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

Date of Notification (1) 3-11-13
Name of Building Owner/Operator (2) Estate of Mary E James

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

Street Address 507 William Street
City, State, Zip Code Boonton, NJ 07005
Name of Contact Robert Marks

Telephone Number

FACILITY INFORMATION

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

Square Feet 2500
# of Floors 2
Bldg. Age 100

Current Use (Prior to being demolished)

Name of Facility Where Abatement is Taking Place (3)

house

Street Address 507 William Street
City (5) Boonton
County Code (7) Morristown

County Code (6)

Name of Monitoring Firm Hired by Building Owner (5)

ASCM No. 703

Name of Abatement Contractor (9)
ABS Environmental Services, LLC
Street Address 4 E Gate Drive, PO Box 483
City, State, Zip Code Glenwood, NJ 07418

Project Manager for Monitoring Firm
Telephone No. 973-583-8500
License No. 703

Start Date (10) 3-25-13
Scheduled Completion Date (11) 4-10-13

Name of OSHA Monitor

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

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

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
</tr>
</thead>
<tbody>
<tr>
<td>In Facility (13)</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>basement</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

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

Amount (Specify SF or LF) 135 LF

Abatement Type
Removal
Repair
Encapsulate
Endorse

Name of Registered Waste Hauler
Tri State Transfer

NJD EP Waste Hauler ID No. 02325
Cubic Yards of Waste 10

Name of Registered Landfill
Minerva Enterprises
Disposal Date TBD
City, State Waynesburg OH

Completed by Andrew Scott Higgins
Title President

Signature
Date 3-11-13

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

Date of Notification (1) 3/11/13
Name of Building Owner/Operator (2) US Masters Residential Property (USA) Fund

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

Street Address
1000, Plaza Two, Floor 10, Harborside Financial Center
City, State, Zip Code
Jersey City, NJ 07311
Name of Contact
Dan Bailey

FACILITY INFORMATION

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

Street Address
42 East 18th Street
City (5) Bayonne
County Code (7)
Hudson

County (6)

Square Feet
2500
# of Floors
2
Bldg. Age
50

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

Current Use (Prior to being demolished)

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

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

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

Project Manager for Monitoring Firm

Telephone No.
973-583-8500
License No.
703

Start Date (10) 3/29/13
Scheduled Completion Date (11) 4/15/13
Name of OSHA Monitor

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

Scope of Work (Check All That Apply)
☐ 23 sf or 23 if
☐ ≥190 sf or ≥260 if
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (?) and Non-Friable Procedure

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

In Facility (13)

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

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

Amount (Specify SF or LF)
90 LF

Abatement Type
Removal
Repair
Encapsulate
Endeavor

Name of Registered Waste Hauler
Tri State Transfer
NJDEP Waste Hauler ID No. 02325
Cubic Yards of Waste 10
Name of Registered Landfill
Minerva Enterprises

City, State
Bronx NY
City, State
Waynesburg OH

Completed by
Andrew Scott Higgins
Title
President
Signature
Date 3/11/13

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

**Date of Notification (1)**  
3/11/13

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

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

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

**Street Address**  
431 N 12th Street

**City, State, Zip Code**  
Newark, NJ 07107

**Name of Contact**  
Carlos Pereira

**Telephone Number**  

**FACILITY INFORMATION**

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

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

**Square Feet**  
2500

**# of Floors**  
2

**Bldg. Age**  
70

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

**Name of Monitoring Firm Hired by Building Owner (5)**  

**ASCM No.**  

**Name of Abatement Contractor (6)**  
ABS Environmental Services, LLC

**Street Address**  
4 E Gate Drive, PO Box 483

**City, State, Zip Code**  
Glenwood, NJ 07418

**Project Manager for Monitoring Firm**

**Telephone No.**  
973-583-8500

**License No.**  
703

**Start Date (10)**  
3/20/13

**Scheduled Completion Date (11)**  
4/15/13

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

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

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

- [x] ≥3 sf or ≥3 if
- [ ] ≥169 sf or ≥289 if
- [ ] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [x] Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location of ACM</th>
<th>Is Location Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of ACM Material (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>boiler room</td>
<td>[x]</td>
<td>pipe insulation</td>
<td>60 LF</td>
</tr>
<tr>
<td>boiler room</td>
<td>[x]</td>
<td>boiler insulation</td>
<td>40 SF</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**  
Tri State Transfer

**Hauler ID No.**  
02325

**Cubic Yards of Waste**  
10

**Name of Registered Landfill**  
Minerva Enterprises

**City, State**  
Waynesburg OH

**Disposal Date**  
TBD

**Name of Registered Waste Hauler**  

**Completed by**  
Andrew Scott Higgins

**Title**  
President

**Signature**  

**Date**  
3/11/13

*Do not use this form for asbestos licensure exempted activities.*
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:90 and 12:120)

Date of Notification (1)  
03/12/13

Name of Building Owner/Operator (2)  
Town of Hammonton

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

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

Street Address  
100 Central Ave

City, State, Zip Code  
Hammonton, NJ 08037

Name of Contact  
Telephone Number

Name of Facility Where Abatement is Taking Place (3)  
Factory Building

Street Address  
317 N. Egg Harbor Rd, Block 2702 Lot 1

City (6)  
Hammonton, NJ

County (8)  
Atlantic County

County Code (7)  
(STATE USE ONLY)

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

Square Feet  
# of Floors  
Bldg. Age

30+

Current Use (Prior if being demolished)  
Factory

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

Name of Abatement Contractor (9)  
Site Enterprises, Inc.

Street Address  
318 12th Street

City, State, Zip Code  
Hammonton, NJ, 08037

Telephone No.  
609-704-8850

Telephone No.  
609-667-1250

License No.  
01172

Project Manager for Monitoring Firm  
Jim Proctor

Name of OSHA Monitor  
Health & Safety Services, Inc. (Jim Proctor)

Start Date (10)  
03/28/13

Scheduled Completion Date (11)  
04/15/13

Facility Closed/Vacated During Entire Period of Abatement

Other - Describe:

Scope of Work (Check All That Apply)  
- ≥30 sf or ≥3 ft
- ≥160 sf or ≥260 ft
- Renovation
- Demolition

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

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

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Through Out</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Concrete Factory Building</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Boiler Room</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Windows Exterior</td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pipe</td>
<td>250 LF</td>
</tr>
<tr>
<td>Concrete</td>
<td>9200 SF</td>
</tr>
<tr>
<td>Boiler Insulation</td>
<td>60 SF</td>
</tr>
<tr>
<td>Window Glazing</td>
<td>128 Windows</td>
</tr>
</tbody>
</table>

Amount of Waste

<table>
<thead>
<tr>
<th>Waste Management of Camden</th>
<th>Cubic-Yards of Waste</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>150 Cubic Yards</td>
</tr>
</tbody>
</table>

Name of Registered Landfill  
WM- Tullytown Landfill

City, State  
Tullytown, PA

Disposal Date  
Various

Completed by  
Kati Dinatale

Title  
Office Manager

Signature  
Date  03/12/13

* Do not use this form for asbestos licensure exempted activities.
Date of Notification (1) 03/13/13

Agency Notified
- EPA
- DEP
- DCA
- DOH

Type Notification
- Initial
- Notification
- Amended
- Notification
- Cancellation

Name of Building Owner/Operator (2) Princeton University

Street Address
- P.O. box 2158
- City, State, Zip Code
- Princeton NJ 08543

Name of Contact
- Robert Otsgo

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
- Princeton University -- Wyman House cottage

Street Address
- Princeton University - wyman cottage basement and garage

City (5)
- Princeton

County (6)

County Code (7) (STATE USE ONLY)

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

Telephone Number
- 856-547-0505

Type of Facility (4)
- School (K12)
- Subchapter 8 (Other than K12)
- Other (i.e. Private & commercial buildings, homes, etc.)

Square Feet
- 5000

# of Floors
- 1

Bldg. Age
- 50+

Current Use (Prior if being demolished)
- University

Name of Abatement Contractor (9)
- Associated Specialty Contracting

Street Address
- 515 Grove Street Suite 1B

City, State, Zip Code
- Haddon Heights NJ

Telephone Number
- 610-364-9622

Licence Number
- 1103

Name of OSHA Monitor
- Criterion Labs

Street Address
- 3370 Progressive Drive

City, State, Zip Code
- Bensalem PA 19020

Scheduled Start Date (10)
- 03/27/13

Sched. Completion Date (11)
- 03/28/13

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

In Facility (13)

<table>
<thead>
<tr>
<th>Location</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e. Thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>pipe fittings</td>
<td>8 ea</td>
<td>E</td>
</tr>
<tr>
<td>Garage</td>
<td>Fittings</td>
<td>1 ea</td>
<td>E</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
- NJDEP Waste Hauler ID No.

Cubic Yards of Waste
- 2

Name of Registered Landfill
- GROWS

Horizon Disposal

City, State
- Trenton NJ

Disposal Date
- As needed

City, State
- Morrisville PA

Completed By (Print or Type)
- Mark Goshaw

Title
- Project Manager

Signature
- [Signature]

Date
- 3-13-13

ABS-41
JUN 95
# State of New Jersey

## NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60-7 and 12:120-7)

### Date of Notification (1)
03/13/13

### Name of Building Owner/Operator (2)
Princeton University

### Agency Notified
- EPA
- DEP
- DCA
- DOH

### Type Notification
- x Initial
- Amended
- Notification
- Cancellation

### Street Address
P.O. box 2158
City, State, Zip Code
Princeton NJ 08543

### Name of Contact
Robert Otego

### Telephone Number

## FACILITY INFORMATION

### Name of Facility Where Abatement is Taking Place (3)
Princeton University -- E-Quad

### Street Address
E-Quad room G 107

### City (5)
Princeton

### County (6)

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

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

### ASCM No.

### Name of Abatement Contractor (9)
Associated Specialty Contracting

### Street Address
98 LaCruc Avenue
City, State, Zip Code
Glen Mills, PA 19342

### Project Manager of Monitoring Firm
Alan Lloyd

### Telephone Number
856-547-0505

### Scheduled Start Date (10)
03/28/13

### Sched. Completion Date (11)
04/15/13

### Monthly/Day/Year

### Occupancy Status During Abatement (Check only one)
- x Abatement Performed Outside of Normal Facility

### Hours - Describe:
4:00 PM - 12:30 AM

### Other - Describe:

### Scope of work (Check all that apply)
- Demolition
- Renovation
- Full Containment with Negative Pressure
- Non-Friable Procedure

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

### TO BE ABATED

### In Facility (13)

<table>
<thead>
<tr>
<th>Room G 107</th>
<th>Location</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>floor tile</td>
<td>(ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td>520</td>
</tr>
</tbody>
</table>

### Name of Registered Waste Hauler

### Horizon Disposal

### NJDEP Waste Hauler ID No.

### Cubic Yards of Waste
5

### Name of Registered Landfill

### GROWS

### City, State
Trenton NJ

### Disposal Date
As needed

### City, State
Morrisville PA

### Completed By (Print or Type)
Mark Goshow

### Title
Project Manager

### Signature

### Date
3/13/13

G4667
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1)
03/13/13

Name of Building Owner/Operator (2)
Princeton University

Agency Notified
EPA
DEP
DCA
DOH

Type Notification
x Initial
Amended
Notification
Cancellation

Street Address
P.O. Box 2158
City, State, Zip Code
Princeton, NJ 08543
Name of Contact
Robert Otego
Telephone Number

Name of Facility Where Abatement is Taking Place (3)
Princeton University - Forrestal Campus - Basement utility tunnel

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

Square Feet
10000
# of Floors
3
Bldg. Age
50+

Current Use (Prior if being demolished)
University

Name of Monitoring Firm Hired by Building Owner (5)
Pennoni Associates Inc

Name of Abatement Contractor (6)
Associated Specialty Contracting

Street Address
515 Grove Street Suite 1B
City, State, Zip Code
Haddon Heights, NJ 08035

Telephone Number
856-547-0505

Name of OSHA Monitor
Criterion Labs

Criterion Labs
Street Address
98 LaGrue Avenue
City, State, Zip Code
Glen Mills, PA 19342

Telephone Number
610-364-9622

NMC No.
1103

Name of Project Manager
Alan Lloyd

License Number

Scheduled Start Date (10)
04/01/13
Sched. Completion Date (11)
04/02/13

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

x Abatement Performed Outside of Normal Facility

Hours - Describe: 8:00 AM to 3:30 PM

Other - Describe:

Scope of Work (Check all that apply)
Demolition
x Renovation
x Full Containment with Negative Pressure
x Mini - Enclosure
x Glovebag Procedure
x Non-Friable Procedure

Location of Asbestos-Containing Material (ACM)

TO BE ABATED

In Facility

(13)

Is
Location
Normally
Used
Solely
by Maintenance/ Custodial Staff

Description of Asbestos-Containing Material (ACM)

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

Amount
(Specify SF or LF)

Abatement Type

R
E
ENCLOSURE
ENCLOSURE

Location of Asbestos-Containing Material (ACM)

TO BE ABATED

In Facility

(13)

Yes
No
N/A

Pass
Pipe insulation & fittings

9 LF

x

Name of Registered Waste Hauler

NJDEP Waste Hauler ID No.

Cubic Yards of Waste

2

Name of Registered Landfill

GROWS

City, State
Trenton, NJ

Disposal Date
As needed

City, State
Morrisville, PA

Completed By (Print or Type)
Mark Goshaw

Title
Project Manager

Signature

Date
3/3/13

ABS-41
JUN 95

G4667
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
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<tbody>
<tr>
<td>3/13/13</td>
<td>ALCATEL LUCENT TECH., INC.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>DOLWD</td>
<td>Amended</td>
</tr>
<tr>
<td>DOH</td>
<td>Amendment #</td>
</tr>
<tr>
<td>DCA</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>(NJAC 5:23-8)</td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALCATEL LUCENT TECH., INC.</td>
<td>School (K-12)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>101 CRAWFORD CORNERS RD.</td>
<td>HOLMDEL, NJ 07733</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>County (6)</th>
<th>Square Foot # of Floors</th>
</tr>
</thead>
<tbody>
<tr>
<td>MONMOUTH</td>
<td>1,000,000 6</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNIPRO INC.</td>
<td>732-726-3111</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>HILLMAN ENVIRONMENT</td>
<td>00615</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>3/25/13</td>
<td>3/29/13</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Renovation</td>
</tr>
<tr>
<td>Demolition</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rooms 551 - 651</td>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
</tr>
</thead>
<tbody>
<tr>
<td>VAT only</td>
</tr>
<tr>
<td>800 SF</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJDEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEWARK CARTING, INC.</td>
<td>9529</td>
<td>5</td>
<td>GROWS, INC.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>5/29/13</td>
<td>MILLERSVILLE, PA.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed By (Print or Typewrite)</th>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>DAVID T. TOLESON</td>
<td>PRESIDENT</td>
<td>David T. Toleson</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>3/12/13</td>
<td>Beth Medresh Govoha</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>Beth Medresh Govoha</td>
</tr>
<tr>
<td></td>
<td>Amended</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Amendment #</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Emergency (including justification)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cancellation</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>601 Private Way</td>
<td>Lakewood, NJ 08701</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Contact</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rabbi Yosef Kahn</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FACILITY INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
</tr>
<tr>
<td>Tashbar of Lakewood</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of Facility (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>School (K-12)</td>
</tr>
<tr>
<td>Subchapter 8 (Other than K-12)</td>
</tr>
<tr>
<td>Other (i.e., private &amp; commercial buildings, homes, etc.)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>County Code (7) (STATE USE ONLY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>655 Princeton Ave.</td>
<td>Ocean</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>County (6)</th>
<th>City (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ocean</td>
<td>Lakewood</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Activity</th>
<th>Number of Employees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stevens Environmental Services, Inc.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
<th>Stevens Environmental Services, Inc.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>120 N. Warren Street</td>
<td>Trenton, NJ 08608</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ryan Broadwater</td>
<td>(732) 392-4200</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>3/21/13</td>
<td>3/24/13</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ ≥3 sf or ≥3 if</td>
</tr>
<tr>
<td>☑ ≥160 sf or ≥260 if</td>
</tr>
<tr>
<td>☑ Renovation</td>
</tr>
<tr>
<td>☑ Demolition</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>600 SF</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>2nd floor bathrooms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transite</td>
</tr>
<tr>
<td>600 SF</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3rd floor bathrooms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transite</td>
</tr>
<tr>
<td>600 SF</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Basement Office/Bathroom</th>
</tr>
</thead>
<tbody>
<tr>
<td>VAT</td>
</tr>
<tr>
<td>336 SF</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3rd Floor Bathroom</th>
</tr>
</thead>
<tbody>
<tr>
<td>VAT</td>
</tr>
<tr>
<td>24 SF</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stevens Environmental</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NDEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>18292</td>
<td>3 CU</td>
<td>T.R.R.F., Inc. Landfill</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed By</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mahlon E. Stevens</td>
<td>Project Manager</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>3/25/13</td>
<td>Tullytown, PA</td>
</tr>
</tbody>
</table>

* Do not use this form for asbestos disposal exempted activities.
B & G proj. #: 2013-49

Date of Notification (1)
[ ] 1/1/13 [ ] 1/2/13 [ ] 1/3/13

Name of Building Owner/Operator (2)
Estate of Adele Len

Agencies Notified
☐ EPA
☐ DEP
☒ DOL
☐ Amendment
☒ DOH
☐ Cancellation

Type Notification
☒ Initial
☐ Amendment
☐ Cancellation

Street Address
3 Donald Avenue

City, State, Zip Code
Passaic, NJ 07055

Name of Contact
Tania Nemeth

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
Estate of Adele Len

Street Address
3 Donald Avenue

City (5)
Passaic

County (6)
Passaic

County Code (7)
(41)

Square Feet

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

# of Floors

Current Use (Prior if being demolished)
Residential

Bldg. Age

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

ASCM No.

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

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

Telephone Number
(973)896-6869

License Number
00378

Name of OSHA Monitor
B & G Restoration, Inc.

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

Scheduled Start Date (10)
03/22/2013

Sched. Completion Date (11)
03/23/2013

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

Scope of Work (Check all that apply)
☐ Demolition
☒ Renovation
☐ Full Containment w/ negative pressure
☐ Glovebag procedure
☐ Mini-enclosure
☐ Non-riable procedure

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

<table>
<thead>
<tr>
<th>Location normally used solely by maintenance/custodial staff (12)</th>
<th>Description of asbestos-containing material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>REmove</th>
<th>RRepair</th>
<th>ENCap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td>VAT</td>
<td>780 sf</td>
<td>☒</td>
</tr>
</tbody>
</table>

Registered Waste Hauler
B & G Restoration, Inc.
NJDEP Hauler ID# 19563

Cubic Yards of Waste
10 yards

Name of Registered Landfill
Tullytown Resource & Recovery Center

City, State
Lincoln Park, NJ

Disposal Date
03/25/2013

City, State
Tullytown, PA

Completed by (Print or Type) Gordana Luna
Title Secretary/Treasurer
Signature: 
Date 03/12/2013
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)

B & G proj. #: 2013-54

Date of Notification (1) 10/13/11 12/1/11 1/13/13

Name of Building Owner/Operator (2) Thomas Rucinsky

Agencies Notified

☐ EPA  ☑ DEP  ☑ DOH  ☑ DCA

Type Notification  ☑ Initial  ☐ Amendment  ☐ Cancellation

Street Address 712 Coolidge Street

City, State, Zip Code Westfield, NJ 07090

Name of Contact Thomas Rucinsky

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Thomas Rucinsky

Street Address 712 Coolidge Street

City (5) Westfield, NJ 07090

County (6) Union

County Code (7) (State use only)

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

Street Address 105 Ryerson Road

City, State, Zip Code Lincoln Park, NJ 07035

License Number 00378

Type of Facility (4)

☐ School (K - 12)  ☐ Subchapter 8 (Other than K-12)  ☑ Other (Private/Commercial Bldgs./Homes, etc.)

Square Foot # of Floors Bldg. Age

Current Use (Prior if being demolished) residential

Name of OSHA Monitor B & G Restoration, Inc.

Street Address 105 Ryerson Road

City, State, Zip Code Lincoln Park, NJ 07035

Project Manager for Monitoring Firm

Phone Number

Scheduled Start Date (10) 03/25/2013

Sched. Completion Date (11) 03/26/2013

Occupancy Status During Abatement (Check only one)

☒ Facility closed/vacated during entire period of abatement.

☐ Abatement performed outside of normal facility hours. Describe:

☐ Other-Describe:

Scope of Work (check all that apply)

☐ Demolition  ☑ Renovation  ☑ Full Containment w/negative pressure

☐ Alteration  ☐ Value engineering  ☐ Glovebag procedure

☐ Asbestos survey  ☐ Construction encap  ☐ Non-asbestos procedure

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

Is location normally used solely by maintenance/custodial staff (12)

Yes  No  N/A

duct insulation  50 sf  ☑
tan wrap on cold water line  24 lf

Cubic Yards of Waste 1 1/2 yds.

Name of Registered Landfill Tullytown Resource & Recovery Center

City, State Tullytown, PA

Disposal Date 03/27/2013

Completed by (Print or Type) Gordana Luna

Title Secretary/Treasurer

Signature

Date 03/12/2013

Registered Waste Hauler B & G Restoration, Inc.

NJEPA Hauler Id # 19583

Disposal Date 03/27/2013
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to N.J.A.C. 8:60 and 12:120)

**Date of Notification (1)**  
2/25/13

**Name of Building Owner / Operator (2)**  
Mr. David Antoni

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

**Type Notification**  
- Initial
- Amended #1
- Emergency
- Cancellation

**Street Address**  
2705 Lundy Lane

**City, State & Zip Code**  
Huntingdon Valley, PA 19006

**Name of Contact**  
Mr. David Antoni

**Telephone Number**

---

**FACILITY INFORMATION**

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

**Street Address**  
9001 Freemont Avenue

**City (5)**  
Ventnor

**County (6)**  
Atlantic

**County Code (7)**  

**Square Feet**  
2000

**# of Floors**  
1

**Bldg. Age**  
1946

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

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

**Name of Abatement Contractor (9)**  
Asbestos and Mold Services, Corp.

**Street Address**  
3859 Sylon Blvd.

**City, State & Zip Code**  
Hainesport, NJ 08036

**Project Manager for Monitoring Firm**  
Kelly Walton

**Telephone Number**  
908-862-4301

**Scheduled Start Date (10)**  
2/28/13

**Scheduled Completion Date (11)**  
3/1/13

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

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

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

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

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

**Amount (Specify SF or LF)**

**Abatement Type**

<table>
<thead>
<tr>
<th>Utility Room</th>
<th>Sheet Goods &amp; Mastic</th>
<th>50 SF</th>
</tr>
</thead>
</table>

**Name of Registered Waste Hauler**

**Horizon Disposal**

**City, State**

**Trenton, NJ**

**Disposal Date**

3/1/13

**City, State**

**Morrisville, PA**

**Name of Registered Landfill**

**NJDEP Waste Hauler ID No.**

**Cubic Yards of Waste**

**3**

**Name of Registered Landfill**

**GROWS**

**Completed By (Print or Type)**

**Kim Trumbetti**

**Title**

**Admin.**

**Signature**

**Date**

3/1/13
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to N.J.A.C. 8:60 and 12:120)

Job Number: 1211-1689  
Check: #NA

Name of Building Owner / Operator (2)  
Johns Manville

Name of Contact  
Janet Waring, Sourcing Manager

Street Address  
717 17th Street

City, State & Zip Code  
Denver, CO 80202

Telephone Number

Name of Facility Where Abatement is Taking Place (3)  
Johns Manville- Penbyn Plant

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

Square Feet  # of Floors  Bldg. Age

City (5)  
Berlin

County (6)  
N/A

County Code (7)

Name of Monitoring Firm Hired  
One Source Safety & Health

Name of OHSA Monitor  
EMSL Analytical

Street Address  
140 South Village Avenue

City, State & Zip Code  
Exton, PA 19341

Scheduled Start Date (10)  
11/19/12

Scheduled Completion Date (11)  
3/28/13

☑ Facility Closed/Vacated During Entire Period of Abatement  
☐ Abatement Performed Outside of Normal Hours

Describe:

Facility Occupied During Abatement

☐ Scope of Work (Check all that apply)  
☒ ≥3 sf or ≥3 lf  
☒ ≥160 sf ≥260 lf

☐ Renovation  
☐ Demolition

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

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

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

Amount (Specify SF or LF)  
Abatement Type

“H” Roof  ☒  ☒ Transite Deck Panels  2,400 SF  ☒  ☒  ☒

“H” Roof  ☒  ☒ Roof Field  17,400 SF  ☒  ☒  ☒

Name of Registered Waste Hauler  
Horizon Disposal

NJDEP Waste Hauler ID No.  
22612  
Cubic Yards of Waste  
30

Name of Registered Landfill  
GROWS Landfill

Disposal Date  
3/28/13

City, State  
Morrisville, PA

Completed By (Print or Type)  
Kim Trumbetti  
Title  
Admin.  
Signature

Date  
2/28/13

DUE TO WEATHER PROJECT HAS BEEN PUT BACK ON HOLD 2/12/13  
END DATE EXTENDED
# State of New Jersey
## NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

### Date of Notification (1)
<table>
<thead>
<tr>
<th>3</th>
<th>12</th>
<th>13</th>
</tr>
</thead>
</table>

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

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

### Name of Building Owner/Operator (2)
Vornado Bergen Mall, LLC c/o Vornado Realty Trust

#### Street Address
210 Route 4 East

### City, State, Zip Code
Paramus, NJ 07652

### Name of Contact
Bassam Mihich

### Telephone Number

### FACILITY INFORMATION
#### Name of Facility Where Abatement is Taking Place (3)
- **Space #53 - Bergen Town Center**

#### Street Address
- **Bergen Town Center - 221 South Mall**

### City (5)
- Paramus

### County (6)
- Bergen

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

### Square Feet
28,500

### # of Floors
1

### Bidg. Age
1956/2007

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

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

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

#### ASCM No.
28617

### Name of Abatement Contractor (9)
Asbestos and Mold Services, Corp.

#### Street Address
3859 Sylion Boulevard

### City, State, Zip Code
Hainesport, NJ 08036

### Telephone No.
609-702-0400

### License No.
00862

### Project Manager for Monitoring Firm
Arthur Doyle

#### Telephone No.
212-420-8119

### Start Date (10)
<table>
<thead>
<tr>
<th>3</th>
<th>13</th>
<th>13</th>
</tr>
</thead>
</table>

### Scheduled Completion Date (11)
<table>
<thead>
<tr>
<th>3</th>
<th>13</th>
<th>13</th>
</tr>
</thead>
</table>

### Name of OSHA Monitor
EMSL Analytical, Inc.

#### Street Address
200 U.S. Route 130 North

### City, State, Zip Code
Cinnaminson, NJ 08077

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

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

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

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

### Amount (Specify SF or LF)
10 LF

### Abatement Type

<table>
<thead>
<tr>
<th>Removal</th>
<th>Repair</th>
<th>Encapsulate</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

### Furniture Store - Rear Storeroom

<table>
<thead>
<tr>
<th>Pipe Insulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 LF</td>
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</table>

### Name of Registered Waste Hauler
Horizon Disposal, Inc.

#### NJDEP Waste Hauler ID No.
GROWS Landfill

#### Cubic Yards of Waste
3

### Name of Registered Landfill

#### City, State
Trenton, NJ

#### Disposal Date
3/13/13

### City, State
Morrisville, PA 19067

#### Completed By (Print or Type)
Kimberly A. Trumbetti

#### Title
Office Coordinator

### Signature

#### Date
3/13/13

---

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

**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 5:16)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>3 / 11 / 13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>JTZ Holdings, LLC</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ EPA</td>
<td>□ Initial</td>
</tr>
<tr>
<td>□ DOLWD</td>
<td>□ Abridged</td>
</tr>
<tr>
<td>□ DHSS</td>
<td>□ Amendment # ___</td>
</tr>
<tr>
<td>□ DCA (NJAC 5:23-3)</td>
<td>□ Emergency (including justification)</td>
</tr>
<tr>
<td></td>
<td>□ Cancellation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>313 Broadway</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State, Zip Code</td>
<td>Westwood, NJ 07675</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Contact</th>
<th>Slava Zborovsky</th>
</tr>
</thead>
<tbody>
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<td>Telephone Number</td>
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**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Residential Property</th>
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</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>313 Broadway</td>
</tr>
<tr>
<td>City (5)</td>
<td>Westwood</td>
</tr>
<tr>
<td>County (6)</td>
<td>Bergen</td>
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<table>
<thead>
<tr>
<th>County Code (7)</th>
<th>(STATE USE ONLY)</th>
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<tbody>
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<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
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<tbody>
<tr>
<td>Horizon Environmental</td>
<td></td>
</tr>
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<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
<th>Asbestos and Mold Services, Corp.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>3859 Sylon Boulevard</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Hainesport, NJ 08036</td>
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<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Steve Flanigan</td>
<td>856-848-0800</td>
</tr>
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<table>
<thead>
<tr>
<th>Start Date (10)</th>
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<td>3 / 26 / 13</td>
<td>3 / 27 / 13</td>
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<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
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<tbody>
<tr>
<td>• Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>□ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM-PM AM-PM AM</td>
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</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• ≥30 sq ft or ≥30 ft</td>
</tr>
<tr>
<td>□ ≥160 sq ft or ≥160 ft</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
</tr>
</thead>
<tbody>
<tr>
<td>IN Facility (13)</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>30 LF</td>
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<table>
<thead>
<tr>
<th>Abatement Type</th>
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<tbody>
<tr>
<td>Removal</td>
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<table>
<thead>
<tr>
<th>Full-Enclosure with Negative Pressure</th>
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</thead>
<tbody>
<tr>
<td>Mini-Enclosure</td>
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<table>
<thead>
<tr>
<th>Location</th>
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<tbody>
<tr>
<td>Basement</td>
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</table>

<table>
<thead>
<tr>
<th>1st Floor</th>
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<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>Horizon Disposal, Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NJDEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
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<tbody>
<tr>
<td>3</td>
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</table>

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
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</thead>
<tbody>
<tr>
<td>GROWS Landfill</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Trenton, NJ</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>3/28/13</th>
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</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Morrisville, PA 19067</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kimberly A. Trumbetti</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Title</th>
<th>Office Coordinator</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Signature</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date</th>
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</thead>
<tbody>
<tr>
<td>03/11/13</td>
</tr>
</tbody>
</table>

* Do not use this form for asbestos license exempted activities.
**State of New Jersey**
**NOTIFICATION OF ASPEROS ABATEMENT**
(Pursuant to N.J.A.C. 8:60 and 12:120)

**Date of Notification (1)**
2/26/13

**Name of Building Owner / Operator (2)**
Morris Elm, LLC

**Agencies Notified**
- [ ] EPA
- [ ] DEP
- [x] DOL
- [x] DOH
- [ ] DCA
- [ ] Initial
- [x] Amended #1
- [ ] Emergency
- [ ] Cancellation

**Street Address**
41 Elm Street, Suite 1C

**City, State & Zip Code**
Morristown, NJ 07960

**Name of Contact**
Universal Property Management, Shaun Mekkawy

**Telephone Number**

---

**FACILITY INFORMATION**

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

**Street Address**
41 Elm Street

**City**
Morristown

**County**
Morris

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

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

**ON HOLD**

**Bldg. Age**
1960

**ATLANTIC COUNTY BUILDING CODE COMMISSION**

**Name of Abatement Contractor (9)**
Asbestos and Mold Services, Corp.

**Street Address**
3859 Sylom Blvd.

**City, State & Zip Code**
Hainesport, NJ 08036

**Name of OSHA Monitor**
EMSL Analytical

**Street Address**
107 Haddon Ave.

**City, State & Zip Code**
Westmont, NJ 08108

**Name of Monitoring Firm HIred by Building Owner (8)**
Criterion Laboratories

**Address**
3370 Progress Drive, Suite J

**Bensalem, PA 19020**

**Project Manager for Monitoring Firm**
Eric Wysocki

**Telephone Number**
215-244-1300

**Scheduled Start Date (10)**
3/12/13

**Scheduled Completion Date (11)**
3/19/13

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

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

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

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

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

**Amount (Specify SF or LF)**

**Abatement Type**

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

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

**Name of Registered Waste Hauler**
Horizon Disposal

**City**
Trenton, NJ

**NJ/DEP Waste Hauler ID No.**
22812

**Disposal Date**
3/19/13

**Name of Registered Landfill**
GROWS

**City**
Morrisville, PA

**Cubic Yards of Waste**
5

**Completed By (Print or Type)**
Kim Trumbetti

**Title**
Admin.

**Signature**

**Date**
3/12/13
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>3 / 12 / 13</th>
<th>Name of Building Owner/Operator (2)</th>
<th>Borlacious Investments, LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agencies Notified</td>
<td></td>
<td>Street Address</td>
<td>510 Station Avenue</td>
</tr>
<tr>
<td>EPA</td>
<td></td>
<td>City, State, Zip Code</td>
<td>Haddon Heights, NJ 08035</td>
</tr>
<tr>
<td>DOLWD</td>
<td></td>
<td>Name of Contact</td>
<td>Christine Harris</td>
</tr>
<tr>
<td>DH-HSS</td>
<td></td>
<td>Telephone Number</td>
<td></td>
</tr>
<tr>
<td>DCA (NJAC 5:23-8)</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

**FACILITY INFORMATION**

- **Name of Facility Where Abatement is Taking Place (3)**: Commercial Property - Simplicity Boutique, LLC
- **Type of Facility (4)**: Other (i.e., private and commercial buildings, homes, etc.)
- **Square Feet**: 4600
- **# of Floors**: 1
- **Bldg. Age**: 60 years
- **Current Use (Prior if being demolished)**: Commercial Property

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

**Name of Abatement Contractor (9)**: Asbestos and Mold Services, Corp.

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>3 / 25 / 13</th>
<th>Scheduled Completion Date (11)</th>
<th>3 / 28 / 13</th>
</tr>
</thead>
</table>

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

**Scope of Work (Check all that apply)**
- ≥3 ft or ≥3 ft
- ≥160 ft or ≥260 ft

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</th>
<th>TO BE ABATED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boiler Room</td>
<td>50 SF</td>
</tr>
<tr>
<td>Boiler Room</td>
<td>10 SF</td>
</tr>
<tr>
<td>Boiler Room</td>
<td>10 each</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
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<tbody>
<tr>
<td>Boiler Isolation</td>
<td>50 SF</td>
<td>Repair</td>
</tr>
<tr>
<td>Heat Board Insulation</td>
<td>10 SF</td>
<td>Removal</td>
</tr>
<tr>
<td>Pipe Fittings</td>
<td>10 each</td>
<td>Encapsulate</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
- Horzion Disposal, Inc.

**Name of Registered Landfill**
- GROWS Landfill

**Disposal Date**
- 3/13/13

**City, State**
- Trenton, NJ
- Morristown, PA 19067

**Completed By (Print or Type)**
- Kimberly A. Trumbetti
- Title: Office Coordinator

**Signature**

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>3/12/13</th>
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</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>PSE &amp; G</td>
</tr>
<tr>
<td>Street Address</td>
<td>4005 HADLEY ROAD</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>SOUTH PLAINFIELD, NJ 07080</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>LAUREN THOMAS</td>
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</table>

### FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>PSE &amp; G</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>751 CLIFF ROAD</td>
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<td>City (5)</td>
<td>SEWAREN</td>
</tr>
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<td>County (6)</td>
<td>MIDDLESEX</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>ASCM No. 0045</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>UNIQUE SYSTEMS OF AMERICA</td>
</tr>
<tr>
<td>Street Address</td>
<td>396 WHITEHEAD AVE</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>SOUTH RIVER, NJ 08082</td>
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<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Tom Geiger</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone No. 732-290-2217</td>
<td></td>
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<table>
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<th>Start Date (10)</th>
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</thead>
<tbody>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>4/11/13</td>
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</table>

### Occupancy Status During Abatement (Check Only One)
- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours
- [x] Occupied by Necessary Operators Only

### Scope of Work (Check All That Apply)
- [ ] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Asbestos-Containing Material (ACM)</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Control Room</td>
<td>ACM Sock</td>
<td>ACM</td>
<td>300 LF</td>
</tr>
<tr>
<td></td>
<td>Transite Floor Panels</td>
<td>Transite Floor Panels</td>
<td>80 LF</td>
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### Name of Registered Waste Hauler

<table>
<thead>
<tr>
<th>WASTE MANAGEMENT</th>
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<tbody>
<tr>
<td>NJ/DEP Waste Hauler ID No. 1125</td>
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<table>
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<tr>
<th>Name of Registered Landfill</th>
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<tbody>
<tr>
<td>GROWS</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
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</thead>
<tbody>
<tr>
<td>ELIZABETH, NJ</td>
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<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>4/11/13</th>
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</thead>
<tbody>
<tr>
<td>City, State</td>
<td>MORRISVILLE, PA</td>
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</table>

**Completed by**

<table>
<thead>
<tr>
<th>Signature</th>
<th>CHERAL NAIM</th>
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

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<thead>
<tr>
<th>Date of Notification (1)</th>
<th>3 / 12 / 13</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Princeton University - Office of Design and Construction</td>
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<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>✗ EPA</td>
<td>✗ Initial</td>
<td>Robert Ortega</td>
</tr>
<tr>
<td>✗ DOLWD</td>
<td>✗ Amended</td>
<td></td>
</tr>
<tr>
<td>✗ DHSS</td>
<td>✗ Emergency (including justification)</td>
<td></td>
</tr>
<tr>
<td>✗ DCA (NJAC 5:23-8)</td>
<td>✗ Cancellation</td>
<td></td>
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**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Princeton University - Engineering Quadrangle</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
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</thead>
<tbody>
<tr>
<td>200 Elm Dr</td>
<td>Princeton, NJ 08544</td>
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**Name of Monitoring Firm Hired by Building Owner (6)**

<table>
<thead>
<tr>
<th>PENNONI ASSOCIATES INC</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>BRISTOL ENVIRONMENTAL, INC.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>515 GROVE STREET</td>
<td>856-547-0505</td>
<td>00509</td>
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</tbody>
</table>

**Name of OSHA Monitor**

<table>
<thead>
<tr>
<th>BRISTOL ENVIRONMENTAL, INC.</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>215-786-6040</td>
<td>00509</td>
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</table>

**Name of Registered Waste Hauler**

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>BRISTOL ENVIRONMENTAL, INC.</td>
<td></td>
<td>G.R.O.W.S. NORTH LANDFILL</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>BRISTOL, PA 19007</td>
<td>3/12/13</td>
<td>MORRISVILLE, PA 19067</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (l.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
</tr>
</thead>
<tbody>
<tr>
<td>B-21, B-25, B-27, B-429</td>
<td>✗ No</td>
<td>Floor Tile Sheet Flooring 1100 SF</td>
</tr>
<tr>
<td>B-21, B-25, B-27, B-429</td>
<td>✗ No</td>
<td>MASTIC 750 SF</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Facility Closed/Vacated During Entire Period of Abatement</th>
<th>Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement</th>
</tr>
</thead>
<tbody>
<tr>
<td>✗ Yes</td>
<td>7:00AM-9:30PM 11:00AM-1PM 11:00AM-1PM</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>≥ 3 sf or ≥ 3 ft</th>
<th>≥ 160 sf or ≥ 260 sf</th>
<th>Renovation</th>
<th>Demolition</th>
</tr>
</thead>
<tbody>
<tr>
<td>✗ No</td>
<td>✗ No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Abatement Type**

<table>
<thead>
<tr>
<th>Full Containment with Negative Pressure</th>
<th>Mini-Enclosure</th>
<th>Glovesbag Procedure</th>
<th>Non-Exempted (*) and Non-Friable Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>✗</td>
<td></td>
<td></td>
<td></td>
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**Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)**

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<td>MASTIC 750 SF</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>BRISTOL ENVIRONMENTAL, INC.</td>
<td></td>
<td>G.R.O.W.S. NORTH LANDFILL</td>
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<td>MORRISVILLE, PA 19067</td>
</tr>
</tbody>
</table>

**Completed By (Print or Type)**

<table>
<thead>
<tr>
<th>Brian Scarfino</th>
<th>Title</th>
<th>Project Manager</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>3/12/13</td>
</tr>
</tbody>
</table>

**OFF SITE FRIDAY MARCH 29, 2013**

**MAY 11 13 022 ** *Do not use this form for asbestos licensure exempted activities.*
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:80 and 12:120)

Date of Notification (1) 3/1/13

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

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

Name of Building Owner/Operator (2)
Savino Mangiola
65 Albert St.
NORTH ALLINGTON, N.J. 07031

Name of Contact
Antonio Gaetano

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

Street Address
141 Sanford Ave

City (5)
LYNCHBURG

County (6)
BERGEN

County Code (7) (STATE USE ONLY) _____________

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

Square Feet 2,500
# of Floors 3
Bldg. Age 50

Current Use (Prior if being demolished) Residence

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)
A. MAC Contracting Inc

Street Address
105 Lowell Road

City, State, Zip Code Glen Rock, NJ 07452

Project Manager for Monitoring Firm

Telephone No.
201-282-6841

Name of OSHA Monitor
Omega Environmental Services Inc.

Street Address
280 Huyer Street

City, State, Zip Code Hackensack, NJ 07606

Start Date (10) 3/25/13
Scheduled Completion Date (11) 4/25/13

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

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

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

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<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
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<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>Yes</td>
<td>SHEET ROCK &amp; COMPOUND</td>
<td>1,100 sf</td>
<td></td>
</tr>
<tr>
<td>Basement</td>
<td>Yes</td>
<td>VAT: MASTIC</td>
<td>1,250 sf</td>
<td></td>
</tr>
<tr>
<td>Kitchen</td>
<td>Yes</td>
<td>SHEET ROCK &amp; COMPOUND</td>
<td>2,250 sf</td>
<td></td>
</tr>
<tr>
<td>Roof</td>
<td>Yes</td>
<td>SHEET ROCK &amp; COMPOUND</td>
<td>1,300 sf</td>
<td></td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
NEWARK CULTING

NJDEP Waste Hauler ID No. 4509

Cubic Yards of Waste 40

Disposal Date 3/25/13

Name of Registered Landfill
IESI PA Bethlehem Landfill Corp.

City, State, Zip Code Bethlehem, PA 18015

Completed by
JOSEPH VOCATURO
Title OPERATIONS
Signature Of VOCATURO 3/1/13

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

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

---

**State of New Jersey**

**Name of Building Owner/Operator:**

HANOVER ACQUISITIONS, LLC/HANOVER RIDGE LEASE

**Street Address:**

153 FORT LEE ROAD

**City, State, Zip Code:**

TEANECK, N.J. 07666

**Name of Contact:**

MARC SCHLUSSEL

**Type of Facility:**

LAB/DEMOLITION

**Facility Name:**

FORMALLY BERLEX LABS

**Street Address:**

110 EAST HANOVER AVE.

**City:**

CEDAR KNOLLS

**County:**

MORRIS

**Telephone Number:**

**Name of Abatement Contractor:**

A. Mac Contracting Inc.

**Street Address:**

105 Lowell Road

**City, State, Zip Code:**

Glen Rock, N.J. 07452

**Telephone No.:**

201-262-5841

**License No.:**

00158

**Name of OSHA Monitor:**

Omega Environmental Services Inc.

**Street Address:**

280 Huyler Street

**City, State, Zip Code:**

Hackensack, NJ 07606

---

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

- [X] a3 sf or a3 ft
- [X] a180 sf or a260 ft

- [ ] Renovation
- [X] Demolition

---

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

**In Facility:**

(13)

**Location Normally Used Solely by Maintenance/Custodial Staff?**

Yes No N/A

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

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

**Amount (Specify SF or LF)**

**Abatement Type**

- [X] Removal
- [ ] Repair
- [X] Encapsulate
- [X] Endure

---

**Name of Registered Waste Hauler:**

Rovic Transport

**City, State:**

Riverdale, New Jersey 07457

**Disposal Date:**

3/26/13

**Name of Registered Landfill:**

IESL PA Bethlehem Landfill Corp.

**City, State:**

Bethlehem, PA 18015

---

**Signature:**

R. McDonald

**Title:**

President

**Date:**

3/12/13

---

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

Date of Notification (1) 3/12/13
Name of Building Owner/Operator (2) HANOVER ACQUISITIONS, LLC / HANOVER

Agencies Notified
EPA [X] Initial
DEP [ ] Amended
DOL [ ] Amended #
DOH [ ] Emergency (including justification)
DCA [ ] Cancellation

Street Address
153 FORT LEE ROAD

City, State, Zip Code
TEANECK, N.J. 07666

Name of Contact
MARC SCHLUSSEL

Name of Facility Where Abatement is Taking Place (3)
FORMALLY BERLEK LABS

Street Address
110 EAST HANOVER AVE.

County (6) MORRIS

Current Use (Prior if being demolished)
LAB / DEMOLITION

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

Name of Abatement Contractor (9)
A. Mac Contracting Inc.

City, State, Zip Code
Glen Rock, N.J. 07452

Start Date (10) 3/26/13
Scheduled Completion Date (11) 5/26/13

Name of OSHA Monitor
Omega Environmental Services Inc.

Facility Closed/Vacated During Entire Period of Abatement (Check Only One)
☐ Other - Describe: __________________________

Scope of Work (Check All That Apply)
☐ ≥300 sf or ≥55 if
☐ ≥160 sf or ≥250 if
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

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

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<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>THROUGHOUT</td>
<td>[X] Yes</td>
<td>WINDOW CAULK</td>
<td>306 SF</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>[X] Yes</td>
<td>PIPE</td>
<td>155 LF</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>[X] Yes</td>
<td>FLOOR TILE</td>
<td>10,070 SF</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>[X] Yes</td>
<td>MASTIC</td>
<td>7,490 SF</td>
<td>X</td>
</tr>
</tbody>
</table>

City, State
RIVERDALE, NEW JERSEY 07457

Name of Registered Waste Hauler

Name of Registered Landfill
IESI PA Bethlehem Landfill Corp.

City, State
BETHLEHEM, PA 18015

Disposal Date
3/26/13

Completed by
R. McDonald
Title
President

[Signature]

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

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

**State of New Jersey**

**Name of Building Owner/Operator**
Springpoint @ The Atrium, Inc.

**Job #** 1303-1732: Chk. #3057

**Name of Contact**
Mr. Vince Celenza, C&C Construction

### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place**
The Atrium

**Street Address**
40 Riverside Avenue

**City**
Red Bank

**County**
Monmouth

**Name of Monitoring Firm**
Criterion Laboratories, Inc.

**ASCM No.**

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

**Square Feet**
140,000

**# of Floors**
14

**Bldg. Age**
1960

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

**Name of Abatement Contractor**
Asbestos and Mold Services, Corp.

**Street Address**
3859 Sylon Boulevard

**City, State, Zip Code**
Hainesport, NJ 08036

**Telephone No.**
609-702-0400

**License No.**
00862

**Name of OSHA Monitor**
EMSL Analytical, Inc.

**Street Address**
200 U.S. Route 130 North

**City, State, Zip Code**
Cinnaminson, NJ 08077

**Start Date**
3/29/13

**Scheduled Completion Date**
3/31/13

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

- ≥3 sf or ≥3 if
- ≥160 sf or ≥260 if
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

**IN Facility**

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

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

**Amount (Specify SF or LF)**
130 each

**Abatement Type**
- Removal
- Repair
- Encapsulate
- Enclosure

### 2nd Floor Construction Area

- Elbows/Fittings

**Name of Registered Waste Hauler**
Horizon Disposal, Inc.

**N/ID**
22612

**Cubic Yards of Waste**
5

**Name of Registered Landfill**
GROWS Landfill

**City**
Trenton, NJ

**Disposal Date**
4/1/13

**City, State**
Morrisville, PA 19067

**Completed By**
Kimberly A. Trumbetti

**Title**
Office Coordinator

**Signature**

**Date**
3/13/13

---

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

State of New Jersey

Job #: 1210-1683
Check # NA - Government Property

Date of Notification (1)
10/25/12

Name of Building Owner / Operator (2)
McGuire Air Force Base

Agencies Notified (3)
☐ EPA
☐ DEP
☐ DOL
☐ DOH
☐ DCA
☐ Initial
☐ Amended #3
☐ Emergency
☐ Cancellation

Street Address
2403 Tuskegee Airman Avenue

City, State & Zip Code
McGuire AFB, NJ

Name of Contact
Robert Jaques

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
McGuire Air Force Base Building #2101

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

Square Feet
13,000

City
Wrightstown

County
Burlington

County Code

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

ASCM No.

Name of Abatement Contractor (9)
Asbestos and Mold Services, Corp.

Project Manager for Monitoring Firm
Dave or Steven Flanigan

Telephone Number
856-846-0800

Telephone Number
609-702-0400

Name of OSHA Monitor
EMSL Analytical

Current Use (Prior if being demolished)
Vacant-Central Heat Plant

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

Location of Asbestos-Containing Material (ACM)

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

Yes
No
N/A

Transite Siding Panels
13,000 SF

Transite Siding Panels
4,000 SF

Floor Tile
395 SF

Floor Tile
150 SF

Tank Lagging Insulation
300 SF

Breach Lagging Insulation
5,600 SF

Pipe Fittings (elbows/tees/valves/flanges) assoc. with fiberglass Pipe Insulation
625 each

Pipe Insulation
900 LF

Pipe Insulation
400 LF

Name of Registered Waste Hauler
NJDEP Waste Hauler ID No.
22612

Cubic Yards of Waste
25

Name of Registered Landfill
GROWS Landfill

City, State
Trenton, NJ

Disposal Date
4/30/13

City, State
Morristown, PA

Completed By (Print or Type)
Kim Trombetti

Title
Admin.

Date
3/13/13
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:99 and 12:120)  

Date of Notification (1)  
3/14/13  

Name of Building Owner/Operator (2)  
PSE&G Fossil LLC Mercer Generating Station  

Agencies Notified Type Notification  
X EPA; DEP; DOH; DCA  
- Initial  
- Amended  
- Amendment #1  
- Emergency (Including Justification)  
- Cancellation  

Street Address  
2512 Lambert Road  

City, State, Zip Code  
Hamilton, New Jersey 08611  

Name of Contact  
Mark Schwartzkopf  

Telephone Number  

FACILITY INFORMATION  

Name of Facility Where Abatement is Taking Place (3)  
PSE&G Fossil Mercer Generating Station  

Street Address  
2512 Lambert Road  

City (5)  
Hamilton, New Jersey 08611  

Square Feet  
150,000  

County Code (7) (STATE USE ONLY)  

Current Use (Prior if being demolished)  
50  

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

ASCM No.  

Name of Abatement Contractor (9)  
Brand Energy Services, LLC  

Street Address  
740 Veterans Drive  

City, State, Zip Code  
Swedesboro, New Jersey 08085  

License No.  
01009  

Total Environmental Solutions  

Project Manager for Monitoring Firm  
Ed Igelaslas  

Telephone No.  
302-344-4217  

Name of OSHA Monitor  
Total Environmental Solutions  

Telephone No.  
856-467-2850  

Start Date (10)  
01/01/13  

Scheduled Completion Date (11)  
12/31/13  

Occuany Status During Abatement (Check Only One)  
- Facility Closed/Vacated During Entire Period of Abatement  
- Abatement Performed Outside of Normal Facility Hours  
- Other - Describes: Active Electric Power Plant  

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

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

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

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

Amount (Specify SF or LF)  
Removal  
Encapsulate  
Enclose  

Unit #1 & #2 Powerhouse  
X  
Thermal System Insul  
775 LF  
X  

Unit #1 & #2 Powerhouse  
X  
Thermal System Insul  
2,000 SF  
X  

Unit #2 Powerhouse Turbine Piping  
X  
Thermal System Insul  
225 LF  
X  

Unit #2 Powerhouse Turbine Shroud  
X  
Thermal System Insul  
3,500 LF  
X  

Name of Registered Waste Hauler  
Waste Management of NJ  

NJDEP Waste Hauler ID No.  
17273  

Cubic Yards of Waste  
81 CY  

Name of Registered Landfill  
Tulltown Resource Recovery Facility  

City, State  
Tulltown, PA 18097  

Disposal Date  
3/14/13  

Signature  

Completed by  
Gary Fedor  

Title  
Area Multi-Services Manager  

Date  
3/14/13  

*To support scheduled and unscheduled plant shutdown, revised notification AS-41 (R-06-08) will be submitted for each project.  

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

Date of Notification (1)
3/14/13

Name of Building Owner/Operator (2)
PSE&G Fossil LLC Mercer Generating Station

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

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

Street Address
2512 Lamberton Road

City, State, Zip Code
Hamilton, New Jersey 08611

Name of Contact
Mark Schwartzkopf

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
PSE&G Fossil LLC Mercer Generating Station

Street Address
2512 Lamberton Road

Square Feet
150,000

City (5)
Hamilton, New Jersey 08611

# of Floors
10

County (6)
Mercer

Bldg. Age
50

County Code (7)

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

ASCM No.

Name of Abatement Contractor (9)
Brand Energy Services, LLC

Street Address
740 Veterans Drive

City, State, Zip Code
Swedesboro, New Jersey 08085

Telephone No.
302-344-4217

License No.
856-467-2850

Telephone No.
01099

Name of OSHA Monitor
Total Environmental Solutions

Number

Street Address
1681 Hewes Avenue

City, State, Zip Code
Linwood, PA 19061

Name of Registered Waste Hauler

NJDEP Waste Hauler ID No.
17273

Cubic Yards of Waste
3 CY

Name of Registered Landfill
Tullytown Resource Recovery Facility

City, State
Tullytown, PA 19097

Disposal Date
*

Completion Date (11)
3/19/13

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

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

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

Yes
No
N/A

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

Yes
No
N/A

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

Amount (Specify SF or LF)

Abatement Type

Remove
Repair
Encapsulate
Enclosure

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

Unit #2 Clean up Debris at Turbine

Debris of Thermal System

400 SF

Insulation on Piping and Structural Surfaces

Name of Registered Waste Hauler

Waste Management of NJ

City, State
Trenton, NJ

Completed by
Gary Fedor

Title
Area Multi-Services Manager

Signiture

Date
3/14/13

*To support scheduled and unscheduled plant shutdown, revised notification will be submitted for each project.

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