

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

*No check*

Date of Notification (1) 03/11/14 Name of Building Owner/Operator (2) B.L England / R.C Cape May

Agencies Notified:  EPA,  DEP,  DOL,  DOH,  DCA

Type Notification:  Initial,  Amended,  Cancellation

Street Address: 900 North Shore Rd

City, State, Zip Code: Beeleys Pt N.J. 08872

Name of Contact: Doug Adolfsen

RECEIVED  
MAR 19 8:30 PM '14  
ASBESTOS

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) B.L England station

Street Address: 900 North Shore Rd

City (5) Beeleys P.T County (6) Atlantic 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: 40000 # of Floors: 10 Bldg. Age: 60

Current Use (Prior if being demolished): Power Plant

Name of Monitoring Firm Hired by Building Owner (8) N/A Name of Abatement Contractor (9) new states Contracting

Street Address: 2400 Main St Ext Suite 10

City, State, Zip Code: Sayreville NJ 08872

Telephone Number: 732-525-0100 License Number: 00749

Scheduled Start Date (10) 03/20/14 Sched. Completion Date (11) 03/25/14

Occupancy Status During Abatement (Check only one):  Facility Closed/Vacated During Entire Period of Abatement,  Abatement Performed Outside of Normal Facility Hours - Describe: area vacated

Name of OSHA Monitor: Tiger Environmental

Street Address: 234 20th Ave

City, State, Zip Code: Brick NJ 08724

Scope of Work (Check all that apply):  Demolition,  >3 sf or >3 lf,  >160 sf or >260 lf 60 SF,  Renovation,  Full Containment with Negative Pressure,  Mini-Enclosure,  Glovebag Procedure,  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)<br>Yes No N/A | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |   |   |   |   |
|--|--|--|---------------------------|----------------|---|---|---|---|
|  |  |  |                           | R              | E | N | C | E |
| 3. A. Heater <sup>4th floor</sup>  | X  | Duct Insulation Mastic   | (30)                      | X              |   |   |   | X |

Name of Registered Waste Hauler: Freehold Cartage INC NJDEP Waste Hauler ID No.: 15939 Cubic Yards of Waste: 30 Name of Registered Landfill: Grows Landfill

City, State: Freehold NJ Disposal Date: 3-25 City, State: Morrisville PA

Completed By (Print or Type): Kurt Nale Title: Superintendent Signature: Kurt Nale Date: 3-17-14

ASB-41 JUN 95 *See notes page two* G4667



08-8977

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

**RECEIVED**  
2014 MAR 19 PM 8:01  
ASBESTOS CONTROL & LICENSE CONTROL

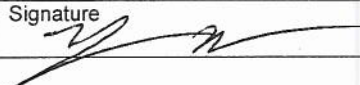
|  |  |  |   |  |                           |                                     |                          |                          |                          |
|--|--|--|---|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1)<br><u>3</u> / <u>18</u> / <u>14</u>   |  | Name of Building Owner/Operator (2)<br><b>McNeil PPC Inc</b>   |   |  |                           |                                     |                          |                          |                          |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA<br>(NJAC 5:23-8)  | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><b>201 Tabor Road</b>  |   |  |                           |                                     |                          |                          |                          |
|  |  | City, State, Zip Code<br><b>Morris Plains, NJ 07950</b>  |   |  |                           |                                     |                          |                          |                          |
|  |  | Name of Contact<br><b>Phila Abdalla</b>  | Telephone Number<br>_____   |  |                           |                                     |                          |                          |                          |
| <b>FACILITY INFORMATION</b>  |  |  |   |  |                           |                                     |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Johnson &amp; Johnson</b>   |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) |   |  |                           |                                     |                          |                          |                          |
| Street Address<br><b>175 Tabor Road</b>  |  | Square Feet<br><b>100,000</b>  | # of Floors<br><b>3</b>   |  |                           |                                     |                          |                          |                          |
| City (5)<br><b>Morris Plains</b>   |  | Bldg. Age<br><b>50+</b>  |   |  |                           |                                     |                          |                          |                          |
| County (6)<br><b>Morris</b>  | County Code (7) (STATE USE ONLY)   | Current Use (Prior if being demolished)<br><b>Unoccupied and Abandoned</b>   |   |  |                           |                                     |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>Emilcott Environmental</b>   |  | ASCM No.   | Name of Abatement Contractor (9)<br><b>Controlled Environmental Systems</b>   |  |                           |                                     |                          |                          |                          |
| Street Address<br><b>190 Park Ave</b>  |  | Street Address<br><b>1121 N. Bethlehem Pike - Suite 60</b>   |   |  |                           |                                     |                          |                          |                          |
| City, State, Zip Code<br><b>Morristown, NJ 07960</b>   |  | City, State, Zip Code<br><b>Spring House, PA 19477</b>   |   |  |                           |                                     |                          |                          |                          |
| Project Manager for Monitoring Firm<br><b>Richard Andrejkovics</b>   |  | Telephone No.<br><b>(973) 765-0991</b>   | License No.<br><b>00847</b>   |  |                           |                                     |                          |                          |                          |
| Start Date (10)<br><u>3</u> / <u>31</u> / <u>14</u>  | Scheduled Completion Date (11)<br><u>4</u> / <u>30</u> / <u>14</u>   | Name of OSHA Monitor<br><b>CES</b>   |   |  |                           |                                     |                          |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: <u>7:00AM-5:00PM</u> / _____ PM - _____ AM |  | Street Address<br><b>1121 N. Bethlehem Pike - Suite 60</b>   |   |  |                           |                                     |                          |                          |                          |
|  |  | City, State, Zip Code<br><b>Spring House, PA 19477</b>   |   |  |                           |                                     |                          |                          |                          |
| 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 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) (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 Windows 1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup> floors  | <input type="checkbox"/>   | <input type="checkbox"/>   | <input checked="" type="checkbox"/>   | Window Glazing - all floors  | 3,400 LF                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Laboratory 1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup> floors  | <input type="checkbox"/>   | <input type="checkbox"/>   | <input checked="" type="checkbox"/>   | Transit Hood / counters  | 4,505 SF                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Roof   | <input type="checkbox"/>   | <input type="checkbox"/>   | <input checked="" type="checkbox"/>   | Tar Coated Duct - 6 sections   | 300 SF                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Roof   | <input type="checkbox"/>   | <input type="checkbox"/>   | <input checked="" type="checkbox"/>   | Tar coated Fiberglass elbows   | 75 EA                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler<br><b>Carnevale Disposal Inc</b>   |  | NJDEP Waste Hauler ID No.<br><b>17297</b>  | Cubic Yards of Waste<br><b>80</b>   | Name of Registered Landfill<br><b>Grows-Tullytown-FallsTownshp Morrisville</b>   |                           |                                     |                          |                          |                          |
| City, State<br><b>Hamilton, NJ 08610</b>   |  | Disposal Date<br><b>4/30/14</b>  |   | City, State<br><b>Falls Township PA</b>  |                           |                                     |                          |                          |                          |
| Completed By (Print or Type)<br><b>Patricia Visco</b>  |  | Title<br><b>Office Manager</b>   |   | Signature<br><i>Patricia Visco</i>   |                           |                                     | Date<br><b>3/18/14</b>   |                          |                          |

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

CK 005851

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

**RECEIVED**  
**2014 MAR 19 PM 7:56**  
**ASBESTOS CONTROL**  
**& LICENSING**

| Date of Notification (1)<br>3-14-14  |   | Name of Building Owner/Operator (2)<br>Dupont Nemours Company  |   |   |                           |                |        |             |
|--|---|--|---|---|---------------------------|----------------|--------|-------------|
| Agencies Notified<br><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  | Notification Type<br><input type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br><br><input type="checkbox"/> Emergency (Including Justification)<br><input type="checkbox"/> Cancellation |  | Street Address<br>Rt 130 South<br><br>City, State, Zip Code<br>Deepwater, NJ 08023<br><br>Name of Contact<br>Bryan Mumink |   |                           |                |        |             |
|  |   |  | Telephone Number<br>_____   |   |                           |                |        |             |
|  | <b>FACILITY INFORMATION</b>   |  |   |   |                           |                |        |             |
| Name of Facility Where Abatement is Taking Place (3)<br>Chamber Works Plant  |   | 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>Rt 130 South   |   | Square Feet  | # of Floors   |   |                           |                |        |             |
| City (5)<br>Deepwater  |   | Bldg. Age  |   |   |                           |                |        |             |
| County (6)<br>Salem  | County Code (7) (STATE USE ONLY)  | Current Use (prior if being demolished)  |   |   |                           |                |        |             |
| Name of Monitoring Firm Hired by Bldg. Owner (8)<br>Harvard Environmental  | ASCM No.  | Name of Contractor (9)<br>County Environmental   |   |   |                           |                |        |             |
| Street Address<br>761 Pulaski Hwy  |   | Street Address<br>461 New Churchmans Rd.   |   |   |                           |                |        |             |
| City, State, Zip Code<br>Bear, De  |   | City State, Zip Code<br>New Castle, DE 19720   |   |   |                           |                |        |             |
| Project Manager for Monitoring Firm<br>Wesly Morrison  | Telephone No.<br>302-326-2333   | Telephone Number<br>(302) 322-8946   | License Number<br>00578   |   |                           |                |        |             |
| Scheduled Start Date (10)<br>1-2-14  | Scheduled Completion Date (11)<br>6-30-14   | Name of OSHA Monitor<br>County Environmental (14-003A)   |   |   |                           |                |        |             |
| 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: Unoccupied area. |   | Street Address<br>461 New Churchmans Road  |   |   |                           |                |        |             |
|  |   | City, State, Zip Code<br>New Castle, DE 19720  |   |   |                           |                |        |             |
| 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 checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><input checked="" 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 |
| Thermal Systems  |   | x  |   | Thermal coverings throughout area   | 10,000LF                  | X              |        |             |
| Thermal Systems  |   | x  |   | Thermal coverings throughout area   | 2,000SF                   |                | X      | X           |
| Floor Tile /Mastic   |   | x  |   | Floor tile and mastic throughout area   | 1,800SF                   | X              |        |             |
| Name of Reg. Waste Hauler<br>S&J Transport.  | NJDEP Waste Hauler ID No.<br>03217  | Cubic Yards of Waste<br>>30  | Name of Reg. Landfill<br>Constoga   |   |                           |                |        |             |
| City, State<br>Woodstown, NJ   |   | Disposal Date<br>TBD   | City, State<br>Morgantown, PA   |   |                           |                |        |             |
| Completed by<br>Evelyn Walsh   | Title<br>Office Manager   | Signature<br>  |   | Date<br>3-14-14   |                           |                |        |             |



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

|  |   |  |  |
|--|---|--|--|
| Date of Notification (1)<br><b>March 13, 2014</b>  |   | Name of Building Owner/Operator (2)<br><b>Hue Construction</b> <span style="float: right;"><i>u 23832</i></span> |  |
| 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 of Notification<br><input type="checkbox"/> Initial Notification<br><input type="checkbox"/> Amended Notification<br>Amendment # _____<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |  | Street Address<br><b>3226 Mattapan Avenue</b>  |
|  |   |  | City, State, Zip Code<br><b>Point Pleasant, NJ 08742</b> <span style="float: right;"><i>MAR 19 2014</i></span> |
|  |   |  | Name of Contact<br><b>Jack Donahue</b>   |

**FACILITY INFORMATION**

|   |  |   |  |  |                                |
|---|--|---|--|--|--------------------------------|
| Name of Facility Where Abatement is Taking Place (3)<br><b>Residence</b>  |  |   | Type of Facility (4)<br><input type="checkbox"/> School (k-12)<br><input type="checkbox"/> Subchapter 8 (other than k-12)<br><input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)                   |  |                                |
| Street Address<br><b>29 Alcala Drive</b>  |  |   | Square feet<br><b>1500 sf</b>  |  |                                |
| City<br><b>Brick</b>  |  |   | County (6)<br><b>Ocean</b>   |  | Bldg. Age<br><b>60</b>         |
| County Code (7)<br>(STATE USE ONLY)   |  |   | Current Use (Prior if being demolished)<br><b>Residence</b>  |  |                                |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>N/A</b>   |  | ASCM No.  | Name of Abatement Contractor (9)<br><b>Guardian Contracting, Inc.</b>  |  |                                |
| Street Address  |  | Street Address<br><b>1889 Route 9, Unit 61</b>                    |  |  |                                |
| City, State, Zip Code   |  | City, State, Zip Code<br><b>Toms River, New Jersey 08755-1271</b> |  |  |                                |
| Project Manager for Monitoring Firm   | Telephone Number                                 |   | Telephone Number<br><b>732-349-9932</b>  |  | License Number<br><b>00624</b> |
| Scheduled Start Date (10)<br><b>3/14/14</b>   | Scheduled Completion Date (11)<br><b>3/17/14</b> |   | Name of OSHA Monitor<br><b>E.M.S.L. Analytical</b>   |  |                                |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe _____ |  |   | Street Address<br><b>1056 Stelton Road</b>   |  |                                |
|   |  |   | City, State, Zip Code<br><b>Piscataway, New Jersey 08854</b>   |  |                                |
| Scope of Work (Check all that apply)<br><br><input type="checkbox"/> >3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf   |  |   | <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |                                |
|   |  |   | <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition  |  |                                |

| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13) | Is Location Normally used Solely by Maintenance/Custodial Staff (12)<br>YES NO N/A |   |   | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |  |  |  |
|---|--|---|---|--|---------------------------|----------------|--|--|--|
|   | R  | R | E |  |                           | E              |  |  |  |
| Exterior  |  | X |   | Asbestos siding  | 1400 sf                   | X              |  |  |  |
|   |  |   |   |  |                           |                |  |  |  |
|   |  |   |   |  |                           |                |  |  |  |


|  |  |   |   |  |                        |
|--|--|---|---|--|------------------------|
| Name of Registered Waste Hauler<br><b>Guardian Contracting, Inc.</b> |  | NJDEP Waste Hauler ID No.<br><b>20223</b> | Cubic Yards of Waste<br><b>3</b>              | Name of Registered Landfill<br><b>T.R.R.F.</b> |                        |
| City, State<br><b>Toms River, New Jersey</b>                         |  | Disposal Date<br><b>3/18/14</b>           | City, State<br><b>Tullytown, Pennsylvania</b> |  |                        |
| Completed by (Print or Type)<br><b>Nicholas Fernicola</b>            |  | Title<br><b>Project Manager</b>           | Signature<br><i>Nicholas Fernicola</i>        |  | Date<br><b>3/13/14</b> |

*\*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 # 187816*

|   |   |  |   |  |                           |                |        |             |           |
|---|---|--|---|--|---------------------------|----------------|--------|-------------|-----------|
| Date of Notification (1)<br>3/5/2014  |   | Name of Building Owner/Operator (2)<br>ARCHDIOCESE OF NEWARK                         |   |  |                           |                |        |             |           |
| 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 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>171 CLIFTON AVENUE, PO BOX 9500<br>City, State, Zip Code<br>NEWARK, NJ 07104<br>Name of Contact<br>STACI ZEGLER |  |                           |                |        |             |           |
|   | <b>FACILITY INFORMATION</b>   |  |   |  |                           |                |        |             |           |
|   | Name of Facility Where Abatement is Taking Place (3)<br>SAINT ANN CATHOLIC CHURCH<br>Street Address<br>704 JEFFERSON STREET<br>City (5)<br>HOBOKEN<br>County (6)<br>HUDSON  |  |   | 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.)<br>Square Feet      # of Floors      Bldg. Age<br>County Code (7)<br>HUDSON<br>Current Use (Prior if being demolished) |                           |                |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>MCCABE ENVIRONMENTAL   |   | ASCM No.   | Name of Abatement Contractor (9)<br>TWO BROTHERS CONTRACTING, INC.  |  |                           |                |        |             |           |
| Street Address<br>94 WEST PASSAIC AVENUE<br>City, State, Zip Code<br>RUTHERFORD NJ 07070  |   | Street Address<br>250 RUTHERFORD BLVD.<br>City, State, Zip Code<br>CLIFTON, NJ 07014 |   |  |                           |                |        |             |           |
| Project Manager for Monitoring Firm<br>JIM RUFF   |   | Telephone No.<br>(201) 438-4839  | Telephone No.<br>973-956-8700   | License No.<br>00494   |                           |                |        |             |           |
| Start Date (10)<br>3/24/2014  |   | Scheduled Completion Date (11)<br>4/7/2014   |   | Name of OSHA Monitor<br>SAME AS (9) ABOVE  |                           |                |        |             |           |
| 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>City, State, Zip Code   |  |                           |                |        |             |           |
| Scope of Work (Check All That Apply)<br><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<br><input 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<br>(13)  | Is Location Normally Used Solely by Maintenance/Custodial Staff?<br>(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 |
| BASEMENT  |   | X  |   | PIPE INSULATION  | 250 LF                    | X              |        |             |           |
| BOILER ROOM   |   | X  |   | PIPE INSULATION  | 40 LF                     | X              |        |             |           |
| Name of Registered Waste Hauler<br>TWO BROTHERS CONTRACTING   |   | NJDEP Waste Hauler ID No.<br>18743   | Cubic Yards of Waste<br>6   | Name of Registered Landfill<br>WASTE MANAGEMENT G.R.O.W.S.   |                           |                |        |             |           |
| City, State<br>CLIFTON, NJ  |   | Disposal Date<br>4/7/2014  |   | City, State<br>MORRISVILLE, PA   |                           |                |        |             |           |
| Completed by<br>VIVECA RAMOS  |   | Title<br>PROJECT COORDINATOR   | Signature<br>                                 |  | Date<br>3/13/2014         |                |        |             |           |

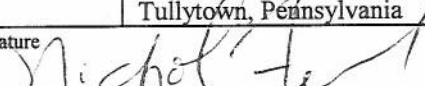
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

|  |   |  |                  |
|--|---|--|------------------|
| Date of Notification (1)<br>March 14, 2014   |   | Name of Building Owner/Operator (2)<br>Martin Zerener <span style="float: right;">23842</span> |                  |
| 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 of Notification<br><input checked="" type="checkbox"/> Initial Notification<br><input type="checkbox"/> Amended Notification<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br>160 LaSalle Avenue   |                  |
|  |   | City, State, Zip Code<br>Hasbrouck Heights, NJ 07604   |                  |
|  |   | Name of Contact<br>Martin Zerener  | Telephone Number |

**FACILITY INFORMATION**

|   |  |  |  |                  |                 |
|---|--|--|--|------------------|-----------------|
| 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>11 Surf Road  |  |  | Square feet<br>1500 sf   | # of Floors<br>1 | Bldg. Age<br>60 |
| City<br>Ortley Beach  | County (6)<br>Ocean                            | 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>Guardian Contracting, Inc.   |                  |                 |
| Street Address  |  | Street Address<br>1889 Route 9, Unit 61  |  |                  |                 |
| City, State, Zip Code   |  | City, State, Zip Code<br>Toms River, New Jersey 08755-1271                     |  |                  |                 |
| Project Manager for Monitoring Firm   | Telephone Number                               | Telephone Number<br>732-349-9932   | License Number<br>00624  |                  |                 |
| Scheduled Start Date (10)<br>4/01/14  | Scheduled Completion Date (11)<br>4/03/14      |  | Name of OSHA Monitor<br>E.M.S.L. 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 type="checkbox"/> Other - Describe _____ |  |  | Street Address<br>1056 Stelton Road  |                  |                 |
|   |  |  | City, State, Zip Code<br>Piscataway, New Jersey 08854  |                  |                 |
| Scope of Work (Check all that apply)  |  |  |  |                  |                 |
| <input type="checkbox"/> >3 sf or ≥3 lf   | <input type="checkbox"/> Renovation            | <input type="checkbox"/> Full Containment with Negative Pressure               |  |                  |                 |
| <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf  | <input checked="" type="checkbox"/> Demolition | <input type="checkbox"/> Mini-Enclosure  |  |                  |                 |
|   |  | <input type="checkbox"/> Glovebag Procedure                                    |  |                  |                 |
|   |  | <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) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type                  |                            |   |   |
|--|--|----|-----|--|---------------------------|---------------------------------|----------------------------|---|---|
|  | YES  | NO | N/A |  |                           | R<br>E<br>M<br>O<br>V<br>E<br>L | R<br>E<br>P<br>A<br>I<br>R | E<br>N<br>C<br>A<br>P<br>S<br>U<br>L<br>E | E<br>N<br>C<br>L<br>O<br>S<br>U<br>R<br>E |
| Exterior   |  | X  |     | Asbestos siding  | 1300 sf                   | X                               |                            |   |   |
|  |  |    |     |  |                           |                                 |                            |   |   |
|  |  |    |     |  |                           |                                 |                            |   |   |

|   |                                    |   |   |
|---|------------------------------------|---|---|
| Name of Registered Waste Hauler<br>Guardian Contracting, Inc. | NJDEP Waste Hauler ID No.<br>20223 | Cubic Yards of Waste<br>3   | Name of Registered Landfill<br>T.R.R.F. |
| City, State<br>Toms River, New Jersey                         | Disposal Date<br>4/04/14           | City, State<br>Tullytown, Pennsylvania  |   |
| Completed by (Print or Type)<br>Nicholas Fernicola            | Title<br>Project Manager           | Signature<br> | Date<br>3/14/2014                       |

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



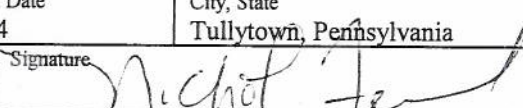
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

|  |  |   |  |
|--|--|---|--|
| Date of Notification (1)<br><b>March 14, 2014</b>  |  | Name of Building Owner/Operator (2)<br><b>Equipment Leasing Specialists, LLC</b> <span style="float: right;">23841</span> |  |
| 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 of Notification<br><input type="checkbox"/> Initial Notification<br><input type="checkbox"/> Amended Notification Amendment # _____<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |   | Street Address<br><b>501 Madison Avenue</b>          |
|  |  |   | City, State, Zip Code<br><b>Toms River, NJ 08753</b> |
|  |  |   | Name of Contact<br><b>Lou Santora</b>                |

**FACILITY INFORMATION**

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| Name of Facility Where Abatement is Taking Place (3)<br><b>Residence</b>  |  |  | Type of Facility (4)<br><input type="checkbox"/> School (k-12)<br><input type="checkbox"/> Subchapter 8 (other than k-12)<br><input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) |  |  |
| Street Address<br><b>123 Marshmallow Road</b>   |  |  | Square feet<br><b>1200 sf</b>  |  |  |
| City<br><b>Normandy Beach</b>   |  |  | # of Floors<br><b>1</b>  |  |  |
| County (6)<br><b>Ocean</b>  |  | County Code (7)<br>(STATE USE ONLY)                |  | Bldg. Age<br><b>60</b>   |  |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>N/A</b>   |  |  | Name of Abatement Contractor (9)<br><b>Guardian Contracting, Inc.</b>  |  |  |
| Street Address  |  |  | Street Address<br><b>1889 Route 9, Unit 61</b>   |  |  |
| City, State, Zip Code   |  |  | City, State, Zip Code<br><b>Toms River, New Jersey 08755-1271</b>  |  |  |
| Project Manager for Monitoring Firm   |  | Telephone Number                                   |  | License Number<br><b>00624</b>   |  |
| Telephone Number<br><b>732-349-9932</b>   |  | Name of OSHA Monitor<br><b>E.M.S.L. Analytical</b> |  |  |  |
| Scheduled Start Date (10)<br><b>3/17/14</b>   |  | Scheduled Completion Date (11)<br><b>3/19/14</b>   |  | Street Address<br><b>1056 Stelton Road</b>                                     |  |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe _____ |  |  | City, State, Zip Code<br><b>Piscataway, New Jersey 08854</b>   |  |  |
| Scope of Work (Check all that apply)  |  |  |  |  |  |
| <input type="checkbox"/> >3 sf or ≥3 lf   |  | <input type="checkbox"/> Renovation                |  | <input type="checkbox"/> Full Containment with Negative Pressure               |  |
| <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf  |  | <input checked="" type="checkbox"/> Demolition     |  | <input type="checkbox"/> Mini-Enclosure  |  |
|   |  |  |  | <input type="checkbox"/> Glovebag Procedure                                    |  |
|   |  |  |  | <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |

| Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13) | Is Location Normally used Solely by Maintenance/Custodial Staff (12) |    |     | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type                                 |                            |   |   |
|--|--|----|-----|--|---------------------------|--|----------------------------|---|---|
|  | YES  | NO | N/A |  |                           | R<br>E<br>M<br>O<br>V<br>E<br>M<br>E<br>N<br>T | R<br>E<br>P<br>A<br>I<br>R | E<br>N<br>C<br>A<br>P<br>S<br>U<br>L<br>E | E<br>N<br>C<br>L<br>O<br>S<br>U<br>R<br>E |
| Exterior   |  | X  |     | Asbestos siding  | 1100 sf                   | X  |                            |   |   |
|  |  |    |     |  |                           |  |                            |   |   |
|  |  |    |     |  |                           |  |                            |   |   |

|  |  |   |  |   |  |  |                          |
|--|--|---|--|---|--|--|--------------------------|
| Name of Registered Waste Hauler<br><b>Guardian Contracting, Inc.</b> |  | NJDEP Waste Hauler ID No.<br><b>20223</b> |  | Cubic Yards of Waste<br><b>3</b>  |  | Name of Registered Landfill<br><b>T.R.R.F.</b> |                          |
| City, State<br><b>Toms River, New Jersey</b>                         |  | Disposal Date<br><b>3/20/14</b>           |  | City, State<br><b>Tullytown, Pennsylvania</b>   |  |  |                          |
| Completed by (Print or Type)<br><b>Nicholas Fernicola</b>            |  | Title<br><b>Project Manager</b>           |  | Signature<br> |  |  | Date<br><b>3/14/2014</b> |

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

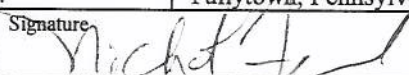
## NOTIFICATION OF ASBESTOS ABATEMENT

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

|  |  |  |                  |             |
|--|--|--|------------------|-------------|
| Date of Notification (1)<br>March 14, 2014                                     |  | Name of Building Owner/Operator (2)<br>Disantis Contracting, LLC |                  | 23840       |
| Agencies Notified<br>[ x ] EPA<br>[ ] DEP<br>[ x ] DOL<br>[ x ] DOH<br>[ ] DCA | Type of Notification<br>[ ] Initial Notification<br>[ ] Amended Notification<br>Amendment # _____<br>[ x ] Emergency (including justification)<br>[ ] Cancellation | Street Address<br>313 Halyard Road                               |                  | MAR 19 2014 |
|  |  | City, State, Zip Code<br>Ortley Beach, NJ 08751                  |                  |             |
|  |  | Name of Contact<br>Frank Disantis                                | Telephone Number |             |

## FACILITY INFORMATION

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| Name of Facility Where Abatement is Taking Place (3)<br>Residence   |  |   | Type of Facility (4)<br>[ ] School (k-12)<br>[ ] Subchapter 8 (other than k-12)<br>[ x ] Other (i.e., private & commercial buildings, homes, etc.) |  |  |
| Street Address<br>309 Dellmuth Avenue   |  |   | Square feet<br>900 sf  |  |  |
| City<br>Ortley Beach  |  |   | County (6)<br>Ocean  |  | County Code (7)<br>(STATE USE ONLY)                            |
|   |  |   | # of Floors<br>1   |  | Bldg. Age<br>60  |
| Name of Monitoring Firm Hired by Building Owner (8)<br>N/A  |  |   | ASCM No.   |  | Name of Abatement Contractor (9)<br>Guardian Contracting, Inc. |
| Street Address  |  |   | Street Address<br>1889 Route 9, Unit 61  |  |  |
| City, State, Zip Code   |  |   | City, State, Zip Code<br>Toms River, New Jersey 08755-1271   |  |  |
| Project Manager for Monitoring Firm   |  | Telephone Number                          | Telephone Number<br>732-349-9932   |  | License Number<br>00624  |
| Scheduled Start Date (10)<br>3/17/14  |  | Scheduled Completion Date (11)<br>3/19/14 |  |  |  |
| Occupancy Status During Abatement (Check only one)<br>[ x ] Facility Closed/Vacated During Entire Period of Abatement<br>[ ] Abatement Performed Outside of Normal Facility Hours<br>[ ] Other - Describe _____ |  |   | Name of OSHA Monitor<br>E.M.S.L. Analytical  |  |  |
|   |  |   | Street Address<br>1056 Stelton Road  |  |  |
|   |  |   | City, State, Zip Code<br>Piscataway, New Jersey 08854  |  |  |
| Scope of Work (Check all that apply)<br>[ ] >3 sf or ≥3 lf<br>[ x ] ≥160 sf or ≥260 lf  |  |   | [ ] Full Containment with Negative Pressure<br>[ ] Mini-Enclosure<br>[ ] Glovebag Procedure<br>[ x ] Non-Exempted (*) and Non-Friable Procedure    |  |  |
| [ ] Renovation<br>[ x ] Demolition  |  |   |  |  |  |

| Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13) | Is Location Normally used Solely by Maintenance/Custodial Staff (12)<br>YES NO N/A |                                    |   | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type                          |   |                   |   |   |  |  |  |
|--|--|------------------------------------|---|--|---------------------------|---|---|-------------------|---|---|--|--|--|
|  | R  | R                                  | E |  |                           | E                                       | N | N                 | C | C |  |  |  |
| Exterior   |  | X                                  |   | Asbestos siding  | 850 sf                    | X                                       |   |                   |   |   |  |  |  |
|  |  |                                    |   |  |                           |   |   |                   |   |   |  |  |  |
|  |  |                                    |   |  |                           |   |   |                   |   |   |  |  |  |
|  |  |                                    |   |  |                           |   |   |                   |   |   |  |  |  |
| Name of Registered Waste Hauler<br>Guardian Contracting, Inc.                |  | NJDEP Waste Hauler ID No.<br>20223 |   | Cubic Yards of Waste<br>3  |                           | Name of Registered Landfill<br>T.R.R.F. |   |                   |   |   |  |  |  |
| City, State<br>Toms River, New Jersey  |  | Disposal Date<br>3/20/14           |   | City, State<br>Tullytown, Pennsylvania   |                           |   |   |                   |   |   |  |  |  |
| Completed by (Print or Type)<br>Nicholas Fernicola                           |  | Title<br>Project Manager           |   | Signature<br>                            |                           |   |   | Date<br>3/14/2014 |   |   |  |  |  |

\*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)<br>March 14, 2014   |   | Name of Building Owner/Operator (2)<br>Seminole Construction <span style="float: right; font-size: 1.5em;">23836</span> |   |
| Agencies 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 of Notification<br><input type="checkbox"/> Initial Notification<br><input type="checkbox"/> Amended Notification<br>Amendment # _____<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |   | Street Address<br>128 Bartlett Avenue         |
|  |   |   | City, State, Zip Code<br>West Creek, NJ 08092 |
|  |   |   | Name of Contact<br>Joyce                      |

**FACILITY INFORMATION**

|   |  |   |  |                                  |  |
|---|--|---|--|----------------------------------|--|
| 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>1035 Beach Haven Blvd.  |  |   | Square feet<br>1500 sf   |                                  |  |
| City<br>Manahawkin  |  |   | # of Floors<br>1   |                                  |  |
| County (6)<br>Ocean   |  | County Code (7)<br>(STATE USE ONLY)       |  | Bldg. Age<br>60                  |  |
| Name of Monitoring Firm Hired by Building Owner (8)<br>N/A  |  |   | Name of Abatement Contractor (9)<br>Guardian Contracting, Inc.   |                                  |  |
| Street Address  |  |   | Street Address<br>1889 Route 9, Unit 61  |                                  |  |
| City, State, Zip Code   |  |   | City, State, Zip Code<br>Toms River, New Jersey 08755-1271   |                                  |  |
| Project Manager for Monitoring Firm   |  | Telephone Number                          |  | Telephone Number<br>732-349-9932 |  |
| Scheduled Start Date (10)<br>3/14/14  |  | Scheduled Completion Date (11)<br>3/18/14 |  | License Number<br>00624          |  |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe _____ |  |   | Name of OSHA Monitor<br>E.M.S.L. Analytical  |                                  |  |
|   |  |   | Street Address<br>1056 Stelton Road  |                                  |  |
|   |  |   | City, State, Zip Code<br>Piscataway, New Jersey 08854  |                                  |  |
| Scope of Work (Check all that apply)<br><br><input type="checkbox"/> >3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf   |  |   | <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                                  |  |
|   |  |   | <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition  |                                  |  |

| Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13) | Is Location Normally used Solely by Maintenance/Custodial Staff (12)<br>YES NO N/A |                                    |  | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF)               | Abatement Type                  |                            |   |   |
|--|--|------------------------------------|--|--|---|---------------------------------|----------------------------|---|---|
|  |  |                                    |  |  |   | R<br>E<br>M<br>O<br>V<br>E<br>L | R<br>E<br>P<br>A<br>I<br>R | E<br>N<br>C<br>A<br>P<br>S<br>U<br>L<br>E | E<br>N<br>C<br>L<br>O<br>S<br>U<br>R<br>E |
| Exterior   |  | X                                  |  | Asbestos siding  | 1200 sf                                 | X                               |                            |   |   |
|  |  |                                    |  |  |   |                                 |                            |   |   |
|  |  |                                    |  |  |   |                                 |                            |   |   |
|  |  |                                    |  |  |   |                                 |                            |   |   |
| Name of Registered Waste Hauler<br>Guardian Contracting, Inc.                |  | NJDEP Waste Hauler ID No.<br>20223 |  | Cubic Yards of Waste<br>3  | Name of Registered Landfill<br>T.R.R.F. |                                 |                            |   |   |
| City, State<br>Toms River, New Jersey  |  | Disposal Date<br>3/19/14           |  | City, State<br>Tullytown, Pennsylvania   |   |                                 |                            |   |   |
| Completed by (Print or Type)<br>Nicholas Fernicola                           |  | Title<br>Project Manager           |  | Signature<br><i>Nicholas Fernicola</i>   |   |                                 | Date<br>3/14/2014          |   |   |

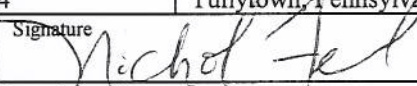
\*Do not use this form for asbestos licensure exempted activities.

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

|  |   |   |  |                  |
|--|---|---|--|------------------|
| Date of Notification (1)<br><b>March 14, 2014</b>  |   | Name of Building Owner/Operator (2)<br><b>Seminole Construction</b> |  | <b>23837 EF</b>  |
| Agencies 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 of Notification<br><input type="checkbox"/> Initial Notification<br><input type="checkbox"/> Amended Notification<br>Amendment # _____<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |   | Street Address<br><b>128 Bartlett Avenue</b>         |                  |
|  |   |   | City, State, Zip Code<br><b>West Creek, NJ 08092</b> |                  |
|  |   |   | Name of Contact<br><b>Joyce</b>                      | Telephone Number |

**FACILITY INFORMATION**

|   |  |   |  |  |   |
|---|--|---|--|--|---|
| Name of Facility Where Abatement is Taking Place (3)<br><b>Residence</b>  |  |   | Type of Facility (4)<br><input type="checkbox"/> School (k-12)<br><input type="checkbox"/> Subchapter 8 (other than k-12)<br><input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)                   |  |   |
| Street Address<br><b>1416 Mill Creek Road</b>   |  |   | Square feet<br><b>1500 sf</b>  |  |   |
| City<br><b>Manahawkin</b>   |  |   | # of Floors<br><b>1</b>  |  |   |
| County (6)<br><b>Ocean</b>  |  | County Code (7)<br>(STATE USE ONLY)                               | Bldg. Age<br><b>60</b>   |  | Current Use (Prior if being demolished)<br><b>Residence</b> |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>N/A</b>   |  | ASCM No.  | Name of Abatement Contractor (9)<br><b>Guardian Contracting, Inc.</b>  |  |   |
| Street Address  |  | Street Address<br><b>1889 Route 9, Unit 61</b>                    |  |  |   |
| City, State, Zip Code   |  | City, State, Zip Code<br><b>Toms River, New Jersey 08755-1271</b> |  |  |   |
| Project Manager for Monitoring Firm   |  | Telephone Number  | Telephone Number<br><b>732-349-9932</b>  |  | License Number<br><b>00624</b>                              |
| Scheduled Start Date (10)<br><b>3/14/14</b>   |  | Scheduled Completion Date (11)<br><b>3/18/14</b>                  | Name of OSHA Monitor<br><b>E.M.S.L. Analytical</b>   |  |   |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe _____ |  |   | Street Address<br><b>1056 Stelton Road</b>   |  |   |
|   |  |   | City, State, Zip Code<br><b>Piscataway, New Jersey 08854</b>   |  |   |
| Scope of Work (Check all that apply)<br><br><input type="checkbox"/> >3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf   |  |   | <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |   |
|   |  |   | <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition  |  |   |

| 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 |  |  | R<br>E<br>M<br>O<br>V<br>E<br>L | R<br>E<br>P<br>A<br>I<br>R | E<br>N<br>C<br>A<br>P<br>S<br>U<br>L<br>E | E<br>N<br>C<br>L<br>O<br>S<br>U<br>R<br>E |
| Exterior   |  | X   |     | Asbestos siding  | 1250 sf  | X                               |                            |   |   |
|  |  |   |     |  |  |                                 |                            |   |   |
|  |  |   |     |  |  |                                 |                            |   |   |
| Name of Registered Waste Hauler<br><b>Guardian Contracting, Inc.</b>         |  | NJDEP Waste Hauler ID No.<br><b>20223</b> |     | Cubic Yards of Waste<br><b>3</b>   | Name of Registered Landfill<br><b>T.R.R.F.</b> |                                 |                            |   |   |
| City, State<br><b>Toms River, New Jersey</b>                                 |  | Disposal Date<br><b>3/19/14</b>           |     | City, State<br><b>Tullytown, Pennsylvania</b>  |  |                                 |                            |   |   |
| Completed by (Print or Type)<br><b>Nicholas Fernicola</b>                    |  | Title<br><b>Project Manager</b>           |     | Signature<br>                            |  |                                 | Date<br><b>3/14/2014</b>   |   |   |

\*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)<br>March 14, 2014   |  | Name of Building Owner/Operator (2)<br>Ralph Castellano |                       |
| 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 of Notification<br><input type="checkbox"/> Initial Notification<br><input type="checkbox"/> Amended Notification Amendment # _____<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br>29 Wintergreen Avenue East            |                       |
|  |  | City, State, Zip Code<br>Edison, NJ 08820               |                       |
|  |  | Name of Contact<br>Ralph Castellano                     | Telephone Number<br>L |

**FACILITY INFORMATION**

|   |  |  |  |  |                 |
|---|--|--|--|--|-----------------|
| 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>103 N. Spinnaker Drive  |  |  | Square feet<br>1500 sf   |  |                 |
| City<br>Little Egg Harbor   |  | County (6)<br>Ocean                            | County Code (7)<br>(STATE USE ONLY)  | # of Floors<br>1   | Bldg. Age<br>60 |
| Name of Monitoring Firm Hired by Building Owner (8)<br>N/A  |  |  | ASCM No.   | Name of Abatement Contractor (9)<br>Guardian Contracting, Inc.   |                 |
| Street Address  |  |  | Street Address<br>1889 Route 9, Unit 61  |  |                 |
| City, State, Zip Code   |  |  | City, State, Zip Code<br>Toms River, New Jersey 08755-1271   |  |                 |
| Project Manager for Monitoring Firm   |  | Telephone Number                               | Telephone Number<br>732-349-9932   | License Number<br>00624  |                 |
| Scheduled Start Date (10)<br>3/14/14  |  | Scheduled Completion Date (11)<br>3/18/14      |  | Name of OSHA Monitor<br>E.M.S.L. 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 type="checkbox"/> Other - Describe _____ |  |  | Street Address<br>1056 Stelton Road  |  |                 |
|   |  |  | City, State, Zip Code<br>Piscataway, New Jersey 08854  |  |                 |
| Scope of Work (Check all that apply)  |  |  |  |  |                 |
| <input type="checkbox"/> >3 sf or ≥3 lf   |  | <input type="checkbox"/> Renovation            |  | <input type="checkbox"/> Full Containment with Negative Pressure |                 |
| <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf  |  | <input checked="" type="checkbox"/> Demolition |  | <input type="checkbox"/> Mini-Enclosure                          |                 |
| <input type="checkbox"/> Glovebag Procedure   |  |  |  |  |                 |
| <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure  |  |  |  |  |                 |

| Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13) | Is Location Normally used Solely by Maintenance/Custodial Staff (12) |                                    |     | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF)               | Abatement Type                                 |                            |   |   |
|--|--|------------------------------------|-----|--|---|--|----------------------------|---|---|
|  | YES  | NO                                 | N/A |  |   | R<br>E<br>M<br>O<br>V<br>E<br>M<br>E<br>N<br>T | R<br>E<br>P<br>A<br>I<br>R | E<br>N<br>C<br>A<br>P<br>S<br>U<br>L<br>E | E<br>N<br>C<br>L<br>O<br>S<br>U<br>R<br>E |
| Exterior   |  | X                                  |     | Asbestos siding  | 1350 sf                                 | X  |                            |   |   |
|  |  |                                    |     |  |   |  |                            |   |   |
|  |  |                                    |     |  |   |  |                            |   |   |
| Name of Registered Waste Hauler<br>Guardian Contracting, Inc.                |  | NJDEP Waste Hauler ID No.<br>20223 |     | Cubic Yards of Waste<br>3  | Name of Registered Landfill<br>T.R.R.F. |  |                            |   |   |
| City, State<br>Toms River, New Jersey  |  | Disposal Date<br>3/19/14           |     | City, State<br>Tullytown, Pennsylvania   |   |  |                            |   |   |
| Completed by (Print or Type)<br>Nicholas Fericola                            |  | Title<br>Project Manager           |     | Signature<br><i>Nicholas Fericola</i>  |   |  | Date<br>3/14/14            |   |   |


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

*Emergency*

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

*CR 3978*

MAR 19 2014


| Date of Notification (1)<br>3/17/14  |  | Name of Building Owner/Operator (2)<br>Johnson Private Home   |   |   |                           |                 |        |             |           |
|--|--|---|---|---|---------------------------|-----------------|--------|-------------|-----------|
| Agencies 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 type="checkbox"/> Amended<br>Amendment # _____<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |   | Street Address<br>25 Parson Ln<br>City, State, Zip Code<br>Willingboro NJ 08046<br>Name of Contact<br>Mr. Johnson |   |                           |                 |        |             |           |
|  | Name of Building Owner/Operator (2)<br>Johnson Private Home  |   | Telephone Number<br>_____   |   |                           |                 |        |             |           |
|  | <b>FACILITY INFORMATION</b>  |   |   |   |                           |                 |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Johnson 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>25 Parson Ln   |  | Square Feet<br>1000+  | # of Floors<br>1  |   |                           |                 |        |             |           |
| City (5)<br>Willingboro NJ 08046   |  | Bldg. Age<br>35+  |   |   |                           |                 |        |             |           |
| County (6)<br>Burlington   | County Code (7)<br>(STATE USE ONLY) _____  | Current Use (Prior if being demolished)<br>Home   |   |   |                           |                 |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>N/A   |  | ASCM No.<br>.   | 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>3/17/14   | Scheduled Completion Date (11)<br>3/18/14  | Name of OSHA Monitor<br>Same  |   |   |                           |                 |        |             |           |
| 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>after 4 home owner will be home</u>  |  | Street Address  |   |   |                           |                 |        |             |           |
|  |  | City, State, Zip Code   |   |   |                           |                 |        |             |           |
| Scope of Work (Check All That Apply)<br><input checked="" type="checkbox"/> ≥3 sf or ≥3 lf<br><input type="checkbox"/> ≥160 sf or ≥260 lf<br><input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input 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 |
| Bedroom  |  |   | x   | Floor tile  | 130 SF                    | x               |        |             |           |
|  |  |   |   |   |                           |                 |        |             |           |
|  |  |   |   |   |                           |                 |        |             |           |
| Name of Registered Waste Hauler<br>United Containers   |  | NJDEP Waste Hauler ID No.<br>22459  | Cubic Yards of Waste<br>2   | Name of Registered Landfill<br>G.R.O.W.S.   |                           |                 |        |             |           |
| City, State<br>Elm NJ  |  | Disposal Date<br>3/18/14  |   | City, State<br>Morrisville PA 19067   |                           |                 |        |             |           |
| Completed by<br>Anthony T Perna  |  | Title<br>President  | Signature<br>                 |   |                           | Date<br>3/17/14 |        |             |           |



*Emergency*

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

CF 3977

|  |  |  |   |  |                           |   |                 |  |  |  |  |
|--|--|--|---|--|---------------------------|---|-----------------|--|--|--|--|
| Date of Notification (1)<br>3/17/14  |  | Name of Building Owner/Operator (2)<br>Scott Graham Private Home |   |  |                           |   |                 |  |  |  |  |
| 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 type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |  | Street Address<br>67 Howard<br>City, State, Zip Code<br>Manahawkin NJ 08050<br>Name of Contact<br>Scott<br>Telephone Number _____   |  |                           |   |                 |  |  |  |  |
|  | <b>FACILITY INFORMATION</b>  |  |   |  |                           |   |                 |  |  |  |  |
|  | Name of Facility Where Abatement is Taking Place (3)<br>Scott Graham Private Home<br>Street Address<br>67 Howard<br>City (5)<br>Manahawkin NJ 08050<br>County (6)<br>Burlington  |  | 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.)<br>Square Feet<br>1000+<br># of Floors<br>1<br>Bldg. Age<br>35+<br>County Code (7)<br>(STATE USE ONLY) _____<br>Current Use (Prior if being demolished)<br>Home |  |                           |   |                 |  |  |  |  |
| Name of Monitoring Firm Hired by Building Owner (8)<br>N/A   |  | ASCM No. _____   | Name of Abatement Contractor (9)<br>Pernaco Inc.<br>Street Address<br>PO Box 329<br>City, State, Zip Code<br>West Berlin NJ 08091   |  |                           |   |                 |  |  |  |  |
| Project Manager for Monitoring Firm _____  |  | Telephone No. _____  | Telephone No.<br>856-753-9800<br>License No.<br>00727   |  |                           |   |                 |  |  |  |  |
| Start Date (10)<br>3/18/14   | Scheduled Completion Date (11)<br>3/20/14  | Name of OSHA Monitor<br>Same                                     |   |  |                           |   |                 |  |  |  |  |
| 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>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 checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |  |   |  |                           |   |                 |  |  |  |  |
| Location of Asbestos-Containing Material (ACM)<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<br>No<br>N/A   |  |   |  |                           | Removal<br>Repair<br>Encapsulate<br>Enclosure |                 |  |  |  |  |
| Exterior Siding  |  |  | x   | Exterior Siding  | 1200 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>3/18/14   |   | City, State<br>Morrisville PA 19067  |                           |   |                 |  |  |  |  |
| Completed by<br>Anthony T Perna  |  | Title<br>President   |   | Signature<br>                              |                           |   | Date<br>3/17/14 |  |  |  |  |

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

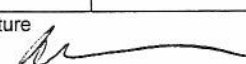
*check 12752*

|  |  |   |  |
|--|--|---|--|
| Date of Notification (1)<br>3/13/14  |  | Name of Building Owner/Operator (2)<br>Ruth E McConnell |  |
| Agencies 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>34 Linden Avenue<br><br>City, State, Zip Code<br>Stanhope, NJ<br><br>Name of Contact<br>Dennis McConnell<br>Telephone Number _____ |
|  |  |   | MAP 19 2014  |
|  |  |   |  |

**FACILITY INFORMATION**

|  |   |   |   |   |
|--|---|---|---|---|
| Name of Facility Where Abatement is Taking Place (3)<br>house  |   | 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>34 Linden Avenue   |   | Square Feet<br>2000   | # of Floors<br>2  | Bldg. Age<br>50   |
| City (5)<br>Stanhope   | County (6)<br>Sussex                      | County Code (7)<br>(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>ABS Environmental Services, LLC |   |
| Street Address   |   | Street Address<br>4 E Gate Drive, PO Box 483  |   |   |
| City, State, Zip Code  |   | City, State, Zip Code<br>Glenwood, NJ 07418   |   |   |
| Project Manager for Monitoring Firm  |   | Telephone No.   | Telephone No.<br>973-583-8500                                       | License No.<br>703  |
| Start Date (10)<br>3/27/14   | Scheduled Completion Date (11)<br>4/10/14 | 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: _____ |   | Street Address  |   |   |
|  |   | City, State, Zip Code   |   |   |
| 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 type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |

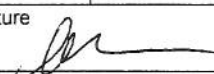
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |    |     | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |        |             |           |  |
|---|---|----|-----|---|---------------------------|----------------|--------|-------------|-----------|--|
|   | Yes   | No | N/A |   |                           | Removal        | Repair | Encapsulate | Enclosure |  |
| Basement  |   |    | X   | pipe insulation   | 70 SF                     |                | X      |             |           |  |
|   |   |    |     |   |                           |                |        |             |           |  |
|   |   |    |     |   |                           |                |        |             |           |  |

|                                      |  |                           |   |                             |                 |
|--------------------------------------|--|---------------------------|---|-----------------------------|-----------------|
| Name of Registered Waste Hauler      |  | NJDEP Waste Hauler ID No. | Cubic Yards of Waste  | Name of Registered Landfill |                 |
| City, State                          |  | Disposal Date             |   | City, State                 |                 |
| Completed by<br>Andrew Scott Higgins |  | Title<br>President        | Signature<br> |                             | Date<br>3/13/14 |



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

*Check 12753*

|   |   |  |   |  |                           |                |        |             |           |
|---|---|--|---|--|---------------------------|----------------|--------|-------------|-----------|
| Date of Notification (1)<br>3/13/14   |   | Name of Building Owner/Operator (2)<br>Justine Vincente  |   |  |                           |                |        |             |           |
| Agencies 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>9 Sutton Place<br><span style="float:right">MAR 19 2014</span><br>City, State, Zip Code<br>Verona, NJ 07044<br>Name of Contact<br>Justine Vincente<br>Telephone Number _____ |                           |                |        |             |           |
| <b>FACILITY INFORMATION</b>   |   |  |   |  |                           |                |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>house   |   |  | 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>9 Sutton Place  |   |  | Square Feet<br>2100   | # of Floors<br>2   | Bldg. Age<br>55           |                |        |             |           |
| City (5)<br>Verona  |   | County (6)<br>Essex  |   | County Code (7)<br>(STATE USE ONLY) _____<br>Current Use (Prior if being demolished)   |                           |                |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)   |   | ASCM No.   | Name of Abatement Contractor (9)<br>ABS Environmental Services, LLC   |  |                           |                |        |             |           |
| Street Address  |   | Street Address<br>4 E Gate Drive, PO Box 483   |   |  |                           |                |        |             |           |
| City, State, Zip Code   |   | City, State, Zip Code<br>Glenwood, NJ 07418  |   |  |                           |                |        |             |           |
| Project Manager for Monitoring Firm   |   | Telephone No.  | Telephone No.<br>973-583-8500   | License No.<br>703   |                           |                |        |             |           |
| Start Date (10)<br>3/25/14  |   | Scheduled Completion Date (11)<br>4/10/14  |   | 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: _____  |   |  | Street Address  |  |                           |                |        |             |           |
|   |   |  | City, State, Zip Code   |  |                           |                |        |             |           |
| Scope of Work (Check All That Apply)<br><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<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)  | 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  | 90 SF                     | x              |        |             |           |
|   |   |  |   |  |                           |                |        |             |           |
| Name of Registered Waste Hauler   |   | NJDEP Waste Hauler ID No.  | Cubic Yards of Waste  | Name of Registered Landfill  |                           |                |        |             |           |
| City, State   |   | Disposal Date  | City, State   |  |                           |                |        |             |           |
| Completed by<br>Andrew Scott Higgins  |   | Title<br>President   | Signature<br>   |  | Date<br>3/13/14           |                |        |             |           |

Check # 8875

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

|   |  |  |   |
|---|--|--|---|
| Date of Notification (1)<br><b>3-14-14</b>  |  | Name of Building Owner/Operator (2)<br><b>CB Structures, Inc</b> |   |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA | Type Notification<br><input 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><b>202 Orlan Road</b>                          | City, State, Zip Code<br><b>New Holland, PA 17557</b> |
|   | Name of Contact<br><b>Brent Whary</b>  |  | Telephone Number<br>_____                             |

|   |   |   |                         |
|---|---|---|-------------------------|
| Name of Facility Where Abatement is Taking Place (3)<br><b>NJ DOT Vacant Residential Dwelling</b> |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |                         |
| Street Address<br><b>2436 Paynter Road</b>  |   | Square Feet   | # of Floors<br><b>1</b> |
| City (5)<br><b>Wall Twp, NJ 07719</b>   |   | Bldg. Age<br><b>60+-</b>  |                         |
| County (6)<br><b>Monmouth</b>   | County Code (7)<br>(STATE USE ONLY) _____ | Current Use (Prior if being demolished)<br><b>Single Family Dwelling House</b>  |                         |

|  |  |  |   |                             |
|--|--|--|---|-----------------------------|
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>EPC Technologies</b> |  | ASCM No.<br><b>N/A</b>                             | Name of Abatement Contractor (9)<br><b>EPC Technologies Inc</b> |                             |
| Street Address<br><b>P.O. Box 337</b>  |  | Street Address<br><b>P.O. Box 337</b>              |   |                             |
| City, State, Zip Code<br><b>New Egypt, NJ 08533</b>                            |  | City, State, Zip Code<br><b>New Egypt NJ 08533</b> |   |                             |
| Project Manager for Monitoring Firm<br><b>Steve Schenker</b>                   |  | Telephone No.<br><b>609 758-3365</b>               | Telephone No.<br><b>609 758-3365</b>                            | License No.<br><b>00394</b> |

|  |  |   |  |
|--|--|---|--|
| Start Date (10)<br><b>3-24-14</b>  | Scheduled Completion Date (11)<br><b>4-30-14</b> | Name of OSHA Monitor<br><b>EPC Technologies Inc</b> |  |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____ |  | Street Address<br><b>P.O. Box 337</b>               |  |
|  |  | City, State, Zip Code<br><b>New Egypt NJ 08533</b>  |  |

Scope of Work (Check All That Apply)

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

| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |          |          | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |        |             |           |
|--|---|----------|----------|---|---------------------------|----------------|--------|-------------|-----------|
|  | Yes   | No       | N/A      |   |                           | Removal        | Repair | Encapsulate | Enclosure |
| <b>Roof</b>  |   |          | <b>X</b> | <b>Roof Shingles</b>  | <b>3225 SF</b>            | <b>X</b>       |        |             |           |
| <b>1<sup>st</sup> floor/Basement</b>   |   | <b>X</b> |          | <b>Floor Tiles 9"x9"</b>  | <b>1427 SF</b>            | <b>X</b>       |        |             |           |
|  |   |          |          |   |                           |                |        |             |           |

|  |  |   |                                    |  |  |
|--|--|---|------------------------------------|--|--|
| Name of Registered Waste Hauler<br><b>EPC Technologies</b> |  | NJDEP Waste Hauler ID No.<br><b>17000</b> | Cubic Yards of Waste<br><b>12</b>  | Name of Registered Landfill<br><b>Waste Management of PA</b> |  |
| City, State<br><b>New Egypt NJ</b>                         |  | Disposal Date<br><b>Various Dates</b>     |                                    | City, State<br><b>Morrisville PA</b>                         |  |
| Completed by<br><b>Steve Schenker</b>                      |  | Title<br><b>President</b>                 | Signature<br><b>Steve Schenker</b> | Date<br><b>3-14-14</b>                                       |  |

\* 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)

MAR 19 2014

Check # 8077

|   |  |   |  |
|---|--|---|--|
| Date of Notification (1)<br><b>3-13-14</b>  |  | Name of Building Owner/Operator (2)<br><b>Howell / Freehold / Dealton</b> |  |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input type="checkbox"/> DCL<br><input type="checkbox"/> DOH<br><input type="checkbox"/> DCA | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><b>105 Kathy Ln</b>                                     |  |
|   |  | City, State, Zip Code<br><b>Egg Harbor Twp. NJ 08234</b>                  |  |
|   |  | Name of Contact<br><b>ERIC</b>  |  |

|  |                                  |  |                         |
|--|----------------------------------|--|-------------------------|
| Name of Facility Where Abatement is Taking Place (3)<br><b>Residents</b> |                                  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter S (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) |                         |
| Street Address<br><b>408 Georgia Rd</b>                                  |                                  | Square Feet<br><b>2300 SF</b>  | # of Floors<br><b>3</b> |
| City (5)<br><b>Freehold NJ</b>   |                                  | Bldg. Age<br><b>80</b>   |                         |
| County (6)<br><b>Monmouth</b>  | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished)<br><b>Residents</b>  |                         |

|   |               |  |                             |
|---|---------------|--|-----------------------------|
| Name of Monitoring Firm Hired by Building Owner (8) | ASCM No.      | Name of Abatement Contractor (9)<br><b>Ani Joe LLC</b> |                             |
| Street Address                                      |               | Street Address<br><b>1212 Burlington Ave</b>           |                             |
| City, State, Zip Code                               |               | City, State, Zip Code<br><b>Delanco NJ 08075</b>       |                             |
| Project Manager for Monitoring Firm                 | Telephone No. | Telephone No.<br><b>601-346-0916</b>                   | License No.<br><b>01070</b> |

|   |  |                                     |
|---|--|-------------------------------------|
| Start Date (10)<br><b>3-24-14</b>   | Scheduled Completion Date (11)<br><b>4-14-14</b> | Name of OSHA Monitor<br><b>Self</b> |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____ |  | Street Address                      |
|   |  | City, State, Zip Code               |

Scope of Work (Check all that apply)

|  |  |   |
|--|--|---|
| <input type="checkbox"/> < 50 sf or < 3 lf               | <input type="checkbox"/> Renovation            | <input type="checkbox"/> Full Containment with Negative Pressure    |
| <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf | <input checked="" type="checkbox"/> Demolition | <input type="checkbox"/> Mini-Enclosure                             |
|  |  | <input type="checkbox"/> Glovebag Procedure                         |
|  |  | <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 |
| HOUSE 1 BASEMENT   |   |    | ✓   | CUT/WRAP ACM (ARCCEL) PIPE   | 3000 LF                   | ✓              |        |             |           |
| HOUSE 2 OUTSIDE  |   |    | ✓   | ACM SIDING   | 3200 SF                   | ✓              |        |             |           |
| DRIVE  |   |    | ✓   | ACM SIDING   | 1000 SF                   | ✓              |        |             |           |
| HOUSE 1 BASEMENT   |   |    | ✓   | ACM PANELS   | 1000 SF                   | ✓              |        |             |           |

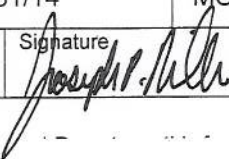
|   |  |                                    |  |
|---|--|------------------------------------|--|
| Name of Registered Waste Hauler<br><b>Ani Joe LLC</b> | NJ DEP Waste Hauler ID No.<br><b>28639</b> | Cubic Yards of Waste<br><b>5</b>   | Name of Registered Landfill<br><b>WM of Pa</b> |
| City, State<br><b>Delanco NJ</b>                      | Disposal Date<br><b>TBD</b>                | City, State<br><b>Tullytown Pa</b> |  |
| Completed By<br><b>J Hill</b>                         | Title<br><b>VP</b>                         | Signature<br><b>[Signature]</b>    | Date<br><b>3-13-14</b>                         |

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



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

Check # 13295

| Date of Notification (1)<br><b>MARCH 14, 2014</b>  |  | Name of Building Owner/Operator (2)<br><b>PROVIDENT BANK</b>  |   |  |                           |                |                        |             |           |  |
|--|--|---|---|--|---------------------------|----------------|------------------------|-------------|-----------|--|
| Agencies Notified<br><input type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input type="checkbox"/> DOH<br><input type="checkbox"/> DCA  | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |   | Street Address<br><b>5410-5412 Bergenline Avenue</b>  |  |                           |                |                        |             |           |  |
|  |  |   | City, State, Zip Code<br><b>West New York, NJ 07093</b>   |  |                           |                |                        |             |           |  |
|  |  |   | Name of Contact<br><b>Marty Galvanek</b>  |  |                           |                |                        |             |           |  |
| <b>FACILITY INFORMATION</b>  |  |   |   |  |                           |                |                        |             |           |  |
| Name of Facility Where Abatement is Taking Place (3)<br><b>PROVIDENT BANK</b>  |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |   |  |                           |                |                        |             |           |  |
| Street Address<br><b>5410-5412 BERGENLINE AVENUE</b>   |  | Square Feet<br><b>2,921 SF</b>  | # of Floors<br><b>3</b>   |  |                           |                |                        |             |           |  |
| City (5)<br><b>WEST NEW YORK</b>   |  | Bldg. Age<br><b>40+ YEARS</b>   |   |  |                           |                |                        |             |           |  |
| County (6)<br><b>HUDSON</b>  |  | County Code (7)<br>(STATE USE ONLY) _____   | Current Use (Prior if being demolished)<br><b>BANK</b>  |  |                           |                |                        |             |           |  |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>N/A</b>  |  | ASCM No. _____  | Name of Abatement Contractor (9)<br><b>Finishing Touch Asbestos Abatement Corp., Inc.</b>   |  |                           |                |                        |             |           |  |
| Street Address   |  | Street Address<br><b>580 Broadway, Unit A</b>   |   |  |                           |                |                        |             |           |  |
| City, State, Zip Code  |  | City, State, Zip Code<br><b>Long Branch, NJ 07740</b>   |   |  |                           |                |                        |             |           |  |
| Project Manager for Monitoring Firm<br><b>N/A</b>  |  | Telephone No.   | License No.<br><b>00040</b>   |  |                           |                |                        |             |           |  |
| Start Date (10)<br><b>3/30/14</b>  |  | Scheduled Completion Date (11)<br><b>3/31/14</b>  | Name of OSHA Monitor<br><b>N/A</b>  |  |                           |                |                        |             |           |  |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____ |  | Street Address  |   |  |                           |                |                        |             |           |  |
|  |  | City, State, Zip Code   |   |  |                           |                |                        |             |           |  |
| Scope of Work (Check All That Apply)   |  |   |   |  |                           |                |                        |             |           |  |
| <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf  |  | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition   | <input type="checkbox"/> Full Containment with Negative Pressure<br><input 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)<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 |  |
| <b>BOILER ROOM</b>   | X  |   |   | <b>TSI</b>   | <b>35 LF</b>              | X              |                        |             |           |  |
|  |  |   |   |  |                           |                |                        |             |           |  |
|  |  |   |   |  |                           |                |                        |             |           |  |
| Name of Registered Waste Hauler<br><b>Finishing Touch Asbestos Abatement Corp., Inc.</b>   |  | NJDEP Waste Hauler ID No.<br><b>12058</b>   | Cubic Yards of Waste<br><b>.5 cy</b>  | Name of Registered Landfill<br><b>GROWS LANDFILL</b>   |                           |                |                        |             |           |  |
| City, State<br><b>Oceanport, NJ 07757-0400</b>   |  | Disposal Date<br><b>3/31/14</b>   |   | City, State<br><b>MORRISVILLE, PA</b>  |                           |                |                        |             |           |  |
| Completed by<br><b>Joseph P. Miller</b>  |  | Title<br><b>President</b>   | Signature<br>   |  |                           |                | Date<br><b>3/14/14</b> |             |           |  |



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

APPROVED: CINDY MITCHELL  
NJDEH 3/13/14

CH# 2578  
MAR 19 2014

|  |   |  |                  |
|--|---|--|------------------|
| Date of Notification (1)<br><b>3/13/2014</b>   |   | Name of Building Owner / Operator (2)<br><b>Macys Inc.</b> |                  |
| 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 checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Emergency<br><input type="checkbox"/> Cancellation | Street Address<br><b>7 West Seventh Street</b>             |                  |
|  |   | City, State & Zip Code<br><b>Cincinnati, OH 45202</b>      |                  |
|  |   | Name of Contact<br><b>Lou DeMauro</b>                      | Telephone Number |

**FACILITY INFORMATION**

|  |                                |                 |   |             |           |
|--|--------------------------------|-----------------|---|-------------|-----------|
| Name of Facility Where Abatement is Taking Place (3)<br><b>Macys Store #340032 - Menlo Park Mall</b> |                                |                 | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |             |           |
| Street Address<br><b>275 Parsonage Road</b>  |                                |                 | Square Feet   | # of Floors | Bldg. Age |
| City (5)<br><b>Edison</b>  | County (6)<br><b>Middlesex</b> | County Code (7) | Current Use (Prior if being demolished)<br><b>School</b>  |             |           |

|  |  |  |  |                                |  |
|--|--|--|--|--------------------------------|--|
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>Pennoni Associates, Inc.</b> |  | ASCM No.   | Name of Abatement Contractor (9)<br><b>Bristol Environmental, Inc.</b> |                                |  |
| Street Address<br><b>515 Grove St.</b>   |  | Street Address<br><b>1123 Beaver Street</b>        |  |                                |  |
| City, State & Zip Code<br><b>Haddon Heights, NJ 08035</b>                              |  | City, State & Zip Code<br><b>Bristol, PA 19007</b> |  |                                |  |
| Project Manager for Monitoring Firm<br><b>Alan Lloyd</b>                               |  | Telephone Number<br><b>856-656-2875</b>            | Telephone Number<br><b>(215)788-6040</b>                               | License Number<br><b>00509</b> |  |

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| Scheduled Start Date (10)<br><b>3/17/2014</b>   | Scheduled Completion Date (11)<br><b>3/27/2014</b> | Name of OSHA Monitor<br><b>Bristol Environmental Inc.</b> |  |  |  |
| 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 Hours - Describe: <b>10:00 PM to 7:00 AM</b><br><input type="checkbox"/> Facility Occupied During Abatement |  | Street Address<br><b>1123 Beaver Street</b>               |  |  |  |
|   |  | City, State & Zip Code<br><b>Bristol, PA 19007</b>        |  |  |  |

|   |   |  |                                     |   |   |
|---|---|--|-------------------------------------|---|---|
| Scope of Work (Check all that apply)    |   |  |                                     |   |   |
| <input type="checkbox"/> ≥3 sf or ≥3 lf | <input checked="" type="checkbox"/> ≥160 sf ≥260 lf | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Full Containment with Negative Pressure | <input type="checkbox"/> Mini-Enclosure                         |
|   |   |  |                                     | <input type="checkbox"/> Glove Bag Procedures                               | <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 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                      |                          |                          |                          |
|--|--|-------------------------------------|--------------------------|---|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
|  | Yes  | No                                  | N/A                      |   |                           | Removal                             | Repair                   | Encapsulate              | Enclosure                |
| <b>Big Ticket Area</b>   | <input type="checkbox"/>   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <b>Floor tile and mastic</b>  | <b>2,000 SF</b>           | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Children's Department</b>   | <input type="checkbox"/>   | <input type="checkbox"/>            | <input type="checkbox"/> | <b>Floor tile and mastic</b>  | <b>3,800 SF</b>           | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>   | <input type="checkbox"/>            | <input type="checkbox"/> |   |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>   | <input type="checkbox"/>            | <input type="checkbox"/> |   |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>   | <input type="checkbox"/>            | <input type="checkbox"/> |   |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|  |  |   |   |  |                        |
|--|--|---|---|--|------------------------|
| Name of Registered Waste Hauler<br><b>Service Transport Inc.</b> |  | NJDEP Waste Hauler ID No.<br><b>20990</b> | Cubic Yards of Waste<br><b>20 as needed</b> | Name of Registered Landfill<br><b>Minerva Landfill</b> |                        |
| City, State<br><b>New Castle, Delaware</b>                       |  | Disposal Date<br><b>As needed</b>         | City, State<br><b>Waynesburg, OH</b>        |  |                        |
| Completed By (Print or Type)<br><b>Gino Pizzigoni</b>            |  | Title<br><b>Project Manager</b>           | Signature<br><i>Gino Pizzigoni</i>          |  | Date<br><b>3/13/14</b> |



B & G proj. #: 2014-40

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

NJ Dept. of Health & Senior Services  
*[Signature]*  
Date: 03/12/14 Time: 8:30  
Check # 6432

MAR 19 2014

Date of Notification (1)  
03/11/2014

Name of Building Owner/Operator (2)  
Monmouth University

Street Address  
400 Cedar Avenue

City, State, Zip Code  
West Long Branch, NJ 07764

Name of Contact  
Tim Orr

Telephone Number

Agencies Notified  
 EPA  
 DEP  
 DOL  
 DOH  
 DCA

Type Notification  
 Initial  
 Amendment  
 Cancellation

FACILITY INFORMATION

Name of facility where abatement is taking place (3)  
Monmouth University-Facilities Bldg.

Street Address  
400 Cedar Avenue

City (5)  
West Long Branch

County (6)  
Monmouth

County Code (7)  
(State use only)

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

Square Feet  
# of Floors  
Bldg. Age

Current Use (Prior if being demolished)  
non-Sub 8

Name of Monitoring Firm Hired by Bldg. Owner (8)  
AHERA Consultants, Inc.

ASCM No.  
0057

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

Street Address  
105 Ryerson Road

City, State, Zip Code  
Lincoln Park, NJ 07035

Telephone Number  
973-696-6869

License Number  
0378

Name of OSHA Monitor  
B & G Restoration, Inc.

Street Address  
105 Ryerson Road

City, State, Zip Code  
Lincoln Park, NJ 07035

Street Address  
PO Box # 385

City, State, Zip Code  
Oceanville, NJ 08231-0385

Project Manager for Monitoring Firm  
John Smoyer

Phone Number  
609-652-1833

Scheduled Start Date (10)  
03/14/2014

Sched. Completion Date (11)  
03/15/2014

Occupancy Status During Abatement (Check only one)  
 Facility closed/vacated during entire period of abatement.  
 Abatement performed outside of normal facility hours.  
 Describe: Friday 3 p.m. - 1 a.m.  
 Other-Describe:

Scope of Work (check all that apply)  
 Demolition  
 >3 sf or >3 lf  
 Renovation  
 ≥150 sf or ≥250 lf  
 Full Containment w/negative pressure  
 Mini-enclosure  
 Wrap & cut  
 Glovebag procedure  
 Non-fragile 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 |   |                           |                                     |                            |                          |                          |
| main hallways & front main office                                      |  |    | X   | VAI   | 1010 sqft                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
|  |  |    |     |   |                           | <input type="checkbox"/>            | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
|  |  |    |     |   |                           | <input type="checkbox"/>            | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
|  |  |    |     |   |                           | <input type="checkbox"/>            | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |

Registered Waste Hauler  
B & G Restoration, Inc.

NJDEP Hauler ID#  
19563

Cubic Yards of Waste  
4 yds

Name of Registered Landfill  
Tullytown Resource & Recovery Center

City, State  
Lincoln Park, NJ 07035

Disposal Date  
03/17/2014

City, State  
Tullytown, PA

Completed by (Print or Type)  
Gordana Luna

Title  
Secretary/Treasurer

Signature  
*Gordana Luna*

Date  
03/12/2014



State of NJ  
 Notification of Asbestos Abatement  
 (Pursuant to NJAC 8:26-7 and 12:120-7)  
**EMERGENCY**

MAR 19 2014

B & G Proj. #: 2014-40

Check # 0001 - 10 DAY

|   |  |   |  |
|---|--|---|--|
| Date of Notification (1)<br>03/11/2014  |  | Name of Building Owner/Operator (2)<br>Monmouth University  |  |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA |  | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amendment<br><input type="checkbox"/> Cancellation |  |
| Street Address<br>400 Cedar Avenue  |  | City, State, Zip Code<br>West Long Branch, NJ 07764   |  |
| Name of Contact<br>Tim Orr  |  | Telephone Number  |  |

MAR 19 2014  
*Tim Orr*  
**WAIVER APPROVED**

FACILITY INFORMATION

|  |  |  |  |  |                                     |
|--|--|--|--|--|-------------------------------------|
| Name of facility where abatement is taking place (3)<br>Monmouth University-Facilities Bldg. |  |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter S (Other than K-12)<br><input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) |  |                                     |
| Street Address<br>400 Cedar Avenue   |  |  | Square Feet  |  |                                     |
| City (5)<br>West Long Branch   |  |  | County (6)<br>Monmouth   |  | County Code (7)<br>(State use only) |
| Current Use (Prior if being demolished)<br>non-Sub S   |  |  | Bldg. Age  |  |                                     |

|   |  |   |   |  |                        |
|---|--|---|---|--|------------------------|
| Name of Monitoring Firm Hired by Bldg. Owner (8)<br>AHERA Consultants, Inc. |  | ASCM No.<br>0057                                | Name of Abatement Contractor (9)<br>B & G Restoration, Inc. |  |                        |
| Street Address<br>PO Box # 385  |  | Street Address<br>105 Ryerson Road              | City, State, Zip Code<br>Lincoln Park, NJ 07035             |  |                        |
| City, State, Zip Code<br>Oceanville, NJ 08231-0385                          |  | City, State, Zip Code<br>Lincoln Park, NJ 07035 | Telephone Number<br>973-696-6869                            |  | License Number<br>0378 |
| Project Manager for Monitoring Firm<br>John Smoyer                          |  | Phone Number<br>609-852-1833                    | Name of OSHA Monitor<br>B & G Restoration, Inc.             |  |                        |
| Scheduled Start Date (10)<br>03/14/2014                                     |  | Sched. Completion Date (11)<br>03/16/2014       |   |  |                        |

Occupancy Status During Abatement (Check only one)

Facility closed/vacated during entire period of abatement.

Abatement performed outside of normal facility hours.  
Describe: Friday 5 p.m. - 1 a.m.

Other-Describe:

Scope of Work (check all that apply)

Demolition  Renovation  Full Containment w/negative pressure  wrap & cut

>2 sf or >2 lf  ≥160 sf or ≥250 lf  Mini-enclosure  Non-Itatable 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 | s | m | e | v | E | n | c | s | p | E | n | c | l |  |
|--|--|----|-----|---|---------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
|  | Yes  | No | N/A |   |                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| main hallways & front main office                                      |  |    | X   | VAT   | 1010 sqft                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|  |  |    |     |   |                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|  |  |    |     |   |                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |

|  |                              |                                  |   |
|--|------------------------------|----------------------------------|---|
| Registered Waste Hauler<br>B & G Restoration, Inc. | NJDEP Hauler ID#<br>19563    | Cubic Yards of Waste<br>4 yds    | Name of Registered Landfill<br>Tullytown Resource & Recovery Center |
| City, State<br>Lincoln Park, NJ 07035              | Disposal Date<br>03/17/2014  | City, State<br>Tullytown, PA     |   |
| Completed by (Print or Type)<br>Gordana Luna       | Title<br>Secretary/Treasurer | Signature<br><i>Gordana Luna</i> | Date<br>03/12/2014  |



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

B & G proj. #: 2014-40

Check #6432

|   |   |  |                  |
|---|---|--|------------------|
| Date of Notification (1)<br>03/12/14  |   | Name of Building Owner/Operator (2)<br>Monmouth University |                  |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amendment<br><input type="checkbox"/> Cancellation | Street Address<br>400 Cedar Avenue                         |                  |
|   |   | City, State, Zip Code<br>West Long Branch, NJ 07764        |                  |
|   |   | Name of Contact<br>Tim Orr                                 | Telephone Number |

FACILITY INFORMATION

|  |                        |                                     |  |             |           |
|--|------------------------|-------------------------------------|--|-------------|-----------|
| Name of facility where abatement is taking place (3)<br>Monmouth University-Facilities Bldg. |                        |                                     | 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 (Private/Commercial Bldgs./Homes, etc.) |             |           |
| Street Address<br>400 Cedar Avenue   |                        |                                     | Square Feet  | # of Floors | Bldg. Age |
| City (5)<br>West Long Branch   | County (6)<br>Monmouth | County Code (7)<br>(State use only) | Current Use (Prior if being demolished)<br>non-Sub 8   |             |           |

|   |   |   |   |                        |  |
|---|---|---|---|------------------------|--|
| Name of Monitoring Firm Hired by Bldg. Owner (8)<br>AHERA Consultants, Inc.   |   | ASCM No.<br>0057                                | Name of Abatement Contractor (9)<br>B & G Restoration, Inc. |                        |  |
| Street Address<br>PO Box # 385  |   | Street Address<br>105 Ryerson Road              |   |                        |  |
| City, State, Zip Code<br>Oceanville, NJ 08231-0385  |   | City, State, Zip Code<br>Lincoln Park, NJ 07035 |   |                        |  |
| Project Manager for Monitoring Firm<br>John Smoyer  |   | Phone Number<br>609-652-1833                    | Telephone Number<br>973-696-6869                            | License Number<br>0378 |  |
| Scheduled Start Date (10)<br>03/14/2014   | Sched. Completion Date (11)<br>03/15/2014 |   |   |                        |  |
| 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- Describe: Friday 3 p.m. - 1 a.m.<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)


|  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Demolition                | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment w/negative pressure | <input type="checkbox"/> wrap & cut                       |
| <input checked="" type="checkbox"/> >3 sf or >3 lf | <input type="checkbox"/> ≥160 sf or ≥260 lf    | <input type="checkbox"/> Mini-enclosure                       | <input type="checkbox"/> Glovebag procedure               |
|  |  |   | <input checked="" 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 |   |                           |                                     |                            |                          |                          |
| main hallways & front main office                                      |   |    | X   | VAT   | 1010 sqft                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
|  |   |    |     |   |                           | <input type="checkbox"/>            | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
|  |   |    |     |   |                           | <input type="checkbox"/>            | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
|  |   |    |     |   |                           | <input type="checkbox"/>            | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |

|  |                              |                                  |   |
|--|------------------------------|----------------------------------|---|
| Registered Waste Hauler<br>B & G Restoration, Inc. | NJDEP Hauler ID#<br>19563    | Cubic Yards of Waste<br>4 yds    | Name of Registered Landfill<br>Tullytown Resource & Recovery Center |
| City, State<br>Lincoln Park, NJ 07035              | Disposal Date<br>03/17/2014  | City, State<br>Tullytown, PA     |   |
| Completed by (Print or Type)<br>Gordana Luna       | Title<br>Secretary/Treasurer | Signature<br><i>Gordana Luna</i> | Date<br>03/12/2014  |



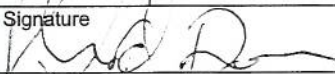
**State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)**

|  |  |  |   |   |                           |   |                   |  |  |
|--|--|--|---|---|---------------------------|---|-------------------|--|--|
| Date of Notification (1)<br>March 14, 2014   |  | Name of Building Owner/Operator (2)<br>Dept. of the Air Force, 87th Contracting Squadron/LGCB Check # 7218   |   |   |                           |   |                   |  |  |
| Agencies Notified<br><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  | 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>2402 Vandenberg Avenue<br>City, State, Zip Code<br>Joint Base McGuire-Dix-Lakehurst, NJ 08641 |   |                           |   |                   |  |  |
|  |  |  | Name of Contact<br>Sgt. Karl Knott<br>Telephone Number<br>_____   |   |                           |   |                   |  |  |
|  | <b>FACILITY INFORMATION</b>  |  |   |   |                           |   |                   |  |  |
| Name of Facility Where Abatement is Taking Place (3)<br>McGuire Air Force Base<br>Street Address<br>2402 Vandenberg Avenue<br>City (5)<br>Hanover Twp.   |  | 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.)<br>Square Feet<br>10,000<br># of Floors<br>2<br>Bldg. Age<br>100 |   |   |                           |   |                   |  |  |
| County (6)<br>Morris   | County Code (7)<br>(STATE USE ONLY) _____  | Current Use (Prior if being demolished)<br>Air Force Base  |   |   |                           |   |                   |  |  |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Management & Enviro. Consulting Services  |  | ASCM No. _____   | Name of Abatement Contractor (9)<br>Shade Environmental, LLC  |   |                           |   |                   |  |  |
| Street Address<br>P.O. Box 341<br>City, State, Zip Code<br>Chesterfield, NJ 08515  |  | Street Address<br>623 Cutler Ave.<br>City, State, Zip Code<br>Maple Shade, NJ 08052  |   |   |                           |   |                   |  |  |
| Project Manager for Monitoring Firm<br>Bill Weisgarber   |  | Telephone No.<br>609-298-4070  | Telephone No.<br>(856)755-0099<br>License No.<br>00842  |   |                           |   |                   |  |  |
| Start Date (10)<br>March 29, 2014  | Scheduled Completion Date (11)<br>April 13, 2014   |  | Name of OSHA Monitor<br>EMSL  |   |                           |   |                   |  |  |
| 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>107 Haddon Ave<br>City, State, Zip Code<br>Westmont, New Jersey 08108                         |   |                           |   |                   |  |  |
| Scope of Work (Check All That Apply)<br><input checked="" type="checkbox"/> ≥3 sf or ≥3 lf<br><input type="checkbox"/> ≥160 sf or ≥260 lf<br><input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |  |   |   |                           |   |                   |  |  |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)   | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)  |  |   | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type                                |                   |  |  |
|  | Yes<br>No<br>N/A   |  |   |   |                           | Removal<br>Repair<br>Encapsulate<br>Enclosure |                   |  |  |
| Exterior Trenches of Bldg. B2901   |  | XXX  |   | Cement Piping   | 100 LF                    | X   |                   |  |  |
| Name of Registered Waste Hauler<br>Freehold  |  | NJDEP Waste Hauler ID No.<br>15939   | Cubic Yards of Waste<br>3   | Name of Registered Landfill<br>Grows Landfill   |                           |   |                   |  |  |
| City, State<br>Mount Holly, New Jersey 08060   |  | Disposal Date<br>4/7/14  |   | City, State<br>Tullytown, PA.   |                           |   |                   |  |  |
| Completed by<br>Christina Lynch  |  | Title<br>Operations Manager  |   | Signature<br>                           |                           |   | Date<br>3/14/2014 |  |  |

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

CHECK #20482

*No Check*

|   |  |   |  |  |  |  |        |             |           |
|---|--|---|--|--|--|--|--------|-------------|-----------|
| Date of Notification (1)<br>03-14-14  |  | Name of Building Owner/Operator (2)<br>Verizon  |  |  |  |  |        |             |           |
| 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 checked="" type="checkbox"/> Amended<br>Amendment # 2<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |   | Street Address<br>1 Verizon Way  |  | City, State, Zip Code<br>Basking Ridge, NJ 07920 |  |        |             |           |
|   |  |   | Name of Contact<br>Bill Roth   |  | Telephone Number<br>_____                        |  |        |             |           |
|   | <b>FACILITY INFORMATION</b>  |   |  |  |  |  |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>_____   |  |   | 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.) Exterior |  |  |  |        |             |           |
| Street Address<br>Rt. 35 SB   |  |   | Square Feet<br>2400  | # of Floors<br>N/A   | Bldg. Age<br>N/A                                 |  |        |             |           |
| City (5)<br>(1) Toms River Township to Mantoloking  |  |   | Current Use (Prior if being demolished)<br>Exterior  |  |  |  |        |             |           |
| County (6)<br>Ocean   |  | County Code (7)<br>(STATE USE ONLY) _____   |  | Name of Monitoring Firm Hired by Building Owner (8)<br>Consulting & Testing Services, Inc. (CTSI)  |  |  |        |             |           |
|   |  | ASCM No. _____  |  | Name of Abatement Contractor (9)<br>Pinnacle Environmental Corp.   |  |  |        |             |           |
| Street Address<br>622 Georges Road, Suite 301   |  |   | Street Address<br>200 Broad Street   |  |  |  |        |             |           |
| City, State, Zip Code<br>North Brunswick, NJ 08902  |  |   | City, State, Zip Code<br>Carlstadt, NJ 07072   |  |  |  |        |             |           |
| Project Manager for Monitoring Firm<br>Frank Selamie  |  | Telephone No.<br>(732) 729-1800   |  | Telephone No.<br>201-939-6565  | License No.<br>00756                             |  |        |             |           |
| Start Date (10)<br>10-28-13   |  | Scheduled Completion Date (11)<br>(2)03-13-14   |  | Name of OSHA Monitor<br>Even-Air Inc.  |  |  |        |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other - Describe: Exterior Abatement |  |   | Street Address<br>10-59 Jackson Avenue   |  |  |  |        |             |           |
|   |  |   | City, State, Zip Code<br>Long Island City, NY 11101  |  |  |  |        |             |           |
| Scope of Work (Check All That Apply)  |  |   |  |  |  |  |        |             |           |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf   |  | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition |  | <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input 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)<br>16,000LF            | Abatement Type                                     |        |             |           |
|   | Yes  | No  | N/A  |  |  | Removal  | Repair | Encapsulate | Enclosure |
| Exterior  |  |   | x  | Transite Duct Bank   |  | x  |        |             |           |
|   |  |   |  |  |  |  |        |             |           |
| Name of Registered Waste Hauler<br>ATC, Inc. / JBT (50071)  |  | NJDEP Waste Hauler ID No.<br>24310  |  | Cubic Yards of Waste<br>TBD  |  | Name of Registered Landfill<br>Minerva Enterprises |        |             |           |
| City, State<br>Shirley, NY / Bronx, NY  |  |   |  | Disposal Date<br>TBD   |  | City, State<br>Waynesburg, OH 44688                |        |             |           |
| Completed by<br>Richard Doran   |  | Title<br>Project Manager  |  | Signature<br>  |  | Date<br>03-14-14                                   |        |             |           |



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

APPROVED: CINDY MITCHELL  
NJDOH

Ch # 2577

|   |  |  |                  |
|---|--|--|------------------|
| Date of Notification (1)<br><b>3/12/14</b>  |  | Name of Building Owner / Operator (2)<br><b>Trenton Board of Education</b> |                  |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input checked="" type="checkbox"/> Emergency<br><input type="checkbox"/> Cancellation | Street Address<br><b>1490 Prospect Street</b>                              |                  |
|   |  | City, State & Zip Code<br><b>Trenton, NJ 08638</b>                         |                  |
|   |  | Name of Contact<br><b>Mr. Everett O. Collins</b>                           | Telephone Number |

**FACILITY INFORMATION**

|   |                             |                 |  |                         |                         |
|---|-----------------------------|-----------------|--|-------------------------|-------------------------|
| Name of Facility Where Abatement is Taking Place (3)<br><b>Jefferson Elementary</b> |                             |                 | Type of Facility (4)<br><input checked="" type="checkbox"/> School (K-12) <b>NON SUB-CHAPTER 8</b><br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |                         |                         |
| Street Address<br><b>1 Whittlesey Road</b>  |                             |                 | Square Feet<br><b>70,000</b>   | # of Floors<br><b>2</b> | Bldg. Age<br><b>60+</b> |
| City (5)<br><b>Trenton</b>  | County (6)<br><b>Mercer</b> | County Code (7) | Current Use (Prior if being demolished)<br><b>School</b>   |                         |                         |

|  |  |  |  |                                |  |
|--|--|--|--|--------------------------------|--|
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>Environmental Connection</b> |  | ASCM No.   | Name of Abatement Contractor (9)<br><b>Bristol Environmental, Inc.</b> |                                |  |
| Street Address<br><b>120 North Warren Street</b>                                       |  | Street Address<br><b>1123 Beaver Street</b>        |  |                                |  |
| City, State & Zip Code<br><b>Trenton, NJ 08010</b>                                     |  | City, State & Zip Code<br><b>Bristol, PA 19007</b> |  |                                |  |
| Project Manager for Monitoring Firm<br><b>Ryan Broadwater</b>                          |  | Telephone Number<br><b>609-392-4200</b>            | Telephone Number<br><b>(215)788-6040</b>                               | License Number<br><b>00509</b> |  |

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| Scheduled Start Date (10)<br><b>3/13/14</b>  | Scheduled Completion Date (11)<br><b>3/14/14</b> | Name of OSHA Monitor<br><b>Bristol Environmental Inc.</b> |  |  |  |
| 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 Hours – 7am to 3pm<br>Describe: <b>3 PM to 11:30 PM</b><br><input type="checkbox"/> Facility Occupied During Abatement |  | Street Address<br><b>1123 Beaver Street</b>               |  |  |  |
|  |  | City, State & Zip Code<br><b>Bristol, PA 19007</b>        |  |  |  |

Scope of Work (Check all that apply)

|  |  |   |
|--|--|---|
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf | <input checked="" type="checkbox"/> Renovation | <input checked="" type="checkbox"/> Full Containment with Negative Pressure |
| <input type="checkbox"/> ≥160 sf ≥260 lf           | <input type="checkbox"/> Demolition            | <input type="checkbox"/> Mini-Enclosure                                     |
|  |  | <input type="checkbox"/> Glove Bag Procedures                               |
|  |  | <input type="checkbox"/> Non-Exempted and Non-Friable Procedure             |

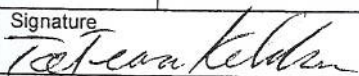
| Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) | Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) |                          |                          | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type                      |                          |                          |                          |
|--|--|--------------------------|--------------------------|---|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
|  | Yes  | No                       | N/A                      |   |                           | Removal                             | Repair                   | Encapsulate              | Enclosure                |
| <b>Boiler Room</b>   | <input checked="" type="checkbox"/>                                      | <input type="checkbox"/> | <input type="checkbox"/> | <b>Boiler Rib Insulation</b>  | <b>10 SF</b>              | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |   |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |   |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |   |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |   |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|   |  |   |  |  |                        |
|---|--|---|--|--|------------------------|
| Name of Registered Waste Hauler<br><b>Bristol Environmental, Inc.</b> |  | NJDEP Waste Hauler ID No.<br><b>18706</b> | Cubic Yards of Waste<br><b>.25 cu yd</b> | Name of Registered Landfill<br><b>GROWS Landfill</b> |                        |
| City, State<br><b>Bristol, PA 19007</b>                               |  | Disposal Date<br><b>3/14/14</b>           | City, State<br><b>Morristown, PA</b>     |  |                        |
| Completed By (Print or Type)<br><b>Gino Pizzigoni</b>                 |  | Title<br><b>Project Manager</b>           | Signature<br><i>Gino Pizzigoni</i>       |  | Date<br><b>3/12/14</b> |

GI 14033



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

|  |  |  |  |   |   |   |                            |   |           |  |
|--|--|--|--|---|---|---|----------------------------|---|-----------|--|
| Date of Notification (1)<br>03/13/14 CK# 3017 \$200  |  | Name of Building Owner/Operator (2)<br>Infante Associates, Inc.  |  |   |   |   |                            |   |           |  |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA  | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br>9 Robinson Lane  |  |   |   |   |                            |   |           |  |
|  |  | City, State, Zip Code<br>Ridgewood, New Jersey 07450   |  |   |   |   |                            |   |           |  |
|  |  | Name of Contact<br>Mark Infante  | Telephone Number                                       |   |   |   |                            |   |           |  |
| <b>FACILITY INFORMATION</b>  |  |  |  |   |   |   |                            |   |           |  |
| Name of Facility Where Abatement is Taking Place (3)<br>Toyota 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>1096 Route 17 North  |  | Square Feet<br>10,000  | # of Floors<br>2                                       |   |   |   |                            |   |           |  |
| City (5)<br>Ramsey, New Jersey 07446   |  | Bldg. Age<br>55+   |  |   |   |   |                            |   |           |  |
| County (6)<br>Bergen   | County Code (7)<br>(STATE USE ONLY) _____  | Current Use (Prior if being demolished)<br>Car Dealership  |  |   |   |   |                            |   |           |  |
| Name of Monitoring Firm Hired by Building Owner (8)<br>N/A   |  | ASCM No.   | Name of Abatement Contractor (9)<br>Lilich Corporation |   |   |   |                            |   |           |  |
| Street Address   |  | Street Address<br>606 McBride Avenue   |  |   |   |   |                            |   |           |  |
| City, State, Zip Code  |  | City, State, Zip Code<br>Woodland Park, NJ 07424   |  |   |   |   |                            |   |           |  |
| Project Manager for Monitoring Firm  |  | Telephone No.  | Telephone No.<br>973-225-8400                          |   |   |   |                            |   |           |  |
| Start Date (10)<br>04/07/14  |  | Scheduled Completion Date (11)<br>04/21/14   | License No.<br>01104                                   |   |   |   |                            |   |           |  |
| Name of OSHA Monitor<br>J&S Environmental  |  |  |  |   |   |   |                            |   |           |  |
| 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>2333 Route 22 West   |  |   |   |   |                            |   |           |  |
|  |  | City, State, Zip Code<br>Union, New Jersey 07083   |  |   |   |   |                            |   |           |  |
| Scope of Work (Check All That Apply)   |  |  |  |   |   |   |                            |   |           |  |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf  |  | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition  |  |   |   |   |                            |   |           |  |
|  |  | <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input 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)<br><br>Roof  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)<br>Yes No N/A<br>X   |  |  | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)<br><br>Flashing | Amount (Specify SF or LF)<br><br>420 SF | Abatement Type  |                            |   |           |  |
|  |  |  |  |   |   | Removal   | Repair                     | Encapsulate                                       | Enclosure |  |
| Name of Registered Waste Hauler<br>Lilich Corporation  |  |  |  |   |   | NJDEP Waste Hauler ID No.<br>18724  | Cubic Yards of Waste<br>10 | Name of Registered Landfill<br>G.R.O.W.S Landfill |           |  |
| City, State<br>Woodland Park, New Jersey 07424   |  |  |  |   |   | Disposal Date<br>04/21/14   |                            | City, State<br>Morrisville, Pennsylvania          |           |  |
| Completed by<br>Tatiana Kalenikova   |  |  |  | Title<br>Vice President   |   | Signature<br> |                            | Date<br>03/13/14                                  |           |  |



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

Check # 0548

| Date of Notification (1)<br>3/14/14  |   | Name of Building Owner/Operator (2)<br>National Waste & Recycling Services  |   |   |                           |                 |        |             |           |  |
|--|---|---|---|---|---------------------------|-----------------|--------|-------------|-----------|--|
| Agencies Notified<br><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 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>225 Turnbull Ave                          |   |                           |                 |        |             |           |  |
|  |   |   | City, State, Zip Code<br>Hamilton, NJ 08610                 |   |                           |                 |        |             |           |  |
|  |   |   | Name of Contact<br>Phil Abdalla                             |   |                           |                 |        |             |           |  |
|  |   | Telephone Number  |   |   |                           |                 |        |             |           |  |
| <b>FACILITY INFORMATION</b>  |   |   |   |   |                           |                 |        |             |           |  |
| Name of Facility Where Abatement is Taking Place (3)<br>Commercial Property  |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)  |   |   |                           |                 |        |             |           |  |
| Street Address<br>388 Lake Ave   |   | Square Feet<br>2,000  | # of Floors<br>1  |   |                           |                 |        |             |           |  |
| City (5)<br>Metuchen   |   | Bldg. Age<br>50+  |   |   |                           |                 |        |             |           |  |
| County (6)<br>Middlesex  | County Code (7)<br>(STATE USE ONLY)   | Current Use (Prior if being demolished)<br>Diner  |   |   |                           |                 |        |             |           |  |
| Name of Monitoring Firm Hired by Building Owner (8)<br>N/A   |   | ASCM No.<br>N/A   | Name of Abatement Contractor (9)<br>Loznica Management Corp |   |                           |                 |        |             |           |  |
| Street Address<br>N/A  |   | Street Address<br>22 Troy Ln  |   |   |                           |                 |        |             |           |  |
| City, State, Zip Code<br>N/A   |   | City, State, Zip Code<br>Lincoln Park, NJ 07035   |   |   |                           |                 |        |             |           |  |
| Project Manager for Monitoring Firm<br>N/A   |   | Telephone No.<br>N/A  | Telephone No.<br>973-706-7950                               |   |                           |                 |        |             |           |  |
|  |   | License No.<br>01193  |   |   |                           |                 |        |             |           |  |
| Start Date (10)<br>3/24/14   | Scheduled Completion Date (11)<br>3/31/14   | Name of OSHA Monitor<br>Loznica Management Corp   |   |   |                           |                 |        |             |           |  |
| 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>Scheduled for Demolition</u> |   | Street Address<br>22 Troy Ln  |   |   |                           |                 |        |             |           |  |
|  |   | City, State, Zip Code<br>Lincoln Park, NJ 07035   |   |   |                           |                 |        |             |           |  |
| 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 type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition   |   |   |                           |                 |        |             |           |  |
|  |   | <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |   |   |                           |                 |        |             |           |  |
| Location of Asbestos-Containing Material (ACM) <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 |  |
| Exterior   |   |   | x   | Transite Siding   | 55 SF                     | x               |        |             |           |  |
| 2nd Floor  |   |   | x   | Joint Compound Patch  | 10 SF                     | x               |        |             |           |  |
| Basement   |   |   | x   | 9x9 VAT   | 20 SF                     | x               |        |             |           |  |
| SEE NEXT PAGE FOR  |   | ADDITIONAL QUANTITIES   |   |   | NEXT PAGE                 |                 |        |             |           |  |
| Name of Registered Waste Hauler<br>Loznica Management Corp   |   | NJDEP Waste Hauler ID No.<br>0033137  | Cubic Yards of Waste<br>TBD                                 | Name of Registered Landfill<br>GROWS North Landfill   |                           |                 |        |             |           |  |
| City, State<br>Lincoln Park, NJ 07035  |   | Disposal Date<br>TBD  |   | City, State<br>Morrisville, PA  |                           |                 |        |             |           |  |
| Completed by<br>Elizabeth Cirovic  |   | Title<br>Secretary  | Signature<br>E. Cirovic                                     |   |                           | Date<br>3/14/14 |        |             |           |  |

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

| Date of Notification (1)  |   | Name of Building Owner/Operator (2)  |  |   |                             |                |        |             |           |
|---|---|--|--|---|-----------------------------|----------------|--------|-------------|-----------|
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input type="checkbox"/> DOL<br><input type="checkbox"/> DOH<br><input type="checkbox"/> DCA                                       | Type Notification<br><input type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |  | Street Address<br><br>City, State, Zip Code<br><br>Name of Contact<br>Telephone Number |   |                             |                |        |             |           |
|   | <b>FACILITY INFORMATION</b>   |  |  |   |                             |                |        |             |           |
|   | Name of Facility Where Abatement is Taking Place (3)  |  | Type of Facility (4)   |   |                             |                |        |             |           |
| Street Address  |   | <input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |  |   |                             |                |        |             |           |
| City (5)  |   | Square Feet  | # of Floors  | Bldg. Age   |                             |                |        |             |           |
| County (6)  |   | County Code (7)<br>(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)   |   |                             |                |        |             |           |
| Street Address  |   | Street Address   |  |   |                             |                |        |             |           |
| City, State, Zip Code   |   | City, State, Zip Code  |  |   |                             |                |        |             |           |
| Project Manager for Monitoring Firm   |   | Telephone No.  | Telephone No.  | License No.   |                             |                |        |             |           |
| Start Date (10)   | Scheduled Completion Date (11)  |  | 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 type="checkbox"/> Other - Describe: _____ |   | City, State, Zip Code  |  |   |                             |                |        |             |           |
| Scope of Work (Check All That Apply)  |   |  |  |   |                             |                |        |             |           |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input type="checkbox"/> ≥160 sf or ≥260 lf  |   | <input type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition   |  | <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-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  |   |  | x  | Duct Insulation   | 5 LF                        | x              |        |             |           |
| Basement  |   |  | x  | Boiler Gasket Insulation  | 2 LF                        | x              |        |             |           |
|   |   |  |  |   |                             |                |        |             |           |
| Name of Registered Waste Hauler   |   | NJDEP Waste Hauler ID No.  |  | Cubic Yards of Waste  | Name of Registered Landfill |                |        |             |           |
| City, State   |   |  |  | Disposal Date   | City, State                 |                |        |             |           |
| Completed by  |   | Title  |  | Signature   |                             |                | Date   |             |           |

MAR 19 2014



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

|   |   |   |                  |
|---|---|---|------------------|
| Date of Notification (1)<br><b>3-14-14</b>  |   | Name of Building Owner/Operator (2)<br><b>Statewide Rehab</b> |                  |
| Agencies Notified<br><br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA | Type Notification<br><br><input checked="" type="checkbox"/> Initial Notification<br><input type="checkbox"/> Amended Notification<br><input type="checkbox"/> EMERGENCY<br><input type="checkbox"/> Cancellation | Street Address<br><b>350 Stephens Street</b>                  |                  |
|   |   | City, State, Zip Code<br><b>Belleville, NJ, 07109</b>         |                  |
|   |   | Name of Contact<br><b>Leroy Richards</b>                      | Telephone Number |

FACILITY INFORMATION

|  |                  |                                     |  |             |           |
|--|------------------|-------------------------------------|--|-------------|-----------|
| Name of Facility Where Abatement is Taking Place (3)<br><b>Same as above</b> |                  |                                     | Type of Facility (4)<br><br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) |             |           |
| Street Address<br><b>354 Stephens Street</b>                                 |                  |                                     | Square Feet  | # of Floors | Bldg. Age |
| City (5)<br><b>Belleville</b>  | County (6) Essex | County Code (7)<br>(STATE USE ONLY) | Current Use (Prior if being demolished)  |             |           |

|   |                                |   |  |                                |  |
|---|--------------------------------|---|--|--------------------------------|--|
| Name of Monitoring Firm hired by Building Owner (8)<br><b>N/A</b> |                                | ASCM No.  | Name of Abatement Contractor (9)<br><b>AZTECH MANAGEMENT, Inc.</b> |                                |  |
| Street Address  |                                | Street Address<br><b>86 Christopher St.</b>         |  |                                |  |
| City, State, Zip Code   |                                | City, State, Zip Code<br><b>Montclair, NJ 07042</b> |  |                                |  |
| Project Manager for Monitoring Firm                               | Telephone Number<br><b>N/A</b> | Telephone Number<br><b>(973) 744-8800</b>           |  | License Number<br><b>00371</b> |  |

|   |   |                                    |  |  |  |
|---|---|------------------------------------|--|--|--|
| Scheduled Start Date (10)<br><b>3-24-14</b><br>Month Day Year   | Sched. Completion Date (11)<br><b>3-25-14</b><br>Month Day Year | Name of OSHA Monitor<br><b>N/A</b> |  |  |  |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript»<br><input type="checkbox"/> Other - Describe: «Other Occupancy Descript» |   | 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 | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input type="checkbox"/> >160 sf or >260 lf        | <input type="checkbox"/> Demolition            | <input type="checkbox"/> Mini-Enclosure                          |
|  |  | <input checked="" type="checkbox"/> Glovebag Procedure           |
|  |  | <input type="checkbox"/> 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 |   |                           | R<br>E<br>M<br>O<br>V<br>A<br>L | R<br>E<br>P<br>A<br>I<br>R | E<br>N<br>C<br>A<br>P<br>S<br>U<br>L | E<br>N<br>C<br>L<br>O<br>S<br>U<br>R<br>E |  |
| Basement   |  |    | X   | Pipe Insulation   |                           | X                               |                            |                                      |   |  |
|  |  |    |     |   |                           |                                 |                            |                                      |   |  |

|   |  |   |                                    |  |                        |
|---|--|---|------------------------------------|--|------------------------|
| Name of Registered Waste Hauler<br><b>AZTECH MANAGEMENT, INC.</b> |  | NJDEP Waste Hauler ID No.<br><b>17040</b> | Cubic Yards of Waste<br><b>1.5</b> | Name of Registered Landfill<br><b>G.R.O.W.S.</b> |                        |
| City, State<br><b>Montclair, NJ 07042</b>                         |  | Disposal Date<br><b>3-26-14</b>           |                                    | City, State<br><b>Morrisville, PA 19067</b>      |                        |
| Completed By (Print or Type)<br><b>Constantine Vivian</b>         |  | Title<br><b>President</b>                 | Signature<br><i>CVivian</i>        |  | Date<br><b>3-14-14</b> |

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

B & G proj. #: 2014-35

Check #6421

|   |   |  |  |
|---|---|--|--|
| Date of Notification (1)<br><u>03/04/14</u>   |   | Name of Building Owner/Operator (2)<br>Gerald Donofrio |  |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amendment<br><input type="checkbox"/> Cancellation | Street Address<br>220 Park Avenue                      |  |
|   |   | City, State, Zip Code<br>Nutley, NJ 07110              |  |
|   |   | Name of Contact<br>Gerald Donofrio                     |  |
|   |   | Telephone Number                                       |  |

FACILITY INFORMATION

|   |                     |                                     |  |             |           |
|---|---------------------|-------------------------------------|--|-------------|-----------|
| Name of facility where abatement is taking place (3)<br>Gerald Donofrio |                     |                                     | 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 (Private/Commercial Bldgs./Homes, etc.) |             |           |
| Street Address<br>220 Park Avenue                                       |                     |                                     | Square Feet  | # of Floors | Bldg. Age |
| City (5)<br>Nutley, NJ 07110  | County (6)<br>Essex | County Code (7)<br>(State use only) | Current Use (Prior if being demolished)<br>residential   |             |           |

|   |  |              |   |                        |  |
|---|--|--------------|---|------------------------|--|
| Name of Monitoring Firm Hired by Bldg. Owner (8)<br>N/A |  | ASCM No.     | Name of Abatement Contractor (9)<br>B & G Restoration, Inc. |                        |  |
| Street Address  |  |              | Street Address<br>105 Ryerson Road                          |                        |  |
| City, State, Zip Code                                   |  |              | City, State, Zip Code<br>Lincoln Park, NJ 07035             |                        |  |
| Project Manager for Monitoring Firm                     |  | Phone Number | Telephone Number<br>973-696-6869                            | License Number<br>0378 |  |

|  |   |   |  |  |  |
|--|---|---|--|--|--|
| Scheduled Start Date (10)<br>03/05/2014  | Sched. Completion Date (11)<br>03/06/2014 | Name of OSHA Monitor<br>B & G Restoration, 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- Describe:<br><input type="checkbox"/> Other-Describe: |   | Street Address<br>105 Ryerson Road              |  |  |  |
|  |   | City, State, Zip Code<br>Lincoln Park, NJ 07035 |  |  |  |

Scope of Work (check all that apply)

|  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Demolition                | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment w/negative pressure | <input type="checkbox"/> wrap & cut                    |
| <input checked="" type="checkbox"/> >3 sf or >3 lf | <input type="checkbox"/> ≥160 sf or ≥260 lf    | <input checked="" type="checkbox"/> Mini-enclosure            | <input checked="" type="checkbox"/> Glovebag procedure |
|  |  |   | <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 | e | m | o | v | e | R | e | p | a | i | r | E | n | c | a | p | E | n | c | l |  |
|--|--|----|-----|---|---------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
|  | Yes  | No | N/A |   |                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| basement   |  |    | X   | pipe insulation                                   | 250 lf                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|  |  |    |     |   |                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|  |  |    |     |   |                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |

|  |                              |                                   |   |                    |
|--|------------------------------|-----------------------------------|---|--------------------|
| Registered Waste Hauler<br>B & G Restoration, Inc. | NJDEP Hauler ID#<br>19563    | Cubic Yards of Waste<br>2 1/2 yds | Name of Registered Landfill<br>Tullytown Resource & Recovery Center |                    |
| City, State<br>Lincoln Park, NJ 07035              | Disposal Date<br>03/06/2014  | City, State<br>Tullytown, PA      |   |                    |
| Completed by (Print or Type)<br>Gordana Luna       | Title<br>Secretary/Treasurer | Signature<br><i>Gordana Luna</i>  |   | Date<br>03/04/2014 |



State of NJ  
 Notification of Asbestos Abatement  
 (Pursuant to NJAC 8:26-7 and 12:120-7)  
**\*\*\* EMERGENCY \*\*\***

B & G proj. #: 2014-35

Check # 6424

Date of Notification (1)  
03/04/14

Agencies Notified  
 EPA  
 DEP  
 DOL  
 DOH  
 DCA

Type Notification  
 Initial  
 Amendment  
 Cancellation

Name of Building Owner/Operator (2)  
 Gerald Donofrio

Street Address  
 220 Park Avenue

City, State, Zip Code  
 Nutley, NJ 07110

Name of Contact  
 Gerald Donofrio

**DOL - 10 DAY**

**WAIVER APPROVED**

MAR 19 2014

**FACILITY INFORMATION**

Name of facility where abatement is taking place (3)  
 Gerald Donofrio

Street Address  
 220 Park Avenue

City (8) County (8) County Code (7)  
 Nutley, NJ 07110 Essex (State use only)

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

Square Feet # of Floors Bldg. Age

Current Use (Prior if being demolished)  
 residential

Name of Monitoring Firm Hired by Bldg. Owner (5)  
 N/A

ASCM No.

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm Phone Number

Name of Abatement Contractor (6)  
 B & G Restoration, Inc.

Street Address  
 105 Ryerson Road

City, State, Zip Code  
 Lincoln Park, NJ 07035

Telephone Number License Number  
 973-696-6869 0378

Scheduled Start Date (10) Sched. Completion Date (11)  
 03/05/2014 03/06/2014

Name of OSHA Monitor  
 B & G Restoration, Inc.

Street Address  
 105 Ryerson Road

City, State, Zip Code  
 Lincoln Park, NJ 07035

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  Wrap & cut

< 1' or > 1'  ≥ 100' or > 250'  Mini-enclosure  Glovebag procedure  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 | R | E | E |
|--|--|----|-----|---|---------------------------|---|---|---|---|
|  | Yes  | No | N/A |   |                           |   |   |   |   |
| basement   |  |    | X   | pipe insulation                                   | 250 lf                    |   |   |   |   |
|  |  |    |     |   |                           |   |   |   |   |
|  |  |    |     |   |                           |   |   |   |   |
|  |  |    |     |   |                           |   |   |   |   |

Registered Waste Hauler  
 B & G Restoration, Inc.

NJDEP Hauler ID#  
 19563

Cubic Yards of Volume  
 2 1/2 yds

Name of Registered Landfill  
 Tullytown Resource & Recovery Center

City, State  
 Lincoln Park, NJ 07035

Disposal Date  
 03/06/2014

City, State  
 Tullytown, PA

Completed by (Print or Type)  
 Gardana Luna

Title  
 Secretary/Treasurer

Signature  
*Gardana Luna*

Date  
 03/04/2014



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

Check  
# 8876

Open Window Date

|  |  |   |   |   |                           |                |                        |             |           |  |
|--|--|---|---|---|---------------------------|----------------|------------------------|-------------|-----------|--|
| Date of Notification (1)<br><b>3-15-14</b>   |  | Name of Building Owner/Operator (2)<br><b>Sandy Pound</b>   |   |   |                           |                |                        |             |           |  |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA  | Type Notification<br><input 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><b>23 Pitman AVE</b>  |   |   |                           |                |                        |             |           |  |
|  |  | City, State, Zip Code<br><b>Ocean Grove, NJ 07756</b>   |   |   |                           |                |                        |             |           |  |
|  |  | Name of Contact<br><b>Sandy Pound</b>   | Telephone Number  |   |                           |                |                        |             |           |  |
| <b>FACILITY INFORMATION</b>  |  |   |   |   |                           |                |                        |             |           |  |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Single Family Dwelling</b>  |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |   |   |                           |                |                        |             |           |  |
| Street Address<br><b>23 Pitman AVE</b>   |  | Square Feet   | # of Floors<br><b>2</b>   |   |                           |                |                        |             |           |  |
| City (5)<br><b>Ocean Grove, NJ 07756</b>   |  | Bldg. Age<br><b>80+-</b>  |   |   |                           |                |                        |             |           |  |
| County (6)<br><b>Monmouth</b>  | County Code (7)<br>(STATE USE ONLY)  | Current Use (Prior if being demolished)   |   |   |                           |                |                        |             |           |  |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>EPC Technologies</b>   |  | ASCM No.<br><b>N/A</b>  | Name of Abatement Contractor (9)<br><b>EPC Technologies Inc</b> |   |                           |                |                        |             |           |  |
| Street Address<br><b>P.O. Box 337</b>  |  | Street Address<br><b>P.O. Box 337</b>   |   |   |                           |                |                        |             |           |  |
| City, State, Zip Code<br><b>New Egypt, NJ 08533</b>  |  | City, State, Zip Code<br><b>New Egypt NJ 08533</b>  |   |   |                           |                |                        |             |           |  |
| Project Manager for Monitoring Firm<br><b>Steve Schenker</b>   |  | Telephone No.<br><b>609 758-3365</b>  | License No.<br><b>00394</b>                                     |   |                           |                |                        |             |           |  |
| Start Date (10)<br><b>3-25-14</b>  | Scheduled Completion Date (11)<br><b>4-20-14</b>   | Name of OSHA Monitor<br><b>EPC Technologies Inc</b>   |   |   |                           |                |                        |             |           |  |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____   |  | Street Address<br><b>P.O. Box 337</b>   |   |   |                           |                |                        |             |           |  |
|  |  | City, State, Zip Code<br><b>New Egypt NJ 08533</b>  |   |   |                           |                |                        |             |           |  |
| Scope of Work (Check All That Apply)<br><input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf<br><input type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><input checked="" 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 |  |
| <b>Basement</b>  | <b>X</b>   |   |   | <b>Pipe Insulation</b>  | <b>250 LF</b>             | <b>X</b>       |                        |             |           |  |
|  |  |   |   |   |                           |                |                        |             |           |  |
| Name of Registered Waste Hauler<br><b>EPC Technologies</b>   |  | NJDEP Waste Hauler ID No.<br><b>17000</b>   | Cubic Yards of Waste<br><b>5</b>                                | Name of Registered Landfill<br><b>Waste Management of PA</b>  |                           |                |                        |             |           |  |
| City, State<br><b>New Egypt NJ</b>   |  | Disposal Date<br><b>4-20-14</b>   | City, State<br><b>Morrisville PA</b>                            |   |                           |                |                        |             |           |  |
| Completed by<br><b>Steve Schenker</b>  |  | Title<br><b>President</b>   | Signature<br><b>Steve Schenker</b>                              |   |                           |                | Date<br><b>3-15-14</b> |             |           |  |



State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
 (Pursuant to NJAC 8:26 and 12:12b)

CK#0547

|   |  |   |   |  |  |   |         |                |         |        |             |           |
|---|--|---|---|--|--|---|---------|----------------|---------|--------|-------------|-----------|
| Date of Notification (1)<br>03-11-2014  |  | Name of Building Owner/Operator (2)<br>Reduce Construction  |   | APPROVED<br>NJ Dept of Health & Senior Services<br><i>Paul C. Palmer</i><br>(signature)<br>Date: 3/11/14 Time: 1:20 PM         |  |   |         |                |         |        |             |           |
| 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 checked="" type="checkbox"/> Emergency (Including justification)<br><input type="checkbox"/> Cancellation |   | Street Address<br>640 Palisade Ave.<br>City, State, Zip Code<br>Englewood Cliffs, NJ 07632<br>Name of Contact<br>Ronald Reduce |  |   |         |                |         |        |             |           |
| <b>FACILITY INFORMATION</b>   |  |   |   |  |  |   |         |                |         |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>House for Demolition  |  |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter S (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |  |  |   |         |                |         |        |             |           |
| Street Address<br>17 West Washington Str  |  |   | Square Feet<br>3,000  | # of Floors<br>2   | Bldg. Age<br>50+   |   |         |                |         |        |             |           |
| City (5)<br>Palisades Park  |  | County (6)<br>Bergen  |   | County Code (7)<br>(STATE USE ONLY) _____  | Current Use (Prior if being demolished)<br>Abandoned House |   |         |                |         |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>n/a  |  | ASCM No.<br>n/a   | Name of Abatement Contractor (9)<br>Loznica Management Corporation  |  |  |   |         |                |         |        |             |           |
| Street Address<br>n/a   |  | City, State, Zip Code<br>n/a  |   | Street Address<br>22 Troy Lane<br>City, State, Zip Code<br>Lincoln Park, NJ 07035  |  |   |         |                |         |        |             |           |
| Project Manager for Monitoring Firm<br>n/a  |  | Telephone No.<br>n/a  | Telephone No.<br>973-706-7950   | License No.<br>01193   |  |   |         |                |         |        |             |           |
| Start Date (10)<br>3-12-2013  |  | Scheduled Completion Date (11)<br>3-16-2014   |   | Name of OSHA Monitor<br>Loznica Management Corporation   |  |   |         |                |         |        |             |           |
| 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>Other - Describe: 9 am - 5 pm   |  |   | Street Address<br>22 Troy Lane<br>City, State, Zip Code<br>Lincoln Park, NJ 07035   |  |  |   |         |                |         |        |             |           |
| Scope of Work (Check All That Apply)<br><input checked="" type="checkbox"/> ≥3 sf or ≥3 lf<br>≥180 sf or ≥260 lf<br><input checked="" type="checkbox"/> Renovation<br>Demolition<br><input checked="" type="checkbox"/> Full Containment with Negative Pressure<br>Mini-Enclosure<br>Glovebag Procedure<br>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  |  |   |   | X  | Asbestos Pipe Insulation                                   |   | 100 LF  | X              |         |        |             |           |
| 2nd Floor Closets   |  |   |   | X  | VAT  |   | 80 SF   | X              |         |        |             |           |
| Exterior of House   |  |   |   |  | Transite Shingles  |   | 1500 SF | X              |         |        |             |           |
| Name of Registered Waste Hauler<br>Loznica Management Corporation   |  | NJDEP Waste Hauler ID No.<br>0033137  |   | Cubic Yards of Waste<br>TBD  |  | Name of Registered Landfill<br>GROWS Landfill |         |                |         |        |             |           |
| City, State<br>Lincoln Park, NJ 07035   |  | Disposal Date<br>TBD  |   | City, State<br>Morrisville, PA 19057   |  |   |         |                |         |        |             |           |
| Completed by<br>Lillie Lazarevich   |  | Title<br>Secretary  |   | Signature<br><i>E. Wrovic</i>  |  | Date<br>3-11-2014                             |         |                |         |        |             |           |



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

Check #8877

|  |   |  |   |  |                |                        |        |             |           |
|--|---|--|---|--|----------------|------------------------|--------|-------------|-----------|
| Date of Notification (1)<br><b>3-15-14</b>   |   | Name of Building Owner/Operator (2)<br><b>Red Bank Recycling Demolition</b>  |   |  |                |                        |        |             |           |
| Agencies Notified  | Type Notification   | Street Address   |   |  |                |                        |        |             |           |
| <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 checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment #<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | P.O. Box 2126<br>Red Bank, NJ 07701  |   |  |                |                        |        |             |           |
|  |   | City, State, Zip Code  | Telephone Number  |  |                |                        |        |             |           |
|  |   | Name of Contact<br><b>Matt Meeker</b>  |   |  |                |                        |        |             |           |
| <b>FACILITY INFORMATION</b>  |   |  |   |  |                |                        |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Single family Dwelling</b>  |   | Type of Facility (4)   |   |  |                |                        |        |             |           |
| Street Address<br><b>26 Oakland Street</b>   |   | <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><b>Red Bank, NJ 07701</b>  | Square Feet   | # of Floors  | Bldg. Age   |  |                |                        |        |             |           |
|  |   | <b>2</b>   | <b>80+-</b>   |  |                |                        |        |             |           |
| County (6)<br><b>Monmouth</b>  | County Code (7)<br>(STATE USE ONLY)   | Current Use (Prior if being demolished)<br><b>Single family Dwelling</b>   |   |  |                |                        |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>EPC Technologies</b>   |   | ASCM No.<br><b>N/A</b>   | Name of Abatement Contractor (9)<br><b>EPC Technologies Inc</b>   |  |                |                        |        |             |           |
| Street Address<br><b>P.O. Box 337</b>  |   | Street Address<br><b>P.O. Box 337</b>  |   |  |                |                        |        |             |           |
| City, State, Zip Code<br><b>New Egypt, NJ 08533</b>  |   | City, State, Zip Code<br><b>New Egypt NJ 08533</b>   |   |  |                |                        |        |             |           |
| Project Manager for Monitoring Firm<br><b>Steve Schenker</b>   |   | Telephone No.<br><b>609 758-3365</b>   | License No.<br><b>00394</b>   |  |                |                        |        |             |           |
| Start Date (10)<br><b>3-25-14</b>  | Scheduled Completion Date (11)<br><b>4-15-14</b>  | Name of OSHA Monitor<br><b>EPC Technologies Inc</b>  |   |  |                |                        |        |             |           |
| Occupancy Status During Abatement (Check Only One)   |   | Street Address   |   |  |                |                        |        |             |           |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____ |   | <b>P.O. Box 337</b>  |   |  |                |                        |        |             |           |
|  |   | City, State, Zip Code<br><b>New Egypt NJ 08533</b>   |   |  |                |                        |        |             |           |
| 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 type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |   |  |                |                        |        |             |           |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)   | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)   |  | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF)                                    | Abatement Type |                        |        |             |           |
|  | Yes   | No   |   |  | N/A            | Removal                | Repair | Encapsulate | Enclosure |
| <b>Exterior Walls</b>  |   |  | <b>X Siding Shingles</b>  | <b>2200 SF</b>   | <b>X</b>       |                        |        |             |           |
| Name of Registered Waste Hauler<br><b>EPC Technologies</b>   |   | NJDEP Waste Hauler ID No.<br><b>17000</b>  | Cubic Yards of Waste<br><b>9</b>  | Name of Registered Landfill<br><b>Waste Management of PA</b> |                |                        |        |             |           |
| City, State<br><b>New Egypt NJ</b>   |   | Disposal Date<br><b>4-15-14</b>  | City, State<br><b>Morrisville PA</b>  |  |                |                        |        |             |           |
| Completed by<br><b>Steve Schenker</b>  |   | Title<br><b>President</b>  | Signature<br><b>Steve Schenker</b>  |  |                | Date<br><b>3-15-14</b> |        |             |           |

Open Window Date



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

*Chk # 2581*

|   |  |   |  |  |  |                                     |                          |                          |                          |
|---|--|---|--|--|--|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1)<br><u>2</u> / <u>4</u> / <u>14</u>   |  | Name of Building Owner/Operator (2)<br><b>New Jersey Department of Transportation</b> |  |  |  |                                     |                          |                          |                          |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA<br>(NJAC 5:23-8)   | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br>Amendment # <b>2-3/15/14</b><br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |   | Street Address<br><b>PO Box 600</b>                                  |  |  |                                     |                          |                          |                          |
|   |  |   | City, State, Zip Code<br><b>Trenton, NJ 08525-0600</b>               |  |  |                                     |                          |                          |                          |
|   |  |   | Name of Contact<br><b>Andrew Yorke</b>                               |  | Telephone Number   |                                     |                          |                          |                          |
| <b>FACILITY INFORMATION</b>   |  |   |  |  |  |                                     |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Parcel M-56 - Former Dynamic Trucking</b>  |  |   |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)                 |  |                                     |                          |                          |                          |
| Street Address<br><b>177 Pennsylvania Avenue</b>  |  |   |  | Square Feet<br><b>38400</b>  | # of Floors<br><b>2</b>                                    |                                     |                          |                          |                          |
| City (5)<br><b>Kearney, NJ</b>  |  | County (6)<br><b>Hudson</b>   |  | County Code (7)(STATE USE ONLY)  | Bldg. Age<br><b>30+</b>                                    |                                     |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>Shaw Environmental Inc</b>  |  | ASCM No.  | Name of Abatement Contractor (9)<br><b>Bristol Environmental Inc</b> |  |  |                                     |                          |                          |                          |
| Street Address<br><b>128 S. Tryon Street - Interstate Tower</b>   |  | Street Address<br><b>1123 Beaver Street</b>   |  |  |  |                                     |                          |                          |                          |
| City, State, Zip Code<br><b>Charlotte, NC 28202</b>   |  | City, State, Zip Code<br><b>Bristol, PA 19007</b>                                     |  |  |  |                                     |                          |                          |                          |
| Project Manager for Monitoring Firm<br><b>Gary Wywra</b>  |  | Telephone No.<br><b>732-939-3707</b>  | Telephone No.<br><b>215-788-6040</b>                                 | License No.<br><b>00509</b>  |  |                                     |                          |                          |                          |
| Start Date (10)<br><u>3</u> / <u>17</u> / <u>14</u>   |  | Scheduled Completion Date (11)<br><u>3</u> / <u>31</u> / <u>14</u>                    |  | Name of OSHA Monitor<br><b>Shaw Environmental Inc</b>  |  |                                     |                          |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: ___AM-___PM/___PM-___AM |  |   | Street Address<br><b>128 South Tryon Street, Interstate Tower</b>    |  |  |                                     |                          |                          |                          |
|   |  |   | City, State, Zip Code<br><b>Charlotte, NC 28202</b>                  |  |  |                                     |                          |                          |                          |
| Scope of Work (Check all that apply)  |  |   |  |  |  |                                     |                          |                          |                          |
| <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf   |  | <input type="checkbox"/> Renovation<br><input checked="" 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) <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                |
| Throughout  | <input type="checkbox"/>   | <input type="checkbox"/>  | <input checked="" type="checkbox"/>                                  | Floor Tile & Mastic  | 4200 SF  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exterior of Structure   | <input type="checkbox"/>   | <input type="checkbox"/>  | <input checked="" type="checkbox"/>                                  | Ext. Caulking & Roof Tar Flashing  | 270 SF   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Along Elevated Loading Docks  | <input type="checkbox"/>   | <input type="checkbox"/>  | <input checked="" type="checkbox"/>                                  | Ext. Expansion Joint Material  | 254 LF   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>   |  |  | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler<br><b>Waste Management</b>  |  | NJDEP Waste Hauler ID No.<br><b>SW1724</b>  |  | Cubic Yards of Waste   | Name of Registered Landfill<br><b>GROWS North Landfill</b> |                                     |                          |                          |                          |
| City, State<br><b>Camden, NJ</b>  |  | Disposal Date   |  | City, State<br><b>Morrisville, PA</b>  |  |                                     |                          |                          |                          |
| Completed By (Print or Type)<br><b>Patrick T. DeCaro</b>  |  | Title<br><b>Estimator</b>   |  | Signature<br><i>Patrick T. DeCaro</i>  |  | Date<br><b>3/15/14</b>              |                          |                          |                          |

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



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

| Date of Notification (1)<br><u>2 / 4 / 14</u>   |  | Name of Building Owner/Operator (2)<br><b>New Jersey Department of Transportation</b>   |  |  |                           |                                     |                          |                          |                          |
|---|--|---|--|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA<br>(NJAC 5:23-8)   | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br>Amendment # <u>1-2/17/14</u><br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><b>PO Box 600</b>   |  |  |                           |                                     |                          |                          |                          |
|   |  | City, State, Zip Code<br><b>Trenton, NJ 08525-0600</b>  |  |  |                           |                                     |                          |                          |                          |
|   |  | Name of Contact<br><b>Andrew Yorke</b>  | Telephone Number   |  |                           |                                     |                          |                          |                          |
| <b>FACILITY INFORMATION</b>   |  |   |  |  |                           |                                     |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Parcel M-56 - Former Dynamic Trucking</b>  |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)  |  |  |                           |                                     |                          |                          |                          |
| Street Address<br><b>177 Pennsylvania Avenue</b>  |  | Square Feet<br><b>38400</b>   | # of Floors<br><b>2</b>  |  |                           |                                     |                          |                          |                          |
| City (5)<br><b>Kearney, NJ</b>  |  | Bldg. Age<br><b>30+</b>   |  |  |                           |                                     |                          |                          |                          |
| County (6)<br><b>Hudson</b>   | County Code (7)(STATE USE ONLY)  | Current Use (Prior if being demolished)<br><b>Former Warehouse Distribution Center</b>  |  |  |                           |                                     |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>Shaw Environmental Inc</b>  |  | ASCM No.  | Name of Abatement Contractor (9)<br><b>Bristol Environmental Inc</b> |  |                           |                                     |                          |                          |                          |
| Street Address<br><b>128 S. Tryon Street - Interstate Tower</b>   |  | Street Address<br><b>1123 Beaver Street</b>   |  |  |                           |                                     |                          |                          |                          |
| City, State, Zip Code<br><b>Charlotte, NC 28202</b>   |  | City, State, Zip Code<br><b>Bristol, PA 19007</b>   |  |  |                           |                                     |                          |                          |                          |
| Project Manager for Monitoring Firm<br><b>Gary Wywra</b>  |  | Telephone No.<br><b>732-939-3707</b>  | Telephone No.<br><b>215-788-6040</b>                                 |  |                           |                                     |                          |                          |                          |
|   |  | License No.<br><b>00509</b>   |  |  |                           |                                     |                          |                          |                          |
| Start Date (10)<br><u>ON HOLD</u>   | Scheduled Completion Date (11)<br>____ / ____ / ____   | Name of OSHA Monitor<br><b>Shaw Environmental Inc</b>   |  |  |                           |                                     |                          |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: ____AM-____PM/____PM-____AM |  | Street Address<br><b>128 South Tryon Street, Interstate Tower</b>   |  |  |                           |                                     |                          |                          |                          |
|   |  | City, State, Zip Code<br><b>Charlotte, NC 28202</b>   |  |  |                           |                                     |                          |                          |                          |
| Scope of Work (Check all that apply)  |  |   |  |  |                           |                                     |                          |                          |                          |
| <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf   |  | <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition<br><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) <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                |
| Throughout  | <input type="checkbox"/>   | <input type="checkbox"/>  | <input checked="" type="checkbox"/>                                  | Floor Tile & Mastic  | 4200 SF                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exterior of Structure   | <input type="checkbox"/>   | <input type="checkbox"/>  | <input checked="" type="checkbox"/>                                  | Ext. Caulking & Roof Tar Flashing  | 270 SF                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Along Elevated Loading Docks  | <input type="checkbox"/>   | <input type="checkbox"/>  | <input checked="" type="checkbox"/>                                  | Ext. Expansion Joint Material  | 254 LF                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>   |  |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler<br><b>Waste Management</b>  |  | NJDEP Waste Hauler ID No.<br><b>SW1724</b>  | Cubic Yards of Waste   | Name of Registered Landfill<br><b>GROWS North Landfill</b>   |                           |                                     |                          |                          |                          |
| City, State<br><b>Camden, NJ</b>  |  | Disposal Date   |  | City, State<br><b>Morrisville, PA</b>  |                           |                                     |                          |                          |                          |
| Completed By (Print or Type)<br><b>Patrick T. DeCaro</b>  |  | Title<br><b>Estimator</b>   | Signature<br><i>Patrick T. DeCaro</i>                                |  |                           | Date<br><b>2/17/14</b>              |                          |                          |                          |



Nocheck

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

CR #2559

|   |  |  |                  |
|---|--|--|------------------|
| Date of Notification (1)<br>2 / 4 / 14  |  | Name of Building Owner/Operator (2)<br>New Jersey Department of Transportation |                  |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA 9452<br><input checked="" type="checkbox"/> DOLWD 92579<br><input checked="" type="checkbox"/> DOH 8060<br><input type="checkbox"/> DCA<br>(NJAC 5:23-8) | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br>PO Box 600   |                  |
|   |  | City, State, Zip Code<br>Trenton, NJ 08525-0600                                |                  |
|   |  | Name of Contact<br>Andrew Yorke  | Telephone Number |

FACILITY INFORMATION

|   |  |  |   |
|---|--|--|---|
| Name of Facility Where Abatement is Taking Place (3)<br>Parcel M-56 - Former Dynamic Trucking   |  | 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 and commercial buildings, homes, etc.) |   |
| Street Address<br>177 Pennsylvania Avenue   |  | Square Feet<br>38400   | # of Floors<br>2  |
| City (5)<br>Kearney, NJ   |  | Bldg. Age<br>30+   |   |
| County (6)<br>Hudson  | County Code (7) (STATE USE ONLY)             | Current Use (Prior if being demolished)<br>Former Warehouse Distribution Center  |   |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Shaw Environmental Inc   |  | ASCM No.   | Name of Abatement Contractor (9)<br>Bristol Environmental Inc |
| Street Address<br>128 S. Tryon Street - Interstate Tower  |  | Street Address<br>1123 Beaver Street   |   |
| City, State, Zip Code<br>Charlotte, NC 28202  |  | City, State, Zip Code<br>Bristol, PA 19007   |   |
| Project Manager for Monitoring Firm<br>Gary Wywra   | Telephone No.<br>732-939-3707                | Telephone No.<br>215-788-6040  | License No.<br>00509  |
| Start Date (10)<br>2 / 18 / 14  | Scheduled Completion Date (11)<br>3 / 7 / 14 | Name of OSHA Monitor<br>Shaw Environmental 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 - Describe<br>Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM |  | Street Address<br>128 South Tryon Street, Interstate Tower   |   |
|   |  | City, State, Zip Code<br>Charlotte, NC 28202   |   |

Scope of Work (Check all that apply)

|  |  |   |
|--|--|---|
| <input type="checkbox"/> >3 sf or >3 lf                | <input type="checkbox"/> Renovation            | <input checked="" type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> >160 sf or >260 lf | <input checked="" type="checkbox"/> Demolition | <input type="checkbox"/> Mini-Enclosure                                     |
|  |  | <input type="checkbox"/> Glovebag Procedure                                 |
|  |  | <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                |
| Throughout  | <input type="checkbox"/>  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Floor Tile & Mastic  | 4200 SF                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exterior of Structure   | <input type="checkbox"/>  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Ext. Caulking & Roof Tar Flashing  | 270 SF                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Along Elevated Loading Docks                                    | <input type="checkbox"/>  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Ext. Expansion Joint Material  | 254 LF                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            |  |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|   |                                     |                                |   |
|---|-------------------------------------|--------------------------------|---|
| Name of Registered Waste Hauler<br>Waste Management | NJDEP Waste Hauler ID No.<br>SW1724 | Cubic Yards of Waste           | Name of Registered Landfill<br>GROWS North Landfill |
| City, State<br>Camden, NJ                           |                                     | Disposal Date                  | City, State<br>Morrisville, PA                      |
| Completed By (Print or Type)<br>Patrick T. DeCaro   | Title<br>Estimator                  | Signature<br>Patrick T. DeCaro | Date<br>2/4/14                                      |



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

No Check

Date of Notification (1)  
 3 / 14 /14

Name of Building Owner/Operator (2)  
 MERCK SHARP & DOHME CORP.

Street Address  
 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414

City, State, Zip Code  
 RAHWAY, NEW JERSEY 07065

Name of Contact  
 MARY BETH BAKER

Telephone Number

Agencies Notified

- EPA
- DEP
- DOL
- DOH
- DCA

Type Notification

- Initial Notification
- Amended Notification
- Cancellation
- On Hold
- EMERGENCY NOTIFICATION

FACILITY INFORMATION

Type of Facility (4)

- School (K-12)
- Subchapter 8 (Other than K-12)
- Other (ie. private & commcl. bldgs., homes, etc)

Square Feet: 260, # of Floors: 1, Bldg. Age: 59

Name of Facility Where Abatement is Taking Place (3)  
 MERCK SHARP & DOHME CORPORATION

Street Address  
 126 EAST LINCOLN AVENUE - BUILDING 87

City (5): RAHWAY, County (6): UNION

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished)  
 VACANT

Name of Monitoring Firm Hired by Building Owner (8)  
 ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.

Street Address  
 655 WEST SHORE TRAIL  
 City, State, Zip Code  
 SPARTA, NEW JERSEY 07871

ASCM No.  
 17

Name of Abatement Contractor (9)  
 PAR ENVIRONMENTAL CORPORATION

Street Address  
 313 SPOOK ROCK ROAD  
 City, State, Zip Code  
 SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm  
 WILLIAM S. KERBEL, CIH

Telephone Number  
 973-729-5649

Telephone Number: 845-369-7500, License Number: 460

Expected State Date (10)  
 3 / 15 /14

Sched. Completion Date (11)  
 8 / 30 /14

Name of OSHA Monitor  
 AMERISCI LABORATORIES INC #11480

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: SATURDAY & SUNDAY 7AM-3:30PM

Street Address  
 117 EAST 30TH STREET

City, State, Zip Code  
 NEW YORK, NEW YORK 10016

Scope of Work (Check all that apply)

- Demolition
- >3SF OR LF
- >160 SF OR 260 LF

Renovator

- Full Containment with Negative Pressure
- Mini-Enclo.
- Glovebag Procedure
- Non-Friable Procedure

| Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13) | Is Location normally used solely by Maint/Custodial Staff (12) |    |     | Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |        |           |
|--|--|----|-----|--|---------------------------|----------------|--------|-----------|
|  | Yes  | No | N/A |  |                           | REMOVAL        | REPAIR | ENCAPSULE |
| BUILDING 87 ROOF   | X  |    |     | ROOF FLASHING  | 150 SF                    | X              |        |           |
|  |  |    |     |  |                           |                |        |           |
|  |  |    |     |  |                           |                |        |           |
|  |  |    |     |  |                           |                |        |           |

Name of Registered Waste Hauler  
 FREEHOLD CARTAGE, INC.  
 825 HIGHWAY 33

NJDEP Waste Hauler ID No.  
 15939

Cubic Yards of Waste  
 10

Name of Registered Landfill  
 LYCOMING COUNTY RESOURCE MANAGEMENT  
 447 ALEXANDER DRIVE/ROUTE 15

City, State  
 FREEHOLD, NEW JERSEY  
 Completed by (Print or Type)  
 BENJAMIN SANCHEZ

Title  
 DIRECTOR OF OPERATIONS

Disposal Date  
 03/15-08/30/14

Signature

City, State  
 MONTGOMERY, PA 17752

Date  
 3-14-14



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

Date of Notification (1)  
 3 / 5 / 14

Name of Building Owner/Operator (2)  
 MERCK SHARP & DOHME CORP.

Street Address  
 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414

City, State, Zip Code  
 RAHWAY, NEW JERSEY 07065

Name of Contact  
 MARY BETH BAKER

Telephone Number

Agencies Notified

|                                     |     |
|-------------------------------------|-----|
| <input type="checkbox"/>            | EPA |
| <input type="checkbox"/>            | DEP |
| <input checked="" type="checkbox"/> | DOL |
| <input checked="" type="checkbox"/> | DOH |
| <input type="checkbox"/>            | DCA |

Type Notification

|                                     |                        |
|-------------------------------------|------------------------|
| <input checked="" type="checkbox"/> | Initial Notification   |
| <input type="checkbox"/>            | Amended Notification   |
| <input type="checkbox"/>            | Cancellation           |
| <input type="checkbox"/>            | On Hold                |
| <input type="checkbox"/>            | EMERGENCY NOTIFICATION |

Name of Facility Where Abatement is Taking Place (3)  
 MERCK SHARP & DOHME CORPORATION

Street Address  
 126 EAST LINCOLN AVENUE - BUILDING 87

City (5)  
 RAHWAY

County (6)  
 UNION

County Code (7)  
 (STATE USE ONLY)

Current Use (Prior if being demolished)  
 VACANT

Square Feet  
 260

# of Floors  
 1

Bldg. Age  
 59

Name of Abatement Contractor (9)  
 PAR ENVIRONMENTAL CORPORATION

Street Address  
 313 SPOOK ROCK ROAD

City, State, Zip Code  
 SUFFERN, NEW YORK 10901

Telephone Number  
 845-369-7500

License Number  
 460

Name of OSHA Monitor  
 AMERISCI LABORATORIES INC #11480

Name of Monitoring Firm Hired by Building Owner (8)  
 ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.

Street Address  
 655 WEST SHORE TRAIL

City, State, Zip Code  
 SPARTA, NEW JERSEY 07871

Project Manager for Monitoring Firm  
 WILLIAM S. KERBEL, CIH

Telephone Number  
 973-729-5649

Expected State Date (10)  
 3 / 15 / 14

Sched. Completion Date (11)  
 8 / 30 / 14

Month Day Year

Occupancy Status During Abatement (Check only one)

|                                     |  |
|-------------------------------------|--|
| <input checked="" type="checkbox"/> | Facility Closed/Vacated During Entire Period of Abatement  |
| <input type="checkbox"/>            | Abatement Performed Outside of Normal Facility Hours - Describe:<br>SATURDAY & SUNDAY 7AM-3:30PM |
| <input checked="" type="checkbox"/> | Other - Describe:  |

Scope of Work (Check all that apply)

|                                     |                   |
|-------------------------------------|-------------------|
| <input type="checkbox"/>            | Demolition        |
| <input checked="" type="checkbox"/> | >3SF OR LF        |
| <input type="checkbox"/>            | >160 SF OR 260 LF |
| <input type="checkbox"/>            | Renovation        |

Full Containment with Negative Pressure

Mini-Enclos.

Glovebag Procedure

Non-Friable Procedure

| Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13) | Is Location normally used solely by Maint/Custodial Staff (12) |    |     | Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |        |           |
|--|--|----|-----|--|---------------------------|----------------|--------|-----------|
|  | Yes  | No | N/A |  |                           | REMOVAL        | REPAIR | ENCAPSULE |
| BUILDING 87 ROOF   | X  |    |     | ROOF FLASHING  | 150 SF                    | X              |        |           |
|  |  |    |     |  |                           |                |        |           |
|  |  |    |     |  |                           |                |        |           |
|  |  |    |     |  |                           |                |        |           |
|  |  |    |     |  |                           |                |        |           |

Name of Registered Waste Hauler  
 FREEHOLD CARTAGE, INC.  
 825 HIGHWAY 33  
 City, State  
 FREEHOLD, NEW JERSEY

NJDEP Waste Hauler ID No.  
 15939

Cubic Yards of Waste  
 10

Disposal Date  
 03/15-08/30/14

Name of Registered Landfill  
 LYCOMING COUNTY RESOURCE MANAGEMENT  
 447 ALEXANDER DRIVE/ROUTE 15  
 City, State  
 MONTGOMERY, PA 17752

Completed by (Print or Type)  
 BENJAMIN SANCHEZ

Title  
 DIRECTOR OF OPERATIONS

Signature  


Date  
 3/5/14

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

*No Check*

|   |   |   |   |   |                           |                   |        |             |           |
|---|---|---|---|---|---------------------------|-------------------|--------|-------------|-----------|
| Date of Notification (1)<br>3/12/2014   |   | Name of Building Owner/Operator (2)<br>TOWNSHIP OF OXFORD   |   |   |                           |                   |        |             |           |
| Agencies 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 #2 _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br>11 GREEN STREET   |   |   |                           |                   |        |             |           |
|   |   | City, State, Zip Code<br>OXFORD, NJ 07863   |   |   |                           |                   |        |             |           |
|   |   | Name of Contact<br>MICHAEL FINELLI  |   |   |                           |                   |        |             |           |
|   |   | Telephone Number  |   |   |                           |                   |        |             |           |
| <b>FACILITY INFORMATION</b>   |   |   |   |   |                           |                   |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>FORMER OXWALL TOOLS SITE  |   | 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>50 WALL STREET  |   | Square Feet   | # of Floors   |   |                           |                   |        |             |           |
| City (5)<br>OXFORD  |   | Bldg. Age   |   |   |                           |                   |        |             |           |
| County (6)<br>WARREN  | County Code (7)<br>(STATE USE ONLY) _____   | Current Use (Prior if being demolished)<br>OLD TOOL MANUFACTURER  |   |   |                           |                   |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>RK OCCUPATIONAL & ENVIRONMENTAL AN.  |   | ASCM No.  | Name of Abatement Contractor (9)<br>TWO BROTHERS CONTRACTING, INC.  |   |                           |                   |        |             |           |
| Street Address<br>403 ST. JAMES AVENUE  |   | Street Address<br>250 RUTHERFORD BLVD.  |   |   |                           |                   |        |             |           |
| City, State, Zip Code<br>PHILLIPSBURG, NJ 08865   |   | City, State, Zip Code<br>CLIFTON, NJ 07014  |   |   |                           |                   |        |             |           |
| Project Manager for Monitoring Firm<br>JON GILBERT  |   | Telephone No.<br>856-768-8414   | Telephone No.<br>973-956-8700   |   |                           |                   |        |             |           |
|   |   | License No.<br>00494  |   |   |                           |                   |        |             |           |
| Start Date (10)<br>3/24/2014  | Scheduled Completion Date (11)<br>5/8/2014  | Name of OSHA Monitor<br>SAME AS (9) 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: VACANT |   | Street Address  |   |   |                           |                   |        |             |           |
|   |   | City, State, Zip Code   |   |   |                           |                   |        |             |           |
| Scope of Work (Check All That Apply)  |   |   |   |   |                           |                   |        |             |           |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf   |   | <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition   | <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |   |                           |                   |        |             |           |
| Location of Asbestos-Containing Material (ACM) 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 |
| TRUCK DOCK  |   | X   |   | PIPE (WRAP & CUT ONLY)  | 10 LF                     |                   |        |             |           |
| EXTERIOR  |   | X   |   | CLEAN UP OF ROOFING DEBR  | +/-20,000 SF              |                   |        |             |           |
|   |   |   |   | ROOFING DEBRIS PILE   | 6,000 SF                  |                   |        |             |           |
|   |   |   |   | INTERMIXED IN BURNT BLDG  |                           |                   |        |             |           |
| Name of Registered Waste Hauler<br>TWO BROTHERS CONTRACTING   |   | NJDEP Waste Hauler ID No.<br>18743  | Cubic Yards of Waste<br>100   | Name of Registered Landfill<br>WASTE MANAGEMENT G.R.O.W.S.  |                           |                   |        |             |           |
| City, State<br>CLIFTON, NJ  |   | Disposal Date<br>5/8/2014   |   | City, State<br>MORRISVILLE, PA  |                           |                   |        |             |           |
| Completed by<br>VIVECA RAMOS  |   | Title<br>PROJECT COORDINATOR  | Signature<br><i>Viveca Ramos</i>  |   |                           | Date<br>3/12/2014 |        |             |           |

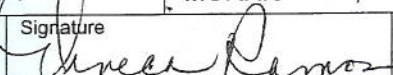


**State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:26 and 12:120)**

*No Check*

| Date of Notification (1)<br>2/28/2014  |   | Name of Building Owner/Operator (2)<br>TOWNSHIP OF OXFORD   |  |   |                           |                   |        |             |           |
|--|---|---|--|---|---------------------------|-------------------|--------|-------------|-----------|
| 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 #1 _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br>11 GREEN STREET   |  |   |                           |                   |        |             |           |
|  |   | City, State, Zip Code<br>OXFORD, NJ 07863   |  |   |                           |                   |        |             |           |
|  |   | Name of Contact<br>MICHAEL FINELLI  | Telephone Number   |   |                           |                   |        |             |           |
| <b>FACILITY INFORMATION</b>  |   |   |  |   |                           |                   |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>FORMER OXWALL TOOLS SITE   |   | 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>50 WALL STREET   |   | Square Feet   | # of Floors  |   |                           |                   |        |             |           |
| City (5)<br>OXFORD   |   | Bldg. Age   |  |   |                           |                   |        |             |           |
| County (6)<br>WARREN   |   | County Code (7)<br>(STATE USE ONLY) _____   | Current Use (Prior if being demolished)<br>OLD TOOL MANUFACTURER   |   |                           |                   |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>RK OCCUPATIONAL & ENVIRONMENTAL AN.   |   | ASCN No.  | Name of Abatement Contractor (9)<br>TWO BROTHERS CONTRACTING, INC. |   |                           |                   |        |             |           |
| Street Address<br>403 ST. JAMES AVENUE   |   | Street Address<br>250 RUTHERFORD BLVD.  |  |   |                           |                   |        |             |           |
| City, State, Zip Code<br>PHILLIPSBURG, NJ 08865  |   | City, State, Zip Code<br>CLIFTON, NJ 07014  |  |   |                           |                   |        |             |           |
| Project Manager for Monitoring Firm<br>JON GILGERT   |   | Telephone No.<br>856-768-8414   | Telephone No.<br>973-956-8700                                      |   |                           |                   |        |             |           |
|  |   | License No.<br>00494  |  |   |                           |                   |        |             |           |
| Start Date (10)<br>ON HOLD   |   | Scheduled Completion Date (11)  |  |   |                           |                   |        |             |           |
| 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>VACANT</u> |   | Name of OSHA Monitor<br>SAME AS (9) ABOVE   |  |   |                           |                   |        |             |           |
|  |   | Street Address  |  |   |                           |                   |        |             |           |
|  |   | City, State, Zip Code   |  |   |                           |                   |        |             |           |
| Scope of Work (Check All That Apply)   |   |   |  |   |                           |                   |        |             |           |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf  |   | <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition   |  |   |                           |                   |        |             |           |
|  |   | <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |   |                           |                   |        |             |           |
| Location of Asbestos-Containing Material (ACM) <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 |
| TRUCK DOCK   |   | X   |  | PIPE (WRAP & CUT ONLY)  | 10 LF                     |                   |        |             |           |
| EXTERIOR   |   | X   |  | CLEAN UP OF ROOFING DEBR  | +/-20,000 SF              |                   |        |             |           |
|  |   |   |  | ROOFING DEBRIS PILE   | 6,000 SF                  |                   |        |             |           |
|  |   |   |  | INTERMIXED IN BURNT BLDG  |                           |                   |        |             |           |
| Name of Registered Waste Hauler<br>TWO BROTHERS CONTRACTING  |   | NJDEP Waste Hauler ID No.<br>18743  | Cubic Yards of Waste<br>100  | Name of Registered Landfill<br>WASTE MANAGEMENT G.R.O.W.S.  |                           |                   |        |             |           |
| City, State<br>CLIFTON, NJ   |   | Disposal Date<br>4/18/2014  |  | City, State<br>MORRISVILLE, PA  |                           |                   |        |             |           |
| Completed by<br>VIVECA RAMOS   |   | Title<br>PROJECT COORDINATOR  | Signature<br><i>Viveca Ramos</i>                                   |   |                           | Date<br>2/28/2014 |        |             |           |

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

|  |  |   |   |   |  |                                     |                                    |   |                                       |
|--|--|---|---|---|--|-------------------------------------|------------------------------------|---|---------------------------------------|
| Date of Notification (1)<br>2/20/2014  |  | Name of Building Owner/Operator (2)<br>TOWNSHIP OF OXFORD                             |   |   |  |                                     |                                    |   |                                       |
| 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 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>11 GREEN STREET<br>City, State, Zip Code<br>OXFORD, NJ 07863  |   |  |                                     |                                    |   |                                       |
|  |  |   | Name of Contact<br>MICHAEL FINELLI  |   | Telephone Number<br>_____  |                                     |                                    |   |                                       |
|  | <b>FACILITY INFORMATION</b>  |   |   |   |  |                                     |                                    |   |                                       |
| Name of Facility Where Abatement is Taking Place (3)<br>FORMER OXWALL TOOLS SITE   |  |   | 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>50 WALL STREET   |  |   | Square Feet<br>_____  | # of Floors<br>_____  | Bldg. Age<br>_____   |                                     |                                    |   |                                       |
| City (5)<br>OXFORD   |  | County (6)<br>WARREN  |   | County Code (7)<br>(STATE USE ONLY) _____   | Current Use (Prior if being demolished)<br>OLD TOOL MANUFACTURER |                                     |                                    |   |                                       |
| Name of Monitoring Firm Hired by Building Owner (8)<br>RK OCCUPATIONAL & ENVIRONMENTAL AN.   |  | ASCM No.<br>_____   | Name of Abatement Contractor (9)<br>TWO BROTHERS CONTRACTING, INC.  |   |  |                                     |                                    |   |                                       |
| Street Address<br>403 ST. JAMES AVENUE   |  |   | Street Address<br>250 RUTHERFORD BLVD.  |   |  |                                     |                                    |   |                                       |
| City, State, Zip Code<br>PHILLIPSBURG, NJ 08865  |  |   | City, State, Zip Code<br>CLIFTON, NJ 07014  |   |  |                                     |                                    |   |                                       |
| Project Manager for Monitoring Firm<br>JON GILGERT   |  | Telephone No.<br>856-768-8414   | Telephone No.<br>973-956-8700   | License No.<br>00494  |  |                                     |                                    |   |                                       |
| Start Date (10)<br>3/3/2014  |  | Scheduled Completion Date (11)<br>4/18/2014   |   | Name of OSHA Monitor<br>SAME AS (9) 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>VACANT</u> |  |   | Street Address<br>_____<br>City, State, Zip Code<br>_____   |   |  |                                     |                                    |   |                                       |
| 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 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<br><input type="checkbox"/>  | No<br><input checked="" type="checkbox"/>   | N/A<br><input type="checkbox"/>   |   |  | Removal<br><input type="checkbox"/> | Repair<br><input type="checkbox"/> | Encapsulate<br><input type="checkbox"/> | Enclosure<br><input type="checkbox"/> |
| TRUCK DOCK   |  | <input checked="" type="checkbox"/>   |   | PIPE (WRAP & CUT ONLY)  | 10 LF  |                                     |                                    |   |                                       |
| EXTERIOR   |  | <input checked="" type="checkbox"/>   |   | CLEAN UP OF ROOFING DEBR  | +/-20,000 SF   |                                     |                                    |   |                                       |
|  |  |   |   | ROOFING DEBRIS PILE   | 6,000 SF   |                                     |                                    |   |                                       |
|  |  |   |   | INTERMIXED IN BURNT BLDG  |  |                                     |                                    |   |                                       |
| Name of Registered Waste Hauler<br>TWO BROTHERS CONTRACTING  |  | NJDEP Waste Hauler ID No.<br>18743  | Cubic Yards of Waste<br>100   | Name of Registered Landfill<br>WASTE MANAGEMENT G.R.O.W.S.  |  |                                     |                                    |   |                                       |
| City, State<br>CLIFTON, NJ   |  |   | Disposal Date<br>4/18/2014  | City, State<br>MORRISVILLE, PA  |  |                                     |                                    |   |                                       |
| Completed by<br>VIVECA RAMOS   |  | Title<br>PROJECT COORDINATOR  | Signature<br>   |   | Date<br>2/20/2014  |                                     |                                    |   |                                       |