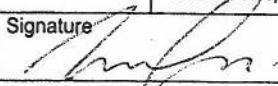


**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

|  |   |   |   |   |                           |                |        |             |           |
|--|---|---|---|---|---------------------------|----------------|--------|-------------|-----------|
| Date of Notification (1)<br>11/1/11  |   | Name of Building Owner/Operator (2)<br>NJ SDA   |   |   |                           |                |        |             |           |
| Agencies Notified  | Type Notification   | Street Address<br>1 West State Street   |   |   |                           |                |        |             |           |
| <input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA   | <input type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br>Trenton, NJ  |   |   |                           |                |        |             |           |
|  |   | Name of Contact<br>Bruce Lieblich   | Telephone Number<br>_____   |   |                           |                |        |             |           |
| <b>FACILITY INFORMATION</b>  |   |   |   |   |                           |                |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Former Train Station   |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |   |   |                           |                |        |             |           |
| Street Address<br>395-397 MLK Drive  |   | Square Feet<br>4500+  | # of Floors<br>1  |   |                           |                |        |             |           |
| City (5)<br>Jersey City  |   | Bldg. Age<br>55+  |   |   |                           |                |        |             |           |
| County (6)<br>Hudson   | County Code (7)<br>(STATE USE ONLY) _____   | Current Use (Prior if being demolished)<br>Abandoned  |   |   |                           |                |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Environmental Tactics, Inc.   |   | ASCM No.<br>00045   | Name of Abatement Contractor (9)<br>ALKAT Construction LLC  |   |                           |                |        |             |           |
| Street Address<br>64 Broad street  |   | Street Address<br>PO Box 603  |   |   |                           |                |        |             |           |
| City, State, Zip Code<br>Matawan, NJ   |   | City, State, Zip Code<br>Woodland Park, NJ 07424  |   |   |                           |                |        |             |           |
| Project Manager for Monitoring Firm<br>Tom Gaiger  |   | Telephone No.<br>732.290.2217   | Telephone No.<br>973.893.7005   |   |                           |                |        |             |           |
| License No.<br>01097   |   |   |   |   |                           |                |        |             |           |
| Start Date (10)<br>12/7/11   | Scheduled Completion Date (11)<br>4/2/12  | Name of OSHA Monitor<br>Angel ramov   |   |   |                           |                |        |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____ |   | Street Address<br>428 McBride Ave.<br><br>City, State, Zip Code<br>Paterson, NJ   |   |   |                           |                |        |             |           |
| Scope of Work (Check All That Apply)   |   |   |   |   |                           |                |        |             |           |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf   |   | <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition   |   |   |                           |                |        |             |           |
| <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure                       |   |   |   |   |                           |                |        |             |           |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)   |   |   | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |        |             |           |
|  | Yes   | No  | N/A   |   |                           | Removal        | Repair | Encapsulate | Enclosure |
| Main Floor   |   | X   |   | Ceiling and Wall Plaster  | 2950 SF                   | X              |        |             |           |
| Main Floor   |   | X   |   | VAT   | 2700 SF                   | X              |        |             |           |
| Basement / Crawlspace  |   | X   |   | Pipe Insulation   | 270 LF                    | X              |        |             |           |
| Roof   |   | X   |   | Roof material   | 3000 SF                   | X              |        |             |           |
| Name of Registered Waste Hauler<br>HORIZON Disposal Services, Inc  |   | NJDEP Waste Hauler ID No.<br>22612  | Cubic Yards of Waste<br>40+   | Name of Registered Landfill<br>Gross/Tullytown  |                           |                |        |             |           |
| City, State<br>235 Gibbs Ave. Trenton, NJ 08611  |   |   | Disposal Date   | City, State<br>Tullitown, PA  |                           |                |        |             |           |
| Completed by<br>Uros Spasic  |   | Title<br>GM   | Signature<br> |   |                           | Date<br>3/2/12 |        |             |           |



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

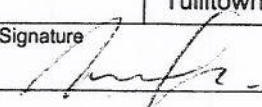
|  |  |   |                                       |
|--|--|---|---------------------------------------|
| Date of Notification (1)<br>11/1/11  |  | Name of Building Owner/Operator (2)<br>NJ SDA |                                       |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA | Type Notification<br><input type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |   | Street Address<br>1 West State Street |
|  |  |   | City, State, Zip Code<br>Trenton, NJ  |
|  |  | Name of Contact<br>Bruce Lieblich             | Telephone Number<br>_____             |

**FACILITY INFORMATION**

|  |   |   |  |
|--|---|---|--|
| Name of Facility Where Abatement is Taking Place (3)<br>Former Bank Building   |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |  |
| Street Address<br>391MLK Drive   |   | Square Feet<br>4500+  | # of Floors<br>1   |
| City (5)<br>Jersey City  |   | Bldg. Age<br>55+  |  |
| County (6)<br>Hudson   | County Code (7)<br>(STATE USE ONLY) _____ | Current Use (Prior if being demolished)<br>Abandoned  |  |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Environmental Tactics, Inc.   |   | ASCM No.<br>00045   | Name of Abatement Contractor (9)<br>ALKAT Construction LLC |
| Street Address<br>64 Broad street  |   | Street Address<br>PO Box 603  |  |
| City, State, Zip Code<br>Matawan, NJ   |   | City, State, Zip Code<br>Woodland Park, NJ 07424  |  |
| Project Manager for Monitoring Firm<br>Tom Gaiger  |   | Telephone No.<br>732.290.2217   | Telephone No.<br>973.893.7005                              |
| Start Date (10)<br>12/7/11   |   | Scheduled Completion Date (11)<br>4/2/12  | License No.<br>01097                                       |
| Occupancy Status During Abatement (Check Only One)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____ |   | Name of OSHA Monitor<br>Angel ramov   |  |
|  |   | Street Address<br>428 McBride Ave.  |  |
|  |   | City, State, Zip Code<br>Paterson, NJ   |  |

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

| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |    |     | Description of Asbestos Containing Material (ACM)<br>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |        |             |           |
|---|---|----|-----|--|---------------------------|----------------|--------|-------------|-----------|
|   | Yes   | No | N/A |  |                           | Removal        | Repair | Encapsulate | Enclosure |
| Main Floor  |   | X  |     | Ceiling and Wall Plaster   | 9900SF                    | X              |        |             |           |
| Main Floor  |   | X  |     | VAT  | 4235 SF                   | X              |        |             |           |
| Main Floor  |   | X  |     | Filer Paper  | 2000 SF                   | X              |        |             |           |
| Roof  |   | X  |     | Roof material  | 4000 SF                   | X              |        |             |           |

|   |  |                                    |   |  |                |
|---|--|------------------------------------|---|--|----------------|
| Name of Registered Waste Hauler<br>HORIZON Disposal Services, Inc |  | NJDEP Waste Hauler ID No.<br>22612 | Cubic Yards of Waste<br>40+   | Name of Registered Landfill<br>Gross/Tullytown |                |
| City, State<br>235 Gibbs Ave. Trenton, NJ 08611                   |  |                                    | Disposal Date   | City, State<br>Tullitown, PA                   |                |
| Completed by<br>Uros Spasic                                       |  | Title<br>GM                        | Signature<br> |  | Date<br>3/2/12 |



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

| Date of Notification (1)<br>03/06/12   |   | Name of Building Owner/Operator (2)<br>A & R Woodbridge Associates |  | <div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED<br/> MAR 8 2012<br/> ASBESTOS PD 1201-8 </div>  |  |   |                  |             |           |
|--|---|--|--|---|--|---|------------------|-------------|-----------|
| Agencies Notified  |   | Street Address<br>675 US Route 1 & Gills Avenue                    |  |   |  |   |                  |             |           |
| <input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA   |   | City, State, Zip Code<br>Iselin NJ 08830                           |  |   |  |   |                  |             |           |
| Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment #<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation  |   | Name of Contact<br>Irwin Ackerman                                  |  |   |  |   |                  |             |           |
| <b>FACILITY INFORMATION</b>  |   |  |  |   |  |   |                  |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Cooling Tower- A & R Woodbridge Shopping Center  |   |  |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |  |   |                  |             |           |
| Street Address<br>675 US Highway 1   |   |  |  | Square Feet<br># of Floors<br>Bldg. Age   |  |   |                  |             |           |
| City (5)<br>Iselin   |   |  |  | County (6)<br>Middlesex   |  |   |                  |             |           |
| County Code (7)<br>(STATE USE ONLY)  |   |  |  | Current Use (Prior if being demolished)   |  |   |                  |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Not required  |   |  | ASCN No.                                       |   | Name of Abatement Contractor (9)<br>Environmental Contractors Inc. |   |                  |             |           |
| Street Address   |   |  | Street Address<br>235 Watchung Avenue          |   |  |   |                  |             |           |
| City, State, Zip Code  |   |  | City, State, Zip Code<br>West Orange, NJ 07052 |   |  |   |                  |             |           |
| Project Manager for Monitoring Firm  |   |  | Telephone No.                                  |   | License No.<br>00559   |   |                  |             |           |
| Start Date (10)<br>03/16/12  |   | Scheduled Completion Date (11)<br>03/20/12                         |  | Name of OSHA Monitor  |  |   |                  |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other - Describe: <u>7 AM - 3:30 PM</u>   |   |  |  | Street Address  |  |   |                  |             |           |
|  |   |  |  | City, State, Zip Code   |  |   |                  |             |           |
| Scope of Work (Check All That Apply)<br><input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf<br><input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |   |  |  |   |  |   |                  |             |           |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility (13)  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |  |  | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)   | Amount (Specify SF or LF)  | Abatement Type  |                  |             |           |
|  | Yes   | No   | N/A  |   |  | Removal   | Repair           | Encapsulate | Enclosure |
| Cooling Tower  |   |  | x  | Transite siding   | 1,848 sf   | x   |                  |             |           |
|  |   |  |  |   |  |   |                  |             |           |
|  |   |  |  |   |  |   |                  |             |           |
|  |   |  |  |   |  |   |                  |             |           |
| Name of Registered Waste Hauler<br>Circle Rubbish Removal  |   |  | NJDEP Waste Hauler ID No.<br>18816             |   | Cubic Yards of Waste   | Name of Registered Landfill<br>Tullytown Resource Recovery Facility |                  |             |           |
| City, State<br>Linden, New Jersey  |   |  | Disposal Date                                  |   | City, State<br>Tullytown/Morrisville PA                            |   |                  |             |           |
| Completed by<br>Slawomir Kielczewski   |   |  | Title<br>President                             |   | Signature<br><i>Slawomir Kielczewski</i>                           |   | Date<br>03/06/12 |             |           |



CHECK #  
2244

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

|  |   |  |   |  |                       |        |               |       |
|--|---|--|---|--|-----------------------|--------|---------------|-------|
| Date of Notification (1)<br><u>3/5/12</u>  |   | Name of Building Owner/Operator (2)<br><u>EMTECH CONTRACTING</u>   |   |  |                       |        |               |       |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input type="checkbox"/> DOL<br><br><input type="checkbox"/> DOH<br><input type="checkbox"/> DCA  | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment #<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><u>155 Rt. 50</u><br>City, State, Zip Code<br><u>GREENFIELD, N.J. 08230</u>  |   |  |                       |        |               |       |
|  |   | Name of Contact<br><u>BRUCE BREUNIG</u>  | Telephone Number<br><u></u>   |  |                       |        |               |       |
| FACILITY INFORMATION   |   |  |   |  |                       |        |               |       |
| Name of Facility Where Abatement is Taking Place (3)<br><u>RESIDENCE</u>   |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)   |   |  |                       |        |               |       |
| Street Address<br><u>804 SEAVIEW ROAD</u>  |   | Square Feet<br><u>1000</u>   | # of Floors<br><u>2</u>   |  |                       |        |               |       |
| City (5)<br><u>OCEON CITY</u>  |   | Bldg. Age<br><u>40+</u>  |   |  |                       |        |               |       |
| County (6)<br><u>CAPE MAY</u>  | County Code (7) (STATE USE ONLY)  | Current Use (Prior if being demolished)<br><u>VACANT</u>   |   |  |                       |        |               |       |
| Name of Monitoring Firm Hired by Building Owner (8)<br><u>N/A</u>  | ASCM No.  | Name of Abatement Contractor (9)<br><u>KLEMMCO INC.</u>  |   |  |                       |        |               |       |
| Street Address<br><u></u>  |   | Street Address<br><u>369 S. SPRUCE AVE.</u>  |   |  |                       |        |               |       |
| City, State, Zip Code<br><u></u>   |   | City, State, Zip Code<br><u>MAPLE SHADE, N.J. 08052</u>  |   |  |                       |        |               |       |
| Project Manager for Monitoring Firm<br><u></u>   |   | Telephone No.<br><u>856-779-0422</u>   | License No.<br><u>00444</u>   |  |                       |        |               |       |
| Start Date (10)<br><u>3/19/12</u>  | Scheduled Completion Date (11)<br><u>3/26/12</u>  | Name of OSHA Monitor<br><u>JOSEPH KLEMM</u>  |   |  |                       |        |               |       |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: <u></u> |   | Street Address<br><u>369 S. SPRUCE AVE.</u>  |   |  |                       |        |               |       |
|  |   | City, State, Zip Code<br><u>MAPLE SHADE, N.J. 08052</u>  |   |  |                       |        |               |       |
| Scope of Work (Check all that apply)   |   |  |   |  |                       |        |               |       |
| <input type="checkbox"/> $\geq 3$ sl or $\geq 3$ ll<br><input type="checkbox"/> $\geq 160$ sl or $\geq 260$ ll   |   | <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |   |  |                       |        |               |       |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)<br><u>SIDING</u>  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)<br>Yes No N/A   |  | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)<br><u>TRANSITE</u> | Amount (Specify SF or LF)<br><u>2500</u>           | Abatement Type        |        |               |       |
|  |   |  |   |  | Removal               | Repair | Encapsulation | Other |
|  |   |  |   |  |                       |        |               |       |
|  |   |  |   |  |                       |        |               |       |
| Name of Registered Waste Hauler<br><u>KLEMMCO INC.</u>   |   | NJDEP Waste Hauler ID No.<br><u>17904</u>  | Cubic Yards of Waste<br><u>5</u>  | Name of Registered Landfill<br><u>C.M.C.M.U.A.</u> |                       |        |               |       |
| City, State<br><u>MAPLE SHADE, N.J. 08052</u>  |   | Disposal Date  |   | City, State<br><u>WOODBINE, N.J.</u>               |                       |        |               |       |
| Completed By<br><u>JOSEPH KLEMM</u>  |   | Title<br><u>OWNER</u>  | Signature<br><u>Joseph Klemm</u>  |  | Date<br><u>3/5/12</u> |        |               |       |



State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60-7 and 12:120-7)

B & G proj. #: 2012-34 Amended #2

Sub 8

Check # 5097

|  |   |   |                             |
|--|---|---|-----------------------------|
| Date of Notification (1)<br><u>10/31/10 12/12/12</u>   |   | Name of Building Owner/Operator (2)<br><u>Thomas Edison State College</u> |                             |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA | Type Notification<br><input type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amendment<br><input type="checkbox"/> Cancellation | Street Address<br><u>101 West State Street</u>                            |                             |
|  |   | City, State, Zip Code<br><u>Trenton, NJ 08608-1176</u>                    |                             |
|  |   | Name of Contact<br><u>Mary Hack</u>                                       | Telephone Number<br><u></u> |
|  |   |   |                             |

FACILITY INFORMATION

|  |                             |  |  |  |                               |
|--|-----------------------------|--|--|--|-------------------------------|
| Name of facility where abatement is taking place (3)<br><u>Kuser Mansion</u>   |                             |  | Type of Facility (4)<br><input type="checkbox"/> School (K - 12)<br><input checked="" type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) |  |                               |
| Street Address<br><u>315 West State Street</u>   |                             |  | Square Feet    # of Floors    Bldg. Age  |  |                               |
| City (5)<br><u>Trenton</u>   | County (6)<br><u>Mercer</u> | County Code (7)<br>(State use only)            | Current Use (Prior if being demolished)<br><u>Educational</u>  |  |                               |
| Name of Monitoring Firm Hired by Bldg. Owner (8)<br><u>Brinkerhoff Environmental</u>   |                             | ASCM No.<br><u>00100</u>                       | Name of Abatement Contractor (9)<br><u>B &amp; G Restoration, Inc.</u>   |  |                               |
| Street Address<br><u>1805 Atlantic Avenue, Suite R5</u>  |                             |  | Street Address<br><u>105 Ryerson Road</u>  |  |                               |
| City, State, Zip Code<br><u>Manasquan, NJ 08736</u>  |                             |  | City, State, Zip Code<br><u>Lincoln Park, NJ 07035</u>   |  |                               |
| Project Manager for Monitoring Firm<br><u>Jason Hooper</u>   |                             | Phone Number<br><u>732-223-2225</u>            | Telephone Number<br><u>973-696-6869</u>  |  | License Number<br><u>0378</u> |
| Scheduled Start Date (10)<br><u>3/6/2012</u>   |                             | Sched. Completion Date (11)<br><u>5/4/2012</u> | Name of OSHA Monitor<br><u>B &amp; G Restoration, Inc.</u>   |  |                               |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement.<br><input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____<br><input type="checkbox"/> Other-Describe: _____ |                             |  | Street Address<br><u>105 Ryerson Road</u>  |  |                               |
|  |                             |  | City, State, Zip Code<br><u>Lincoln Park, NJ 07035</u>   |  |                               |

Scope of Work (check all that apply)

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> Demolition     | <input checked="" type="checkbox"/> Renovation         | <input checked="" type="checkbox"/> Full Containment w/negative pressure | <input type="checkbox"/> Glovebag procedure    |
| <input type="checkbox"/> >3 sf or >3 lf | <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | <input type="checkbox"/> Mini-enclosure                                  | <input type="checkbox"/> Non-friable procedure |

| Location of asbestos-containing material to be abated in facility (13) | Is location normally used solely by maintenance/custodial staff (12) |  |     | Description of asbestos-containing material (ACM) | Amount (Specify SF or LF)  | R<br>e<br>m<br>o<br>v<br>e          | R<br>e<br>p<br>a<br>i<br>r | E<br>n<br>c<br>a<br>p    | E<br>n<br>c<br>l         |
|--|--|--|-----|---|--|-------------------------------------|----------------------------|--------------------------|--------------------------|
|  | Yes  | No                                       | N/A |   |  |                                     |                            |                          |                          |
| Throughout bldg. interior  |  | <input checked="" type="checkbox"/>      |     | wall and ceiling plaster                          | 30,000 SF  | <input checked="" type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
| Rooms 307 and 308  |  | <input checked="" type="checkbox"/>      |     | 12"x12" floor tile                                | 1,100 SF   | <input checked="" type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
| Basement Electric Room   |  | <input checked="" type="checkbox"/>      |     | Window Glazing                                    | 10 SF  | <input checked="" type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
| Basement Telephone/Data Room   |  | <input checked="" type="checkbox"/>      |     | Window Glazing                                    | 10 SF  | <input checked="" type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
| Basement Boiler Room   |  | <input checked="" type="checkbox"/>      |     | Transite Ceiling Panel                            | 50 SF  | <input checked="" type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
| Registered Waste Hauler<br><u>B &amp; G Restoration, Inc.</u>          |  | NJDEP Hauler ID#<br><u>19563</u>         |     | Cubic Yards of Waste<br><u>200 yards</u>          | Name of Registered Landfill<br><u>Tullytown Resource &amp; Recovery Center</u> |                                     |                            |                          |                          |
| City, State<br><u>Lincoln Park, NJ 07035</u>                           |  | Disposal Date<br><u>3/6/12 to 5/4/12</u> |     | City, State<br><u>Tullytown, PA</u>               |  |                                     |                            |                          |                          |
| Completed by (Print or Type)<br><u>Gordana Luna</u>                    |  | Title<br><u>Treasurer</u>                |     | Signature<br><u>Gordana Luna</u>                  |  | Date<br><u>3/2/2012</u>             |                            |                          |                          |



B &amp; G proj. #: 2012-34 Amended #3

State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60-7 and 12:120-7)

Sub 8

Check # 5100

|  |  |   |  |
|--|--|---|--|
| Date of Notification (1)<br>10/31/10 15/11/12  |  | Name of Building Owner/Operator (2)<br>Thomas Edison State College  |  |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA |  | Type Notification<br><input type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amendment<br><input type="checkbox"/> Cancellation |  |
| Street Address<br>101 West State Street  |  | City, State, Zip Code<br>Trenton, NJ 08608-1176   |  |
| Name of Contact<br>Mary Hack   |  | Telephone Number  |  |

## FACILITY INFORMATION

|  |  |                      |  |                                     |  |
|--|--|----------------------|--|-------------------------------------|--|
| Name of facility where abatement is taking place (3)<br>Kuser Mansion  |  |                      | Type of Facility (4)<br><input type="checkbox"/> School (K - 12)<br><input checked="" type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) |                                     |  |
| Street Address<br>315 West State Street  |  |                      | Square Feet # of Floors Bldg. Age  |                                     |  |
| City (5)<br>Trenton  |  | County (6)<br>Mercer |  | County Code (7)<br>(State use only) |  |
| Name of Monitoring Firm Hired by Bldg. Owner (8)<br>Brinkerhoff Environmental  |  |                      | ASCM No.<br>00100  |                                     |  |
| Street Address<br>1805 Atlantic Avenue, Suite R5   |  |                      | Name of Abatement Contractor (9)<br>B & G Restoration, Inc.  |                                     |  |
| City, State, Zip Code<br>Manasquan, NJ 08736   |  |                      | Street Address<br>105 Ryerson Road   |                                     |  |
| Project Manager for Monitoring Firm<br>Jason Hooper  |  |                      | City, State, Zip Code<br>Lincoln Park, NJ 07035  |                                     |  |
| Sched. Completion Date (11)<br>5/11/2012   |  |                      | Telephone Number<br>973-696-6869   |                                     |  |
| Scheduled Start Date (10)<br>3/12/2012   |  |                      | License Number<br>0378   |                                     |  |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement.<br><input type="checkbox"/> Abatement performed outside of normal facility hours- Describe:<br><input type="checkbox"/> Other-Describe: |  |                      | Name of OSHA Monitor<br>B & G Restoration, Inc.  |                                     |  |
|  |  |                      | Street Address<br>105 Ryerson Road   |                                     |  |
|  |  |                      | City, State, Zip Code<br>Lincoln Park, NJ 07035  |                                     |  |

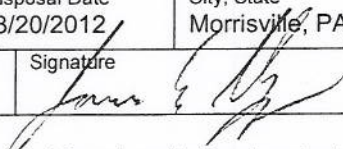
## Scope of Work (check all that apply)

- ☐ Demolition ☒ Renovation ☒ Full Containment w/negative pressure ☐ Glovebag procedure  
☐ >3 sf or >3 lf ☒ ≥160 sf or ≥260 lf ☐ Mini-enclosure ☐ Non-friable procedure

| Location of asbestos-containing material to be abated in facility (13) | Is location normally used solely by maintenance/custodial staff (12) |                                     |     | Description of asbestos-containing material (ACM) | Amount (Specify SF or LF)   | R<br>e<br>m<br>o<br>v<br>e          | R<br>e<br>p<br>a<br>i<br>r | E<br>n<br>c<br>a<br>p    | E<br>n<br>c<br>l         |
|--|--|-------------------------------------|-----|---|---|-------------------------------------|----------------------------|--------------------------|--------------------------|
|  | Yes  | No                                  | N/A |   |   |                                     |                            |                          |                          |
| Throughout bldg. interior  |  | <input checked="" type="checkbox"/> |     | wall and ceiling plaster                          | 30,000 SF   | <input checked="" type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
| Rooms 307 and 308  |  | <input checked="" type="checkbox"/> |     | 12"x12" floor tile                                | 1,100 SF  | <input checked="" type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
| Basement Electric Room   |  | <input checked="" type="checkbox"/> |     | Window Glazing                                    | 10 SF   | <input checked="" type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
| Basement Telephone/Data Room   |  | <input checked="" type="checkbox"/> |     | Window Glazing                                    | 10 SF   | <input checked="" type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
| Basement Boiler Room   |  | <input checked="" type="checkbox"/> |     | Transite Ceiling Panel                            | 50 SF   | <input checked="" type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
| Registered Waste Hauler<br>B & G Restoration, Inc.                     |  | NJDEP Hauler ID#<br>19563           |     | Cubic Yards of Waste<br>200 yards                 | Name of Registered Landfill<br>Tullytown Resource & Recovery Center |                                     |                            |                          |                          |
| City, State<br>Lincoln Park, NJ 07035                                  |  | Disposal Date<br>3/11/12 to 5/11/12 |     | City, State<br>Tullytown, PA                      |   |                                     |                            |                          |                          |
| Completed by (Print or Type)<br>Gordana Luna                           |  | Title<br>Treasurer                  |     | Signature<br>Gordana Luna                         |   |                                     |                            | Date<br>3/5/2012         |                          |



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

| Date of Notification (1)<br>03/05/2012  |   | Name of Building Owner/Operator (2)<br>Don McLoughlin   |  |   |                           |                |        |                    |           |
|---|---|---|--|---|---------------------------|----------------|--------|--------------------|-----------|
| Agencies Notified   | Type Notification   | Street Address<br>27 Ardsley Road   |  |   |                           |                |        |                    |           |
| <input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL   | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____  | City, State, Zip Code<br>Montclair, NJ 07042  |  |   |                           |                |        |                    |           |
| <input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA   | <input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Name of Contact<br>Mr. Don McLoughlin   | Telephone Number   |   |                           |                |        |                    |           |
| <b>FACILITY INFORMATION</b>   |   |   |  |   |                           |                |        |                    |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Residence   |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |  |   |                           |                |        |                    |           |
| Street Address<br>27 Ardsley Road   |   | Square Feet<br>2,600  | # of Floors<br>2   |   |                           |                |        |                    |           |
| City (5)<br>Montclair   |   | Bldg. Age<br>85 +   |  |   |                           |                |        |                    |           |
| County (6)<br>Essex   | County Code (7)<br>(STATE USE ONLY) _____   | Current Use (Prior if being demolished)<br>Residence  |  |   |                           |                |        |                    |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>N/A  |   | ASCM No.<br>N/A   | Name of Abatement Contractor (9)<br>East Coast Haz Mat Removal, Inc. |   |                           |                |        |                    |           |
| Street Address  |   | Street Address<br>494 E. 41st Street  |  |   |                           |                |        |                    |           |
| City, State, Zip Code   |   | City, State, Zip Code<br>Paterson, NJ 07504   |  |   |                           |                |        |                    |           |
| Project Manager for Monitoring Firm   |   | Telephone No.<br>973-345-0022   | License No.<br>00507   |   |                           |                |        |                    |           |
| Start Date (10)<br>March 16, 2012   | Scheduled Completion Date (11)<br>March 20, 2012  | Name of OSHA Monitor<br>Same as above   |  |   |                           |                |        |                    |           |
| Occupancy Status During Abatement (Check Only One)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other - Describe: <u>Unoccupied Basement</u> |   | Street Address  |  |   |                           |                |        |                    |           |
|   |   | City, State, Zip Code   |  |   |                           |                |        |                    |           |
| Scope of Work (Check All That Apply)  |   |   |  |   |                           |                |        |                    |           |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition  |   |   |  |   |                           |                |        |                    |           |
| <input type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure w/ <u>negative pressure</u><br><input checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure                           |   |   |  |   |                           |                |        |                    |           |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)                                 |   |  | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |        |                    |           |
|   | Yes   | No  | N/A  |   |                           | Removal        | Repair | Encapsulate        | Enclosure |
| Basement- (crawl space)   |   | X   |  | Pipe Insulation   | 40 L.F.                   | X              |        |                    |           |
| Basement- (above boiler only)   |   | X   |  | Plaster Ceiling   | 100 sq.ft.                | X              |        |                    |           |
|   |   |   |  |   |                           |                |        |                    |           |
|   |   |   |  |   |                           |                |        |                    |           |
| Name of Registered Waste Hauler<br>East Coast Haz Mat Removal, Inc.   |   | NJDEP Waste Hauler ID No.<br>NJ 419   | Cubic Yards of Waste<br>2  | Name of Registered Landfill<br>G.R.O.W.S. North Inc.  |                           |                |        |                    |           |
| City, State<br>Paterson, NJ 07504   |   | Disposal Date<br>03/20/2012   |  | City, State<br>Morrisville, PA  |                           |                |        |                    |           |
| Completed by<br>James E. Unger  |   | Title<br>Project Manager  |  | Signature<br>                           |                           |                |        | Date<br>03/05/2012 |           |

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

CK 2442

|  |   |   |   |  |                           |                |                |             |           |
|--|---|---|---|--|---------------------------|----------------|----------------|-------------|-----------|
| Date of Notification (1)<br>3/5/12   |   | Name of Building Owner/Operator (2)<br>Mike Rigolizzo /Residence  |   |  |                           |                |                |             |           |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA  | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment #<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br>389 Berlin Crosskeys Rd   |   |  |                           |                |                |             |           |
|  |   | City, State, Zip Code<br>Gloucester Twp 08081   |   |  |                           |                |                |             |           |
|  |   | Name of Contact<br>Mike   | Telephone Number<br>ASBESTO                     |  |                           |                |                |             |           |
| <b>FACILITY INFORMATION</b>  |   |   |   |  |                           |                |                |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Mike Rigolizzo /Residence  |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |   |  |                           |                |                |             |           |
| Street Address<br>389 Berlin Crosskeys Rd  |   | Square Feet<br>1000 +   | # of Floors<br>2                                |  |                           |                |                |             |           |
| City (5)<br>Gloucester Twp 08081   |   | Bldg. Age<br>35+  |   |  |                           |                |                |             |           |
| County (6)<br>Gloucester   | County Code (7)<br>(STATE USE ONLY)   | Current Use (Prior if being demolished)<br>Residence  |   |  |                           |                |                |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>N/A   |   | ASCM No.  | Name of Abatement Contractor (9)<br>Pernaco Inc |  |                           |                |                |             |           |
| Street Address   |   | Street Address<br>PO Box 329  |   |  |                           |                |                |             |           |
| City, State, Zip Code  |   | City, State, Zip Code<br>West Berlin NJ 08091   |   |  |                           |                |                |             |           |
| Project Manager for Monitoring Firm  |   | Telephone No.<br>856-753-9800   | License No.<br>00727                            |  |                           |                |                |             |           |
| Start Date (10)<br>3/16/12   | Scheduled Completion Date (11)<br>3/21/12   | Name of OSHA Monitor<br>Pernaco Inc   |   |  |                           |                |                |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe:   |   | Street Address<br>PO Box 329  |   |  |                           |                |                |             |           |
|  |   | City, State, Zip Code<br>West Berlin NJ 08091   |   |  |                           |                |                |             |           |
| Scope of Work (Check All That Apply)<br><input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf<br><input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |   |   |   |  |                           |                |                |             |           |
| Location of Asbestos-Containing Material (ACM)<br><b>TO BE ABATED</b><br>In Facility (13)  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)   |   |   | Description of Asbestos Containing Material (ACM)<br>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |                |             |           |
|  | Yes   | No  | N/A   |  |                           | Removal        | Repair         | Encapsulate | Enclosure |
| Exterior Siding  |   |   | x   | Exterior Siding  | 1800 SF                   | x              |                |             |           |
|  |   |   |   |  |                           |                |                |             |           |
|  |   |   |   |  |                           |                |                |             |           |
|  |   |   |   |  |                           |                |                |             |           |
| Name of Registered Waste Hauler<br>United Containers   |   | NJDEP Waste Hauler ID No.<br>22459  | Cubic Yards of Waste<br>3                       | Name of Registered Landfill<br>G.R.O.W.S.  |                           |                |                |             |           |
| City, State<br>Elm NJ  |   | Disposal Date<br>3/21/12  |   | City, State<br>Morrisville PA 19067  |                           |                |                |             |           |
| Completed by<br>Anthony T Perna  |   | Title<br>President  |   | Signature<br>  |                           |                | Date<br>3/5/12 |             |           |



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

|   |  |  |                              |   |                           |                |                |             |           |
|---|--|--|------------------------------|---|---------------------------|----------------|----------------|-------------|-----------|
| Date of Notification (1)<br>3/5/12  |  | Name of Building Owner/Operator (2)<br>Charlie Browns  |                              |   |                           |                |                |             |           |
| Agencies Notified   | Type Notification  | Street Address<br>2501 Route 22 West   |                              |   |                           |                |                |             |           |
| <input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA                                   | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment #<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br>Union NJ 07083  |                              |   |                           |                |                |             |           |
|   |  | Name of Contact<br>John Karmazyn   |                              |   |                           |                |                |             |           |
| <div style="text-align: right;"> </div>   |  |  |                              |   |                           |                |                |             |           |
| <b>FACILITY INFORMATION</b>   |  |  |                              |   |                           |                |                |             |           |
| Name of Facility Where Abatement is Taking Place (3)  |  | Type of Facility (4)   |                              |   |                           |                |                |             |           |
| Street Address<br>2501 Route 22 West  |  | <input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)  |                              |   |                           |                |                |             |           |
| City (5)<br>Union   |  | Square Feet  | # of Floors                  |   |                           |                |                |             |           |
| County (6)<br>Union   |  | Bldg. Age  |                              |   |                           |                |                |             |           |
| County Code (7)<br>(STATE USE ONLY)   |  | Current Use (Prior if being demolished)  |                              |   |                           |                |                |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)   |  | Name of Abatement Contractor (9)   |                              |   |                           |                |                |             |           |
| Street Address  |  | ABS Environmental Services, LLC  |                              |   |                           |                |                |             |           |
| City, State, Zip Code   |  | Street Address<br>4 E Gate Drive, PO Box 483   |                              |   |                           |                |                |             |           |
| Project Manager for Monitoring Firm   |  | City, State, Zip Code<br>Glenwood, NJ 07418  |                              |   |                           |                |                |             |           |
| Telephone No.   |  | Telephone No.<br>973-583-8500  | License No.<br>703           |   |                           |                |                |             |           |
| Start Date (10)<br>3/14/12  | Scheduled Completion Date (11)<br>3/28/12  | Name of OSHA Monitor   |                              |   |                           |                |                |             |           |
| Occupancy Status During Abatement (Check Only One)  |  | Street Address   |                              |   |                           |                |                |             |           |
| <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other – Describe: vacant |  | City, State, Zip Code  |                              |   |                           |                |                |             |           |
| Scope of Work (Check All That Apply)  |  |  |                              |   |                           |                |                |             |           |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf   |  | <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition  |                              |   |                           |                |                |             |           |
|   |  | <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                              |   |                           |                |                |             |           |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)  |  |                              | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |                |             |           |
|   | Yes  | No   | N/A                          |   |                           | Removal        | Repair         | Encapsulate | Enclosure |
| roof  |  |  | x                            | non friable roofing   | 1000 SF                   | x              |                |             |           |
|   |  |  |                              |   |                           |                |                |             |           |
|   |  |  |                              |   |                           |                |                |             |           |
| Name of Registered Waste Hauler<br>Newark Carting   |  | NJDEP Waste Hauler ID No.<br>4509  | Cubic Yards of Waste<br>4509 | Name of Registered Landfill<br>Cumberland County Landfill   |                           |                |                |             |           |
| City, State<br>Newark NJ  |  | Disposal Date<br>TBD   |                              | City, State<br>Newburgh PA  |                           |                |                |             |           |
| Completed by<br>Andrew Scott Higgins  |  | Title<br>President   |                              | Signature<br>   |                           |                | Date<br>3/5/12 |             |           |



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

MAR 8 2012

|   |   |   |   |  |                           |                |        |                  |           |
|---|---|---|---|--|---------------------------|----------------|--------|------------------|-----------|
| Date of Notification (1)<br>3/5/2012  |   | Name of Building Owner/Operator (2)<br>Barlow Chevrolet   |   |  |                           |                |        |                  |           |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA  |   | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation                      |   |  |                           |                |        |                  |           |
| Street Address<br>Route 130 & Fairview Street   |   | City, State, Zip Code<br>Delran, NJ 080754  |   |  |                           |                |        |                  |           |
| Name of Contact<br>Scott Eckenhoff  |   | Telephone Number  |   |  |                           |                |        |                  |           |
| <b>FACILITY INFORMATION</b>   |   |   |   |  |                           |                |        |                  |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Barlow Chevrolet  |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)                               |   |  |                           |                |        |                  |           |
| Street Address<br>Route 130 & Fairview Street   |   | Square Feet<br>10,000   | # of Floors<br>1  |  |                           |                |        |                  |           |
| City (5)<br>Delran, NJ 08075  |   | Bldg. Age<br>30+  |   |  |                           |                |        |                  |           |
| County (6)<br>Burlington  | County Code (7)<br>(STATE USE ONLY) _____                             | Current Use (Prior if being demolished)<br>Commercial   |   |  |                           |                |        |                  |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>NBC Environmental  |   | ASCM No.  | Name of Abatement Contractor (9)<br>EA Services Corporation |  |                           |                |        |                  |           |
| Street Address<br>1554 Pacil Pike #268  |   | Street Address<br>426-69th Street   |   |  |                           |                |        |                  |           |
| City, State, Zip Code<br>West Chester, PA 19380   |   | City, State, Zip Code<br>Guttenberg, NJ 07093   |   |  |                           |                |        |                  |           |
| Project Manager for Monitoring Firm<br>Allen Feinberg   |   | Telephone No.<br>610-496-3379   | Telephone No.<br>201-295-1700                               |  |                           |                |        |                  |           |
| License No.<br>01074  |   |   |   |  |                           |                |        |                  |           |
| Start Date (10)<br>3/15/2012  | Scheduled Completion Date (11)<br>3/19/2012                           | Name of OSHA Monitor<br>EMSL Analytical   |   |  |                           |                |        |                  |           |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other — Describe: 1st and 2nd Shift |   | Street Address<br>108 Haddon Avenue   |   |  |                           |                |        |                  |           |
|   |   | City, State, Zip Code<br>Westmond, NJ 08108   |   |  |                           |                |        |                  |           |
| Scope of Work (Check All That Apply)  |   |   |   |  |                           |                |        |                  |           |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf<br><input type="checkbox"/> ≥160 sf or ≥260 lf   |   | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition   |   |  |                           |                |        |                  |           |
|   |   | <input type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |   |  |                           |                |        |                  |           |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility (13)   | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |   |   | Description of Asbestos Containing Material (ACM)<br>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |        |                  |           |
|   | Yes   | No  | N/A   |  |                           | Removal        | Repair | Encapsulate      | Enclosure |
| Computer Room   |   | x   |   | Asbestos Paint   | 80 SF                     | x              |        |                  |           |
|   |   |   |   |  |                           |                |        |                  |           |
|   |   |   |   |  |                           |                |        |                  |           |
|   |   |   |   |  |                           |                |        |                  |           |
| Name of Registered Waste Hauler<br>Atlantic Carting   |   | NJDEP Waste Hauler ID No.<br>26085  | Cubic Yards of Waste<br>TBD                                 | Name of Registered Landfill<br>IESI-Bethlehem Landfill Corporation   |                           |                |        |                  |           |
| City, State<br>Wayne, NJ  |   | Disposal Date<br>TBD  |   | City, State<br>Bethlehem, PA   |                           |                |        |                  |           |
| Completed by<br>Gina Salvador   |   | Title<br>Office Manager   |   | Signature<br><i>Gina Salvador</i>  |                           |                |        | Date<br>3/5/2012 |           |



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

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CHECK #:

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|  |  |   |   |  |                 |                |                |             |           |
|--|--|---|---|--|-----------------|----------------|----------------|-------------|-----------|
| Date of Notification (1)<br>3.5.12   |  | Name of Building Owner/Operator (2)<br>Jeanne Fazio                                   |   | APPROVED<br>NJ Dept of Health & Senior Services<br>Paul C. Homer<br>(signature)<br>Date: 3/5/12 Time: 1:42 PM  |                 |                |                |             |           |
| Agencies Notified  | Type Notification  | Street Address<br>1034 Combermeade Road   |   | City, State, Zip Code<br>Fort Lee NJ 07024   |                 |                |                |             |           |
| <input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA   | <input type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment #<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Name of Contact<br>Joseph Fazio   |   | Telephone Number   |                 |                |                |             |           |
| <b>FACILITY INFORMATION</b>  |  |   |   |  |                 |                |                |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Fazio  |  |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |  |                 |                |                |             |           |
| Street Address<br>1034 Combermeade Road  |  |   | Square Feet<br>1600   | # of Floors<br>2   | Bldg. Age<br>75 |                |                |             |           |
| City (5)<br>Fort Lee   |  |   | Current Use (Prior if being demolished)<br>Residential  |  |                 |                |                |             |           |
| County (6)<br>Bergen   |  |   | County Code (7)<br>(STATE USE ONLY)   |  |                 |                |                |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)  |  | ASCM No.  | Name of Abatement Contractor (9)<br>A. MAC Contracting Inc.   |  |                 |                |                |             |           |
| Street Address   |  | Street Address<br>105 Lowell Road   |   |  |                 |                |                |             |           |
| City, State, Zip Code  |  | City, State, Zip Code<br>Glen Rock, NJ 07452  |   |  |                 |                |                |             |           |
| Project Manager for Monitoring Firm  |  | Telephone No.   | Telephone No.<br>201-262-5841   | License No.<br>00165   |                 |                |                |             |           |
| Start Date (10)<br>3.6.12  |  | Scheduled Completion Date (11)<br>3.7.12  |   | Name of OSHA Monitor<br>Omega Environmental Services Inc.  |                 |                |                |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: |  |   | Street Address<br>280 Huyer Street<br>City, State, Zip Code<br>Hackensack, NJ 07606   |  |                 |                |                |             |           |
| Scope of Work (Check All That Apply)   |  |   |   |  |                 |                |                |             |           |
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf<br><input type="checkbox"/> ≥ 150 sf or ≥ 260 lf   |  | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition |   | <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                 |                |                |             |           |
| Location of Asbestos-Containing Material (ACM) In Facility (13)  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)  |   | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)   | Amount (Specify SF or LF)  | Abatement Type  |                |                |             |           |
|  | Yes  | No  |   |  | N/A             | Removal        | Repair         | Encapsulate | Enclosure |
| basement   |  |   | X   | pipe insulation  | 60 LF           | X              |                |             |           |
| basement   |  |   | X   | boiler insulation  | 48 SF           | X              |                |             |           |
| Name of Registered Waste Hauler<br>Rovic Transport   |  | NJDEP Waste Hauler ID No.<br>20785  | Cubic Yards of Waste<br>1   | Name of Registered Landfill<br>IESI PA Bethlehem Landfill Corp.  |                 |                |                |             |           |
| City, State, Zip Code<br>Riverdale, NJ 07457   |  |   | Disposal Date<br>3.6.12   | City, State, Zip Code<br>Bethlehem, PA 18015   |                 |                | Date<br>3.5.12 |             |           |
| Completed by<br>R. McDonald  |  | Title<br>President  |   | Signature<br>R. McDonald   |                 | Date<br>3.5.12 |                |             |           |

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



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

MO# 19807828334

| Date of Notification (1)<br>03/05/2012   |  | Name of Building Owner/Operator (2)<br>Ann Marie Doucette  |                               |   |                           |                |        |             |
|--|--|--|-------------------------------|---|---------------------------|----------------|--------|-------------|
| Agency Notified<br><input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA   | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment #<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br>16 Sussex Avenue<br>City, State, Zip Code<br>Chatham, NJ 07928<br>Name of Contact<br>Ann Marie Doucette  |                               |   |                           |                |        |             |
| <b>FACILITY INFORMATION</b>  |  |  |                               |   |                           |                |        |             |
| Name of Facility Where Abatement is Taking Place (3)<br>Private home   |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)                    |                               |   |                           |                |        |             |
| Street Address<br>16 Sussex Avenue   |  | Square Feet  | # of Floors                   |   |                           |                |        |             |
| City (5)<br>Chatham, NJ 07928  |  | Bldg. Age  |                               |   |                           |                |        |             |
| County (6)<br>Morris   | County Code (7) (STATE USE ONLY)   | Current Use (Prior if being demolished)  |                               |   |                           |                |        |             |
| Name of Monitoring Firm Hired by Building Owner(8)   | ASCM No.   | Name of Abatement Contractor (9)<br>Gr Tech LLC  |                               |   |                           |                |        |             |
| Street Address   |  | Street Address<br>576 Valley Rd #283   |                               |   |                           |                |        |             |
| City, State, Zip Code  |  | City, State, Zip Code<br>Wayne, NJ 07470   |                               |   |                           |                |        |             |
| Project Manager for Monitoring Firm  | Telephone No.  | Telephone No.<br>973-638-1777  | License No.<br>01127          |   |                           |                |        |             |
| Start Date (10)  | Scheduled Completion Date (11)   | Name of OSHA Monitor<br>Envirovision Consultants, Inc  |                               |   |                           |                |        |             |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: |  | Street Address<br>20-21 Wagaraw Road, Bldg. # 34A  |                               |   |                           |                |        |             |
|  |  | City, State, Zip Code<br>Fair Lawn, NJ 07410   |                               |   |                           |                |        |             |
| Scope of Work (Check all that apply)   |  |  |                               |   |                           |                |        |             |
| <input checked="" type="checkbox"/> >3 sf or >3 lf<br><input type="checkbox"/> ≥160 sf or >260 lf  |  | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition  |                               |   |                           |                |        |             |
|  |  | <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                               |   |                           |                |        |             |
| Location of Asbestos-Containing Material (ACM)<br>TO BE ABATED<br>IN Facility<br>(13)  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)  |  |                               | Description of Asbestos Containing Material (ACM)<br>(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |        |             |
|  | Yes  | No   | N/A                           |   |                           | Removal        | Repair | Encapsulate |
| Basement   |  |  | x                             | Duct insulation   | 50 SF                     | x              |        |             |
|  |  |  |                               |   |                           |                |        |             |
|  |  |  |                               |   |                           |                |        |             |
| Name of Registered Waste Hauler<br>Gr Tech LLC   |  | NJDEP Waste Hauler ID No.<br>0033785   | Cubic Yards of Waste          | Name of Registered Landfill<br>T.R.R.F. Inc   |                           |                |        |             |
| City, State<br>Wayne, NJ 07470   |  | Disposal Date  |                               | City, State<br>Tullytown, PA  |                           |                |        |             |
| Completed by<br>N.Jevtic   |  | Title<br>Owner   | Signature<br><i>N. Jevtic</i> |   | Date<br>03/05/2012        |                |        |             |



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

MO# 19807828345

|  |   |  |  |
|--|---|--|--|
| Date of Notification (1)<br>03/05/2012   |   | Name of Building Owner/Operator (2)<br>JE 231 Realty INC   |  |
| Agency Notified<br><input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA | Type Notification<br><input type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br>Amendment # <b>1</b><br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br>25 Kady Lane<br>City, State, Zip Code<br>Kendall Park, NJ 08824<br>Name of Contact<br>Y.Y.Lien |  |
|  |   | Telephone Number<br>[REDACTED]   |  |

**FACILITY INFORMATION**

|  |                                  |   |           |
|--|----------------------------------|---|-----------|
| Name of Facility Where Abatement is Taking Place (3)<br>Unoccupied former laundromat |                                  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |           |
| Street Address<br>231 George Street  |                                  | Square Feet   | Bldg. Age |
| City (5)<br>New Brunswick, NJ 08901  |                                  | # of Floors   |           |
| County (6)<br>Middlesex  | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished)   |           |

|   |               |   |                      |
|---|---------------|---|----------------------|
| Name of Monitoring Firm Hired by Building Owner (8) | ASCM No.      | Name of Abatement Contractor (9)<br>Gr Tech LLC |                      |
| Street Address                                      |               | Street Address<br>576 Valley Rd #283            |                      |
| City, State, Zip Code                               |               | City, State, Zip Code<br>Wayne, NJ 07470        |                      |
| Project Manager for Monitoring Firm                 | Telephone No. | Telephone No.<br>973-638-1777                   | License No.<br>01127 |

|  |  |   |
|--|--|---|
| Start Date (10)<br>03/03/2012  | Scheduled Completion Date (11)<br>03/05/2012 | Name of OSHA Monitor<br>Envirovision Consultants, Inc |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: |  | Street Address<br>20-21 Wagaraw Road, Bldg # 34A      |
|  |  | City, State, Zip Code<br>Fair Lawn, NJ 07410          |

|  |   |  |
|--|---|--|
| Scope of Work (Check all that apply)<br><input checked="" type="checkbox"/> >3 sf or >3 lf<br><input checked="" type="checkbox"/> ≥160 sf or >260 lf | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |
|--|---|--|

| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |    |     | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |        |             |
|---|---|----|-----|--|---------------------------|----------------|--------|-------------|
|   | Yes   | No | N/A |  |                           | Removal        | Repair | Encapsulate |
| Basement  |   |    | x   | Pipe insulation  | 240 LF                    | x              |        |             |
| Basement  |   |    | x   | Boiler insulation  | 150 SF                    | x              |        |             |
| First floor   |   |    | x   | Pipe insulation  | 120 LF                    | x              |        |             |

|  |                                      |                               |   |
|--|--------------------------------------|-------------------------------|---|
| Name of Registered Waste Hauler<br>Gr Tech LLC | NJDEP Waste Hauler ID No.<br>0033785 | Cubic Yards of Waste          | Name of Registered Landfill<br>T.R.R.F. Inc |
| City, State<br>Wayne, NJ 07470                 | Disposal Date                        | City, State<br>Tullytown, PA  |   |
| Completed by<br>N.Jevtic                       | Title<br>Owner                       | Signature<br><i>N. Jevtic</i> | Date<br>03/05/2012                          |

ASB-41

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



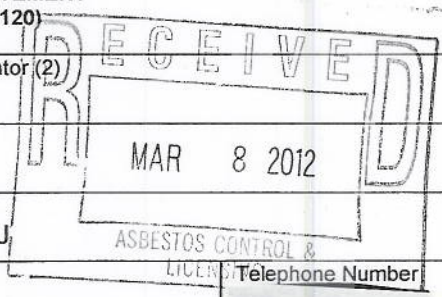
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

CHECK # 7856

|  |   |   |   |  |                           |
|--|---|---|---|--|---------------------------|
| Date of Notification (1)<br>3-1-12   |   | Name of Building Owner/Operator (2)<br>Brenda Thomas  |   | APPROVED<br>NJ Dept. of Health & Senior Services<br>Paul C. [Signature]<br>Date: 3/1/12 Time: 7:44AM   |                           |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA  |   | Type Notification<br><input type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment #<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |   | Street Address<br>93 Englewood Ave<br>City, State, Zip Code<br>Englewood NJ 07631<br>Name of Contact<br>Brenda<br>Telephone Number   |                           |
| FACILITY INFORMATION   |   |   |   |  |                           |
| Name of Facility Where Abatement is Taking Place (3)<br>Thomas   |   |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |  |                           |
| Street Address<br>93 Englewood Avenue  |   |   | Square Feet<br>1800   | # of Floors<br>2   | Bldg. Age<br>60           |
| City (5)<br>Englewood  |   |   | Current Use (Prior if being demolished)<br>residential  |  |                           |
| County (6)<br>Bergen   |   | County Code (7)<br>(STATE USE ONLY)   |   |  |                           |
| Name of Monitoring Firm Hired by Building Owner (8)  |   | ASCM No.  |   | Name of Abatement Contractor (9)<br>A. MAC Contracting Inc   |                           |
| Street Address   |   | Street Address<br>105 Lowell Road   |   |  |                           |
| City, State, Zip Code  |   | City, State, Zip Code<br>Glen Rock, NJ 07452  |   |  |                           |
| Project Manager for Monitoring Firm  |   | Telephone No.   |   | Telephone No.<br>201-262-5841  | License No.<br>00156      |
| Start Date (10)<br>3-1-12  |   | Scheduled Completion Date (11)<br>3-2-12  |   | Name of OSHA Monitor<br>Omega Environmental Services Inc.  |                           |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: |   |   |   | Street Address<br>280 Huyer Street<br>City, State, Zip Code<br>Hackensack, NJ 07608  |                           |
| Scope of Work (Check All That Apply)   |   |   |   |  |                           |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf<br><input type="checkbox"/> ≥160 sf or ≥260 lf  |   | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition   |   | <input type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                           |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)   | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |   |   | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  | Amount (Specify SF or LF) |
|  | Yes   | No  | N/A   |  |                           |
| Basement   |   |   | X   | duct work  | 90 LF                     |
|  |   |   |   |  |                           |
|  |   |   |   |  |                           |
|  |   |   |   |  |                           |
| Name of Registered Waste Hauler<br>Rovic Transport   |   | NJDEP Waste Hauler ID No.<br>20785  |   | Name of Registered Landfill<br>IESI PA Bethlehem Landfill Corp.  |                           |
| City, State, Zip Code<br>Riverdale, NJ 07457   |   | Disposal Date<br>3-1-12   |   | City, State, Zip Code<br>Bethlehem, PA 18015   |                           |
| Completed by<br>R. McDonald  |   | Title<br>President  |   | Date<br>3-1-12   |                           |



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



|  |  |   |   |  |                           |                |        |             |           |
|--|--|---|---|--|---------------------------|----------------|--------|-------------|-----------|
| Date of Notification (1)<br><b>3/6/12</b>  |  | Name of Building Owner/Operator (2)<br>P.S.E.G.   |   |  |                           |                |        |             |           |
| Agencies Notified  | Type Notification  | Street Address<br>4000 HADLEY ROAD  |   |  |                           |                |        |             |           |
| <input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input checked="" type="checkbox"/> DCA                                 | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br>SOUTH PLAINFIELD, NJ   |   |  |                           |                |        |             |           |
|  |  | Name of Contact<br>RICHARD STRAUSS  |   |  |                           |                |        |             |           |
| <b>FACILITY INFORMATION</b>  |  |   |   |  |                           |                |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>P.S.E. & G   |  | Type of Facility (4)  |   |  |                           |                |        |             |           |
| Street Address<br>FISH HOUSE RD. & PENNSYLVANIA AVE.   |  | <input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |   |  |                           |                |        |             |           |
| City (5)<br>KEARNY   |  | Square Feet<br>N/A  | # of Floors<br>N/A  |  |                           |                |        |             |           |
| County (6)<br>HUDSON   |  | County Code (7)<br>(STATE USE ONLY)   | Current Use (Prior if being demolished)<br>SWITCH STATION     |  |                           |                |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>ENVIRONMENTAL TACTICS   |  | ASCM No.<br>0045  | Name of Abatement Contractor (9)<br>UNIQUE SYSTEMS OF AMERICA |  |                           |                |        |             |           |
| Street Address<br>64 BROAD ST.   |  | Street Address<br>396 WHITEHEAD AVE.  |   |  |                           |                |        |             |           |
| City, State, Zip Code<br>MATAWAN, NJ 07747   |  | City, State, Zip Code<br>SOUTH RIVER, NJ 08882  |   |  |                           |                |        |             |           |
| Project Manager for Monitoring Firm<br>TOM GEIGER  |  | Telephone No.<br>732-290-2217   | Telephone No.<br>732-432-8350                                 |  |                           |                |        |             |           |
|  |  | License No.<br>01111  |   |  |                           |                |        |             |           |
| Start Date (10)<br><b>3/20/12</b>  | Scheduled Completion Date (11)<br><b>3/22/12</b>   | Name of OSHA Monitor<br>UNIQUE SYSTEMS OF AMERICA   |   |  |                           |                |        |             |           |
| Occupancy Status During Abatement (Check Only One)   |  | Street Address<br>396 WHITEHEAD AVE.  |   |  |                           |                |        |             |           |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____           |  | City, State, Zip Code<br>SOUTH RIVER, NJ 08882  |   |  |                           |                |        |             |           |
| Scope of Work (Check All That Apply)   |  |   |   |  |                           |                |        |             |           |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition   |  |   |   |  |                           |                |        |             |           |
| <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |   |   |  |                           |                |        |             |           |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility<br>(13)   | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)  |   |   | Description of Asbestos Containing Material (ACM)<br>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |        |             |           |
|  | Yes  | No  | N/A   |  |                           | Removal        | Repair | Encapsulate | Enclosure |
| OUTSIDE VAULTS   |  | x   |   | ACM CABLES   | 540 LF                    | x              |        |             |           |
|  |  |   |   |  |                           |                |        |             |           |
|  |  |   |   |  |                           |                |        |             |           |
|  |  |   |   |  |                           |                |        |             |           |
| Name of Registered Waste Hauler<br>WASTE MANAGEMENT  |  | NJDEP Waste Hauler ID No.<br>1125   | Cubic Yards of Waste<br>20                                    | Name of Registered Landfill<br>GROWS NORTH   |                           |                |        |             |           |
| City, State<br>ELIZABETH, NJ   |  |   | Disposal Date<br><b>3/23/12</b>                               | City, State<br>MORRISVILLE, PA   |                           |                |        |             |           |
| Completed by<br>CAROL RAIMO  |  | Title<br>OFFICE MGR.  | Signature<br><i>Carol Raimo</i>                               | Date<br><b>3/6/12</b>  |                           |                |        |             |           |



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

|  |  |   |    |  |                         |   |       |  |         |        |             |           |
|--|--|---|----|--|-------------------------|---|-------|--|---------|--------|-------------|-----------|
| Date of Notification (1)<br><b>3/6/12</b>  |  | Name of Building Owner/Operator (2)<br>P.S.E & G  |    | <div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED<br/>MAR 8 2012<br/>ASBESTOS Telephone Number<br/> </div>   |                         |   |       |  |         |        |             |           |
| Agencies Notified  |  | Type Notification   |    |  |                         | Street Address<br>4000 HADLEY ROAD  |       |  |         |        |             |           |
| <input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input checked="" type="checkbox"/> DCA                       |  | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |    |  |                         | City, State, Zip Code<br>SOUTH PLAINFIELD, NJ   |       |  |         |        |             |           |
|  |  |   |    | Name of Contact<br>LEE WALLACE   |                         | ASBESTOS Telephone Number<br><div style="border: 1px solid black; width: 100px; height: 20px;"></div> |       |  |         |        |             |           |
| <b>FACILITY INFORMATION</b>  |  |   |    |  |                         |   |       |  |         |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>P.S.E. & G   |  |   |    | Type of Facility (4)   |                         |   |       |  |         |        |             |           |
| Street Address<br>4000 HADLEY RD.  |  |   |    | <input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)  |                         |   |       |  |         |        |             |           |
| City (5)<br>SOUTH PLAINFIELD   |  |   |    | Square Feet<br>87,000  |                         | # of Floors<br>2  |       |  |         |        |             |           |
| County (6)<br>MIDDLESEX  |  |   |    | County Code (7)<br>(STATE USE ONLY) _____  |                         | Bldg. Age<br>APPX. 40 YR  |       |  |         |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>ENVIRONMENTAL TACTICS   |  |   |    | ASCM No.<br>0045   |                         | Name of Abatement Contractor (9)<br>UNIQUE SYSTEMS OF AMERICA   |       |  |         |        |             |           |
| Street Address<br>64 BROAD ST.   |  |   |    | Street Address<br>396 WHITEHEAD AVE.   |                         |   |       |  |         |        |             |           |
| City, State, Zip Code<br>MATAWAN, NJ 07747   |  |   |    | City, State, Zip Code<br>SOUTH RIVER, NJ 08882   |                         |   |       |  |         |        |             |           |
| Project Manager for Monitoring Firm<br>TOM GEIGER  |  |   |    | Telephone No.<br>732-290-2217  |                         | Telephone No.<br>732-432-8350   |       |  |         |        |             |           |
|  |  |   |    |  |                         | License No.<br>01111  |       |  |         |        |             |           |
| Start Date (10)<br>3/24/2012   |  | Scheduled Completion Date (11)<br>03/24/2012  |    | Name of OSHA Monitor<br>UNIQUE SYSTEMS OF AMERICA  |                         |   |       |  |         |        |             |           |
| Occupancy Status During Abatement (Check Only One)   |  |   |    | Street Address<br>396 WHITEHEAD AVE.   |                         |   |       |  |         |        |             |           |
| <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____ |  |   |    | City, State, Zip Code<br>SOUTH RIVER, NJ 08882   |                         |   |       |  |         |        |             |           |
| Scope of Work (Check All That Apply)   |  |   |    |  |                         |   |       |  |         |        |             |           |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf<br><input type="checkbox"/> ≥160 sf or ≥260 lf  |  | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition   |    | <input type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                         |   |       |  |         |        |             |           |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)   |  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)   |    | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  |                         | Amount (Specify SF or LF)   |       | Abatement Type                             |         |        |             |           |
|  |  | Yes   | No |  |                         |   |       | N/A  | Removal | Repair | Encapsulate | Enclosure |
| VACANT WAREHOUSE AREA  |  |   | X  |  | THERMAL PIPE INSULATION |   | 20 LF |  | X       |        |             |           |
|  |  |   |    |  |                         |   |       |  |         |        |             |           |
|  |  |   |    |  |                         |   |       |  |         |        |             |           |
|  |  |   |    |  |                         |   |       |  |         |        |             |           |
| Name of Registered Waste Hauler<br>WASTE MANAGEMENT  |  |   |    | NJDEP Waste Hauler ID No.<br>1125  |                         | Cubic Yards of Waste<br>3   |       | Name of Registered Landfill<br>GROWS NORTH |         |        |             |           |
| City, State<br>ELIZABETH, NJ   |  |   |    | Disposal Date<br>3/26/12   |                         | City, State<br>MORRISVILLE, PA  |       |  |         |        |             |           |
| Completed by<br>CAROL RAIMO  |  |   |    | Title<br>OFFICE MGR.   |                         | Signature<br><i>Carol Raimo</i>   |       | Date<br>3/6/12                             |         |        |             |           |



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

CHECK #: 18591

| Date of Notification (1)<br>3.6.12  |  | Name of Building Owner/Operator (2)<br>Joe Chickey  |     |   |                           |   |        |               |           |
|---|--|---|-----|---|---------------------------|---|--------|---------------|-----------|
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA   | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br>1016 Franklin Lakes Road<br>City, State, Zip Code<br>Franklin Lakes NJ 07415<br>Name of Contact<br>Joe Chickey<br>Telephone Number<br>[REDACTED]  |     |   |                           |   |        |               |           |
| FACILITY INFORMATION  |  |   |     |   |                           |   |        |               |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Chickey   |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |     |   |                           |   |        |               |           |
| Street Address<br>1016 Franklin Lakes Road  |  | Square Feet<br>1750   |     |   |                           |   |        |               |           |
| City (5)<br>Franklin Lakes  |  | # of Floors<br>2  |     |   |                           |   |        |               |           |
| County (6)<br>Bergen  |  | Bldg. Age<br>75   |     |   |                           |   |        |               |           |
| County Code (7)<br>(STATE USE ONLY)   |  | Current Use (Prior if being demolished)<br>Residential  |     |   |                           |   |        |               |           |
| Name of Monitoring Firm Hired by Building Owner (8)   |  | ASCM No.  |     |   |                           |   |        |               |           |
| Street Address  |  | Name of Abatement Contractor (9)<br>A. MAC Contracting Inc.   |     |   |                           |   |        |               |           |
| City, State, Zip Code   |  | Street Address<br>105 Lowell Road   |     |   |                           |   |        |               |           |
| Project Manager for Monitoring Firm   |  | City, State, Zip Code<br>Glen Rock, NJ 07452  |     |   |                           |   |        |               |           |
| Telephone No.   |  | Telephone No.<br>201-262-5841   |     |   |                           |   |        |               |           |
| Start Date (10)<br>3.15.12  |  | License No.<br>00156  |     |   |                           |   |        |               |           |
| Scheduled Completion Date (11)<br>3.16.12   |  | Name of OSHA Monitor<br>Omega Environmental Services Inc.   |     |   |                           |   |        |               |           |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____  |  | Street Address<br>280 Huyer Street<br>City, State, Zip Code<br>Hackensack, NJ 07606   |     |   |                           |   |        |               |           |
| Scope of Work (Check All That Apply)  |  |   |     |   |                           |   |        |               |           |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |   |     |   |                           |   |        |               |           |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)  |   |     | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type  |        |               |           |
|   | Yes  | No  | N/A |   |                           | Removal   | Repair | Encapsulation | Enclosure |
| basement  |  |   | X   | pipe insulation   | 40 LF                     | X   |        |               |           |
|   |  |   |     |   |                           |   |        |               |           |
|   |  |   |     |   |                           |   |        |               |           |
|   |  |   |     |   |                           |   |        |               |           |
| Name of Registered Waste Hauler<br>Rovic Transport  |  | NJDEP Waste Hauler ID No.<br>20785  |     | Cubic Yards of Waste<br>1   |                           | Name of Registered Landfill<br>IESI PA Bethlehem Landfill Corp. |        |               |           |
| City, State, Zip Code<br>Riverdale, NJ 07457  |  | Disposal Date<br>3.16.12  |     | City, State, Zip Code<br>Bethlehem, PA 18015  |                           |   |        |               |           |
| Completed by<br>R. McDonald   |  | Title<br>President  |     | Signature<br>[Signature]  |                           | Date<br>3.6.12  |        |               |           |