensure exempted activities.*
<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>2nd floor</td>
<td>X</td>
<td>Pipe insulation</td>
<td>5 LF</td>
<td>X</td>
</tr>
<tr>
<td>3rd Floor</td>
<td>X</td>
<td>Floor tile</td>
<td>700 SF</td>
<td>X</td>
</tr>
<tr>
<td>2nd Floor</td>
<td>X</td>
<td>Plaster</td>
<td>300 SF</td>
<td>X</td>
</tr>
</tbody>
</table>
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
06/02/14

Name of Building Owner/Operator (2)
The Langfan Company

Agencies Notified

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

Street Address
119 W, 57th #906

City, State, Zip Code
New York, NY 10019

Name of Contact
Jennifer Gaboff

Facility Information

Name of Facility Where Abatement is Taking Place (3)
Previous Big Lots

Street Address
165 White Horse Pike

City (5)
Clementon, New Jersey 08021

County (6)
Camden

County Code (7) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)
ACER Associates

ASCM No.

Name of Abatement Contractor (9)
ecoservices

Street Address
1012 Industrial Drive

City, State, Zip Code
West Berlin, NJ 08091

Project Manager for Monitoring Firm
Matt DePalma

Telephone No. 856 809-1201

License No. 01161

Start Date (10)
6/16/14

Scheduled Completion Date (11)
07/05/14

Occupancy Status During Abatement (Check Only One)

Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours

Other – Describe: 7:00 am to 3:30 pm

Scope of Work (Check All That Apply)

Removal
Demolition

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

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

Yes No N/A

Location
Retail and mezzanine area
Entry vestibule

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

Amount (Specify SF or LF)
19,000 SF

Removal

Repair

Endorse

Type

Name of Registered Waste Hauler
Waste Mgt of Central New Jersey

NJDEP Waste Hauler ID No. 60

Cubic Yards of Waste

Disposal Date
TBD

Name of Registered Landfill
GROWS

City, State
Morrisville, PA

Completed by
Linda P DeNenno

Title
Manager

Signature
Date 6/2/14

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

**Date of Notification (1):** 05/13/2014

**Name of Building Owner/Operator (2):** Regency Gardens

**Street Address:** 29 W. Hamburg Turnpike

**City, State, Zip Code:** Wayne, NJ 07675

**Name of Contact:** Mr. Mark Benedek

**Telephone Number:**

### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place (3):** Regency Gardens Nursing Center

**Type of Facility (4):** Nursing Home

**Square Feet:** 15,000

**# of Floors:** 2

**Bldg. Age:** 750

**Current Use (Prior to being demolished):**

**Name of Monitoring Firm Hired by Building Owner (8):** KET

**ASCN No.:**

**Name of Abatement Contractor (9):** Pro Services, LLC

**Street Address:** 407 W. Lincoln Highway, Wayne, NJ 07675

**City, State, Zip Code:** Wayne, NJ 07675

**Telephone No.:** 973-987-8888

**License No.:** 01141

**Project Manager for Monitoring Firm:** Lene Housenhecht

**Start Date (10):** 06/24/14

**Scheduled Completion Date (11):** 06/27/14

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

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

- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [X] Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-5:00PM PM- AM

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

<table>
<thead>
<tr>
<th>Lower Level</th>
<th>Renovation</th>
<th>Demolition</th>
<th>Full Containment with Negative Pressure</th>
<th>Mini-Enclosure</th>
<th>Glovebag Procedure</th>
<th>Non-Exempted (*) and Non-Friable Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>[X]</td>
<td></td>
<td>[X]</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Amount (Specify SF or LF):** 200 LF

**Name of Registered Waste Hauler:**

**NIJEP Waste Hauler ID No.:**

**Cubic Yards of Waste:**

**Name of Registered Landfill:** Grow's

**Disposal Date:** TBD

**City, State:** Mecarsville, PA

**Name of Registered Waste Hauler:**

**City, State:** Trenton, NJ

**Signatures:**

**Date:** 5/30/14

---

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

Date of Notification (1) 5/29/14
Name of Building Owner/Operator (2) PSEG

Agencies Notified
- EPA
- DEP
- DOL
- DOH
- DCA
Type Notification
- Initial
- Amended
- Amendment 
- Emergency (including Justification)
- Cancellation

Street Address
440 Eagle Rock Rd
City, State, Zip Code
Roseland N.J. 07068

Name of Contact
Dawn Neville
Telephone Number

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

Name of Facility Where Abatement is Taking Place (3)
Hudson Switch

County Code (7) (STATE USE ONLY) n/a

City (5)
Jersey City N.J. 07097

Square Foot, # of Floors Bldg. Age
n/a n/a n/a

County (6)
Hudson

Current Use (Prior if being demolished) n/a

Project Manager for Monitoring Firm n/a

Start Date (10) 5/29/14
Scheduled Completion Date (11) 5/29/14

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

Scope of Work (Check All That Apply)
- ≥30 sf or ≥33 lf
- ≥160 sf or ≥260 sf
- Demolition
- Renovation
- Full Enclosure with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

In Facility (13)

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

Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)
Coal Tar Wrap 17 LFT

Abatement Type

Location of Registered Waste Hauler
Veolia ES

Cubic Yards of Waste
1/4 yard

Name of Registered Landfill
Wayne Disposal

City, State
1 Eden Lane, Flanders NJ 07836

Disposal Date 6/6/14

City, State
Belleville, MI 48111

Completed by
Michael J DiMaria
Title
Project Manager
Signature

Printed Form

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

Date of Notification (1) 5 / 28 / 14
Name of Building Owner/Operator (2) US Army Corps of Engineers Philadelphia District Job#1310-4695 CK#

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

Type Notification
☐ Initial 
☐ Amended 
☐ Amendment #3
☐ Emergency (including justification) 
☐ Cancellation

Street Address 2014 JUN - 3 AM 8:57
Wanamaker Building 100 Penn Square East

City, State, Zip Code Philadelphia, PA 19107-3390

Name of Contact Matthew Turner
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Walson Hospital

Street Address 5250 New Jersey Ave.

City (5) Fort Dix

County (6) Burlington

County Code (7)(STATE USE ONLY)

Current Use (Prior if being demolished)
Air Force Base

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

Name of Monitoring Firm Hired by Building Owner (8)
M.E.C.S.

ASCM No. 38135

Name of Abatement Contractor (9)
AbateTech, Inc.

Street Address
Po Box 341

City, State, Zip Code Chesterfield, NJ 08515

Country (10) 

Project Manager for Monitoring Firm
William Weisgarber

Telephone No. (609)-298-4070

Start Date (10) 01 / 20 / 14

Scheduled Completion Date (11) 06 / 30 / 14

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

Scope of Work (Check all that apply)
☐ ≥3 sf or ≥3 2 sf
☐ ≥160 sf or ≥250 sf

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

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

Yes No N/A

SEE ATTACHED

☐ ☐ ☒

☐ ☐ ☐

☐ ☐ ☒

☐ ☐ ☒

☐ ☐ ☒

Name of Registered Waste Hauler AbateTech, Inc.

NJDEP Waste Hauler ID No. 18750

Cubic Yards of Waste 786

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

City, State Lumberton, NJ

Disposal Date 09/30/14

City, State Tullytown, PA

Completed By (Print or Type)
Jennifer Piaia
Title Operations Coordinator
Signature
Date 5/28/14

* Do not use this form for asbestos license exempted activities.
<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>BUILDING 5250 Throughout</td>
<td>☒ No ☒</td>
<td>Popcorn Ceiling</td>
<td>1,785 SF</td>
<td>☒</td>
</tr>
<tr>
<td>BUILDING 5250 Throughout</td>
<td>☒ No ☒</td>
<td>Duct Insulation</td>
<td>160 SF</td>
<td>☒</td>
</tr>
<tr>
<td>BUILDING 5250 Throughout</td>
<td>☒ No ☒</td>
<td>Transite Roof</td>
<td>921 SF</td>
<td>☒</td>
</tr>
<tr>
<td>BUILDING 5250 Throughout</td>
<td>☒ No ☒</td>
<td>Window/Door Caulk</td>
<td>33,158 LF</td>
<td>☒</td>
</tr>
<tr>
<td>BUILDING 5250 Throughout</td>
<td>☒ No ☒</td>
<td>Interior Window Glazing</td>
<td>150</td>
<td>☒</td>
</tr>
<tr>
<td>BUILDING 5250 Throughout</td>
<td>☒ No ☒</td>
<td>Transite Panels</td>
<td>1,000 SF</td>
<td>☒</td>
</tr>
<tr>
<td>BUILDING 5250 Throughout</td>
<td>☒ No ☒</td>
<td>Roofing</td>
<td>23,000 SF</td>
<td>☒</td>
</tr>
<tr>
<td>BUILDING 5250 Throughout</td>
<td>☒ No ☒</td>
<td>Roof Hatch Gasket</td>
<td>20 SF</td>
<td>☒</td>
</tr>
<tr>
<td>BUILDING 5250 Throughout</td>
<td>☒ No ☒</td>
<td>Misc Debris</td>
<td>100 SF</td>
<td>☒</td>
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<tr>
<td>BUILDING 5250 Throughout</td>
<td>☒ No ☒</td>
<td>Gaskets</td>
<td>10</td>
<td>☒</td>
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<tr>
<td>BUILDING 5250 Throughout</td>
<td>☒ No ☒</td>
<td>Sheetrock</td>
<td>3,250 SF</td>
<td>☒</td>
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<tr>
<td>BUILDING 5250 Throughout</td>
<td>☒ No ☒</td>
<td>Backsplash</td>
<td>700 SF</td>
<td>☒</td>
</tr>
<tr>
<td>BUILDING 5250 Throughout</td>
<td>☒ No ☒</td>
<td>Roof Penetrations</td>
<td>1,200 SF</td>
<td>☒</td>
</tr>
<tr>
<td>BUILDING 5250 Throughout</td>
<td>☒ No ☒</td>
<td>Flashing</td>
<td>1,600 SF</td>
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<tr>
<td>BUILDING 5250 Throughout</td>
<td>☒ No ☒</td>
<td>Floor Tile &amp; Mastic</td>
<td>3,770 SF</td>
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<tr>
<td>BUILDING 5250 Throughout</td>
<td>☒ No ☒</td>
<td>Stick Pin Mastic</td>
<td>1,100 SF</td>
<td>☒</td>
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<tr>
<td>BUILDING 5250 Throughout</td>
<td>☒ No ☒</td>
<td>Transite Panels</td>
<td>2,650 SF</td>
<td>☒</td>
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</table>
**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:60 and 5:16)

**Date of Notification (1)**
05 / 29 / 14

**Name of Building Owner/Operator (2)**
Kennedy Health System / Job #1405-4762 Check #

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

**Type Notification**
- Initial
- Amended
- Amendment #1
- Emergency (including justification)
- Cancellation

**Street Address**
18 East Laurel Road

**City, State, Zip Code**
Stratford, NJ 08084

**Name of Contact**
Bob Reed

**Facility Information**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kennedy Memorial Hospital - Lab &amp; Associated Awning</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>School (K-12)</td>
</tr>
<tr>
<td>Subchapter 8 (Other than K-12)</td>
</tr>
<tr>
<td>Other (i.e., private and commercial buildings, homes, etc.)</td>
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</table>

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

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
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</thead>
<tbody>
<tr>
<td>Criterion Laboratories, Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ASCM No.</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>AbateTech, Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
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<tbody>
<tr>
<td>3370 Progress Drive</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
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</thead>
<tbody>
<tr>
<td>Bensalem, PA 19020</td>
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</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
</tr>
</thead>
<tbody>
<tr>
<td>Michael Paneppresso</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>215-244-1300</td>
<td>00529</td>
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<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>05 / 19 / 14</td>
<td>06 / 30 / 14</td>
</tr>
</tbody>
</table>

**Occupancy Status During Abatement**
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM - PM/8:00PM - 4:30AM

<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMSL Analytical</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>30 Maple Ave. PO Box 25</td>
</tr>
</tbody>
</table>

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

**Location of Asbestos-Containing Material (ACM) To Be Abated**

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) To Be Abated (13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lab and Associated Awning</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>200 SF</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Lab and Associated Awning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calling Spray On</td>
</tr>
</tbody>
</table>

**Completed By (Print or Type)**

<table>
<thead>
<tr>
<th>Jennifer Piraine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operations Coordinator</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>05/29/14</td>
</tr>
</tbody>
</table>

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

Date of Notification (1) 5 / 30 / 14

Name of Building Owner/Operator (2)
Verizon Communications
I Job #1405-4763 Check #6320 2014 JUN 3 AM 8:45

Agencies Notified
☑ EPA ollipop
☑ DOLWD 6/14 Amendment #1
☑ DHSS 6/14 Amendment #1
☑ DCA (NJAC 5:23-8) 6/14 Amendment #1

Type Notification
☐ Initial
☐ Amended
☐ Emergency (including Justification)
☐ Cancellation

Street Address
100 Greenwood Ave.

City, State, Zip Code
Jenkintown, PA 19046

Name of Contact
Alex Baylor

Telephone Number

FACILITY INFORMATION

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

Street Address
393 Mercer Street

City (5)
Hightstown

County (6)
Mercer County Code (?) (STATE USE ONLY)

MERCER

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

ASCM No.

Name of Abatement Contractor (9)
AbateTech, Inc.

Street Address
8436 Enterprise Avenue

City, State, Zip Code
Philadelphia, PA 19153

Lumberton, NJ 08048

Project Manager for Monitoring Firm
Mark Jenkins

Telephone No.
215-365-5810

Telephone No.
609-285-2107

License No.
00529

Start Date (10) 05 / 22 / 14

Scheduled Completion Date (11) 06 / 09 / 14

Name of OSHA Monitor
EMSL Analytical

Occupancy Status During Abatement (Check-only one)
☒ Facility Closed/Vacated During Entire Period of Abatement
☒ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM 5:00 PM - 1:00 AM

Scope of Work (Check all that apply)
☒ Full Containment with Negative Pressure
☒ Mini-Enclosure
☒ Glovebag Procedure
☒ Non-Exempted (*) and Non-Friable Procedure

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

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

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

Amount (Specify SF or LF)

Abatement Type

Basement - Boiler Room
☒ ☐ ☐ Boiler Insulation 200 SF ☒ ☐ ☐

Basement - Boiler Room
☒ ☐ ☐ Boiler Breaching 100 SF ☒ ☐ ☐

Basement - Boiler Room
☒ ☐ ☐ Boiler Rope Insulation 5 LF ☒ ☐ ☐

Basement: Generator/Storage Room
☒ ☐ ☐ Floor Tile & Mosaic 500 SF ☒ ☐ ☐

Name of Registered Waste Hauler
AbateTech, Inc.

NJDEP Waste Hauler ID No. 18750

Cubic Yards of Waste
40

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

City, State
Lumberton, NJ

Disposal Date 6/9/14

City, State
Tullytown, PA

Completed By (Print or Type) Jennifer Piraine
Title Operations Coordinator
Signature

Date 5/30/14

* Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Description</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>180 SF</td>
<td>Removal</td>
</tr>
<tr>
<td></td>
<td>220 SF</td>
<td>Removal</td>
</tr>
<tr>
<td></td>
<td>100 LF</td>
<td>Encapsulate</td>
</tr>
<tr>
<td></td>
<td>50 LF</td>
<td>Encapsulate</td>
</tr>
</tbody>
</table>

* Do not use this form for asbestos licensure exempted activities.
State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1)  2014-06-3

Name of Building Owner/Operator (2)  Estate of Paula Long

Agencies Notified  
- EPA  Initial
- DOL  Amendment
- DOH  Cancellation

Street Address  
94 Ridgedale Avenue, Madison, NJ 07940

Name of Contact  Paul Finkeldey

FACILITY INFORMATION

Name of facility where abatement is taking place (3)  Estate of Paula Long

Street Address  94 Ridgedale Avenue

City (5)  Madison, NJ

County (6)  Morris

County Code (7)  N/A

Name of Monitoring Firm Hired by Bldg. Owner (8)  B & G Restoration, Inc.

ASCM No.  N/A

Name of Abatement Contractor (9)  B & G Restoration, Inc.

Street Address  105 Ryerson Road, Lincoln Park, NJ 07035

Telephone Number  973-696-6869

License Number  0378

Name of OSHA Monitor  B & G Restoration, Inc.

Street Address  105 Ryerson Road, Lincoln Park, NJ 07035

City, State, Zip Code  Lincoln Park, NJ 07035

Scheduled Start Date (10)  06/09/2014

Scheduled Completion Date (11)  06/10/2014

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

Scope of Work (check all that apply)  
- Demolition
- >2 ft or >2 if
- ≥100 sf or ≥260 if
- Renovation
- Full containment w/negative pressure
- Mini-enclosure
- Wrap & cut
- Glovebag procedure
- Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)  
- Main Room  pipe insulation  60 lf
- boiler room  pipe insulation  6 lf
- etc.

Registered Waste Hauler  
B & G Restoration, Inc.

NJDEP Hauler ID#  19563

Cubic Yards of Waste  1

Name of Registered Landfill  Tullytown Resource & Recovery Center

City, State  Lincoln Park, NJ 07035

Disposal Date  06/10/2014

Completed by (Print or Type)  Gordana Luna

Title  Secretary/Treasurer

Signature  Gordana Luna

Date  05/30/2014
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1):
05/31/11

Name of Building Owner/Operator (2):
Anna Resnick

 Agencies Notified:
- EPA
- DOL
- DOH
- DCA

Type Notification:
- Initial

Street Address:
4 Maryland Road
Maplewood, NJ 07040

Name of Contact:
Anna Resnick

FACILITY INFORMATION

Name of facility where abatement is taking place (3):
Anna Resnick

Street Address:
4 Maryland Road

City (5):
Maplewood
County (6):
Essex

County Code (7) (State use only):

Name of Monitoring Firm Hired by Bldg. Owner (8):
N/A

ASCM No.:

Name of Abatement Contractor (9):
B & G Restoration, Inc.

Street Address:
105 Ryerson Road
Lincoln Park, NJ 07035

Type of Facility (4):
- School (K - 12)
- Subchapter 6 (Other than K-12)
- Other (Private/Commercial Bldgs./Homes, etc.)

Square Feet:

# of Floors:

Bldg. Age:

Current Use (Prior if being demolished):
Residential

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

Other-Describe:

Scheduled Start Date (10):
06/11/2014

Scheduled Completion Date (11):
06/11/2014

Scope of Work (check all that apply):
- Demolition
- Renovation
- >3 sf or >3 If
- >160 sf or >260 If

Cubic Yards of Waste:
1 ½

Description of asbestos-containing material (ACM):

<table>
<thead>
<tr>
<th>Location of asbestos-containing material to be abated in facility (13)</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>laundry room</td>
<td>pipe insulation</td>
<td>2 If</td>
<td></td>
</tr>
<tr>
<td>laundry room</td>
<td>pipe</td>
<td>9 If</td>
<td></td>
</tr>
<tr>
<td>boiler room / HVAC room</td>
<td>pipe insulation</td>
<td>8 If / 21 If</td>
<td></td>
</tr>
<tr>
<td>under stairs storage</td>
<td>pipe insulation</td>
<td>30 If</td>
<td></td>
</tr>
<tr>
<td>boiler room</td>
<td>contaminated fiberglass insulation</td>
<td>6 If</td>
<td></td>
</tr>
</tbody>
</table>

Registered Waste Hauler:
B & G Restoration, Inc.

Cubic Yards of Waste:
1 ½

Disposal Date:
06/11/2014

Name of Registered Landfill:
Tullitytown Resource & Recovery Center

City:
Lincoln Park, NJ 07035

Completed by (Print or Type):
Gordana Luna
Title:
Secretary/Treasurer
Signature:

Date:
05/30/2014
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>05-30-2014</td>
<td>Russel Abrecht</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>505 Lenape Trail</td>
<td>Brielle, NJ, 08730</td>
</tr>
<tr>
<td>DOL</td>
<td>Amended Amendment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOH</td>
<td>Emergency</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Justification</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cancellation</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residence</td>
<td></td>
</tr>
<tr>
<td>Street Address: 642 Ocean View Road</td>
<td></td>
</tr>
<tr>
<td>City: Brielle</td>
<td></td>
</tr>
<tr>
<td>County: Monmouth</td>
<td></td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner:</td>
<td></td>
</tr>
<tr>
<td>Sky Environmental Service, Inc</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sky Environmental Service, Inc</td>
<td></td>
<td>Be Construction Corporation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leonid Skereshevsky</td>
<td>973-588-4821</td>
<td>235 Watchung Ave</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>06-14-2014</td>
<td>06-16-2014</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check Only One)</th>
<th>Scope of Work (Check All That Apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
<td>23 sf or 23 ft</td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
<td>190 sf or 2800 sf</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
</tr>
</thead>
<tbody>
<tr>
<td>In Facility (13)</td>
<td>Yes No N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Livingroom and Kitchen: Tiles</td>
<td>765sf</td>
</tr>
<tr>
<td>Den: Brown/Red linoleum with paper</td>
<td>225sf</td>
</tr>
<tr>
<td>Roof: Chimney flash patch</td>
<td>7sf</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**  
**Circle Rubbish Removal**  
**City, State, Linden, NJ**

<table>
<thead>
<tr>
<th>Completed by</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barbara Reed</td>
<td>President</td>
<td></td>
<td>05-30-2014</td>
</tr>
</tbody>
</table>

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

State of New Jersey

Date of Notification (1) 06 / 2 / 14

Name of Building Owner/Operator (2) WASHINGTON TWP PUBLIC SCHOOL DISTRICT

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

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

Street Address 206 E. HOLLY AVE

City, State, Zip Code SEWELL NJ 08080

Name of Contact

Telephone Number

FACILITY INFORMATION

Facility Where Abatement is Taking Place (3) WHITMAN ELEMENTARY SCHOOL

Street Address 827 WHITMAN SCHOOL DRIVE

City (5) TURNERSVILLE

County (6) Gloucester

County Code (7)/STATE USE ONLY

Type of Facility (4)
- School (K-12)
- Subchapter 6 (Other than K-12)
- Other (i.e., private and commercial buildings, homes, etc.)

Square Feet >50,000

# of Floors 1

Bldg. Age 50

Current Use (Prior if being demolished) SCHOOL

Name of Facility Monitoring Firm Hired by Building Owner (8) HORIZON ENVIRONMENTAL GRP., INC

ASCM No. 00073

Name of Abatement Contractor (9) DELTAL/BDDS, INC

Street Address 301 9TH STREET

City, State, Zip Code WEST DEPTFORD, NJ 08086

Project Manager for Monitoring Firm STEVE

Telephone No. 856 848 0800

Telephone No. 215 322-2900

License No. 00793

Name of OSHA Monitor CRITERION LABS

Start Date (10) 08 / 16 / 14

Scheduled Completion Date (11) 08 / 08 / 14

Name of OSHA Monitor

Occupancy Status During Abatement (Check only one)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:30AM - 3:30PM - 6AM

Scope of Work (Check all that apply)
- ≥3 sf or ≥3 If
- ≥160 sf or ≥260 If
- Renovation
- Demolition

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

Boiler Room

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

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

Amount (Specify SF or LF)

Abatement Type

Remove Repair Encapsulate Endorse

Name of Registered Waste Hauler SERVICE TRANSPORT GROUP INC

NJDEP Waste Hauler ID No. 20990

Cubic Yards of Waste

Name of Registered Landfill MINERVA LANDFILL

City, State 56 PYLES LANE, NEW CASTLE, DE 19720

Disposal Date

City, State WAYNESBURG, OH 44688

Completed By (Print or Type) DAMIAN LAVELLE

Title PROJECT MGR.

Signature

Date 06/2/14

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

(Pursuant to NJAC 8:60 and 5:16)

**Date of Notification (1)**

06 / 2 / 14

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

WASHINGTON TWP PUBLIC SCHOOL DISTRICT

2014 JUN - 3 AM 8: 17

**Agencies Notified**

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

**Type Notification**

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

**Street Address**

206 E. HOLLY AVE

**City, State, Zip Code**

SEWELL NJ 08080

**ASBESTOS CONTROL & LICENSING**

**Telephone Number**


**FACILITY INFORMATION**

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

WEDGEWOOD ELEMENTARY

236 HURFFVILLE ROAD

SEWELL

**County (6)**

Gloucester

**County Code (7)(STATE USE ONLY)**


**Square Feet**

> 50,000

**# of Floors**

1

**Bldg. Age**

50

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

SCHOOL

**Name of Monitoring Firm Hired by Building Owner (8)**

HORIZON ENVIRONMENTAL GRP., INC

ASCM No.

00073

**Name of Abatement Contractor (9)**

DELTA/BDJS, INC

**Street Address**

301 9TH STREET

**City, State, Zip Code**

WEST DEPTFORD, NJ 08086

**Name of OSHA Monitor**

CRITERION LABS

**License No.**

00793

**Street Address**

1345 INDUSTRIAL BLVD

**City, State, Zip Code**

SOUTHAMPTON, PA 18966

**Project Manager for Monitoring Firm**

STEVE

**Telephone No.**

856 848 0800

**Start Date (10)**

6 / 16 / 14

**Scheduled Completion Date (11)**

8 / 8 / 14

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

- ≥3 sf or ≥3 if
- ≥150 sf or ≥260 if
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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


**MECHANICAL ROOM**

- PIPE FITTINGS (CUT AND WRAP)

50 LF

**Amount (Specify SF or LF)**


**Name of Registered Waste Hauler**

SERVICE TRANSPORT GROUP INC

NJDEP Waste Hauler ID No.

20990

**Cubic Yards of Waste**

**Name of Registered Landfill**

MINERVA LANDFILL

**City, State**

WAYNESBURG, OH 44668

**Disposal Date**

2014 JAN - 3 AM 8: 17

**Signature**

DAMIAN LAVELLE

**Date**

MAY 11

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