<table>
<thead>
<tr>
<th><strong>State of New Jersey</strong></th>
<th><strong>NOTIFICATION OF ASBESTOS ABATEMENT</strong></th>
<th><strong>(Pursuant to NJAC 8:60 and 5:16)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Date of Notification (1)</strong></td>
<td>6/11/12</td>
<td><strong>Name of Building Owner/Operator (2)</strong></td>
</tr>
<tr>
<td><strong>Agencies Notified</strong></td>
<td></td>
<td><strong>Street Address</strong></td>
</tr>
<tr>
<td>EPA</td>
<td></td>
<td><strong>City, State, Zip Code</strong></td>
</tr>
<tr>
<td>DEP</td>
<td></td>
<td><strong>Name of Contact</strong></td>
</tr>
<tr>
<td>DOL</td>
<td></td>
<td><strong>Telephone Number</strong></td>
</tr>
</tbody>
</table>
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 6/11/12

Agencies Notified
- EPA
- DEP
- DOL
- DCH
- DCA

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

Name of Building Owner/Operator (2)
Palmer Square Management

Street Address
40 Nassau Street

City, State, Zip Code
Princeton, NJ 08542

Name of Contact
Mike Casey

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

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

Retail Store

Name of Facility Where Abatement is Taking Place (3)

Street Address
32 Nassau Street

City (5)
Princeton

County (6)
Mercer

County Code (7) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner
MECS

ASCM No.

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

Retail Store

Project Manager for Monitoring Firm
William Weisgarber Jr.

Telephone No. (609) 298-4070

Start Date (10) 6/21/12

Scheduled Completion Date (11) 7/6/12

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

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

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

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

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

Yes No N/A

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

pipe insulation

Amount (Specify SF or LF)
1000 LF

Abatement Type

Name of Registered Wastewater Hauler
Stevens Environmental Services, Inc.

City, State
Allentown, NJ

City, State
Allentown, NJ

Cubic Yards of Waste
20 CU

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

City, State
Tullytown, PA

Completed By
Mahlon E. Stevens

Tee Project Manager

ASB-41
MAR 00

* 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:** 06 / 22 / 12

**Name of Building Owner/Operator:** Amanda Carey

**Name of Facility Where Abatement is Taking Place:**
- **Private home**
  - **Street Address:** 9 West Avenue
  - **City:** Gladstone, NJ 07934
  - **County:** Somerset

**Name of Monitoring Firm Hired by Building Owner:**

<table>
<thead>
<tr>
<th>ASCM No.</th>
<th>Name of Abatement Contractor</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Gr Tech LLC</td>
</tr>
</tbody>
</table>

**Project Manager for Monitoring Firm:**

<table>
<thead>
<tr>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>973-638-1777</td>
<td>01127</td>
</tr>
</tbody>
</table>

**Start Date:** 07 / 01 / 12  
**Scheduled Completion Date:** 07 / 02 / 12

**Occupancy Status During Abatement:**

- Facility Closed/Vacated During Entire Period of Abatement

**Scope of Work:**

- >3 sf or >3 l.f.
- 2 to 160 sf or ≥260 l.f.
- Renovation
- Demolition

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

**Description of Asbestos Containing Material (ACM)**

<table>
<thead>
<tr>
<th>Location</th>
<th>Normal Use by Custodial Staff?</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>85 LF</td>
<td>Pipe insulation</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:**

<table>
<thead>
<tr>
<th>NDEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>0033785</td>
<td>TBD</td>
<td>T.R.R.F., Inc</td>
</tr>
</tbody>
</table>

**Name of Contact:** Amanda Carey

**Telephone Number:**

**License No.:**

<table>
<thead>
<tr>
<th>Phone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>973-638-1777</td>
<td>01127</td>
</tr>
</tbody>
</table>

**License No.:** 01127

**Name of OSHA Monitor:** Envirovision Consultants, Inc

**Occupancy During Abatement:**

- Facility Closed/Vacated During Entire Period of Abatement

**Type of Facility:**

- Subchapter 8 (Other than K-12)

**Square Feet:**

<table>
<thead>
<tr>
<th># of Floors</th>
<th>Bldg. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**Description of Asbestos-Containing Material (ACM)**

- Thermal systems insulation, surfacing, VAT, or other miscellaneous

**Amount (Specify SF or LF):** 85 LF

**Abatement Type:**

- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure

**Name of Registered Landfill:**

<table>
<thead>
<tr>
<th>NDEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>0033785</td>
<td>TBD</td>
<td>T.R.R.F., Inc</td>
</tr>
</tbody>
</table>

**Disposal Date:**

<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>T.R.R.F., Inc</td>
</tr>
</tbody>
</table>

**Completed By (Print or Type):**

<table>
<thead>
<tr>
<th>Owner</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>N.Jevtic</td>
<td>frid &amp; 19</td>
<td>06/22/2012</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>Name of Building Owner/Operator</th>
</tr>
</thead>
<tbody>
<tr>
<td>6-22-12</td>
<td>Dana Holca</td>
</tr>
</tbody>
</table>

#### FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place</th>
<th>Type of Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single Family Dwelling</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>17 Millstone Road, West Windsor, NJ 08550</td>
<td>Dana Holca</td>
</tr>
</tbody>
</table>

#### Name of Monitoring Firm Hired by Building Owner

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
</tr>
</thead>
<tbody>
<tr>
<td>Steve Schenk</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>609-758-3345</td>
<td>00387</td>
</tr>
</tbody>
</table>

#### Start Date | Scheduled Completion Date
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>July 5, 2012</td>
<td>July 13, 2012</td>
</tr>
</tbody>
</table>

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

- **Demolition**: Floors, Siding, Woodwork
- **Renovation**: Floors, Siding, Woodwork

#### Description of Asbestos-Containing Material

<table>
<thead>
<tr>
<th>Location</th>
<th>Material Type</th>
<th>Amount</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kitchen</td>
<td>Floors Tiles</td>
<td>50 SF</td>
<td>X</td>
</tr>
<tr>
<td>Garage entrance</td>
<td>Floors Tiles/Concrete</td>
<td>30 SF</td>
<td></td>
</tr>
<tr>
<td>Windows on House</td>
<td>Laminate</td>
<td>12 each</td>
<td></td>
</tr>
<tr>
<td>Siding, Siding, Wood</td>
<td></td>
<td>250 SF</td>
<td></td>
</tr>
</tbody>
</table>

#### Name of Registered Waste Handler

<table>
<thead>
<tr>
<th>Name of Registered Waste Handler</th>
<th>ID No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPC Technologies</td>
<td>17000</td>
</tr>
</tbody>
</table>

#### Other Information

- **Complied by**: Steve Schenk
- **Title**: President
- **Signature**: Steve Schenk
- **Date**: 6-22-12

---

*Do not use this form for asbestos licensure exempted activities.*
**Date of Notification:** June 20th, 2012

**Agency Notified:**
- EPA
- DEP
- DOL
- DOH
- OCA

**Type of Notification:**
- Initial
- Amended
- Amendment
- Emergency (Including Notification)
- Completion

**Facility Information**
- **Name of Facility Where Abatement is Taking Place:** McKeown Elementary School
- **Street Address:** One School Road
- **City:** Newton, New Jersey 07860
- **County:** Sussex

**Name of Monitoring Firm Hired by Building Owner:**
- **Name:** ENVIRO VISION CONSULTANTS, INC.
- **Address:** 20-21 Wagner Road, Bldg.#34A
- **City, State, Zip Code:** Fair Lawn, New Jersey 07410

**Name of Asbestos Abatement Contractor:**
- **Name:** SLAVCO CONSTRUCTION INC.
- **Address:** 164 GETTY AVE.
- **City, State, Zip Code:** CLIFTON, NEW JERSEY 07011-1802

**Abatement Information**
- **Amount (Specify $F or LF):** 27$F
- **Abatement Type:** Exterior Panel

**Location of Asbestos-Containing Material (ACM) to be Abated**
- **In Facility:** Yes

**Abatement Information**
- **Location Normally Used Solely for Maintenance/Repair/Replacement:**
- **Description of Asbestos-Containing Material (ACM):**
- **Name of Registered Hauler:**
- **Name of Registered Landfill:** G.R.O.W.8 LANDFILL
- **City, State:** CLIFTON, NEW JERSEY 07011-1802

**Completion Information**
- **Completed by:** Vivian D. Jurcavec
- **Title:** Gen. Mgr.
- **Date:** June 20th, 2012

---

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

Date of Notification (1):
June 20th, 2012

Name of Building Owner/Operator (2):
HAMPTON TOWNSHIP SCHOOL DISTRICT

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

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

Street Address:
ONE SCHOOL ROAD

City, State, Zip Code:
NEWTON, NEW JERSEY 07860

Name of Contact:
Mr. Everett Burns

Telephone Number:

FACILITY INFORMATION

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

Street Address:
One School Road,

City (5):
Newton, New Jersey 07860

County (6):
Sussex

County Code (7):
(STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8):
ENVIRO VISION CONSULTANTS, INC.

ASCM No.:

Name of Abatement Contractor (9):
SLAVCO CONSTRUCTION INC.

Street Address:
20-21 Wagarow Road, Bldg.#34A

City, State, Zip Code:
Fair Lawn, New Jersey 07410

Telephone No.:
973-636-9145

License No.:
00724

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

Square Feet:
50,000

Current Use (Prior if being demolished):

Bldg. Age:
50+

# of Floors:
1

Start Date (10):
June 22, 2012

Scheduled Completion Date (11):
June 29, 2012

Occupancy Status During Abatement (Check Only One):
- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours
- [x] Other – Describe: 7:00am-3:30pm Monday- Friday

Scope of Work (Check All That Apply):
- [x] ≥30 sf or ≥3 If
- [x] ≥160 sf or ≥260 If
- [ ] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Failable Procedure

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exterior Panel</td>
<td>[x] Yes</td>
<td>14 Transite Panel</td>
<td>27SF</td>
<td>[x] Removal</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler:
Slavco Construction Inc.

NJDEP Waste Hauler ID No.:
18508

Cubic Yards of Waste:

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

City, State:
CLIFTON , NEW JERSEY 07011-1802

Disposal Date:
TBD

City, State:
MORRISVILLE, PA

Completed by:
Vivian D. Jurevic

Title:
Gen. Mgr.

Signature:

Date:
June 20th, 2012

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

Date of Notification (1)
06/19/12

Name of Building Owner/Operator (2)
West Orange Board of Education

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

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

Street Address
179 Eagle Rock Avenue
City, State, Zip Code
West Orange, NJ 07052

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Washington Elementary School

City (5)
West Orange

County Code (7)
Essex

County Code (7)
(State USE ONLY)

Square Feet
5,000 +

# of Floors
2

Bldg. Age
50+

Name of Monitoring Firm Hired by Building Owner (8)
Ahira Consultants, Inc.

Name of Abatement Contractor (9)
Pyramid Contracting Corp.

Street Address
163 Sargeant Avenue
City, State, Zip Code
Clifton, NJ 07013

Telephone No.
609-652-1833

License No.
973-889-8281
01099

Name of OSHA Monitor
J&S Environmental Laboratories LLC

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

City, State
Clifton, New Jersey

Disposal Date
08/03/12

City, State
Morrisville, Pennsylvania

Completed by
Dimo Golcev
Title
General Manager

Signature

* 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>Fan Room</td>
<td>x</td>
<td>Wall and Ceiling Panels</td>
<td>800 SF</td>
<td>X</td>
</tr>
<tr>
<td>Fan Room &amp; Boiler Room</td>
<td>x</td>
<td>Duct Gaskets</td>
<td>120 SF</td>
<td>X</td>
</tr>
<tr>
<td>Fan Room</td>
<td>x</td>
<td>Glue Dots (associated with wall &amp; ceiling panels)</td>
<td>800 SF</td>
<td>X</td>
</tr>
</tbody>
</table>
# Notification of Asbestos Abatement

**State of New Jersey**  
**Notice of Asbestos Abatement**  
(Pursuant to NJAC 8:60 and 5:16)

**Date of Notification (1):** 06/20/12  
**Name of Building Owner/Operator (2):** Wall Township Board of Education  
**Check #:** 2136  
**$260**

**Agencies Notified:**  
- [ ] EPA  
- [ ] DOLWD  
- [ ] DHSS  
- [ ] DCA  
(3) NJAC 5:23-8  
**Type Notification:**  
- [ ] Initial  
- [ ] Amended  
- [ ] Amendment #  
- [ ] Emergency (including justification)  
- [ ] Cancellation

**Street Address:**  
1820 18th Avenue  
**City, State, Zip Code:**  
Wall, New Jersey 07719

**Name of Contact:**  
Terri Somers

## Facility Information

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

**Square Feet:** 10,000  
**# of Floors:** 2  
**Bldg. Age:** 55+

**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 PM AM

**Scope of Work (Check all that apply):**  
- [ ] 3 ft or 3 ft  
- [ ] 100 ft or 260 ft  
- [ ] Renovation  
- [ ] Demolition  
- [ ] Full Containment with Negative Pressure  
- [ ] Mini-Enclosure  
- [ ] Glovebox Procedure  
- [ ] Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Used Solely by Maintenance/</th>
<th>Is Location</th>
<th>Description of ACM</th>
<th>Amount</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boiler Room</td>
<td>Maintenance/Custodial Staff?</td>
<td>(12)</td>
<td>Normal Use of ACM</td>
<td>(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td>80 LF</td>
</tr>
</tbody>
</table>

**Amount (Specify SF or LF):**  
- [ ] 80 LF

**Name of Registered Waste Hauler:**  
**Lillich Corporation**

**City, State:**  
Woodland Park, New Jersey

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

**Disposal Date:** 07/23/12  
**City, State:**  
Morrisville, Pennsylvania

**Completed By (Print or Type):**  
Tatiana Kalenikova  
**Title:** Vice President  
**Signature:**  
**Date:** 4/20/12

---

*Do not use this form for asbestos licensure exempted activities.
**Notifiable Particulate Material (NPM)**

<table>
<thead>
<tr>
<th>Particulate Material</th>
<th>AFC</th>
<th>CFC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asbestos</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

**Location of Asbestos-Containing Material (ACM)**

<table>
<thead>
<tr>
<th>Location</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surface</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Interior</td>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>

**Description of Asbestos-Containing Material (ACM)**

- **Type**: Fibrous
- **Location**: Interior
- **Surface Area**: 1000 sq ft
- **Volume**: 10 cubic yards

**Licensed Hauler Information**

- **Hauler Name**: Rovic Transport
- **Hauler ID Number**: 20785
- **Type of Waste**: CMC
- **Amount of Waste**: 1 cubic yard
- **Disposal Date**: 6/20/12
- **City, State**: Bethlehem, PA 18015
- **Complied by**: R. McDonald, President
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>06 / 21 / 12</td>
<td>1582 Irving Street LLC</td>
</tr>
</tbody>
</table>

Name of Facility Where Abatement is Taking Place (3)

<table>
<thead>
<tr>
<th>Apt. bldg.</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1582 Irving Street</td>
</tr>
</tbody>
</table>

City (5)

<table>
<thead>
<tr>
<th>Rahway, NJ 07065</th>
</tr>
</thead>
</table>

County (6)

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

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

Name of Monitoring Firm Hired by Building Owner (8)

<table>
<thead>
<tr>
<th>ASCM No.</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Gr Tech LLC</td>
</tr>
</tbody>
</table>

Street Address

<table>
<thead>
<tr>
<th>Street Address</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>576 Valley Rd #283</td>
<td>973-638-1777</td>
</tr>
</tbody>
</table>

City, State, Zip Code

<table>
<thead>
<tr>
<th>Wayne, NJ 07470</th>
</tr>
</thead>
</table>

Project Manager for Monitoring Firm

<table>
<thead>
<tr>
<th>Telephone No.</th>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Envirovision Consultants, Inc</td>
</tr>
</tbody>
</table>

Start Date (10)

<table>
<thead>
<tr>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>06 / 30 / 12</td>
</tr>
</tbody>
</table>

Occupancy Status During Abatement (Check only one)

<table>
<thead>
<tr>
<th>Facility Closed/Vacated During Entire Period of Abatement</th>
<th>Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM-PM/ PM-AM</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

Scope of Work (Check all that apply)

<table>
<thead>
<tr>
<th>&gt;3 sf or &gt;3 lf</th>
<th>≥ 160 sf or ≥260 lf</th>
<th>Renovation</th>
<th>Demolition</th>
<th>Full Containment with Negative Pressure</th>
<th>Mini-Enclosure</th>
<th>Greasing Procedure</th>
<th>Non-Exempted (*) and Non-Friable Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Location Normaly 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 SIF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td></td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

Outside siding

<table>
<thead>
<tr>
<th>Transite Siding</th>
<th>900 SF</th>
</tr>
</thead>
</table>

Name of Registered Waste Hauler

<table>
<thead>
<tr>
<th>NJDEP Waste Hauler ID No</th>
<th>Outage Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gr Tech LLC</td>
<td>0033785</td>
<td>T.R.R.F., Inc</td>
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</tbody>
</table>

City, State

<table>
<thead>
<tr>
<th>Wayne, NJ 07470</th>
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</table>

Completed By (Print or Type)

<table>
<thead>
<tr>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>N. Jevtic</td>
<td>[Signature]</td>
<td>06/21/2012</td>
</tr>
</tbody>
</table>

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:12-7)

Date of Notification (1)
06/20/12

Agency Notified
EPA
DEP
DCA
DOH

Name of Building Owner/Operator (2)
Princeton University

Street Address
P.O. box 2158

City, State, Zip Code
Princeton NJ 08543

Name of Contact
Robert Otero

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Princeton University -- Murray - Dodge Hall

Street Address
Princeton University

City (5)
Princeton

County (6)

County Code (7) (STATE USE ONLY)

Type of Facility (4)
School (K12)
Subchapter B (Other than K12)
Other (i.e. Private & commercial buildings, homes, etc.)

Square Feet
60000

# of Floors
4

Bldg. Age
50+

Current Use (Prior if being demolished)
University

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

ASCM No.

Name of Abatement Contractor (9)
Associated Specialty Contracting

Street Address
98 LaCrue Avenue

City, State, Zip Code
Glen Mills, PA 19342

Telephone Number
856-547-0505

Licence Number
610-364-9622

Criterion Labs

Name of OSHA Monitor

Scheduled Start Date (10)
07/02/12

Sched. Completion Date (11)
07/09/12

Month/Day/Year

Month/Day/Year

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

Hours - Describe:
7:00 AM - 4:00 PM

Other - Describe:

Scope of work (Check all that apply)
Demolition
x >3 sf or >3 ft
>160 sf or >260 ft

Renovation
x Mini - Enclosure
x Glovebag Procedure
x Non-Friable Procedure

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

In Facility

(13)

Location

Yes

No

N/A

Description of Asbestos-Containing Material (ACM)

(is, Thermal systems insulation, surfacing, VAT, or other miscellaneous)

Amount

SF or

LF

Abatement Type

x R

x N

E R C

M E A

O P P

V A S

A I U

L R E

Basement

x pipe insulation

9 LF

x

Basement

x glue dots

150 SF

x

Name of Registered Waste Hauler
NJ/DEP Waste Hauler ID No.
Cubic Yards of Waste
Name of Registered Landfill
Horizon Disposal

GROWS

City, State
Trenton NJ

Disposal Date
As needed

City, State
Morrisville PA

Completed By (Print or Type)
Mark Goshaw

Title
Project Manager

Signature
Date

ABS-41
JUN 95

G4667
# NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to N.J.A.C. 8:60 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner / Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>George Teneralli</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Contact</th>
<th>Telephone Number</th>
</tr>
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<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>George Teneralli</td>
<td></td>
</tr>
<tr>
<td>DEP</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOL</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOH</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DCA</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>FACILITY INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
</tr>
<tr>
<td>Residential</td>
</tr>
<tr>
<td>Street Address</td>
</tr>
<tr>
<td>45 North Prospect Ave.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City (5)</th>
<th>County (6)</th>
<th>County Code (7)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Red Bank</td>
<td>Monmouth</td>
<td></td>
</tr>
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<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health &amp; Safety Services</td>
<td></td>
<td>Residential</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State &amp; Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>318 12th Street</td>
<td>Hammonton, NJ 08037</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
<th>Telephone Number</th>
<th>License Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>AbatoTech, Inc.</td>
<td>609-265-2107</td>
<td>00529</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jim Proctor</td>
<td>609-704-8850</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scheduled Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
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<tbody>
<tr>
<td>6/2/12</td>
<td>6/4/12</td>
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<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Hours</td>
</tr>
<tr>
<td>Describe: FACILITY OCCUPIED DURING ABATEMENT</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥3 sf or ≥3 ll</td>
</tr>
<tr>
<td>≥160 sf or ≥260 ll</td>
</tr>
<tr>
<td>Renovation</td>
</tr>
<tr>
<td>Demolition</td>
</tr>
<tr>
<td>Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>Mini-Enclosure</td>
</tr>
<tr>
<td>Glove Bag Procedures</td>
</tr>
<tr>
<td>Non-Exempted and Non-Friable Procedure</td>
</tr>
</tbody>
</table>

<table>
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<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>Basement</td>
<td>Yes</td>
<td>Linoleum</td>
<td>80 SF</td>
<td></td>
</tr>
<tr>
<td>Basement</td>
<td>No</td>
<td>Pipe Insulation</td>
<td>284 LF</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>NJDEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>18750</td>
<td>12</td>
<td>TRRF Landfill</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gwen Trumbetti</td>
<td>Office Coord.</td>
<td>[Signature]</td>
<td>5/14/12</td>
</tr>
</tbody>
</table>
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1) 5/14/12

Name of Building Owner / Operator (2)
Township of Toms River

Agencies Notified
☑ EPA
☐ DEP
☐ DOL
☐ DOH
☐ DCA

Type Notification
☐ Initial
☐ Amended #
☐ Emergency
☐ Cancellation

Street Address
33 Washington Street

City, State & Zip Code
Toms River, NJ

Name of Contact
Robert Chankalian

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Municipal Complex

Street Address
33 Washington Street

City (5) Tom's River

County (6) Ocean

County Code (7)

Name of Monitoring Firm Hired by Building Owner (8)
Health & Safety Services

Street Address
318 12th Street

City, State & Zip Code
Hammonton, NJ 08037

Project Manager for Monitoring Firm
Jim Proctor

Telephone Number
609-704-8850

Scheduled Start Date (10) 5/23/12
Scheduled Completion Date (11) 5/29/12

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

Current Use (Prior if being demolished)

Offices

Name of Abatement Contractor (9)
AbateTech, Inc.

Street Address
PO Box 25

City, State & Zip Code
Lumberton, NJ 08048

Telephone Number
609-285-2107

License Number
00529

Name of OSHA Monitor
EMSL Analytical

Street Address
108 Haddon Ave.

City, State & Zip Code
Westmont, NJ 08108

Scope of Work (Check all that apply)
☐ 33 ft or ≥33 ft
☐ ≥160 sf ≥280 sf

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

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

Boiler Room

Location Normally Used Solely by Maintenance or Custodial Staff?
Yes ☐ No ☑ N/A ☑

Description of Accommodations

Amount (Specify SF or LF)

Abatement Type

Full Containment with Negative Pressure ☐
Mini-Enclosure ☐
Glove Bag Procedures ☐
Non-Exempted and Non-Friable Procedure ☐

Name of Registered Waste Hauler
AbateTech, Inc.

NJDEP Waste Hauler ID No.
18750

Cubic Yards of Waste
2

Name of Registered Landfill
TRRF Landfill

Disposal Date
5/29/12

City, State
Tullytown, PA

Name of Registered Waste Hauler
AbateTech, Inc.

City, State
Lumberton, NJ

Completed By (Print or Type)
Gwen Trumbetti

Title
Office Coord.

Signature
Gwen

Date
5/14/12
Date of Notification: June 21th, 2012

Name of Building Owner/Operator:
RAMAPO COLLEGE OF NEW JERSEY

Street Address:
505 Ramapo Valley Rd

City, State, Zip Code:
Mahwah, New Jersey 07430

Name of Contact:
Gina Meyer

Facility Information:

Name of Facility Where Abatement is Taking Place:
Sycamore, Cypress, Mulberry, Tamarack, Butternut

Street Address:
505 Ramapo Valley Rd

City (8):
Mahwah

County (9):
Bergen

County Code (7):
(STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner:
USA ENVIRONMENTAL MGMT. INC.

ASCM No.:

Name of Abatement Contractor:
SLAVCO CONSTRUCTION INC.

Street Address:
164 GETTY AVE.

City, State, Zip Code:
CLIFTON, NEW JERSEY 07011-1802

Telephone No.:
609-569-8101

License No.:
00724

Start Date (10):
June 25th, 2012

Scheduled Completion Date (11):
September 28, 2012

Scope of Work:

Scope of Work (Check All That Apply):
[ ] Renovation
[ ] Demolition

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

<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, VAP, or other miscellaneous)</th>
<th>Amount (Specifically SF or LP)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sycamore Bldg. (102 Windows)</td>
<td>x</td>
<td>Window glazing</td>
<td>1383</td>
<td>x</td>
</tr>
<tr>
<td>Cypress Bldg. (174 Windows)</td>
<td>x</td>
<td>Window glazing</td>
<td>2389</td>
<td>x</td>
</tr>
<tr>
<td>Mulberry Bldg. (183 Windows)</td>
<td>x</td>
<td>Window glazing</td>
<td>2462</td>
<td>x</td>
</tr>
<tr>
<td>Tamarack (103 Windows)</td>
<td>x</td>
<td>Window glazing</td>
<td>1387</td>
<td>x</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler:
SLAVCO Construction Inc.

NUDSP Waste Hauler 10 No: 18508

Disposal Date:
TBD

City, State:
CLIFTON, NEW JERSEY 07011-1802

Completed by:
Vivian D. Jurjevic

Title:
Gen. Mgr.

Signature:

Date:
June 21th, 2012
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1): June 21th, 2012

Name of Building Owner/Operator (2):
RAMAPO COLLEGE OF NEW JERSEY

Agency Notified | Type Notification
---|---
EPA | Initial
DEP | Amended
DOL | Amendment #
DOH | Emergency (Including Justification)
DCA | Cancellation

Street Address: 505 Ramapo Valley Road
City, State, Zip Code: Mahwah, New Jersey 07430
Name of Contact: Gina Mayer

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3):
Sycamore, Cypress, Mulberry, Tamarack, Butternut

Street Address: 505 Ramapo Valley Road
City: Mahwah
County: Bergen

Name of Monitoring Firm Hired by Building Owner (8):
USA ENVIRONMENTAL MGMT. INC.
ASCM No.

Name of Abatement Contractor (9):
SLAVCO CONSTRUCTION INC.

Project Manager for Monitoring Firm:
William Weisgarber, Jr.
Telephone No.: 609-656-8101

Start Date (10): June 25th, 2012
Scheduled Completion Date (11): September 28, 2012

Occupancy Status During Abatement (Check Only One):
- Facility Closed/Vacated During Entire Period of Abatement (x)
- Abatement Performed Outside of Normal Facility Hours
- Other – Describe: 7:00am-4:00pm Monday - Friday

Scope of Work (Check All That Apply):
- ≥3 sf or ≥5 if
- ≥160 sf or ≥200 if (x)
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

<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>Sycamore Bldg. (102 Windows)</td>
<td>x</td>
<td>Window glazing</td>
<td>1383</td>
<td>x</td>
</tr>
<tr>
<td>Cypress Bldg. (174 Windows)</td>
<td>x</td>
<td>Window glazing</td>
<td>2359</td>
<td>x</td>
</tr>
<tr>
<td>Mulberry Bldg. (183 Windows)</td>
<td>x</td>
<td>Window glazing</td>
<td>2482</td>
<td>x</td>
</tr>
<tr>
<td>Tamarack (103 Windows)</td>
<td>x</td>
<td>Window glazing</td>
<td>1397</td>
<td>x</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler:
Slavco Construction Inc.
NJDEP Waste Hauler ID No. 18508

Disposal Date: TBD
Name of Registered Landfill:
G.R.O.W.S LANDFILL
City, State: CLIFTON, NEW JERSEY 07011-1802

Completed by:
Vivian D. Jurcevic
Title: Gen. Mgr.
Signature: Date: June 21th, 2012

*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>REMOVAL</th>
<th>REPAIR</th>
<th>ENCLOSURE</th>
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<tbody>
<tr>
<td>Butternut (102 Windows)</td>
<td>X</td>
<td>Window glazing</td>
<td>1380</td>
<td>X</td>
<td></td>
<td></td>
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</table>

Completed By: (Print or Type)  
Vivian D. Jurcevic  
Title: Gen. Mgr.  
Signature:  
Date: 8/21/2012
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1) 6/22/12

Name of Building Owner/Operator (2) Hudson County

Agencies Notified

- EPA
- DEP
- DOL
- DOH
- DCA

Type of Notification

- Initial Notification
- Emergency
- Amended Notification
- Amend #4
- Cancellation

Street Address 595 Newark Ave.

City, State, Zip Code Jersey City, NJ 07306

Name of Contact Kim Riscart

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Hudson County Admin. Bldg.

Street Address 595 Newark Avenue

City (5) Jersey City

County (6) Hudson

County Code (7) (STATE USE ONLY) 00110

Name of Monitoring Firm Hired by Building Owner Whitman Companies, Inc.

ASCM No. 00110

Street Address 116 Tices Lane, Unit B-1

City, State, Zip Code East Brunswick, NJ 08816

Project Manager for Monitoring Firm Kevin Lovely

Telephone Number 732-390-5858

Scheduled Start Date (10) 1/20/12

Scheduled Completion Date (11) 12/31/12

Occupancy Status During Abatement (Check only one)

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

Scope of Work (Check all that apply)

- Demolition
- >3 sf or >3 if
- >160 sf or >260 if
- Renovation
- Full Containment with Negative Pressure
- Mini – Enclosure
- Glovebag Procedure
- Non – Failable Procedure

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

In Facility (13)

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)

Asbestos – Containing Material (ACM) TO BE ABATED

<table>
<thead>
<tr>
<th>Location</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>
</tr>
</thead>
<tbody>
<tr>
<td>Various – CJP courtroom, 406, 107</td>
<td>X</td>
<td>Plaster/spray-on ceiling (to be scraped) *</td>
<td>1300 SF</td>
</tr>
<tr>
<td>Various – courtrooms, offices</td>
<td>X</td>
<td>Floor tile*</td>
<td>1200 SF</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
Jupiter Environmental Services

Waste Hauler ID No. 04782

Cubic Yards Of Waste 10

Disposal Date 6/30/12

Name of Registered Landfill
Minerva Landfill

City, State Waynesburg, OH

Completed By (Print or Type)
Pane Repic

Title General Manager

Signature

Date 6/22/12

*Note: Work to occur in phases. First phase is 190 SF of ceiling at CJP courtroom. Amend 1, 4/13/12: Phase 2 involves removal of 24 SF of ceiling at Room 406. Amend 2, 5/11/12: Phase 3 involves removal of 1100SF VAT. 6/8/12: Phase 4 involves removal of 400 SF plaster at CJP 107.

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

Date of Notification (1) 6/22/12  

Name of Building Owner/Operator (2) Montclair State University  

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

Type of Notification  
- [] Initial Notification  
- [X] Emergency Notification  
- [X] Amended Notification  
- [ ] Cancellation  

Street Address Normal Avenue  
City, State, Zip Code Upper Montclair, NJ 07043  
Name of Contact Amy Ferdinand  

FACILITY INFORMATION  

Name of Facility Where Abatement is Taking Place (3) Exterior - underground, Montclair State University  

Street Address 1 Normal Avenue  

City (5) Upper Montclair  
County (6) Essex  
County Code (7) (STATE USE ONLY)  

Square Feet 20000  
# of Floors 1  
Bldg. Age ~ 60  
Current Use (Prior if being demolished) educational  

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

Street Address 3 Lynn Court  
City, State, Zip Code Lincoln Park, NJ 07035  

Telephone Number 973-709-0200  
License Number 00852  

Name of OSHA Monitor J & S Environmental Laboratories, LLC  

Street Address 2333 Route 22 W  
City, State, Zip Code Union, NJ 07083  

Scope of Work (Check all that apply)  
- [X] Renovation  
- [ ] Full Containment with Negative Pressure  
- [X] Mini – Enclosure  
- [ ] Glovebag Procedure  
- [ ] Non – Fiable Procedure  

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

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

Yes No N/A  

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

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

Amount (Specify SF or LF)  

Abatement Type  

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

Pipe insulation – to be done in phases  

2000 LF  

[X]  

Name of Registered Waste Hauler Jupiter Environmental Services  

NJDEP Waste Hauler ID No. 04782  

Cubic Yards Of Waste 20  

Disposal Date 6/29/12  

Name of Registered Landfill Minerva Landfill  

City, State Waynesburg, OH  

Completed By (Print or Type) Pane Repic  

Title General Manager  

Signature  

Date 6/22/12  

ASB-41  

6/22/12: Amendment #1 – First 3 sections have been completed. There will be no on site work until another amendment of this notification.
Date of Notification (1): 5/11/12

Name of Building Owner / Operator (2):
Kennedy Health Facilities

Street Address:
2 Regulus Drive
Turnersville, NJ 08012

Name of Contact:
George Lodish

Name of Facility Where Abatement is Taking Place (3):
Kennedy Memorial Hospital

Street Address:
18 East Laurel Rd.

City (5):
Stratford

County (6):
Camden

County Code (7):

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

Square Feet:

# of Floors:

Bldg. Age:

Current Use (Prior if being demolished):

Hospital

Name of Abatement Contractor (9):
AbateTech, Inc.

Street Address:
PO Box 25
Lumberton, NJ 08048

Telephone Number:
609-265-2107

License Number:
00529

Name of OSHA Monitor:
EMSL Analytical

Street Address:
108 Haddon Ave.
City, State & Zip Code:
Westmont, NJ 08108

Occupy Status During Abatement (Check only one):
[ ] Facility Closed/Vacated During Entire Period of Abatement
[ ] Abatement Performed Outside of Normal Hours – Describe:
[ ] Facility Occupied During Abatement

Scope of Work (Check all that apply):
[ ] ≥ 360 sf or ≥ 3600 sq ft
[ ] ≥ 160 sf to ≥ 260 sq ft
[ ] Renovation
[ ] Demolition
[ ] Full Containment with Negative Pressure
[ ] Mini-Enclosure
[ ] Glove Bag Procedures
[ ] Non-Exempted and Non-Friable Procedure

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

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

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

Amount (Specify SF or LF):

Asbestos Fireproofing
381 SF

Abatement Type:

Removal

Repair

Encapsulate

Encourage

Pharmacy Area

Name of Registered Waste Hauler:
AbateTech, Inc.

City, State:
Lumberton, NJ

Waste Hauler ID No:
18750

Cubic Yards of Waste:
10

Disposal Date:
5/14/12

Name of Registered Landfill:
TRRF Landfill

City, State:
Tullytown, PA

Completed By (Print or Type):
Gwen Trumbetti

Title:
Odds Coord.

Signature:

Date:
5/11/12
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60-7 and 12:120-7)

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

**Type of Notification:**
- [X] Initial Notification
- [ ] Amended Notification
- [ ] Cancellation

**Name of Building Owner/Operator:**
New Jersey Turnpike Authority

**Street Address:**
PO Box 5042
City, State, Zip Code: Woodbridge, NJ 07095

**Name of Contact:**
Gregory Soska

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place:**
NJ Turnpike Milepost 5.4 SB

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

**Square Feet:** 8000
**# of Floors:** 1
**Bldg. Age:** ~50
**Current Use (Prior to being demolished):** OFFICES

**Name of Abatement Contractor:**
Jupiter Environmental Services, Inc.

**Street Address:**
3 Lynn Court
City, State, Zip Code: Lincoln Park, NJ 07035

**Telephone Number:** 973-709-0200
**License Number:** 00862

**Name of OSHA Monitor:**
J & S Environmental Laboratories, LLC

**Street Address:**
2333 Route 22W
City, State, Zip Code: Union, NJ 07083

**Scope of Work (Check all that apply):**
- [X] Renovation
- [ ] Demolition
- [ ] ≥ 3 ft or ≥ 3 if
- [X] ≥ 160 ft or ≥ 260 ft

<table>
<thead>
<tr>
<th>Location of Asbestos – Containing Material (ACM) TO BE ABATED</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>
</tr>
</thead>
<tbody>
<tr>
<td>Boiler room</td>
<td>X</td>
<td>TSI – Boiler and breeching insulation/gaskets</td>
<td>600 SF x</td>
</tr>
<tr>
<td>Boiler room</td>
<td>X</td>
<td>TSI – pipe insulation</td>
<td>100 LF x</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:**
Jupiter Environmental Services

**Disposal Date:** 7/30/12

**City, State:**
Lincoln Park, NJ

**Name of Registered Landfill:**
Minerva Landfill

**City, State:**
Waynesburg, OH

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

Date: 6/22/12

**Check #:** 6786

**State of New Jersey**

**JUN 95**
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1):
6/22/12

Name of Building Owner/Operator (2):
Mercer County Community College

Street Address:
1200 Old Trenton Road

City, State, Zip Code:
West Windsor, NJ 08550

Name of Contact:
Valerie Sassaman

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):
Former Home Furnishing Store

Street Address:
137 North Broad St.

City (5)
Trenton

County (6)
Mercer

County Code (7) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner:
Whitman Companies, Inc.

ASCM No.
00110

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

Street Address:
3 Lynn Court

City, State, Zip Code:
Lincoln Park, NJ 07035

Telephone Number:
973-709-0200

License Number:
00852

Type of Facility (4):
School (K-12)

Subchapter 8 (Other than K-12)

Other (i.e. private and commercial buildings, homes, etc.)

Square Feet:
25000

# of Floors:
5

Bldg. Age:
~65

Current Use (Prior to being demolished):
College classrooms

Occupancy Status During Abatement (Check only one):
[] Facility Closed/Vacated During Entire Period of Abatement
[x] Abatement Performed Outside of Normal Facility Hours – Describe:

Other – Describe: partially vacant

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

[x] ≥160 sf or ≥260 sf

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

Amount (Specify SF or LF):

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

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

Name of Registered Waste Hauler:
Jupiter Environmental Services

Hauler ID No.:
04782

Name of Registered Landfill:
Minerva Landfill

Cubic Yards Of Waste:
40

Disposal Date:
7/30/12

City, State:
Waynesburg, OH

Completed By (Print or Type):
Pane Repic

Title:
General Manager

Signature:

Date:
6/22/12

ASB-41
JUN 95
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1) 6/22/12

Name of Building Owner/Operator (2) Mercer County Community College

Street Address 1200 Old Trenton Road

City, State, Zip Code West Windsor, NJ 08550

Name of Contact Valerie Sassaman

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Former Home Furnishing Store

Street Address 137 North Broad St.

City (5) Trenton

County(s) (6) Mercer

County Code (7) [STATE USE ONLY]

Name of Monitoring Firm (8) Whitman Companies, Inc.

ASCM No. 00110

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

Street Address 3 Lynn Court

City, State, Zip Code Lincoln Park, NJ 07035

Telephone Number 973-709-0200

License Number 00652

Name of OSHA Monitor J & S Environmental Laboratories, LLC

Street Address 2333 Route 22W

City, State, Zip Code Union, NJ 07083

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

Square Feet 25000

# of Floors 5

Bldg. Age ~50

Current Use (Prior if being demolished) College classrooms

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: partially vacant

Scope of Work (Check all that apply)
- Demolition
- Renovation
- Asbestos - Contaminated Material (ACM)
- Non-Permissible Procedure

Amount (Specify SF or LF)

Abatement Type

Location of Asbestos - Contaminating Material (ACM)

In Facility (13)

Yes No N/A

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)

Name of Registered Waste Hauler Jupiter Environmental Services

Hauler ID No. 04782

Cubic Yards of Waste 40

Disposal Date 7/30/12

Name of Registered Landfill Minerva Landfill

City, State Waynesburg, OH

Completed By (Print or Type) Paner Repic

Title General Manager

Signature Date 6/22/12

ASB-41

JUN 95
**Date of Notification**: 6/1/12

**Agency's Notified**: EPA

**Type Notification**: Initial

**Name of Building Owner/Operator**: East Greenwich Township Board Of Education

**Street Address**: 559 Kings Highway

**City, State, Zip Code**: Mickleton, NJ 08056

**Name of Contact**: Telephone Number

**Facility Information**

**Name of Facility Where Abatement Is Taking Place**: Jeffrey Clark Elementary School

**Street Address**: 7 Quaker Road

**City**: Mickleton NJ 08056

**County**: Gloucester

**Name of Monitoring Firm Hired by Building Owner**: N/A

**ASCM No.**: N/A

**Name of Abatement Contractor**: Pernaco Inc

**Street Address**: PO Box 329

**City, State, Zip Code**: West Berlin NJ 08091

**Telephone No.**: 856-753-8900

**License No.**: 00727

**Name of OSHA Monitor**: Pernaco Inc

**Street Address**: PO Box 329

**City, State, Zip Code**: West Berlin NJ 08091

**Square Feet**: 10000+

**# of Floors**: 2

**Bldg. Age**: 35+

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

**Type of Facility**: School (K-12)

**Occupancy Status During Abatement (Check Only One)**

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

**Start Date**: 6/14/12

**Completion Date**: 6/29/12

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

- [x] Main Office
- [x] Health Rm Cafeteria boys & girls
- [x] Restrooms & vault
- [x] Rooms 100, 102, 104, 106, 107, 108, 109, 110, 111, 112

**Is Localized, Normally Used Solely by Maintenance/Custodial Staff?**

- [x] Yes
- [ ] No
- [ ] N/A

**Description of Asbestos Containing Material (ACM)**

- [x] Window Glazing
- [ ] Floor Tile
- [x] Dry wall spackling

**Amount (Specify SF or LF)**

- [ ] Total SF 760
- [x] 1 sf per room

**Abatement Type**

- [x] Removal
- [ ] Repair
- [ ] Encapsulate
- [ ] Endurance

**Endurance Date**: 6/29/12

**Name of Registered Waste Hauler**

**NUDEP Waste Hauler ID No.**: 22459

**Cubic Yards of Waste**: 2

**Name of Registered Landfill**

**G.R.O.W.S.**

**City, State**: Morrisville PA 19067

**Completed by**: Anthony T. Perna

**Title**: President

**Signature**: [Signature]

**Date**: 6/1/12

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

**Additional Work Window**: 2007

**Received**: 2007

**(RECEIVED)**

**ASR-41 (R-06-06)**

**dry Wall Cancelled on this Job We Removed Floor Tile only**

<table>
<thead>
<tr>
<th>Name of Building Owner/Operator</th>
<th>Name of Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>East Greenwich Township Board Of Education</td>
<td>Telephone Number</td>
</tr>
<tr>
<td>559 Kings Highway</td>
<td>Mickleton, NJ 08056</td>
</tr>
<tr>
<td><a href="#">p</a></td>
<td><a href="#">p</a></td>
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</tbody>
</table>

**City, State, Zip Code**: Mickleton, NJ 08056

**Telephone Number**: [p]

**Facility Information**

**Name of Facility Where Abatement Is Taking Place**: Jeffrey Clark Elementary School

**Street Address**: 7 Quaker Road

**City**: Mickleton NJ 08056

**County**: Gloucester

**Name of Monitoring Firm Hired by Building Owner**: N/A

**ASCM No.**: N/A

**Name of Abatement Contractor**: Pernaco Inc

**Street Address**: PO Box 329

**City, State, Zip Code**: West Berlin NJ 08091

**Telephone No.**: 856-753-8900

**License No.**: 00727

**Name of OSHA Monitor**: Pernaco Inc

**Street Address**: PO Box 329

**City, State, Zip Code**: West Berlin NJ 08091

**Square Feet**: 10000+

**# of Floors**: 2

**Bldg. Age**: 35+

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

**Type of Facility**: School (K-12)

**Occupancy Status During Abatement (Check Only One)**

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

**Start Date**: 6/14/12

**Completion Date**: 6/29/12

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

- [x] Main Office
- [x] Health Rm Cafeteria boys & girls
- [x] Restrooms & vault
- [x] Rooms 100, 102, 104, 106, 107, 108, 109, 110, 111, 112

**Is Localized, Normally Used Solely by Maintenance/Custodial Staff?**

- [x] Yes
- [ ] No
- [ ] N/A

**Description of Asbestos Containing Material (ACM)**

- [x] Window Glazing
- [ ] Floor Tile
- [x] Dry wall spackling

**Amount (Specify SF or LF)**

- [ ] Total SF 760
- [x] 1 sf per room

**Abatement Type**

- [x] Removal
- [ ] Repair
- [ ] Encapsulate
- [ ] Endurance

**Endurance Date**: 6/29/12

**Name of Registered Waste Hauler**

**NUDEP Waste Hauler ID No.**: 22459

**Cubic Yards of Waste**: 2

**Name of Registered Landfill**

**G.R.O.W.S.**

**City, State**: Morrisville PA 19067

**Completed by**: Anthony T. Perna

**Title**: President

**Signature**: [Signature]

**Date**: 6/1/12

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

**Additional Work Window**: 2007

**Received**: 2007

**RECEIVED**

**ASR-41 (R-06-06)**

**dry Wall Cancelled on this Job We Removed Floor Tile only**
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:69 and 12:120)

Date of Notification (1): 6/20/12

Agency/Agency Type Notification:
- DOL
- DOH
- DCA

Name of Building Owner/Operator (2):

Street Address:

City, State, Zip Code:

Name of Contact:

Telephone Number:

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

Street Address:

City (5):

County (6):

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

ASCM No.:

Name of Abatement Contractor (9):

Project Manager for Monitoring Firm:

Telephone No.:

License No.:

Start Date (10):

Scheduled Completion Date (11):

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):
- 20 sf or 20 if
- >160 sf or 200 if
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mid-Enclosure
- Glovebox Procedure
- Non-Exempted (*) and Non-Fireable Procedure

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

Location in 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:

Name of Registered Waste Handler:

NDEP Waste Handler ID No.:

Cubic Yards of Waste:

Name of Registered Landfill:

City, State:

Completed By:

Signature:

Date:

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 5:16)

Date of Notification (1)
June 13, 2012

Name of Building Owner/Operator (2)
Diocese of Camden

Agencies Notified
- EPA
- DEP
- DCA (NJAC 5:16)
- DHSS
- DCA (NJAC 5:23-8)

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

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Saint Patrick's School

Street Address
211 Cooper Street

Diocese of Camden

Woodbury

City (5)

City, State, Zip Code
Camden, NJ 08102

County (6)
Gloucester

County Code (7)/STATE USE ONLY

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

Name of Abatement Contractor (9)
Shade Environmental, LLC

Street Address
1000 Maplewood Dr. Suite 207

Street Address
47 S. Lippincott Ave.

City, State, Zip Code
Maple Shade, NJ 08052

City, State, Zip Code
Maple Shade, NJ 08052

Project Manager for Monitoring Firm
Tony Esposito

Telephone No.
856-755-9300

Telephone No.
856-755-0099

License No.
00842

Name of OSHA Monitor
EMSL

Start Date (10)
July 16, 2012

Scheduled Completion Date (11)
August 20, 2012

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-PM/PM-AM

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

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

IN Facility
(13)

Yes
No
N/A

Is Location Normally Used Solely by Maintenance/Custodial Staff?
(14)

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

Amount (Specify SF or LF)

Abatement Type

Location
Removal
Repair
Encapsulate
Endorse

Cafeteria

Floor Tile

Floor Tile

3454 SF

Kitchen

Cafeteria and Kitchen

Pipe Insulation and Fittings

70 LF

Name of Registered Waste Hauler
Freehold Cartage, Inc

NJDEP Waste Hauler Id No.
22253

Cubic Yards of Waste

Name of Registered Landfill
Grows Landfill

City, State
Mount Holly, NJ

Disposal Date

City, State
Tullytown, PA

Completed By (Print or Type)
William Lynch

Title
Owner

Signature

Date
June 21, 2012

* Do not use this form for asbestos licensure exempted activities.
**REMEMBER - MAIL IN HARD COPY**

**REMEMBER - MAIL IN HARD COPY**

**Date of Notification**: June 20, 2012

**Name of Building Owner/Operator**: Camden County Technical Schools

**Address**: 343 Berlin Cross Keys Road

**City, State, Zip Code**: Sicklerville, NJ 08081

**Name of Contractor**: Dino Acoyodo

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place**: Gloucester Township Campus-Camden Technical School

**Street Address**: 343 Berlin Cross Keys Road

**City**: Sicklerville

**County**: Camden

**Type of Facility**: Technician School

**Square Feet**: 12,000

**# of Floors**: 2

**Bldg. Age**: 50

**Name of Monitoring Firm Hired by Building Owner**: West Chester Environmental

**Name of Asbestos Contractor**: Shade Environmental, LLC

**Telephone No.**: 610-431-7545

**License No.**: 06842

**Occupancy Status During Abatement**: Occupied

**Facility Closed/Noted during Entire Period of Abatement**: No

**Abatement Performed Outside of Normal Facility Hours**: No

**Scope of Work**: Renovation

**Location of Asbestos-Containing Material (ACM) to be Abated in Facility**: Roof

**Location Normally Used Solely by Maintenance/Custodial Staff**: No

**Description of Asbestos-Containing Material (ACM)**

<table>
<thead>
<tr>
<th>Location</th>
<th>Material</th>
</tr>
</thead>
<tbody>
<tr>
<td>Roof</td>
<td>Asbestos</td>
</tr>
</tbody>
</table>

**Amount (Specify SF or LF)**

- **Roof Drains**: 8DUL

**Abatement Type**: Removal

**generic**

**Complied by**: Jim O'Brien

**Title**: Operations Manager

**Signature**: [Signature]

**Date**: 06-20-2012

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**ASB-41 (R-08-08)**

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**DO NOT USE this form for asbestos license exempted activities.**
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:129)

Date of Notification (1)
June 20, 2012

Name of Building Owner/Operator (2)
Camden County Technical Schools

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

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

Street Address
343 Berlin Cross Keys Road

City, State, Zip Code
Sicklerville, NJ 08081

Name of Contact
Dino Acevedo

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Gloucester Township Campus-Camden Technical School

Street Address
343 Berlin Cross Keys Road

City (5)
Sicklerville

County Code (7)
Camden

County (6)

Square Feet
12,000

# of Floors
2

Bidg. Age
80

Current Use (Prior if being demolished)
Technical School

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

Name of Abatement Contractor (9)
Shade Environmental, LLC

Street Address
47 S. Lippincott Ave

City, State, Zip Code
Maple Shade, NJ 08052

Name of OSHA Monitor
EMSL

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

Scope of Work (Check All That Apply)
- ≥3 sf or ≥23 If
- ≥160 sf or ≥260 If
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM)

TO BE ABATED

In Facility (13)

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

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

Amount (Specify SF or LF)

Abatement Type

Name of Registered Landfill
Grows Landfill

Name of Registered Waste Hauler
Freehold Cartage

NJDEP Waste Hauler ID No.
22253

Cubic Yards of Waste

Disposal Date
City, State
Tullytown, PA

Date
06-20-2012

Completed by
Jim O'Brien

Title
Operations Manager

Signature

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:69 and 12-120)

Date of Notification (1)
06/20/2012

Name of Building Owner/Operator (2)
Linda Goldmintz

Agencies Notified

- EPA
- DEP
- DOH
- DOL

Type Notification

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

Street Address
1099 Sussex Road

City, State, Zip Code
Teaneck, NJ 07666

Name of Contact
Linda Goldmintz

FACILITY INFORMATION

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

Square Feet
2,200

# of Floors
2

Bldg. Age
60 +

City (5)
Teaneck

County Code (7) (STATE USE ONLY)
Bergen

Current Use (Prior if being demolished)
Residence

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

ASCM No.
N/A

Name of Abatement Contractor (9)
East Coast Haz Mat Removal, Inc.

Street Address
494 E. 41st Street

City, State, Zip Code
Paterson, NJ 07504

Project Manager for Monitoring Firm

Telephone No.
973-345-0022

License No.
00507

Start Date (10)
July 1, 2012

Scheduled Completion Date (11)
July 3, 2012

Same as above

Name of OSHA Monitor

Street Address

City, State, Zip Code

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

Scope of Work (Check All That Apply)
- ≥30 sf or ≥3 if
- ≥160 sf or ≥260 if
- Demolition
- Renovation
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (C) and Non-Friable Procedure

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

- In Facility (13)

Is Location Normally Used Solely by Maintenance/Custodial Staff?

Yes
No
N/A

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

Amount (Specify SF or LF)
100 LF

Abatement Type
x

Name of Registered Waste Hauler
East Coast Haz Mat Removal, Inc.

NJDEP Waste Hauler ID No.
NJ 419

Cubic Yards of Waste
2

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

City, State
Paterson, NJ 07504

Disposal Date
07/3/2012

City, State
Morrisville, PA

Completed by
James E. Unger

Title
Project Manager

Signature

Date
06/20/2012

ASB 41 (R-06-88)

* Do not use this form for asbestos licensure exempted activities.
### Notification of Asbestos Abatement

**Date of Notification:** 6-22-2012  
**Name of Building Owner/Operator:** OSGC Corp.

**Name of Facility Where Abatement is Taking Place:** OSGC Corp.  
**Address:** 117 71st Street  
**City:** Guttenberg  
**County:** Hudson

**Name of Abatement Contractor:** Best Removal Inc.

**Project Manager for Monitoring Firm:**  
**Telephone No.:**

**Start Date:** 7-3-2012  
**Scheduled Completion Date:** 7-5-2012

**Occupancy Status During Abatement:** Facility Closed/Vacated During Entire Period of Abatement

**Scope of Work:**  
- 

**Location of Asbestos-Containing Material (ACM) To Be Abated:**  
**Is Location Normally Used Solely by Maintenance/Custodial Staff?** Yes

**Amount (Specify SF or LF):**  
**Abatement Type:** Removal

**Name of Registered Waste Hauler:** Best Removal Inc.  
**Hauler ID No.:** B709

**Disposal Date:** 7-5-2012  
**City:** Waynesburg, OH.

**Estimator:** R. Veldran  
**Date:** 6-22-2012

---

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>6 / 7 / 12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>SIMON PROPERTY GROUP INC.</td>
</tr>
<tr>
<td>Street Address</td>
<td>225 WEST WASHINGTON STREET</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>INDIANAPOLIS, INDIANA 46204</td>
</tr>
<tr>
<td>Name of Contact</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>QUAKERBRIDGE MALL - JC PENNEYS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>150 QUAKER BRIDGE MALL</td>
</tr>
<tr>
<td>City (5)</td>
<td>LAWRENCEVILLE, NJ</td>
</tr>
<tr>
<td>County (6)</td>
<td>MERCER</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>HILLMAN CONSULTING LLC</td>
</tr>
<tr>
<td>ASCM No.</td>
<td></td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>BRISTOL ENVIRONMENTAL, INC.</td>
</tr>
<tr>
<td>Street Address</td>
<td>1123 BEAVER STREET</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>BRISTOL, PA 19007</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>215-788-6040</td>
</tr>
<tr>
<td>License No.</td>
<td>00509</td>
</tr>
</tbody>
</table>

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

- **IM Facility (13)**
  - **Location Normally Used Solely by Maintenance/Custodial Staff?**
    - 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**
  - **Endorsement**

**Abatement Type**

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

- VAT/MASTIC
- VAT/MASTIC
- VAT/MASTIC
- VAT/MASTIC
- VAT/MASTIC
- VAT/MASTIC

- 100 SF
- 100 SF
- 1400 SF
- 1248 SF

- GROWS LANDFILL

**Complated By (Print or Type)**

PATRICK T. DeCARO

**Signature**

Patrick T. DeCaro

**Date**

6/20/12

*Do not use this form for asbestos licensure exempted activities.*
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:01 and 5:16)

Date of Notification (1)

| 6 | 7 | 12 |

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

Type Notification
☒ Initial
☐ Amended
☐ Amendment #1-5/20/12
☐ Emergency (including justification)
☐ Cancellation

Name of Building Owner/Operator (2)
SIMON PROPERTY GROUP INC.

Street Address
225 WEST WASHINGTON STREET

City, State, Zip Code
INDIANAPOLIS, INDIANA 46204

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
QUAKERBRIDGE MALL - JC PENNEYS

Street Address
150 QUAKER BRIDGE MALL

City (5)
LAWRENCEVILLE, NJ

County (6)
MERcer

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished)
COMMERCIAL

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

Square Feet

# of Floors

Bldg. Age

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

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

License No.
00509

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL, INC.

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

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

Time of Abatement: AM 8:00PM 8:00AM

Start Date (10)
6 / 21 / 12

Scheduled Completion Date (11)
7 / 6 / 12

Scope of Work (Check all that apply)
☒ ≥ 3,000 sf or ≥ 300 ft
☒ ≥ 1,000 sf or ≥ 200 ft
☒ Renovation
☒ Demolition

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

<table>
<thead>
<tr>
<th>JC PENNEY BRAND-LOWER LEVEL</th>
<th>ARIZONA - UPPER LEVEL</th>
<th>LEVI - UPPER LEVEL</th>
<th>JC PENNEY BRAND-UPPER LEVEL</th>
</tr>
</thead>
<tbody>
<tr>
<td>☒</td>
<td>☒</td>
<td>☒</td>
<td>☒</td>
</tr>
<tr>
<td>VAT/Mastic</td>
<td>VAT/Mastic</td>
<td>VAT/Mastic</td>
<td>MIRROR MASTIC</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>JC PENNEY BRAND-LOWER LEVEL</th>
<th>ARIZONA - UPPER LEVEL</th>
<th>LEVI - UPPER LEVEL</th>
<th>JC PENNEY BRAND-UPPER LEVEL</th>
</tr>
</thead>
<tbody>
<tr>
<td>1000 SF</td>
<td>800 SF</td>
<td>1500 SF</td>
<td>20 SF</td>
</tr>
</tbody>
</table>

Amount (Specify SF or LF)

Abatement Type

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

Name of Registered Waste Hauler
BRISTOL ENVIRONMENTAL INC.

FNDP Waste Hauler ID No. 18706

Cubic Yards of Waste

Name of Registered Landfill
GROWS LANDFILL

City, State
BRISTOL, PA

Disposal Date

City, State
MORRISVILLE, PA

Complated By (Print or Type)
PATRICK T. DeCARO

Title
Estimator

Signature

Date
6/20/12

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

## NOTIFICATION OF ASBESTOS ABATEMENT

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

### Date of Notification (1)
6 / 7 / 12

### Name of Building Owner/Operator (2)
Simon Property Group Inc.

### Street Address
225 West Washington Street

### City, State, Zip Code
Indianapolis, Indiana 46204

### FACILITY INFORMATION

#### Name of Facility Where Abatement is Taking Place (3)
Quakerbridge Mall - JC Penneys

#### Street Address
150 Quaker Bridge Mall

#### City (5)
Lawrenceville, NJ

#### County (6)

#### Name of Monitoring Firm Hired by Building Owner (8)
Hillman Consulting LLC

#### Street Address
1600 Route 22 East

#### City, State, Zip Code
Union, NJ 07083

#### Project Manager for Monitoring Firm
Steve Hillmann

#### Telephone No.
908-688-7800

#### Start Date (10)
6 / 21 / 12

#### Scheduled Completion Date (11)
7 / 6 / 12

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

#### Current Use (Prior if being demolished)
Commercial

#### Project Manager for Monitoring Firm
Steve Hillmann

#### Telephone No.
908-688-7800

#### License No.
215-786-5040

#### Name of OSHA Monitor
BRISTOL Environmental, Inc.

#### Street Address
1123 Beaver Street

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

#### Occupancy Status During Abatement (Check only one)
- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [x] Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 8:00 AM - 9:00 PM

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

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

<table>
<thead>
<tr>
<th>Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous</td>
<td>648 SF</td>
</tr>
<tr>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### IZOD - JC Penney Brand

<table>
<thead>
<tr>
<th>VAT/Mastic</th>
<th>648 SF</th>
</tr>
</thead>
</table>

#### Name of Registered Waste Hauler
BRISTOL Environmental, Inc.

#### N/J DEP Waste Hauler ID No.
18706

#### Cubic Yards of Waste

#### Name of Registered Landfill
Grows Landfill

#### City, State
BRISTOL, PA

#### Completed By (Print or Type)
PATRICK T. DECARO

#### Title
Estimator

#### Signature
Patrick T. DeCaro

#### Date
6/20/12

---

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

**State of New Jersey**

**Name of Building Owner/Operator:** SIMON PROPERTY GROUP INC.

**Name of Facility Where Abatement is Taking Place:** QUAKERBRIDGE MALL - JC PENNEYS

**Street Address:** 225 WEST WASHINGTON STREET
**City, State, Zip Code:** INDIANAPOLIS, INDIANA 46204

**Type of Facility:** COMMERCIAL

**Name of Abatement Contractor:** BRISTOL ENVIRONMENTAL, INC.

**Name of OSHA Monitor:** BRISTOL ENVIRONMENTAL, INC.

**Name of Registered Waste Hauler:** GROWS LANDFILL

---

### FACILITY INFORMATION

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

**Street Address:** 1600 ROUTE 22 EAST
**City, State, Zip Code:** UNION, NJ 07083

**Name of Project Manager for Monitoring Firm:** STEVE HILLMANN
**Telephone No.:** 908-688-7800

**Start Date (10):** 6/21/12
**Scheduled Completion Date (11):** 7/6/12

**Occupancy Status During Abatement:**
- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [x] Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM_____ PM/10:00AM-8:00AM

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

**Location of Asbestos-Containing Material (ACM):**

<table>
<thead>
<tr>
<th>Location</th>
<th>Description of Asbestos Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ARIZONA - LOWER LEVEL</td>
<td>VAT/MASTIC</td>
</tr>
<tr>
<td>LEVIS - LOWER LEVEL</td>
<td>VAT/MASTIC</td>
</tr>
<tr>
<td>LIZ - LOWER LEVEL</td>
<td>VAT/MASTIC</td>
</tr>
<tr>
<td>KIDS SHOES - LOWER LEVEL</td>
<td>VAT/MASTIC</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:** GROWS LANDFILL
**City, State:** BRISTOL, PA
**Disposal Date:**
**City, State:** MORRISVILLE, PA

---

*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)
6 / 7 / 12

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

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

## Name of Building Owner/Operator (2)
SPF PROPERTY GROUP INC.

## Address
225 WEST WASHINGTON STREET

## City, State, Zip Code
INDIANAPOLIS, INDIANA 46204

## Telephone Number

### FACILITY INFORMATION

## Name of Facility Where Abatement is Taking Place (3)
QUAKERBRIDGE MALL - JC PENNEYS

## Street Address
150 QUAKER BRIDGE MALL

## City (5)
LAWRENCEVILLE, NJ

## County (6)
MERCER

## County Code (7) [STATE USE ONLY]

## Current Use (Prior if being demolished)
COMMERCIAL

## Name of Monitoring Firm Hired by Building Owner (8)
HILLMAN CONSULTING LLC

## ASCM No.

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

## Street Address
1123 BEAVER STREET

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

## Project Manager for Monitoring Firm
STEVE HILLMANN

## Telephone No.
908-688-7800

## Start Date (10)
6 / 21 / 12

## Scheduled Completion Date (11)
7 / 6 / 12

## 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: AM - PM:00
- [ ] 8:00 AM

## Scope of Work (Check all that apply)
- [x] ≥3,000 sf or ≥30 If
- [x] ≥150 sf or ≥260 If
- [ ] Renovation
- [ ] Demolition
- [x] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

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

### IN Facility (13)

<table>
<thead>
<tr>
<th>Location</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>JC PENNEY BRAND-LOWER LEVEL</td>
<td>[ ] Yes [x] No [ ] N/A</td>
<td>VAT/MASTIC</td>
<td>1000 SF</td>
<td>[ ] Removal [x]</td>
</tr>
<tr>
<td>ARIZONA - UPPER LEVEL</td>
<td>[x] Yes [ ] No [ ] N/A</td>
<td>VAT/MASTIC</td>
<td>800 SF</td>
<td>[x] Removal [x]</td>
</tr>
<tr>
<td>LEVI - UPPER LEVEL</td>
<td>[ ] Yes [x] No [ ] N/A</td>
<td>VAT/MASTIC</td>
<td>1500 SF</td>
<td>[x] Removal [x]</td>
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</tbody>
</table>

## Name of Registered Waste Hauler
BRISTOL ENVIRONMENTAL INC

## NJDEP Waste Hauler ID No.
18705

## Cubic Yards of Waste

## Name of Registered Landfill
GROWS LANDFILL

## City, State
MORRISVILLE, PA

## Disposal Date

## Completed By (Print or Type)
PATRICK T. DeCARO

## Title
Estimator

## Signature
Patrick T. DeCaro

## Date
6/1/12

---

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

**Date of Notification (1)**  
6 / 7 / 12  

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ EPA</td>
<td>□ Initial</td>
<td>SIMON PROPERTY GROUP INC.</td>
</tr>
<tr>
<td>☑ DOLWD</td>
<td>□ Amended Amendment #1-6/20/12</td>
<td></td>
</tr>
<tr>
<td>☑ DHSS</td>
<td>□ Emergency (including justification)</td>
<td></td>
</tr>
<tr>
<td>☐ DCA (NJAC 5:23-8)</td>
<td>□ Cancellation</td>
<td></td>
</tr>
</tbody>
</table>

**Street Address**  
225 WEST WASHINGTON STREET  

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Name of Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>INDIANAPOLIS, INDIANA 46204</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>OCEAN COUNTY MALL - JC PENNEYS</td>
<td>□ School (K-12)</td>
</tr>
<tr>
<td></td>
<td>□ Subchapter 8 (Other than K-12)</td>
</tr>
<tr>
<td></td>
<td>□ Other (i.e., private and commercial buildings, homes, etc.)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>1201 HOOPER AVENUE, SUITE B</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TCOMS RIVER, NJ 08753</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>County Code (7)</th>
<th>Current Use (Prior if being demolished)</th>
</tr>
</thead>
<tbody>
<tr>
<td>OCEAN</td>
<td>COMMERCIAL</td>
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</table>

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

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1600 ROUTE 22 EAST</td>
<td>908-688-7800</td>
<td>00509</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNION, NJ 07083</td>
<td>215-788-6040</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>BRISTOL ENVIRONMENTAL, INC.</td>
<td>BRISTOL ENVIRONMENTAL, INC.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1123 BEAVER STREET</td>
<td>215-788-6040</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>License No.</th>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>00509</td>
<td>BRISTOL ENVIRONMENTAL, INC.</td>
</tr>
</tbody>
</table>

**Start Date (10) | Scheduled Completion Date (11)**  
6 / 21 / 12 | 7 / 6 / 12  

<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>☐ 3 sf or ≥ 3 if</td>
</tr>
<tr>
<td>☑ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM-PM</td>
<td>☐ ≥160 sf or ≥260 if</td>
</tr>
<tr>
<td></td>
<td>☐ Renovation</td>
</tr>
<tr>
<td></td>
<td>☐ Demolition</td>
</tr>
<tr>
<td></td>
<td>☐ Full Containment with Negative Pressure</td>
</tr>
<tr>
<td></td>
<td>☐ Mini-Enclosure</td>
</tr>
<tr>
<td></td>
<td>☐ Glovebag Procedure</td>
</tr>
<tr>
<td></td>
<td>☐ Non-Exempt (*) and Non-Friable Procedure</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Location Name</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>JC PENNEYS SHOP-LOWER LEVEL</td>
<td>☐ Yes ☑ No ☐ N/A</td>
<td>MASTIC</td>
<td>400 SF</td>
<td>☑ Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>LEVI - LOWER LEVEL</td>
<td>☐ Yes ☑ No ☐ N/A</td>
<td>FLOOR TILE/MASTIC</td>
<td>1000 SF</td>
<td>☑ Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>ARIZONA - LOWER LEVEL</td>
<td>☐ Yes ☑ No ☐ N/A</td>
<td>FLOOR TILE</td>
<td>1500 SF</td>
<td>☑ Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>ARIZONA - LOWER LEVEL</td>
<td>☐ Yes ☑ No ☐ N/A</td>
<td>MASTIC</td>
<td>2000 SF</td>
<td>☑ Full Containment with Negative Pressure</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**  

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>SERVICE TRANSPORT GROUP</td>
<td></td>
<td>MINERVIA LANDFILL</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEW CASTLE, DE 19720</td>
<td></td>
<td>6/20/12</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>PATRICK T. DECARO</td>
<td>Estimator</td>
<td>Patrick T. DeCaro</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)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 / 7 / 12</td>
<td>SIMON PROPERTY GROUP INC.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ EPA</td>
<td>☑ Initial</td>
<td></td>
</tr>
<tr>
<td>☑ DOLWD</td>
<td>☑ Amended Amendment #1-6/20/12</td>
<td></td>
</tr>
<tr>
<td>☑ DHSS</td>
<td>☑ Emergency (including justification)</td>
<td></td>
</tr>
<tr>
<td>☑ DCA (NJAC 5:23-8)</td>
<td>☑ Cancellation</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
<th>Name of Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>225 WEST WASHINGTON STREET</td>
<td>INDIANAPOLIS, INDIANA 46204</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>OCEAN COUNTY MALL - JC PENNEYS</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FACILITY INFORMATION</th>
<th>Temporary Use (Prior if being demolished)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>COMMERCIAL</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1600 ROUTE 22 EAST</td>
<td>UNION, NJ 07083</td>
<td>00509</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>THOMAS RUBINO</td>
<td>908-686-7800</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 / 21 / 12</td>
<td>7 / 6 / 12</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>☑ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM- PM/10:00AM-8:00AM</td>
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</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ 2000 ft² or 2000 ft³ if</td>
</tr>
<tr>
<td>☑ 2,000 ft² or 2,000 ft³ if</td>
</tr>
<tr>
<td>☑ Renovation</td>
</tr>
<tr>
<td>☑ Demolition</td>
</tr>
</tbody>
</table>

<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>
</tr>
</thead>
<tbody>
<tr>
<td>JCP IZOD - LOWER LEVEL</td>
<td>☑</td>
<td>FLOOR TILE/ MASTIC</td>
</tr>
<tr>
<td>LIZ CLAIBORNE - LOWER LEVEL</td>
<td>☑</td>
<td>360 SF</td>
</tr>
<tr>
<td></td>
<td>☑</td>
<td>FLOOR TILE/MASTIC</td>
</tr>
<tr>
<td></td>
<td>☑</td>
<td>480 SF</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NDEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>SERVICE TRANSPORT GROUP</td>
<td>20990</td>
<td></td>
<td>MINERVA LANDFILL</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>PATRICK T. DeCARO</td>
<td>Estimator</td>
<td>Patrick T. DeCARO</td>
</tr>
</tbody>
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<tr>
<th>Date</th>
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<tr>
<td>6/20/12</td>
</tr>
</tbody>
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**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 6:16)

**State of New Jersey**

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>6 / 7 / 12</th>
</tr>
</thead>
</table>

**Agency Notified**
- [X] EPA 52.47
- [X] DOLWD 52.30
- [X] DHSS 52.23
- [ ] DCA (NJAC 5.23-8)

**Type of Notification**
- [X] Initial
- [ ] Amended
- [ ] Amendment #
- [ ] Emergency (including justification)
- [ ] Cancellation

**Name of Building Owner/Operator (2)**
SIMON PROPERTY GROUP INC.

**Street Address**
225 WEST WASHINGTON STREET
INDIANAPOLIS, INDIANA 46204

**City, State, Zip Code**
INDIANAPOLIS, INDIANA 46204

**Name of Contact**

**Telephone Number**

---

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**
OCEAN COUNTY MALL - JC PENNIES

**Street Address**
1201 HOOPER AVENUE, SUITE B
TOMS RIVER, NJ 08753

**City**
TOMS RIVER, NJ 08753

**County**
OCEAN

**County Code**

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

**Square Feet**

**# of Floors**

**Bldg. Age**

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

---

**COMMERCIAL**

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

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

**Street Address**
1123 BEAVER STREET
BRISTOL, PA 19007

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

**Name of OSHA Monitor**
BRISTOL ENVIRONMENTAL, INC.

**Street Address**
1123 BEAVER STREET

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

**Name of OSHA Monitor**
BRISTOL ENVIRONMENTAL, INC.

**Street Address**
1123 BEAVER STREET
BRISTOL, PA 19007

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

---

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

---

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</th>
<th>TO BE ABATED IN Facility</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>JCPENNEYS SHOP-LOWER LEVEL</td>
<td></td>
<td></td>
<td>MASTIC</td>
<td>400 SF</td>
<td></td>
</tr>
<tr>
<td>LEVI - LOWER LEVEL</td>
<td></td>
<td></td>
<td>FLOOR TILE/MASTIC</td>
<td>1000 SF</td>
<td></td>
</tr>
<tr>
<td>ARIZONA - LOWER LEVEL</td>
<td></td>
<td></td>
<td>FLOOR TILE</td>
<td>1500 SF</td>
<td></td>
</tr>
<tr>
<td>ARIZONA - LOWER LEVEL</td>
<td></td>
<td></td>
<td>MASTIC</td>
<td>2000 SF</td>
<td></td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
SERVICE TRANSPORT GROUP

**NJDEP Waste Hauler ID No.**
20990

**Cubic Yards of Waste**

**Name of Registered Landfill**
MINERVA LANDFILL

**City, State**
NEW CASTLE, DE 19720

**Disposal Date**

**City, State**
WAYNESBURG, OH

**Date**
6/7/12

**Signature**
Patrick T. DeCARO

---

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

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:50 and 5:16)

**Name of Building Owner/Operator:** SIMON PROPERTY GROUP INC.

**Address:**
- **Street Address:** 225 WEST WASHINGTON STREET
- **City:** INDIANAPOLIS
- **State:** INDIANA
- **Zip Code:** 46204

**FACILITY INFORMATION**

- **Name of Facility Where Abatement is Taking Place:** OCEAN COUNTY MALL - JC PENNEYS
- **Street Address:** 1201 HOOPER AVENUE, SUITE B
- **City:** TOMS RIVER, NJ 08753
- **County:** OCEAN

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

**Square Feet:**

**# of Floors:**

**Bldg. Age:**

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

**Name of Monitoring Firm Hired by Building Owner:** HILLMAN CONSULTING LLC

**ASCM No.:**

**Name of Abatement Contractor:** BRISTOL ENVIRONMENTAL, INC.

**Street Address:** 1123 BEAVER STREET

**City:** BRISTOL, PA 19007

**Telephone No.:** 215-788-5040

**License No.:** 00509

**Name of OSHA Monitor:** BRISTOL ENVIRONMENTAL, INC.

**Street Address:** 1123 BEAVER STREET

**City:** BRISTOL, PA 19007

**Telephone No.:**

**License No.:**

**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

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

- [ ] 300 sf or ≥ 300 sf
- [ ] 1600 sf or ≥2600 sf
- [ ] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Used Solely by Maintenance/Custodial Staff?</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>JCP IZOD - LOWER LEVEL</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>FLOOR TILE/MASTIC</td>
<td>360 SF</td>
</tr>
<tr>
<td>LIZ - LOWER LEVEL</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>FLOOR Tile/MASTIC</td>
<td>150 SF</td>
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<tr>
<td>KIDS SHOES</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>FLOOR Tile/MASTIC</td>
<td>2200 SF</td>
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</tbody>
</table>

**Name of Registered Waste Hauler:** SERVICE TRANSPORT GROUP

**NJDEP Waste Hauler ID No.:** 220990

**Cubic Yards of Waste:**

**Name of Registered Landfill:** MINERVA LANDFILL

**City:** WAYNESSBURG, OH

**Disposal Date:**

**Completed By:**

<table>
<thead>
<tr>
<th>Print or Type</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patrick T. DeCaro</td>
<td>Estimator</td>
<td>[Signature]</td>
<td>6/1/12</td>
</tr>
</tbody>
</table>

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