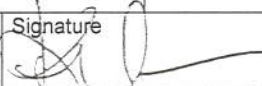


State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

| | | | | | | | | |
|--|--|--|--|---|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1) 3 / 17 / 15 | | Name of Building Owner/Operator (2) St. Phillip & James Church / Job #1503-1965 Chk. # 3929 | | | | | | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 430 South Main Street City, State, Zip Code Phillipsburg, NJ Name of Contact Joan Fasanello Telephone Number _____ | | | | | | |
| FACILITY INFORMATION | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Convent | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | | | | | | |
| Street Address 137/139 Roseberry Street | | Square Feet 5000 # of Floors 3 Bldg. Age 49 | | | | | | |
| City (5) Phillipsburg | | County Code (7)(STATE USE ONLY) Warren Current Use (Prior if being demolished) Convent | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Tiger Environmental | | ASCM No. _____ Name of Abatement Contractor (9) Asbestos and Mold Services, Corp. | | | | | | |
| Street Address 16 W Elizabeth Ave # 2 | | Street Address 3859 Sylon Boulevard | | | | | | |
| City, State, Zip Code Linden, NJ 07036 | | City, State, Zip Code Hainesport, NJ 08036 | | | | | | |
| Project Manager for Monitoring Firm Kelly Walton | | Telephone No. (908) 862-4301 | Telephone No. 609-702-0400 License No. 00862 | | | | | |
| Start Date (10) 3 / 30 / 15 | Scheduled Completion Date (11) 3 / 31 / 15 | Name of OSHA Monitor EMSL Analytical, Inc. | | | | | | |
| 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 Time of Abatement: _____ AM-_____ PM/_____ PM-_____ AM | | Street Address 200 U.S. Route 130 North City, State, Zip Code Cinnaminson, NJ 08077 | | | | | | |
| Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" 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) 10 ea | Abatement Type | | | |
| | Yes | No | | | N/A | Removal | Repair | Encapsulate |
| 1st Floor & Basement | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Elbows/Fittings | <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 Freehold Cartage, Inc. | | NJDEP Waste Hauler ID No. 02265 | Cubic Yards of Waste 5 | Name of Registered Landfill GROWS Landfill | | | | |
| City, State Freehold, NJ | | Disposal Date 3/31/15 | | City, State Morrisville, PA 19067 | | | | |
| Completed By (Print or Type) Kimberly A. Trumbetti | | Title Office Coordinator | | Signature  | | Date 3-17-15 | | |

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

B & G proj. #: 2015-50

Check # 7128

| | | | |
|---|---|--|------------------|
| Date of Notification (1) <u>01/13/15</u> | | Name of Building Owner/Operator (2) Mansfield Township Board of Education | |
| 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 <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation | Street Address 50 Port Murray Road | |
| | | City, State, Zip Code Port Murray, NJ 07865 | |
| | | Name of Contact Mary E. Roszkowski | Telephone Number |

FACILITY INFORMATION

| | | | | | |
|---|---|---|--|--|-------------------------|
| Name of facility where abatement is taking place (3) Mansfield Elementary School-NON FRIABLE | | | Type of Facility (4) <input checked="" type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) | | |
| Street Address 50 Port Murray Road | | | Square Feet # of Floors Bldg. Age | | |
| City (5) Port Murray | County (6) Warren | County Code (7) (State use only) | Current Use (Prior if being demolished) school-non-friable | | |
| Name of Monitoring Firm Hired by Bldg. Owner (8) R & K Occupational & Environmental Analysis | | ASCM No. 0090 | Name of Abatement Contractor (9) B & G Restoration, Inc. | | |
| Street Address 403 St. James Avenue | | Street Address 105 Ryerson Road | | | |
| City, State, Zip Code Phillipsburg, NJ 08865 | | City, State, Zip Code Lincoln Park, NJ 07035 | | | |
| Project Manager for Monitoring Firm Patrick McGuinness | | Phone Number 908-454-6316 | Telephone Number (973)696-6869 | | License Number 00378 |
| Scheduled Start Date (10) 03/31/2015 | Sched. Completion Date (11) 04/11/2015 | | Name of OSHA Monitor B & G Restoration, Inc. | | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: week of 3/31/15 working hours 4:00 pm -12 am | | | Street Address 105 Ryerson Road | | |
| | | | City, State, Zip Code LincolnPark, 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"/> Glovebag procedure |
| <input type="checkbox"/> >3 sf or >3 lf | <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | <input type="checkbox"/> Mini-enclosure | <input 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 e m o v e | R e p a i r | E n c a p | E n c l |
|--|---|----|-----|---|---------------------------|----------------------------|----------------------------|-----------------------|------------------|
| | Yes | No | N/A | | | | | | |
| Multi Purpose Room | | | X | Transite windowpanels (36) | 550 sqft | X | | | |
| | | | | | | | | | |
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|--|--|--------------------------------|----------------------------------|---|--------------------|
| Registered Waste Hauler B & G Restoration, Inc. | | NJDEP Hauler ID# 19563 | Cubic Yards of Waste 7 | Name of Registered Landfill Tullytown Resource & Recovery Center | |
| City, State Lincoln Park, NJ | | Disposal Date 04/06-10/2015 | | City, State Tullytown, PA | |
| Completed by (Print or Type) Gordana Luna | | Title Secretary/Treasurer | Signature <i>Gordana Luna</i> | | Date 03/13/2015 |

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

B & G proj. #: 2015-35

Check # 7129

| | | | |
|---|--|---|--|
| Date of Notification (1) <u>03/16/15</u> | | Name of Building Owner/Operator (2) BCB Community Bank | |
| 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 <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation | |
| Street Address 611 Avenue C | | | |
| City, State, Zip Code Bayonne, NJ 07002 | | | |
| Name of Contact Sean Burke | | Telephone Number | |

FACILITY INFORMATION

| | | | | | |
|--|----------------------|-------------------------------------|--|-------------|-----------|
| Name of facility where abatement is taking place (3) Street Address 1106 80th Street | | | Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) | | |
| City (5) North Bergen | County (6) Hudson | County Code (7) (State use only) | Square Feet | # of Floors | Bldg. Age |
| Name of Monitoring Firm Hired by Bldg. Owner (8) n/a | | | Current Use (Prior if being demolished) | | |
| Street Address | | | Name of Abatement Contractor (9) B & G Restoration, Inc. | | |
| City, State, Zip Code | | | Street Address 105 Ryerson Road | | |
| Project Manager for Monitoring Firm | | | City, State, Zip Code Lincoln Park, NJ 07035 | | |
| Phone Number | | | Telephone Number (973)696-6869 | | |
| Sched. Start Date (10) 03/26/2015 | | | License Number 00378 | | |
| Sched. Completion Date (11) 03/27/2015 | | | Name of OSHA Monitor B & G Restoration, Inc. | | |
| 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: _____ <input type="checkbox"/> Other-Describe: _____ | | | Street Address 105 Ryerson Road | | |
| | | | City, State, Zip Code Lincoln Park, NJ 07035 | | |

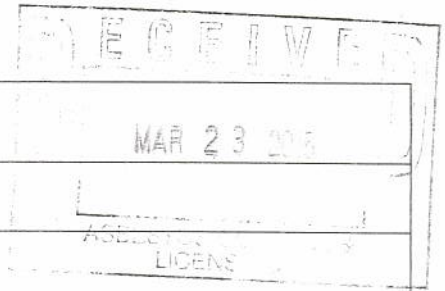
Scope of Work (check all that apply)

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

| Location of asbestos-containing material to be abated in facility (13) | Is location normally used solely by maintenance/custodial staff (12) | | | Description of asbestos-containing material (ACM) | Amount (Specify SF or LF) | Remove | Repair | Encap | Encl |
|--|--|----|-------------------------------------|---|---------------------------|-------------------------------------|--------|-------|------|
| | Yes | No | N/A | | | | | | |
| Basement - storage room | | | <input checked="" type="checkbox"/> | VAT/Mastic | 190 sqft | <input checked="" type="checkbox"/> | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | | | |
|--|------------------------------|----------------------------------|---|
| Registered Waste Hauler B & G Restoration, Inc. | NJDEP Hauler ID# 19563 | Cubic Yards of Waste 3 | Name of Registered Landfill Tullytown Resource & Recovery Center |
| City, State Lincoln Park, NJ | Disposal Date 03/27/2015 | City, State Tullytown, PA | |
| Completed by (Print or Type) Gordana Luna | Title Secretary/Treasurer | Signature <i>Gordana Luna</i> | Date 03/16/2015 |


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



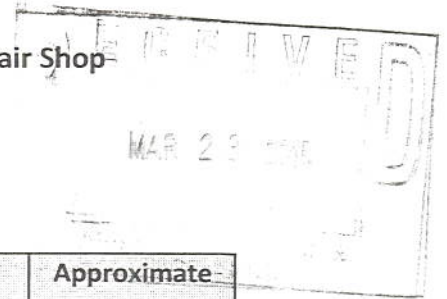
| Date of Notification (1) 3 / 17 / 15 | | Name of Building Owner/Operator (2) Joslyn Prepon | | | | | | | |
|--|--|--|---|--|---|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 110 Hill Hollow Rd City, State, Zip Code Watchung, NJ 07063 Name of Contact Joslyn Prepon Telephone Number | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Residential House | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | | | | | | | |
| Street Address 110 Hill Hollow Rd | | Square Feet | # of Floors | | | | | | |
| City (5) Watchung, NJ 07069 | | Bldg. Age | | | | | | | |
| County (6) Somerset | County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions | | ASCM No. | Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC | | | | | | |
| Street Address P.O. Box 1224 | | Street Address 27 Outwater Lane | | | | | | | |
| City, State, Zip Code Union, NJ | | City, State, Zip Code Garfield, NJ 07026 | | | | | | | |
| Project Manager for Monitoring Firm Rick Eustaquio | | Telephone No. 973-494-3762 | License No. 1188 | | | | | | |
| Start Date (10) 3 / 28 / 15 | Scheduled Completion Date (11) 04 / 30 / 15 | Name of OSHA Monitor ALL PRO MANAGEMENT LLC | | | | | | | |
| 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 Time of Abatement: _____AM-_____PM/_____PM-_____AM | | Street Address 27 Outwater Lane City, State, Zip Code Garfield, NJ 07026 | | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <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 |
| Basement | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Linoleum | 60 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <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"/> |
| Name of Registered Waste Hauler All Pro Management LLC | | NJDEP Waste Hauler ID No. 0034860 | | Cubic Yards of Waste As Needed | Name of Registered Landfill IESI Landfill | | | | |
| City, State Garfield, NJ | | Disposal Date TBD | | City, State Bethlehem, PA | | | | | |
| Completed By (Print or Type) Allen Monchik | | Title Project Manager | | Signature | | Date 3/17/15 | | | |

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

RECEIVED
MAR 23 2015

| | | | | | | | | |
|--|--|--|--|---|-----------------|---------|--------|-------------|
| Date of Notification (1) 3-16-15 | | Name of Building Owner/Operator (2) PSEG Transmission Company | | | | | | |
| Agencies Notified | Type Notification | Street Address 4000 Hadley Road | | | | | | |
| <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code South Plainfield, New Jersey 07080 | | | | | | |
| | | Name of Contact Steven Burrows | Telephone Number | | | | | |
| FACILITY INFORMATION | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Bayway Switching Station | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | |
| Street Address 602 Trenton Avenue | | Square Feet 20,000 | # of Floors Bldg. Age 1975 | | | | | |
| City (5) Elizabeth NJ 07202 | | Current Use (Prior if being demolished) Not in use | | | | | | |
| County (6) Union | County Code (7) (STATE USE ONLY) | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) PSEG Utility Operation | | ASCM No. | Name of Abatement Contractor (9) Gramercy Group Inc. | | | | | |
| Street Address 234 Pierson Avenue, Annex Building | | Street Address 3000 Burns Avenue | | | | | | |
| City, State, Zip Code Edison NJ 08837 | | City, State, Zip Code Wantagh NY 11793 | | | | | | |
| Project Manager for Monitoring Firm Douglas McGarrity | | Telephone No. 732-417-2781 | License No. 01085 | | | | | |
| Start Date (10) 4-1-15 | Scheduled Completion Date (11) 12-31-15 | Name of OSHA Monitor Gramercy Group Inc. | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Facility scheduled for demolition. No occupancy | | Street Address 3000 Burns Avenue | | | | | | |
| | | City, State, Zip Code Wantagh, NY 11793 | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | |
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf | | <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <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 |
| Please see attached list | | | X | See attached list | Attached | X | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Name of Registered Waste Hauler Waste Management Services | | NJDEP Waste Hauler ID No. 17273 | Cubic Yards of Waste 60 | Name of Registered Landfill Grows North Landfill | | | | |
| City, State 100 Ave A Newark NJ, 07114 | | | Disposal Date 7-31-15 | City, State Morrisville PA, 19067 | | | | |
| Completed by Robert Lewin | | Title Environmental Coordinator | Signature  | | Date 3-19-15 | | | |

Asbestos Inventory at Control House Transformer Repair Shop
Elizabeth, New Jersey
for
PSE&G



| Material Location | Material Description (HA-Code) | Approximate Quantity |
|---|--|-------------------------|
| Shop | Ebony panels (HA-11) | 10 sf |
| Oil Purifier Room | Transite shelf (HA - 21) | 1 sf |
| Exterior | Bonding plate insulation (HA-22) | 2 sf |
| Upper roof (Repair Bay) | Roof flashing (on concrete cricket) (HA-34) | Unknown dimensions |
| Upper roof (Repair Bay) | Roof flashing (above aluminum) (HA-35) | 380 sf |
| Lower roof (Shop areas) | Roof flashing (on concrete cricket) (HA-39) | Unknown dimensions |
| Lower roof (Shop areas) | Roof flashing (above aluminum) (HA-40) | 340 sf |
| Repair Bay exterior brick wall | Caulk applied to crack in exterior (HA-41) | 35 lf |
| Repair Bay upper windows Exterior side of green panels | Caulk applied to exterior side of green panels that cover upper Windows (HA- 42) | 520 lf |
| Repair bay upper windows | Caulk applied to the original Windows (HA-44) | 520 lf |
| Repair Bay roof and limestone window sills | Coping caulk (HA-33) | 350 lf |
| Repair Bay upper windows | Window glazing compound (HA-43) | 1,250,lf |
| Exterior doors | Door caulk | 3 doors |

**STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:60-7 AND 12:120-7)**

Check # 2374

| | | | |
|---|--|---|--|
| Date of Notification (1) 03 / 19 / 15 | | Name of Building Owner / Operator (2) First Energy | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL | | Type of Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation | |
| Street Address 76 South Street | | City, State, Zip Code Akron, Ohio 44308 | |
| Name of Contact Jim Halsey | | Telephone Number [Redacted] | |

| FACILITY INFORMATION | | | | | |
|--|----------------------|---|---|-------------|--------------|
| Name of Facility Where Abatement is Taking Place (3) Street Address 306 LATHROP AVENUE | | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.) | | |
| City (5) BOONTON | County (6) MORRIS | County Code (7) | Square Feet | # Of Floors | Building Age |
| Current Use (Prior if being demolished) | | | Telephone Pole | | |
| Name of Monitoring Firm Hired by Bldg. Owner (8) Environmental Health Investigations | | ASCM NO | NORTHSTAR CONTRACTING GROUP. INC. | | |
| Street Address 655 West Shore Trail | | Street Address 32 Williams Parkway | | | |
| City, State, Zip Code Sparta, NJ 07871 | | City, State, Zip Code East Hanover, NJ 07036 | | | |
| Project Mngr. For Monitoring Firm Dino Nappi | | Telephone Number 212-682-9271 | Telephone Number 973-884-8682 | | |
| Sched. Start Date (10) 04 / 02 / 15 | | Sched. Completion Date (11) 04 / 04 / 15 | License Number 00860 | | |
| Occupancy Status During Abatement (Check Only 1) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: Friday 8:00 am to 5:00 pm <input checked="" type="checkbox"/> Other - Describe: | | | Name of OSHA Monitor NORTHSTAR CONTRACTING GROUP. INC. | | |
| | | | Street Address 32 Williams Parkway | | |
| | | | City, State, Zip Code East Hanover, NJ 07036 | | |

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

| Location of Asbestos Containing TO BE ABATED in Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff (12) YES NO N/A | Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|--|--|---|---------------------------|-------------------------------------|----------------------------|--------------------------------------|--------------------------------------|
| | | | | R E M O V A L | R E P A I R | E N C A P S U L | E N C L O S U R |
| Exterior Telephone Pole | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> | Transite Conduit | 20 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"/> |
| | <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 NEWARK CARTING | NJDEP Waste Hauler ID No. 4509 | Cubic Yards of Waste [Redacted] | Name of Registered Landfill I.E.S.I. |
| City, State NEWARK, NJ | Disposal Date | City, State BETHLEHEM, PA 18105 | |

| | | | |
|---|--------------------------|-----------------------------------|------------------|
| Completed by (Print or Type) Steven Stiles | Title Project Manager | Signature <i>Steven Stiles</i> | Date 03/19/15 |
|---|--------------------------|-----------------------------------|------------------|

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



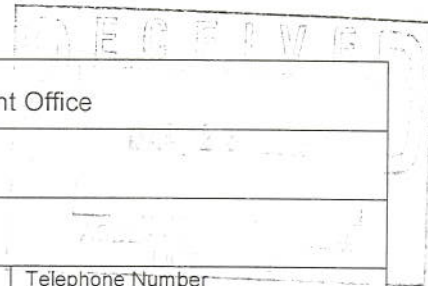
| Date of Notification (1) 03 / 19 / 2015 | | Name of Building Owner/Operator (2) Cocca Development LTD | | | | | | | |
|--|---|--|-------------------------------------|--|--|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 100 DeBartolo Place, Suite 400 | | | | | | | |
| | | City, State, Zip Code Boardman, OH 44512 | | | | | | | |
| | | Name of Contact Loni Cocca | | | | | | | |
| Telephone Number | | | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Manischewitz Property | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | | | | | | | |
| Street Address 214 N. Delsea Drive | | Square Feet 45,000 | | | | | | | |
| City (5) Vineland | | # of Floors 2 | | | | | | | |
| County (6) Cumberland | | Bldg. Age 50+ | | | | | | | |
| County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) Food Processing | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) ACER Associates, LLC | | ASCM No. | | | | | | | |
| Street Address 1012 Industrial Drive | | Name of Abatement Contractor (9) ecoservices, LLC | | | | | | | |
| City, State, Zip Code West Berlin, NJ 08091 | | Street Address 407 W. Lincoln Highway, Suite 500 | | | | | | | |
| Project Manager for Monitoring Firm Scott Magee | | City, State, Zip Code Exton, PA 19341 | | | | | | | |
| Telephone No. 856-809-1202 | | Telephone No. 484-872-8884 | | | | | | | |
| Start Date (10) 02 / 23 / 15 | | License No. 01161 | | | | | | | |
| Scheduled Completion Date (11) 04 / 23 / 15 | | Name of OSHA Monitor EMSL | | | | | | | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM | | Street Address 200 Route 130 North | | | | | | | |
| Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition | | City, State, Zip Code Cinnaminson, NJ 08077 | | | | | | | |
| <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" 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 |
| Front Office | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Gypsum wall board joint compound | 3,250 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Second Floor Office and break room | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Transite | 12,000 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Front Office/Second Floor Office | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | VAT and Mastic | 3,670 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| See Attached | <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 Waste Management of NJ | | NJDEP Waste Hauler ID No. | | Cubic Yards of Waste 600 | Name of Registered Landfill Cumberland County Landfill | | | | |
| City, State Trenton, NJ | | Disposal Date TBD | | City, State Millville, NJ | | | | | |
| Completed By (Print or Type) Jack Bally | | Title Sr. Project Manager | | Signature <i>Jack Bally</i> | | Date 3/19/15 | | | |

ecoservices, LLC



| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility -13 | Is Location Abatement Type Normally Used Solely by Maintenance/ Custodial Staff? Yes No N/A | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type ASBESTOS UNIT Removal Repair Encapsulate Enclosure |
|---|--|--|---------------------------------|---|
| Front Office Roof | X X | Glue daubs Roofing | 1,250 SF 36,000 SF | X X |

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



| | | | | | | | | | |
|--|---|--|---|--|---|-----------------|--------|-------------|-----------|
| Date of Notification (1) 3/19/15 | | Name of Building Owner/Operator (2) Princeton University, Facilities Procurement Office | | | | | | | |
| Agencies Notified | Type Notification | Street Address EA McMillan Building | | | | | | | |
| <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Princeton, NJ 08544 | | | | | | | |
| | | Name of Contact Bob Ortego | | Telephone Number _____ | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Residence | | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | |
| Street Address 167 Hartley Avenue | | | Square Feet 1600 | # of Floors 2 | Bldg. Age 59 | | | | |
| City (5) Princeton | | Current Use (Prior if being demolished) Unoccupied Residence | | | | | | | |
| County (6) Mercer | | County Code (7) (STATE USE ONLY) _____ | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates, Inc. | | ASCM No. _____ | | Name of Abatement Contractor (9) ecoservices, LLC | | | | | |
| Street Address 515 Grove Street, Suite 1B | | Street Address 407 West Lincoln Highway, Suite 500 | | | | | | | |
| City, State, Zip Code Haddon Heights, NJ 08035 | | City, State, Zip Code Exton, PA 19341 | | | | | | | |
| Project Manager for Monitoring Firm R. Alan Lloyd | | Telephone No. 856-547-0505 | | Telephone No. 484-872-8884 | License No. 01161 | | | | |
| Start Date (10) 4/13/15 | | Scheduled Completion Date (11) 4/24/15 | | Name of OSHA Monitor EMSL | | | | | |
| 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 <input type="checkbox"/> Other - Describe: Hours: 8 am - 4:30 pm | | | Street Address 200 US 130 North | | | | | | |
| | | | City, State, Zip Code Cinnaminson, NJ 08077 | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | <input type="checkbox"/> Full Containment with Negative Pressure <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) <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 |
| Windows | | | X | Window Glaze | 8 SF | X | | | |
| Roof | | | X | Roofing / Felt Paper | 3150 SF | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Waste Management of New Jersey | | NJDEP Waste Hauler ID No. _____ | | Cubic Yards of Waste 40 | Name of Registered Landfill GROWS Landfill | | | | |
| City, State Trenton, NJ | | | | Disposal Date TBD | City, State Morrisville, PA | | | | |
| Completed by Jack Bally | | Title Sr. Project Manager | | Signature <i>Jack Bally</i> | | Date 3/19/15 | | | |

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

| | | | | | | | | | |
|--|---|--|--|---|--|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1) <div style="text-align: center;">2 / 6 / 15</div> | | | Name of Building Owner/Operator (2) E.I. duPont de Nemours | | | | | | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8) | | Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 3-3/17/15 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | Street Address 250 Cheesequake Road | | | | | |
| | | | | City, State, Zip Code Parlin, NJ 08859 | | | | | |
| | | Name of Contact Nichol Reinhold | | Telephone Number | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) DuPont Parlin Facility - Bldg. 425 | | | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | | | | | |
| Street Address 250 Cheesequake Road | | | | | | | | | |
| City (5) Parlin | | | | Square Feet | # of Floors | | | | |
| | | | | Bldg. Age | | | | | |
| County (6) Middlesex | | County Code (7)(STATE USE ONLY) | | Current Use (Prior if being demolished) | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Cardno ATC | | ASCM No. | | Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC. | | | | | |
| Street Address 3 Terri Lane | | | | Street Address 1123 BEAVER STREET | | | | | |
| City, State, Zip Code Burlington, NJ 08016 | | | | City, State, Zip Code BRISTOL, PA 19007 | | | | | |
| Project Manager for Monitoring Firm John Lutz | | Telephone No. 609-386-8800 | | Telephone No. 215-788-6040 | License No. 00509 | | | | |
| Start Date (10) 3 / 2 / 15 | | Scheduled Completion Date (11) 3 / 16 / 15 | | Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC. | | | | | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM- 3:30PM- AM | | | | Street Address 1123 BEAVER STREET | | | | | |
| | | | | City, State, Zip Code BRISTOL, PA 19007 | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 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 checked="" 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 |
| Building 325 Various Areas | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Pipe Insulation | 400 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"/> |
| | <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 BRISTOL ENVIRONMENTAL INC | | NJDEP Waste Hauler ID No. 18706 | | Cubic Yards of Waste 10 | Name of Registered Landfill GROWS Landfill | | | | |
| City, State BRISTOL, PA | | | | Disposal Date 3/18/15 | City, State Morrisville, PA 19067 | | | | |
| Completed By (Print or Type) Gino Pizzigoni | | Title Estimator | | Signature <i>Gino Pizzigoni</i> | | Date 3/17/15 | | | |

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

| Date of Notification (1) <div style="text-align: center;">2 / 6 / 15</div> | | Name of Building Owner/Operator (2) E.I. duPont de Nemours | | | | | | | |
|--|---|---|-----------------------------------|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2-3/4/15 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 250 Cheesequake Road | | | | | | | |
| | | City, State, Zip Code Parlin, NJ 08859 | | | | | | | |
| | | Name of Contact Nichol Reinhold | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) DuPont Parlin Facility - Bldg. 425 | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | | | | | | | |
| Street Address 250 Cheesequake Road | | Square Feet | # of Floors | | | | | | |
| City (5) Parlin | | Bldg. Age | | | | | | | |
| County (6) Middlesex | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Cardno ATC | ASCM No. | Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC. | | | | | | | |
| Street Address 3 Terri Lane | | Street Address 1123 BEAVER STREET | | | | | | | |
| City, State, Zip Code Burlington, NJ 08016 | | City, State, Zip Code BRISTOL, PA 19007 | | | | | | | |
| Project Manager for Monitoring Firm John Lutz | Telephone No. 609-386-8800 | Telephone No. 215-788-6040 | License No. 00509 | | | | | | |
| Start Date (10) <div style="text-align: center;">3 / 2 / 15</div> | Scheduled Completion Date (11) <div style="text-align: center;">3 / 18 / 15</div> | Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC. | | | | | | | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM - 3:30PM - AM | | Street Address 1123 BEAVER STREET | | | | | | | |
| | | City, State, Zip Code BRISTOL, PA 19007 | | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥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 checked="" 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 |
| Building 325 Various Areas | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Pipe Insulation | 400 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"/> |
| | <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 BRISTOL ENVIRONMENTAL INC | | NJDEP Waste Hauler ID No. 18706 | Cubic Yards of Waste 10 | Name of Registered Landfill GROWS Landfill | | | | | |
| City, State BRISTOL, PA | | Disposal Date 3/18/15 | | City, State Morrisville, PA 19067 | | | | | |
| Completed By (Print or Type) Gino Pizzigoni | | Title Estimator | | Signature <i>Gino Pizzigoni</i> | | | Date 3/4/15 | | |

ASB-41
MAY 11

GI 14210

* 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) <u>2</u> / <u>6</u> / <u>15</u> | | Name of Building Owner/Operator (2) E.I. duPont de Nemours | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1-3/2/15</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 250 Cheesequake Road City, State, Zip Code Parlin, NJ 08859 | |
| | | Name of Contact Nichol Reinhold | Telephone Number |

FACILITY INFORMATION

| | | | |
|---|--|--|--|
| Name of Facility Where Abatement is Taking Place (3) DuPont Parlin Facility - Bldg. 425 | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | |
| Street Address 250 Cheesequake Road | | Square Feet | # of Floors |
| City (5) Parlin | | Bldg. Age | |
| County (6) Middlesex | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) | |
| Name of Monitoring Firm Hired by Building Owner (8) Cardno ATC | | ASCN No. | Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC. |
| Street Address 3 Terri Lane | | Street Address 1123 BEAVER STREET | |
| City, State, Zip Code Burlington, NJ 08016 | | City, State, Zip Code BRISTOL, PA 19007 | |
| Project Manager for Monitoring Firm John Lutz | | Telephone No. 609-386-8800 | License No. 00509 |
| Start Date (10) <u>3</u> / <u>2</u> / <u>15</u> | Scheduled Completion Date (11) <u>3</u> / <u>18</u> / <u>15</u> | Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC. | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7:00AM</u> - <u>PM/3:30PM</u> - <u>AM</u> | | Street Address 1123 BEAVER STREET | |
| Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 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 checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | City, State, Zip Code BRISTOL, PA 19007 | |

| 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 |
| Building 325 Various Areas | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Pipe Insulation | 400 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"/> |
| | <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 BRISTOL ENVIRONMENTAL INC | | NJDEP Waste Hauler ID No. 18706 | Cubic Yards of Waste 10 | Name of Registered Landfill GROWS Landfill | |
| City, State BRISTOL, PA | | Disposal Date 3/18/15 | City, State Morrisville, PA 19067 | | |
| Completed By (Print or Type) Gino Pizzigoni | Title Estimator | Signature <i>Gino Pizzigoni/jl</i> | Date 3/2/15 | | |

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

CR# 2759

| | | | | | | | | | |
|---|---|--|--|--|----------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1) <div style="text-align: center;">2 / 6 / 15</div> | | Name of Building Owner/Operator (2) E.I. duPont de Nemours | | | | | | | |
| Agencies Notified <input checked="" type="checkbox"/> EPA 7791 <input checked="" type="checkbox"/> DOLWD 7814 <input checked="" type="checkbox"/> DHSS 7807 <input type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 250 Cheesequake Road | | | | | | | |
| | | City, State, Zip Code Parlin, NJ 08859 | | | | | | | |
| | | Name of Contact Nichol Reinhold | | | | | | | |
| Telephone Number | | | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) DuPont Parlin Facility - Bldg. 425 | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | | | | | | | |
| Street Address 250 Cheesequake Road | | Square Feet | # of Floors | | | | | | |
| City (5) Parlin | | Bldg. Age | | | | | | | |
| County (6) Middlesex | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Cardno ATC | | ASCM No. | Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC. | | | | | | |
| Street Address 3 Terri Lane | | Street Address 1123 BEAVER STREET | | | | | | | |
| City, State, Zip Code Burlington, NJ 08016 | | City, State, Zip Code BRISTOL, PA 19007 | | | | | | | |
| Project Manager for Monitoring Firm John Lutz | | Telephone No. 609-386-8800 | Telephone No. 215-788-6040 | | | | | | |
| Start Date (10) <div style="text-align: center;">3 / 2 / 15</div> | | Scheduled Completion Date (11) <div style="text-align: center;">3 / 18 / 15</div> | License No. 00509 | | | | | | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM- PM/3:30PM- AM | | Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC. | | | | | | | |
| Street Address 1123 BEAVER STREET | | City, State, Zip Code BRISTOL, PA 19007 | | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 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 checked="" 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 |
| Building 325 Various Areas | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Pipe Insulation | 400 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"/> |
| | <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 BRISTOL ENVIRONMENTAL INC | | NJDEP Waste Hauler ID No. 18706 | Cubic Yards of Waste 10 | Name of Registered Landfill GROWS Landfill | | | | | |
| City, State BRISTOL, PA | | Disposal Date 8/25/14 | | City, State Morrisville, PA 19067 | | | | | |
| Completed By (Print or Type) Gino Pizzigoni | | Title Estimator | | Signature <i>Gino Pizzigoni</i> | | Date 8/6/14 | | | |

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

| | | | |
|--|--|--|--|
| Date of Notification (1) 3-13-15 | | Name of Building Owner/Operator (2) Dave Gervasi | |
| Agencies Notified | Type Notification | Street Address 646 Avenue A | |
| <input type="checkbox"/> EPA | <input checked="" type="checkbox"/> Initial Notification | City, State, Zip Code Bayonne, NJ, 07002 | |
| <input type="checkbox"/> DEP | <input type="checkbox"/> Amended Notification | Name of Contact Dave Gervasi | |
| <input checked="" type="checkbox"/> DOL | <input type="checkbox"/> EMERGENCY | Telephone Number | |
| <input checked="" type="checkbox"/> DOH | <input type="checkbox"/> Cancellation | | |
| <input type="checkbox"/> DCA | | | |


FACILITY INFORMATION

| | | | |
|--|--------------------------|--|-------------------------|
| Name of Facility Where Abatement is Taking Place (3) Same as above | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) | |
| Street Address | | Square Feet 2500 | # of Floors 2 |
| City (5) | County (6) HUDSON | County Code (7) (STATE USE ONLY) | Bldg. Age 75 |
| | | Current Use (Prior if being demolished) | |

| | | | | |
|---|---|---|--|--------------------------------|
| Name of Monitoring Firm hired by Building Owner (8) N/A | | ASCM No. | Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc. | |
| Street Address | | Street Address 86 Christopher St. | | |
| City, State, Zip Code | | City, State, Zip Code Montclair, NJ 07042 | | |
| Project Manager for Monitoring Firm | | Telephone Number N/A | Telephone Number (973) 744-8800 | License Number 00371 |
| Scheduled Start Date (10) 3-27-15 | Sched. Completion Date (11) 3-30-15 | Name of OSHA Monitor N/A | | |
| Month Day Year 3 27 15 | Month Day Year 3 30 15 | | | |
| 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: «OffHours Descript» <input type="checkbox"/> Other - Describe: «Other Occupancy Descript» | | Street Address | | |
| | | City, State, Zip Code | | |

| | | | |
|--|--|--|--|
| Scope of Work (Check all that apply) | | <input type="checkbox"/> Full Containment with Negative Pressure | |
| <input checked="" type="checkbox"/> >3 sf or >3 lf | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Mini-Enclosure | |
| <input type="checkbox"/> >160 sf or >260 lf | <input type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Glovebag Procedure | |
| | | <input type="checkbox"/> 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 | | | R E M O V A L | R E P A I R | E N C A P S U L E | E N C L O S U R E |
| Basement | | | X | PIPE INSULATION | 115 LF | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | | | | | |
|---|--|---|---|--|------------------------|
| Name of Registered Waste Hauler AZTECH MANAGEMENT, INC. | | NJDEP Waste Hauler ID No. 17040 | Cubic Yards of Waste 1.5 | Name of Registered Landfill G.R.O.W.S. | |
| City, State Montclair, NJ 07042 | | Disposal Date 3-31-15 | | City, State Morrisville, PA 19067 | |
| Completed By (Print or Type) Constantine Vivian | | Title President | Signature  | | Date 3-13-15 |

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

| | | | |
|--|--|--|--|
| Date of Notification (1) 3-13-15 | | Name of Building Owner/Operator (2) Phyllis Radice | |
| Agencies Notified | Type Notification | Street Address 618 Broad Street | |
| <input type="checkbox"/> EPA | <input checked="" type="checkbox"/> Initial Notification | City, State, Zip Code Bloomfield, NJ 07003 | |
| <input type="checkbox"/> DEP | <input type="checkbox"/> Amended Notification | Name of Contact Phyllis Radice | |
| <input checked="" type="checkbox"/> DOL | <input type="checkbox"/> EMERGENCY | Telephone Number | |
| <input checked="" type="checkbox"/> DOH | <input type="checkbox"/> Cancellation | | |
| <input type="checkbox"/> DCA | | | |

FACILITY INFORMATION

| | | | | | |
|--|------------------|-------------------------------------|--|-------------------------|------------------------|
| Name of Facility Where Abatement is Taking Place (3) Same as above | | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) | | |
| Street Address | | | Square Feet 1600 | # of Floors 2 | Bldg. Age 88 |
| City (5) | County (6) Essex | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) | | |

| | | | | |
|---|---|---|--|--|
| Name of Monitoring Firm hired by Building Owner (8) N/A | | ASCM No. | Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc. | |
| Street Address | | Street Address 86 Christopher St. | | |
| City, State, Zip Code | | City, State, Zip Code Montclair, NJ 07042 | | |
| Project Manager for Monitoring Firm | Telephone Number N/A | Telephone Number (973) 744-8800 | License Number 00371 | |
| Scheduled Start Date (10) 3-26-15 Month Day Year | Sched. Completion Date (11) 3-27-15 Month Day Year | Name of OSHA Monitor N/A | | |
| 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: «OffHours Descript» <input type="checkbox"/> Other - Describe: «Other Occupancy Descript» | | Street Address | | |
| | | City, State, Zip Code | | |

Scope of Work (Check all that apply)

☒ >3 sf or >3 lf
☐ >160 sf or >260 lf

☒ Renovation
☐ Demolition

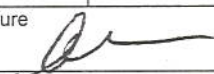
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☒ Glovebag Procedure
☐ Non-Friable Procedure

| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely By Maintenance/Custodial Staff (12) | | | 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 E M O V A L | R E P A I R | E N C A P S U L E | E N C L O S U R E |
| Basement | | | X | PIPE INSULATION | 65 LF | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | | | | | |
|---|---------------------------|---|---|--|--|
| Name of Registered Waste Hauler AZTECH MANAGEMENT, INC. | | NJDEP Waste Hauler ID No. 17040 | Cubic Yards of Waste 1.5 | Name of Registered Landfill G.R.O.W.S. | |
| City, State Montclair, NJ 07042 | | Disposal Date 3-28-15 | City, State Morrisville, PA 19067 | | |
| Completed By (Print or Type) Constantine Vivian | Title President | Signature <i>CVivian</i> | Date 3-13-15 | | |


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

Check 13724

| | | | | | | | | | |
|--|---|---|--|--|------------------------------------|----------------|-----------------|-------------|-----------|
| Date of Notification (1) 3/18/15 | | Name of Building Owner/Operator (2) KMK Development Group, Inc. | | | | | | | |
| Agencies Notified | | Type Notification | | Street Address | | | | | |
| <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | 2088 Arrowwood Drive | | | | | |
| | | | | City, State, Zip Code Scotch Plains, NJ 07076 | | | | | |
| | | | | Name of Contact John Welch | Telephone Number | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) | | | | Type of Facility (4) | | | | | |
| Street Address 1500 Tonnelle Avenue | | | | <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | |
| City (5) North Bergen | | | | Square Feet 2500 | # of Floors 1 | | | | |
| | | | | Bldg. Age 56 | | | | | |
| County (6) Hudson | | County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | | ASCM No. | Name of Abatement Contractor (9) ABS Environmental Services, LLC | | | | | |
| Street Address | | | Street Address 4 E Gate Drive, PO Box 483 | | | | | | |
| City, State, Zip Code | | | City, State, Zip Code Glenwood NJ 07418 | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. | | Telephone No. 973-764-2276 | License No. 703 | | | | |
| Start Date (10) 3/30/15 | | Scheduled Completion Date (11) 4/30/15 | | Name of OSHA Monitor | | | | | |
| Occupancy Status During Abatement (Check Only One) | | | | Street Address | | | | | |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____ | | | | City, State, Zip Code | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | <input type="checkbox"/> Full Containment with Negative Pressure <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) <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 - roof | | | x | parapet wall | 170 SF | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Freehold Cartage | | NJDEP Waste Hauler ID No. 15939 | | Cubic Yards of Waste TBD | Name of Registered Landfill TBD | | | | |
| City, State Freehold, NJ | | | | Disposal Date TBD | City, State | | | | |
| Completed by A. Scott Higgins | | Title President/Owner | | Signature  | | | Date 3/18/15 | | |

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

Check 13725

| | | | | | | | | | |
|--|---|--|--|---|-----------------------------|-----------------|--------|-------------|-----------|
| Date of Notification (1) 3/18/15 | | Name of Building Owner/Operator (2) Lockwood Associates | | | | | | | |
| Agencies Notified | | Type Notification | | Street Address | | | | | |
| <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | 174 Blanchard Street | | | | | |
| | | | | City, State, Zip Code Newark NJ 07105 | | | | | |
| | | | | Name of Contact Joe Lockwood | Telephone Number | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) | | | | Type of Facility (4) | | | | | |
| Street Address 352-376 Mt. Prospect Avenue | | | | <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | |
| City (5) Newark | | Square Feet 5000 | | # of Floors 5 | Bldg. Age 65 | | | | |
| County (6) Essex | | County Code (7) (STATE USE ONLY) _____ | | Current Use (Prior if being demolished) | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | | ASCM No. | Name of Abatement Contractor (9) ABS Environmental Services, LLC | | | | | |
| Street Address | | | Street Address 4 E Gate Drive, PO Box 483 | | | | | | |
| City, State, Zip Code | | | City, State, Zip Code Glenwood NJ 07418 | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. | | Telephone No. 973-764-2276 | License No. 703 | | | | |
| Start Date (10) 3/18/15 | | Scheduled Completion Date (11) 5/30/15 | | Name of QSHA Monitor | | | | | |
| Occupancy Status During Abatement (Check Only One) | | | | Street Address | | | | | |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____ | | | | City, State, Zip Code | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | <input type="checkbox"/> Full Containment with Negative Pressure <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) <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 | 150 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 A. Scott Higgins | | | Title President/Owner | Signature  | | Date 3/18/15 | | | |

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

Check#2142

| | | | | | | | | | |
|--|--|--|--|---|----------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1) 03 / 18 / 15 | | Name of Building Owner/Operator (2) Chris Lee | | | | | | | |
| Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-6) | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 52 Hawthorne Place City, State, Zip Code Summit, NJ 07901 Name of Contact Chris Lee Telephone Number _____ | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Private house Street Address 52 Hawthorne Place City (5) Summit, NJ 07901 County (6) _____ | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) Square Feet _____ # of Floors _____ Bldg. Age _____ County Code (7) (STATE USE ONLY) _____ Current Use (Prior if being demolished) _____ | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Street Address _____ City, State, Zip Code _____ | | Name of Abatement Contractor (9) Gr Tech LLC Street Address 576 Valley Rd #283 City, State, Zip Code Wayne, NJ 07470 Project Manager for Monitoring Firm _____ Telephone No. _____ Telephone No. _____ License No. _____ 973-638-1777 011271 | | | | | | | |
| Start Date (10) 03 / 27 / 15 Scheduled Completion Date (11) 03 / 28 / 15 | | Name of OSHA Monitor Envirovision Consultants, Inc Street Address 20-21 Wagaraw Road, Bldg. # 35 E City, State, Zip Code Fair Lawn, NJ 07410 | | | | | | | |
| 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 Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM | | Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> > 160 sf or >260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <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 SIF or LF) | Abatement Type | | | | |
| | Yes | No | | | N/A | Removal | Repair | Encapsulate | Enclosure |
| Basement | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Pipe insulation -wrap & cut | 95 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"/> |
| | <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 Gr Tech LLC City, State Wayne, NJ 07470 | | NJDEP Waste Hauler ID No. 0033785 | Cubic Yards of Waste TBD | Name of Registered Landfill T.R.R.F. Inc City, State Tullytown, PA | | | | | |
| Completed By (Print or Type) N.Jevtic | | Title Owner | Signature <i>N. Jevtic</i> | | | Date 03/18/2015 | | | |

ASB-41

MAY 11

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

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

| | | | |
|--|--|--|--|
| Date of Notification (1) 3-17-15 | | Name of Building Owner/Operator (2) Anne OGorman | |
| Agencies Notified | Type Notification | Street Address 11 Chester road | |
| <input type="checkbox"/> EPA | <input checked="" type="checkbox"/> Initial Notification | City, State, Zip Code Upper Montclair, NJ, 07043 | |
| <input type="checkbox"/> DEP | <input type="checkbox"/> Amended Notification | Name of Contact Anne OGorman | |
| <input checked="" type="checkbox"/> DOL | <input type="checkbox"/> EMERGENCY | Telert | |
| <input checked="" type="checkbox"/> DOH | <input type="checkbox"/> Cancellation | | |
| <input type="checkbox"/> DCA | | | |

FACILITY INFORMATION

| | | | | | |
|--|------------------|-------------------------------------|--|-------------------------|------------------------|
| Name of Facility Where Abatement is Taking Place (3) Same as above | | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) | | |
| Street Address | | | Square Feet 2300 | # of Floors 3 | Bldg. Age 80 |
| City (5) | County (6) Essex | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) | | |

| | | | | | |
|---|---|---|--|--|--|
| Name of Monitoring Firm hired by Building Owner (8) N/A | | ASCM No. | Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc. | | |
| Street Address | | Street Address 86 Christopher St. | | | |
| City, State, Zip Code | | City, State, Zip Code Montclair, NJ 07042 | | | |
| Project Manager for Monitoring Firm | Telephone Number N/A | Telephone Number (973) 744-8800 | License Number 00371 | | |
| Scheduled Start Date (10) 3-26-15 Month Day Year | Sched. Completion Date (11) 3-30-15 Month Day Year | Name of OSHA Monitor N/A | | | |
| 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: «OffHours Descript» <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) <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 | | | R E M O V A L | R E P A I R | E N C A P S U L E | E N C L O S U R E |
| Basement | | | X | Pipe Insulation | 110 lf | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | | | | | |
|---|--|---|---|--|------------------------|
| Name of Registered Waste Hauler AZTECH MANAGEMENT, INC. | | NJDEP Waste Hauler ID No. 17040 | Cubic Yards of Waste 1.5 | Name of Registered Landfill G.R.O.W.S. | |
| City, State Montclair, NJ 07042 | | Disposal Date 3-31-15 | City, State Morrisville, PA 19067 | | |
| Completed By (Print or Type) Constantine Vivian | | Title President | Signature <i>C Vivian</i> | | Date 3-17-15 |

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

CHECK # 8702

| Date of Notification (1) 3/17/15 | | Name of Building Owner/Operator (2) GOLOBERG REALTY ASSOCIATES | | | | | | | |
|--|--|---|---|--|--|------------------------|--------|---------------|-----------|
| 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 <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | Street Address 33 CLINTON ROAD | | | | | | |
| | | | City, State, Zip Code WEST CARLISLE, NJ 07066 | | | | | | |
| | | | Name of Contact GINA J. | | | | | | |
| | | Telephone Number _____ | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) WHITEHALL APARTMENTS | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address 24 HILLSIDE AVE | | Square Feet 8000 | # of Floors 3 | | | | | | |
| City (5) MONTCLAIR | | Bldg. Age 59 | | | | | | | |
| County (6) ESSEX | | County Code (7) (STATE USE ONLY) _____ | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | Name of Abatement Contractor (9) A. MAC Contracting Inc | | | | | | | |
| Street Address | | Street Address 185 Vreeland Ave. | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Midland Park, NJ 07432 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. 201-262-5841 | | | | | | | |
| Start Date (10) 4/13/15 | | License No. 00156 | | | | | | | |
| Scheduled Completion Date (11) 4/20/15 | | Name of OSHA Monitor Omega Environmental Services Inc. | | | | | | | |
| 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 <input type="checkbox"/> Other - Describe: _____ | | Street Address 280 Huyer Street | | | | | | | |
| | | City, State, Zip Code Hackensack, NJ 07606 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf | | | | | | | | | |
| <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | | | | | | | | |
| <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <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 | Encapsulation | Enclosure |
| GARAGES 1-12 | | | X | PIPE | 5200 | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Newark Carting, Inc | | NJDEP Waste Hauler ID No. 04509 | | Cubic Yards of Waste 2 | Name of Registered Landfill IESI PA Bethlehem Landfill Corp. | | | | |
| City, State, Zip Code Newark, NJ 07105 | | Disposal Date 4/13/15 ON | | City, State, Zip Code Bethlehem, PA 18015 | | | | | |
| Completed by R. McDonald | | Title President | | Signature R. McDonald | | Date 3/17/15 | | | |

Mar 17 2015 02:35pm

P001/001

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

CHECK # 8702

| Date of Notification (1) 3/17/15 | | Name of Building Owner/Operator (2) MR. & MRS. SCHNEIDENBACH | | | | | | | |
|--|---|--|----------|---|---------------------------|--|--------|---------------|-----------|
| 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 <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | | | Street Address 625 4TH STREET | | | |
| | | | | | | City, State, Zip Code LYNDHURST NJ 07071 | | | |
| | | Name of Contact PICK | | Telephone Number | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) SCHNEIDENBACH | | | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | |
| Street Address 625 4TH STREET | | | | Square Feet 1650 | | | | | |
| City (5) LYNDHURST | | | | # of Floors 2 | | | | | |
| County (6) BERGEN | | | | Bldg. Age 60 | | | | | |
| County Code (7) (STATE USE ONLY) | | | | Current Use (Prior if being demolished) RES | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | | | ASCM No. | | | | | |
| Street Address | | | | Name of Abatement Contractor (9) A. MAC Contracting Inc | | | | | |
| City, State, Zip Code | | | | Street Address 185 Vreeland Ave. | | | | | |
| Project Manager for Monitoring Firm | | | | City, State, Zip Code Midland Park, NJ 07432 | | | | | |
| Telephone No. | | | | Telephone No. 201-262-5841 | | | | | |
| Start Date (10) 3/18/15 | | | | License No. 00156 | | | | | |
| Scheduled Completion Date (11) 3/19/15 | | | | Name of OSHA Monitor Omega Environmental Services Inc. | | | | | |
| 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 <input type="checkbox"/> Other - Describe: | | | | Street Address 280 Hoyer Street | | | | | |
| | | | | City, State, Zip Code Hackensack, NJ 07606 | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥23 lf <input checked="" type="checkbox"/> ≥160 sf or ≥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"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Frangible Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulation | Enclosure |
| BASEMENT | | | X | TILE | 450 SF | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Newark Carting, Inc | | | | NJDEP Waste Hauler ID No. 04509 | | Name of Registered Landfill IESI PA Bethlehem Landfill Corp. | | | |
| City, State, Zip Code Newark, NJ 07105 | | | | Cubic Yards of Waste 1 | | City, State, Zip Code Bethlehem, PA 18015 | | | |
| Disposal Date 3/15/15 | | | | Signature R. McDonald | | Date 3/17/15 | | | |
| Completed by R. McDonald | | | | Title President | | | | | |

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

| | | | |
|--|--|--|--|
| Date of Notification (1) 3-17-15 | | Name of Building Owner/Operator (2) Carmen Sanchez | |
| Agencies Notified | Type Notification | Street Address 539 Clifton Ave. | |
| <input type="checkbox"/> EPA | <input checked="" type="checkbox"/> Initial Notification | City, State, Zip Code Newark, NJ, 07104 | |
| <input type="checkbox"/> DEP | <input type="checkbox"/> Amended Notification | Name of Contact Carmen Sanchez | |
| <input checked="" type="checkbox"/> DOL | <input type="checkbox"/> EMERGENCY | Telephone Number | |
| <input checked="" type="checkbox"/> DOH | <input type="checkbox"/> Cancellation | | |
| <input type="checkbox"/> DCA | | | |

FACILITY INFORMATION

| | | | | | |
|---|------------------|---|--|------------------------------------|--------------------------------|
| Name of Facility Where Abatement is Taking Place (3) Same as above | | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) | | |
| Street Address | | | Square Feet | # of Floors | Bldg. Age |
| City (5) | County (6) Essex | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) | | |
| Name of Monitoring Firm hired by Building Owner (8) N/A | | | Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc. | | |
| Street Address | | | Street Address 86 Christopher St. | | |
| City, State, Zip Code | | | City, State, Zip Code Montclair, NJ 07042 | | |
| Project Manager for Monitoring Firm | | Telephone Number N/A | Telephone Number (973) 744-8800 | | License Number 00371 |
| Scheduled Start Date (10) 3-28-15 Month Day Year | | Sched. Completion Date (11) 3-30-15 Month Day Year | | Name of OSHA Monitor N/A | |
| 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: <u>«OffHours Descript»</u> <input type="checkbox"/> Other - Describe: <u>«Other Occupancy Descript»</u> | | | Street Address | | |
| | | | City, State, Zip Code | | |

Scope of Work (Check all that apply)

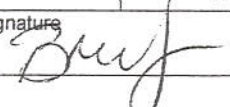
- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> >3 sf or >3 lf | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input type="checkbox"/> >160 sf or >260 lf | <input type="checkbox"/> Demolition | <input type="checkbox"/>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

| Location of Asbestos-Containing Material (ACM) <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 | | | R E M O V E M E N T | R E P A I R | E N C A P S U L E | E N C L O S U R E |
| Basement | | | X | Pipe Insulation | 90 lf | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | | | | | |
|---|--|---|--|--|------------------------|
| Name of Registered Waste Hauler AZTECH MANAGEMENT, INC. | | NJDEP Waste Hauler ID No. 17040 | Cubic Yards of Waste 1.5 | Name of Registered Landfill G.R.O.W.S. | |
| City, State Montclair, NJ 07042 | | Disposal Date 3-31-15 | | City, State Morrisville, PA 19067 | |
| Completed By (Print or Type) Constantine Vivian | | Title President | Signature <i>Constantine Vivian</i> | | Date 3-17-15 |

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

CR# 2599

| | | | | | | | | | |
|--|--|---|--|--|---------------------------|----------------|-----------------|-------------|-----------|
| Date of Notification (1) 3/18/15 | | Name of Building Owner/Operator (2) TFMBuilders LLC | | | | | | | |
| Agencies Notified | Type Notification | Street Address | | | | | | | |
| <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | 2390 Riverside Terrace | | | | | | | |
| | | City, State, Zip Code Wall, New Jersey 08736 | | | | | | | |
| | | Name of Contact Tom | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) TFM Property | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address 6 Lenape Trail | | Square Feet 2000 | # of Floors 1 | | | | | | |
| City (5) Manasquan | | Bldg. Age 60+ | | | | | | | |
| County (6) Monmouth | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | ASCM No. | Name of Abatement Contractor (9) Ace Insulation Co., Inc. | | | | | | |
| Street Address | | Street Address 95 Montrose Road | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Colts Neck, N.J. 07722 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. 732-294-1757 | License No. 00029 | | | | | | |
| Start Date (10) 3/27/15 | Scheduled Completion Date (11) 4/2/15 | Name of OSHA Monitor | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7am-7pm | | Street Address | | | | | | | |
| | | City, State, Zip Code | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf | | <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <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) <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 |
| outdoors on side and back | | | X | siding | 1600 sf | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Ace Insulation Co., Inc. | | NJDEP Waste Hauler ID No. 12086 | Cubic Yards of Waste 2 | Name of Registered Landfill Chrins | | | | | |
| City, State Colts Neck, New Jersey | | Disposal Date 4/2/15 | | City, State Easton,, PA | | | | | |
| Completed by Bree McGuire | | Title Secretary Treasurer | | Signature  | | | Date 3/17/15 | | |

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

| | | | |
|--|--|---|--|
| Date of Notification (1) March 18, 2015 | | Name of Building Owner/Operator (2) Messiercola Excavating Co., Inc. | |
| Agencies Notified [x] EPA [] DEP [x] DOL [x] DOH [] DCA | Type of Notification [] Initial Notification [] Amended Notification Amendment # _____ [x] Emergency (including justification) [] Cancellation | Street Address P O Box 790 City, State, Zip Code Matawan, NJ 07747 Name of Contact Fernando Telephone Number _____ | |

FACILITY INFORMATION

| | | | | | |
|---|--|--|--|--|--------------------------------|
| Name of Facility Where Abatement is Taking Place (3) Residence | | | Type of Facility (4) [] School (k-12) [] Subchapter 8 (other than k-12) [x] Other (i.e., private & commercial buildings, homes, etc.) | | |
| Street Address 55 Harvard Avenue | | | Square feet 1500 sf | | |
| County (6) Ocean | | | # of Floors 1 | | |
| County Code (7) (STATE USE ONLY) Point Pleasant | | | Bldg. Age 60 | | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | | Current Use (Prior if being demolished) Residence | | |
| ASCM No. | | | Name of Abatement Contractor (9) Guardian Contracting, Inc. | | |
| Street Address | | | Street Address 1889 Route 9, Unit 61 | | |
| City, State, Zip Code | | | City, State, Zip Code Toms River, New Jersey 08755-1271 | | |
| Project Manager for Monitoring Firm | | Telephone Number | Telephone Number 732-349-9932 | | License Number 00624 |
| Scheduled Start Date (10) 3/18/15 | | Scheduled Completion Date (11) 3/19/15 | | | |
| Occupancy Status During Abatement (Check only one) [x] Facility Closed/Vacated During Entire Period of Abatement [] Abatement Performed Outside of Normal Facility Hours [] Other - Describe _____ | | | Name of OSHA Monitor E.M.S.L. Analytical | | |
| | | | Street Address 1056 Stelton Road | | |
| | | | City, State, Zip Code Piscataway, New Jersey 08854 | | |
| Scope of Work (Check all that apply) | | | | | |
| [] >3 sf or ≥3 lf | | [] Renovation | | [] Full Containment with Negative Pressure | |
| [x] ≥160 sf or ≥260 lf | | [x] Demolition | | [] Mini-Enclosure | |
| | | | | [] Glovebag Procedure | |
| | | | | [x] 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) 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 M O V A L | R E P A I R | E N C A P S U L E | | | E N C L O S U R E | | | |
| Exterior | | X | | Asbestos siding | 1400 sf | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | | | | | | | |
|--|--|---|--|---|--|--|--|
| Name of Registered Waste Hauler Guardian Contracting, Inc. | | NJDEP Waste Hauler ID No. 20223 | | Cubic Yards of Waste 3 | | Name of Registered Landfill T.R.R.F. | |
| City, State Toms River, New Jersey | | Disposal Date 3/20/15 | | City, State Tullytown, Pennsylvania | | | |
| Completed by (Print or Type) Nicholas Fernicola | | Title Project Manager | | Signature <i>Nicholas Fernicola</i> | | Date 3/18/2015 | |

*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) March 18, 2015 | | Name of Building Owner/Operator (2) Green Way Demolition | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | Type of Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address P O Box 536 | |
| | | City, State, Zip Code Oakhurst, NJ 07755 | |
| | | Name of Contact Nadine Santilli | Telephone Number |

FACILITY INFORMATION

| | | | | | |
|---|-------------------------------|---|--|--|--------------------------------|
| Name of Facility Where Abatement is Taking Place (3) Residence | | | Type of Facility (4) <input type="checkbox"/> School (k-12) <input type="checkbox"/> Subchapter 8 (other than k-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) | | |
| Street Address 50-54 Main Avenue | | | | | |
| City Ocean Grove | County (6) Monmouth | County Code (7) (STATE USE ONLY) | Square feet N/A | # of Floors N/A | Bldg. Age N/A |
| | | | Current Use (Prior if being demolished) Residence | | |
| Name of Monitoring Firm Hired by Building Owner (8) Guardian Contracting, Inc. | | ASCM No. | Name of Abatement Contractor (9) Guardian Contracting, Inc. | | |
| Street Address 1889 Rte. 9, Unit 61 | | Street Address 1889 Route 9, Unit 61 | | | |
| City, State, Zip Code Toms River, NJ 08755 | | City, State, Zip Code Toms River, New Jersey 08755-1271 | | | |
| Project Manager for Monitoring Firm Nicholas Fernicola | | Telephone Number 732-349-9932 | Telephone Number 732-349-9932 | | License Number 00624 |
| Scheduled Start Date (10) 3/19/15 | | Scheduled Completion Date (11) 3/27/15 | | | |
| 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 <input type="checkbox"/> Other - Describe _____ | | | Name of OSHA Monitor E.M.S.L. Analytical | | |
| | | | Street Address 1056 Stelton Road | | |
| | | | City, State, Zip Code 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) 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 M O V A L | R E P A I R | E N C A P S U L E | | | E N C L O S U R E | | | |
| Exterior | | X | | Fire debris | 300 yards | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | | | | | |
|--|--|---------------------------------|--|--|--------------------------|
| Name of Registered Waste Hauler Green Way Demolition | | NJDEP Waste Hauler ID No. | Cubic Yards of Waste 300 | Name of Registered Landfill T.R.R.F. | |
| City, State Oakhurst, NJ 07755 | | Disposal Date | | City, State Tullytown, Pennsylvania | |
| Completed by (Print or Type) Nadine Santilli | | Title Project Manager | Signature <i>Nicholas Fernicola</i> | | Date 3/18/2015 |

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

CK 3244

Print Form

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

| | | | | | | | | | |
|--|---|--|--|--|---------------------------|------------------|--------|-------------|-----------|
| Date of Notification (1) 03/19/15 | | Name of Building Owner/Operator (2) 3G CORPORATION | | | | | | | |
| Agencies Notified | Type Notification | Street Address 1360 East 14TH STREET | | | | | | | |
| <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code BROOKLYN, NY 11230 | | | | | | | |
| | | Name of Contact CHAIM DUBIN | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) | | Type of Facility (4) | | | | | | | |
| Street Address 411 FORD ROAD | | <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| City (5) HOWELL, NJ | | Square Feet 10000 | # of Floors 1 | | | | | | |
| County (6) MONMOUTH COUNTY | | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) COMMERCIAL BUILDING | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | ASCM No. | Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS | | | | | | |
| Street Address | | Street Address 6 WHITE DOVE COURT | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code LAKEWOOD, NJ 08701 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. 732-668-9078 | License No. 1200 | | | | | | |
| Start Date (10) 03/29/15 | Scheduled Completion Date (11) 04/02/15 | Name of OSHA Monitor AAA LEAD PROFESSIONALS | | | | | | | |
| Occupancy Status During Abatement (Check Only One) | | Street Address 6 WHITE DOVE COURT | | | | | | | |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____ | | City, State, Zip Code LAKEWOOD, NJ 08701 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf | | <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition | | | | | | | |
| | | <input type="checkbox"/> Full Containment with Negative Pressure <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) <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 |
| INTERIOR | | | | FLOOR TILE | 1100 SF | X | | | |
| INTERIOR | | | | MASTIC / PIPE INSULATION | 3 LF / 17 LF | X | | | |
| INTERIOR | | | | TRANSITE PANELS | 680 SF | X | | | |
| EXTERIOR | | | | SHINGLES | 320 SF | X | | | |
| Name of Registered Waste Hauler NEWARK CARTING | | NJDEP Waste Hauler ID No. 04509 | Cubic Yards of Waste 10 | Name of Registered Landfill IESI | | | | | |
| City, State NEWARK, NJ | | | Disposal Date 04/02/15 | City, State BETHLEHEM PA | | | | | |
| Completed by JOSEPH PERLSTEIN | | Title OWNER | Signature | | | Date 03/19/15 | | | |

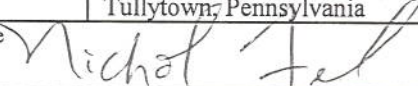
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

| | | | |
|---|---|---|------------------|
| Date of Notification (1) March 18, 2015 | | Name of Building Owner/Operator (2) Susan Matos | |
| Agencies Notified | Type of Notification | Street Address | |
| <input checked="" type="checkbox"/> EPA | <input type="checkbox"/> Initial Notification | 6 Farragut Road | |
| <input type="checkbox"/> DEP | <input type="checkbox"/> Amended Notification | City, State, Zip Code | |
| <input checked="" type="checkbox"/> DOL | Amendment # _____ | Randolph, NJ 07869 | |
| <input checked="" type="checkbox"/> DOH | <input checked="" type="checkbox"/> Emergency (including justification) | Name of Contact | Telephone Number |
| <input type="checkbox"/> DCA | <input type="checkbox"/> Cancellation | Susan Matos | |

FACILITY INFORMATION

| | | | | | |
|---|--|--|---|--|------------------------|
| Name of Facility Where Abatement is Taking Place (3) Residence | | | Type of Facility (4) | | |
| Street Address 20 Muriel Drive | | | <input type="checkbox"/> School (k-12) | | |
| | | | <input type="checkbox"/> Subchapter 8 (other than k-12) | | |
| City Beach Haven West | | | Square feet | | |
| | | | 1200 sf | | |
| County (6) Ocean | | County Code (7) (STATE USE ONLY) | # of Floors | | Bldg. Age 60 |
| | | | 1 | | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | | Name of Abatement Contractor (9) Guardian Contracting, Inc. | | |
| Street Address | | | Street Address | | |
| | | | 1889 Route 9, Unit 61 | | |
| City, State, Zip Code | | | City, State, Zip Code | | |
| | | | Toms River, New Jersey 08755-1271 | | |
| Project Manager for Monitoring Firm | | Telephone Number | Telephone Number | | License Number |
| | | | 732-349-9932 | | 00624 |
| Scheduled Start Date (10) 3/19/15 | | Scheduled Completion Date (11) 3/23/15 | | | |
| 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 <input type="checkbox"/> Other - Describe _____ | | | Name of OSHA Monitor E.M.S.L. Analytical | | |
| | | | Street Address | | |
| | | | City, State, Zip Code | | |
| | | | 1056 Stelton Road | | |
| | | | 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) <u>TO BE ABATED</u> in facility (13) | Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A | | | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|---|--|---|--|--|---------------------------|---------------------------------|----------------------------|---|---|
| | | | | | | R E M O V A L | R E P A I R | E N C A P S U L E | E N C L O S U R E |
| Exterior | | X | | Asbestos siding | 1100 sf | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | | | |
|--|---|---|--|
| Name of Registered Waste Hauler Guardian Contracting, Inc. | NJDEP Waste Hauler ID No. 20223 | Cubic Yards of Waste 3 | Name of Registered Landfill T.R.R.F. |
| City, State Toms River, New Jersey | Disposal Date 3/24/15 | City, State Tullytown, Pennsylvania | |
| Completed by (Print or Type) Nicholas Fernicola | Title Project Manager | Signature  | Date 3/18/15 |

**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) March 18, 2015 | | Name of Building Owner/Operator (2) Miller Homes | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | Type of Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 112 Giffordtown Lane | |
| | City, State, Zip Code Tuckerton, NJ 08087 | | |
| | Name of Contact Jim Miller | Telephone Number | |

FACILITY INFORMATION

| | | | | | |
|---|----------------------------|--|--|--|------------------------|
| Name of Facility Where Abatement is Taking Place (3) Residence | | | Type of Facility (4) <input type="checkbox"/> School (k-12) <input type="checkbox"/> Subchapter 8 (other than k-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) | | |
| Street Address 8 W Harding Avenue | | | | | |
| City LB Twp. | County (6) Ocean | County Code (7) (STATE USE ONLY) | Square feet 2000 sf | # of Floors 1 | Bldg. Age 60 |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | | Current Use (Prior if being demolished) Residence | | |
| Street Address | | | Name of Abatement Contractor (9) Guardian Contracting, Inc. | | |
| City, State, Zip Code | | | Street Address 1889 Route 9, Unit 61 | | |
| Project Manager for Monitoring Firm | | | City, State, Zip Code Toms River, New Jersey 08755-1271 | | |
| Telephone Number | | | Telephone Number 732-349-9932 | | |
| Scheduled Start Date (10) 3/19/15 | | | License Number 00624 | | |
| Scheduled Completion Date (11) 3/23/15 | | | Name of OSHA Monitor E.M.S.L. Analytical | | |
| 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 <input type="checkbox"/> Other - Describe _____ | | | Street Address 1056 Stelton Road | | |
| | | | City, State, Zip Code 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) <u>TO BE ABATED</u> in facility (13) | Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A | | | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|---|--|---|--|---|--|---------------------------------|----------------------------|---|---|
| | | | | | | R E M O V A L | R E P A I R | E N C A P S U L E | E N C L O S U R E |
| Exterior house | | X | | Asbestos siding | 1900 sf | X | | | |
| Exterior garage | | X | | Asbestos siding | 370 sf | X | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Guardian Contracting, Inc. | | NJDEP Waste Hauler ID No. 20223 | | Cubic Yards of Waste 3 | Name of Registered Landfill T.R.R.F. | | | | |
| City, State Toms River, New Jersey | | Disposal Date 3/24/15 | | City, State Tullytown, Pennsylvania | | | Date 3/18/15 | | |
| Completed by (Print or Type) Nicholas Fernicola | | Title Project Manager | | Signature <i>Nicholas Fernicola</i> | | | | | |

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

Nock

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

| | | | | | | | | | |
|--|--|--|---|--|---------------------------|------------------------|--------|-------------|-----------|
| Date of Notification (1) 3/18/15 | | Name of Building Owner/Operator (2) PSEG | | | | | | | |
| Agencies Notified | Type Notification | Street Address | | | | | | | |
| <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | 4000 HADLEY ROAD | | | | | | | |
| | | City, State, Zip Code SOUTH PLAINFIELD, NJ 07080 | | | | | | | |
| | | Name of Contact JOHN KILLIAN | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) PSE&G - M1339 CIRCUIT | | Type of Facility (4) | | | | | | | |
| Street Address 280 NORTH MIDLAND AVE. | | <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| City (5) SADDLE BROOK | | Square Feet N/A | # of Floors N/A | | | | | | |
| | | Bldg. Age N/A | | | | | | | |
| County (6) BERGEN | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) N/A | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS | | ASCM No. 0045 | Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA | | | | | | |
| Street Address 64 BROAD STREET | | Street Address 396 WHITEHEAD AVE. | | | | | | | |
| City, State, Zip Code MATAWAN, NJ 07747 | | City, State, Zip Code SOUTH RIVER, NJ 08882 | | | | | | | |
| Project Manager for Monitoring Firm TOM GEIGER | | Telephone No. 732-292-2217 | Telephone No. 732-432-8350 | | | | | | |
| | | License No. 01111 | | | | | | | |
| Start Date (10) 1/15/15 | Scheduled Completion Date (11) 5/31/15 | Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA | | | | | | | |
| Occupancy Status During Abatement (Check Only One) | | Street Address 396 WHITEHEAD AVE. | | | | | | | |
| <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>outdoors</u> | | City, State, Zip Code SOUTH RIVER, NJ 08882 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | | | | | | |
| | | <input type="checkbox"/> Full Containment with Negative Pressure <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) <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 |
| OUTSIDE | | X | | ACM PIPE SOMASTIC | 200 LF | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler WASTE MANAGEMENT | | NJDEP Waste Hauler ID No. 1125 | Cubic Yards of Waste APPX. 15 | Name of Registered Landfill GROWS NORTH | | | | | |
| City, State ELIZABETH, NJ | | Disposal Date TBD | | City, State MORRISVILLE, PA | | | | | |
| Completed by CAROL RAIMO | | Title OFFICE MGR. | | Signature <i>Carol Raimo</i> | | Date 3/18/15 | | | |

NOCK

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

RECEIVED

| | | | | | | | | |
|--|--|--|---|--|----------------|---------|--------|-------------|
| Date of Notification (1) 3/18/15 | | Name of Building Owner/Operator (2) PSEG | | | | | | |
| Agencies Notified | Type Notification | Street Address 4000 HADLEY ROAD | | | | | | |
| <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 3 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code SOUTH PLAINFIELD, NJ 07080 | | | | | | |
| | | Name of Contact JOHN KILLIAN | Telephone Number | | | | | |
| FACILITY INFORMATION | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) PSE&G - MH 62 | | Type of Facility (4) | | | | | | |
| Street Address 17-01 NEVINS RD. | | <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | |
| City (5) FAIRLAWN | | Square Feet N/A | # of Floors N/A | | | | | |
| County (6) BERGEN | | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) N/A | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS | | ASCM No. 0045 | Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA | | | | | |
| Street Address 64 BROAD STREET | | Street Address 396 WHITEHEAD AVE. | | | | | | |
| City, State, Zip Code MATAWAN, NJ 07747 | | City, State, Zip Code SOUTH RIVER, NJ 08882 | | | | | | |
| Project Manager for Monitoring Firm TOM GEIGER | | Telephone No. 732-292-2217 | Telephone No. 732-432-8350 | | | | | |
| License No. 01111 | | | | | | | | |
| Start Date (10) 11/1/14 | Scheduled Completion Date (11) 5/31/15 | Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA | | | | | | |
| Occupancy Status During Abatement (Check Only One) | | Street Address 396 WHITEHEAD AVE. | | | | | | |
| <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>outdoors</u> | | City, State, Zip Code SOUTH RIVER, NJ 08882 | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | | | | | |
| | | <input type="checkbox"/> Full Containment with Negative Pressure <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 |
| OUTSIDE | | X | ACM PIPE SOMASTIC | 200 LF | X | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Name of Registered Waste Hauler WASTE MANAGEMENT | | NJDEP Waste Hauler ID No. 1125 | Cubic Yards of Waste APPX. 15 | Name of Registered Landfill GROWS NORTH | | | | |
| City, State ELIZABETH, NJ | | Disposal Date TBD | | City, State MORRISVILLE, PA | | | | |
| Completed by CAROL RAIMO | | Title OFFICE MGR. | Signature <i>Carol Raimo</i> | Date 3/18/15 | | | | |

NOCK

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

"OPEN
NOTIFICATION"

| | | | | | | | | | |
|--|---|--|---|--|---------------------------|----------------|--------|-------------|-----------|
| Date of Notification (1) 3/18/15 | | Name of Building Owner/Operator (2) PSEG | | | | | | | |
| Agencies Notified | Type Notification | Street Address 4000 HADLEY ROAD | | | | | | | |
| <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 3 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code SOUTH PLAINFIELD, NJ 07080 | | | | | | | |
| | | Name of Contact JOHN KILLIAN | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) PSE&G MH 60A | | Type of Facility (4) | | | | | | | |
| Street Address 17-01 NEVINS RD. | | <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| City (5) FAIRLAWN | | Square Feet N/A | # of Floors N/A | | | | | | |
| County (6) BERGEN | | County Code (7) (STATE USE ONLY) | Bldg. Age N/A | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS | | ASCM No. 0045 | Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA | | | | | | |
| Street Address 64 BROAD STREET | | Street Address 396 WHITEHEAD AVE. | | | | | | | |
| City, State, Zip Code MATAWAN, NJ 07747 | | City, State, Zip Code SOUTH RIVER, NJ 08882 | | | | | | | |
| Project Manager for Monitoring Firm TOM GEIGER | | Telephone No. 732-292-2217 | License No. 01111 | | | | | | |
| Start Date (10) 11/1/14 | Scheduled Completion Date (11) 5/31/2015 | Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA | | | | | | | |
| Occupancy Status During Abatement (Check Only One) | | Street Address 396 WHITEHEAD AVE. | | | | | | | |
| <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>outdoors</u> | | City, State, Zip Code SOUTH RIVER, NJ 08882 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | | | | | | |
| | | <input type="checkbox"/> Full Containment with Negative Pressure <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) <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 |
| OUTSIDE | | X | | ACM PIPE SOMASTIC | 200 LF | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler WASTE MANAGEMENT | | NJDEP Waste Hauler ID No. 1125 | Cubic Yards of Waste APPX. 15 | Name of Registered Landfill GROWS NORTH | | | | | |
| City, State ELIZABETH, NJ | | Disposal Date TBD | | City, State MORRISVILLE, PA | | | | | |
| Completed by CAROL RAIMO | | Title OFFICE MGR. | Signature <i>Carol Raimo</i> | | Date 3/18/15 | | | | |

CK 3236

Print Form

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

| | | | | | | | | | |
|--|---|--|--|---|---------------------------|----------------|------------------|-------------|-----------|
| Date of Notification (1) 03/18/15 | | Name of Building Owner/Operator (2) BROOKSTONE MANAGEMENT | | | | | | | |
| Agencies Notified | Type Notification | Street Address 1970 SWARTHMORE AVENUE, SUITE 5 | | | | | | | |
| <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code LAKEWOOD, NJ 08701 | | | | | | | |
| <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | | Name of Contact DOV SPITZER | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) | | Type of Facility (4) | | | | | | | |
| Street Address 978 CENTRAL AVENUE | | <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| City (5) PLAINFIELD, NJ | | Square Feet 1500 | # of Floors 2 | | | | | | |
| County (6) UNION COUNTY | | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) HOME | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | ASCM No. | Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS | | | | | | |
| Street Address | | Street Address 6 WHITE DOVE COURT | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code LAKEWOOD, NJ 08701 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. 732-668-9078 | License No. 1200 | | | | | | |
| Start Date (10) 03/29/15 | Scheduled Completion Date (11) 03/29/15 | Name of OSHA Monitor† AAA LEAD PROFESSIONALS | | | | | | | |
| Occupancy Status During Abatement (Check Only One) | | Street Address 6 WHITE DOVE COURT | | | | | | | |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____ | | City, State, Zip Code LAKEWOOD, NJ 08701 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | | | | | | |
| | | <input type="checkbox"/> Full Containment with Negative Pressure <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 |
| INTERIOR | | | | FLOOR TILE | 150 SF | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler NEWARK CARTING | | NJDEP Waste Hauler ID No. 04509 | Cubic Yards of Waste 4 | Name of Registered Landfill IESI | | | | | |
| City, State NEWARK, NJ | | Disposal Date 03/29/15 | | City, State BETHLEHEM PA | | | | | |
| Completed by JOSEPH PERLSTEIN | | Title OWNER | | Signature | | | Date 03/18/15 | | |

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

CK 1477

| | | | | | | | | | |
|--|--|---|-------------------------------------|---|---------------------------|-------------------|--------|-------------|-----------|
| Date of Notification (1) 3-18-2015 | | Name of Building Owner/Operator (2) Mike Jennerich | | | | | | | |
| Agencies Notified | Type Notification | Street Address 102 Maple Street | | | | | | | |
| <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Rutherford, NJ 07070 | | | | | | | |
| | | Name of Contact Dyanne Jennerich | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Residential | | Type of Facility (4) | | | | | | | |
| Street Address 102 Maple Street | | <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| City (5) Rutherford, NJ 07070 | | Square Feet 2690 | # of Floors 2 | | | | | | |
| County (6) Bergen | County Code (7) (STATE USE ONLY) | Bldg. Age 82+ | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | Current Use (Prior if being demolished) | | | | | | | |
| Street Address | | Name of Abatement Contractor (9) Green Environmental Services, LLC | | | | | | | |
| City, State, Zip Code | | Street Address 235 Virginia Avenue | | | | | | | |
| Project Manager for Monitoring Firm | | City, State, Zip Code Jersey City, NJ 07304 | | | | | | | |
| Telephone No. | | Telephone No. 201-333-8855 | License No. 01174 | | | | | | |
| Start Date (10) 3-19-2015 | Scheduled Completion Date (11) 3-19-2015 | Name of OSHA Monitor Same as above | | | | | | | |
| Occupancy Status During Abatement (Check Only One) | | Street Address | | | | | | | |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____ | | City, State, Zip Code | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | | | | | | |
| | | <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <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 | 60 LF | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Green Environmental Services, LLC | | NJDEP Waste Hauler ID No. 0034889 | Cubic Yards of Waste 1 | Name of Registered Landfill G.R.O.W.S. North landfill | | | | | |
| City, State Jersey City, NJ | | Disposal Date 3-19-2015 | | City, State Morrisville, P.A. | | | | | |
| Completed by Liliana Serrano | | Title Office Manager | Signature <i>Liliana Serrano</i> | | | Date 3-18-2015 | | | |

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


RECEIVED

| | | | |
|---|--|---|--|
| Date of Notification (1) March 19, 2015 | | Name of Building Owner/Operator (2) T & H Homes | |
| Agencies Notified | Type of Notification | Street Address | |
| <input checked="" type="checkbox"/> EPA | <input checked="" type="checkbox"/> Initial Notification | 70 East Water Street Unit 5B | |
| <input type="checkbox"/> DEP | <input type="checkbox"/> Amended Notification | | |
| <input checked="" type="checkbox"/> DOL | Amendment # _____ | City, State, Zip Code Toms River, New Jersey 08753 | |
| <input type="checkbox"/> DOH | <input type="checkbox"/> Emergency (including justification) | | |
| <input type="checkbox"/> DCA | <input type="checkbox"/> Cancellation | Name of Contact Bill Hoermann | |
| | | Telephone Number | |

FACILITY INFORMATION


| | | | | | |
|---|-------------------------------------|-------------------------------|---|------------------------|--|
| Name of Facility Where Abatement is Taking Place (3) Residence | | | Type of Facility (4) | | |
| Street Address 381 Lakehurst Road | | | <input type="checkbox"/> School (k-12) | | |
| | | | <input type="checkbox"/> Subchapter 8 (other than k-12) | | |
| City Toms River | | | <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) | | |
| | | | | | |
| County (6) Ocean | County Code (7) (STATE USE ONLY) | Square feet 2000 sf | # of Floors 1 | Bldg. Age 60 | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | | Name of Abatement Contractor (9) Guardian Contracting, Inc. | | |
| Street Address | | | Street Address | | |
| City, State, Zip Code | | | City, State, Zip Code | | |
| Project Manager for Monitoring Firm | | | Telephone Number | | |
| Scheduled Start Date (10) 3/30/15 | | | Scheduled Completion Date (11) 4/1/15 | | |
| 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 <input type="checkbox"/> Other - Describe _____ | | | Telephone Number 732-349-9932 | | |
| | | | License Number 00624 | | |
| Scope of Work (Check all that apply) | | | Name of OSHA Monitor E.M.S.L. Analytical | | |
| <input type="checkbox"/> >3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | | Street Address 1056 Stelton Road | | |
| | | | City, State, Zip Code Piscataway, New Jersey 08854 | | |
| <input type="checkbox"/> Renovation | | | Full Containment with Negative Pressure | | |
| <input checked="" type="checkbox"/> Demolition | | | Mini-Enclosure | | |
| | | | Glovebag Procedure | | |
| | | | <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) 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 M O V A L | R E P A I R | E N C A P S U L E | E N C L O S U R E |
| Exterior | | X | | Asbestos siding | 1950 sf | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | | | |
|--|---|---|--|
| Name of Registered Waste Hauler Guardian Contracting, Inc. | NJDEP Waste Hauler ID No. 20223 | Cubic Yards of Waste 2 | Name of Registered Landfill T.R.R.F. |
| City, State Toms River, New Jersey | Disposal Date 4/2/15 | City, State Tullytown, Pennsylvania | |
| Completed by (Print or Type) Nicholas Fernicola | Title Project Manager | Signature  | Date 3/19/2015 |

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

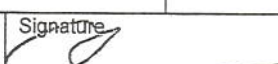
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

| | | | | | | | | | |
|--|---|---|--|---|---------------------------|----------------|-----------------|-------------|-----------|
| Date of Notification (1) 3/19/15 | | Name of Building Owner/Operator (2) Gorge Mcauley Private Home | | | | | | | |
| Agencies Notified | Type Notification | Street Address 1235 Chew Road | | | | | | | |
| <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Waterford NJ 08089 | | | | | | | |
| | | Name of Contact Gorge | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Gorge Mcauley Private Home | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address 1235 Chew Road | | Square Feet 1000 | # of Floors 1 | | | | | | |
| City (5) Waterford NJ 08089 | | Bldg. Age 35+ | | | | | | | |
| County (6) Camden | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) Home | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | ASCM No. | Name of Abatement Contractor (9) Pernaco Inc. | | | | | | |
| Street Address | | Street Address PO Box 329 | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code West Berlin NJ 08091 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. 856-753-9800 | License No. 00727 | | | | | | |
| Start Date (10) 3/30/15 | Scheduled Completion Date (11) 4/2/15 | Name of OSHA Monitor Same | | | | | | | |
| 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 <input type="checkbox"/> Other - Describe: _____ | | Street Address | | | | | | | |
| | | City, State, Zip Code | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition | | | | | | | | | |
| <input type="checkbox"/> Full Containment with Negative Pressure <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) <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 Siding | | | x | Exterior Siding | 1500 SF | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler United Containers | | NJDEP Waste Hauler ID No. 22459 | Cubic Yards of Waste 3 | Name of Registered Landfill G.R.O.W.S. | | | | | |
| City, State Elm NJ | | Disposal Date 4/2/15 | | City, State Morrisville PA 19067 | | | | | |
| Completed by Anthony T Perna | | Title President | | Signature  | | | Date 3/19/15 | | |

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

Emergency

CK 4216

| Date of Notification (1) 3/19/15 | | Name of Building Owner/Operator (2) Cindy Kenneally Private Home | | | | | | | |
|--|---|---|--|--|---------------------------|----------------|-----------------|-------------|-----------|
| Agencies Notified | Type Notification | Street Address 1308 Noreen Dr. | | | | | | | |
| <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Burlington NJ 08016 | | | | | | | |
| | | Name of Contact Cindy | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Cindy Kenneally Private Home | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address 1308 Noreen Dr. | | Square Feet 1000+ | # of Floors 2 | | | | | | |
| City (5) Burlington NJ 08016 | | Bldg. Age 35+ | | | | | | | |
| County (6) Burlington | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | ASCM No. | Name of Abatement Contractor (9) Pernaco Inc. | | | | | | |
| Street Address | | Street Address PO Box 329 | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code West Berlin NJ 08091 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. 856-753-9800 | License No. 00727 | | | | | | |
| Start Date (10) 3/20/15 | Scheduled Completion Date (11) 3/23/15 | Name of OSHA Monitor Same | | | | | | | |
| 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 <input type="checkbox"/> Other - Describe: _____ | | Street Address | | | | | | | |
| | | City, State, Zip Code | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition | | | | | | | | | |
| <input type="checkbox"/> Full Containment with Negative Pressure <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) <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 |
| lower level den area | | | x | Floor Tile Only | 400 SF | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler United Containers | | NJDEP Waste Hauler ID No. 22459 | Cubic Yards of Waste 2 | Name of Registered Landfill G.R.O.W.S. | | | | | |
| City, State Elm NJ | | Disposal Date 3/23/15 | | City, State Morrisville PA 19067 | | | | | |
| Completed by Anthony T Perna | | Title President | | Signature  | | | Date 3/19/15 | | |

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

B & G proj. #: 2015-26

ADDITIONAL FOOTAGES

Check # 7135

| | | | |
|---|---|---|------------------|
| Date of Notification (1) <u>10/3/15</u> | | Name of Building Owner/Operator (2) Atlantic Health System | |
| 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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Cancellation | Street Address 100 Madison Avenue | |
| | | City, State, Zip Code Morristown, NJ 07960 | |
| | | Name of Contact Peter Palmer | Telephone Number |

FACILITY INFORMATION

| | | | | | |
|---|----------------------|---|--|--|-------------------------|
| Name of facility where abatement is taking place (3) Morristown Medical Center, Franklin Building | | | Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) | | |
| Street Address 100 Madison Avenue, | | | Square Feet # of Floors Bldg. Age | | |
| City (5) Morristown | County (6) Morris | County Code (7) (State use only) | Current Use (Prior if being demolished) Hospital | | |
| Name of Monitoring Firm Hired by Bldg. Owner (8) T&M Associates | | ASCM No. 0145 | Name of Abatement Contractor (9) B & G Restoration, Inc. | | |
| Street Address 11 Tindall Road | | Street Address 105 Ryerson Road | | | |
| City, State, Zip Code Middletown, NJ 07748 | | City, State, Zip Code Lincoln Park, NJ 07035 | | | |
| Project Manager for Monitoring Firm Kevin Burns | | Phone Number 732-676-4000 | Telephone Number (973)696-6869 | | License Number 00378 |
| Scheduled Start Date (10) 03/06/2015 | | Sched. Completion Date (11) 04/15/2015 | | | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: <u>work shift 4:00pm - 12:30am</u> | | | | | |
| Name of OSHA Monitor B & G Restoration, Inc. | | | Street Address 105 Ryerson Road | | |
| City, State, Zip Code Lincoln Park, NJ 07035 | | | City, State, Zip Code Lincoln Park, NJ 07035 | | |

Scope of Work (check all that apply)

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

| Location of asbestos-containing material to be abated in facility (13) | Is location normally used solely by maintenance/custodial staff (12) | | | Description of asbestos-containing material (ACM) | Amount (Specify SF or LF) | R e m o v e | R e p a i r | E n c a p | E n c l |
|--|--|----|-------------------------------------|---|---------------------------|-------------------------------------|----------------------------|-----------------------|------------------|
| | Yes | No | N/A | | | | | | |
| * 1st Floor E. Flower Room, | | | <input checked="" type="checkbox"/> | floor tile & mastic | 200 sf | <input checked="" type="checkbox"/> | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | | | |
|--|--------------------------------|----------------------------------|---|
| Registered Waste Hauler B & G Restoration, Inc. | NJDEP Hauler ID# 19563 | Cubic Yards of Waste 3 yds | Name of Registered Landfill Tullytown Resource & Recovery Center |
| City, State Lincoln Park, NJ | Disposal Date 03/20-30/2015 | City, State Tullytown, PA | |
| Completed by (Print or Type) Gordana Luna | Title Secretary/Treasurer | Signature <i>Gordana Luna</i> | Date 03/19/2015 |

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

| Date of Notification (1) 3/19/2015 | | Name of Building Owner/Operator (2) Roberts Management Company | | | | | | | |
|--|---|---|---|---|---------------------------|----------------|-------------------|-------------|-----------|
| Agencies Notified | Type Notification | Street Address 50 Clements Bridge Road | | | | | | | |
| <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Barrington, NJ 08007 | | | | | | | |
| | | Name of Contact Andrew Ricco | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Residence | | Type of Facility (4) | | | | | | | |
| Street Address 38 Clements Bridge Road | | <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| City (5) Barrington | | Square Feet | # of Floors 2 1/2 | | | | | | |
| County (6) Camden | | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) Vacant | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) n/a | | ASCM No. | Name of Abatement Contractor (9) Ricco Construction Corp | | | | | | |
| Street Address | | Street Address 282 Creek Road | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Bellmawr, NJ 08031 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. | Telephone No. 856.466.6452 | | | | | | |
| | | | License No. 01204 | | | | | | |
| Start Date (10) 3/30/2015 | | Scheduled Completion Date (11) 4/30/2015 | | | | | | | |
| Occupancy Status During Abatement (Check Only One) | | Name of OSHA Monitor Andrew Ricco | | | | | | | |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____ | | Street Address 282 Creek Road | | | | | | | |
| | | City, State, Zip Code Bellmawr, NJ 08031 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition | | | | | | | | | |
| <input type="checkbox"/> Full Containment with Negative Pressure <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) <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 | 2000 SF | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Ricco Construction Corp | | NJDEP Waste Hauler ID No. 28909 | Cubic Yards of Waste 15 | Name of Registered Landfill Salem County | | | | | |
| City, State Bellmawr, NJ | | Disposal Date TBD | | City, State Alloway, NJ | | | | | |
| Completed by Andrew Ricco | | Title Owner | | Signature <i>Andrew Ricco</i> | | | Date 3/19/2015 | | |

NOC

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:174)

RECEIVED

| | | | |
|---|---|--|--|
| Date of Notification (1) 3/19/15 | | Name of Building Owner/Operator (2) MITCHELL NICHOLS | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCJ | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 23 KING ST. | |
| | | City, State, Zip Code 210 GRANDE N.J. 08242 | |
| | | Name of Contact SAME | |

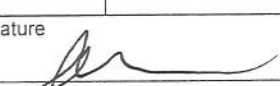
| | | | |
|---|--|--|--|
| Name of Facility Where Abatement is Taking Place (3) RESIDENCE | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial dwelling, hotel, etc.) | |
| Street Address 19 2ND AVE. | | Square Feet 2000 | |
| City (5) CAPE MAY | | Floor/Level 2 | |
| County (6) CAPE MAY | | Block Apt 404 | |
| County Code (7) (STATE USE ONLY) | | Current Use (Prior to being demolished) VACANT | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | ASCM No. | |
| Street Address | | Name of Abatement Contractor (9) Klemm Inc. | |
| City, State, Zip Code | | Street Address 369 S. SPRUE AVE | |
| Phone Manager for Monitoring Firm | | City, State, Zip Code MAPLE SHADE N.J. 08052 | |
| Telephone No. | | Telephone No. 856-779-0472 | |
| Start Date (10) 4/20/15 | | License No. 010144 | |
| Scheduled Completion Date (11) 4/27/15 | | Name of OSHA Monitor JOSEPH KLEMM | |
| 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 <input type="checkbox"/> Other Describe | | Street Address 369 S. SPRUE AVE | |
| Scope of Work (Check all that apply) <input checked="" type="checkbox"/> 150 sq ft or less <input checked="" type="checkbox"/> 151 sq ft or more | | City, State, Zip Code MAPLE SHADE N.J. 08052 | |
| <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition | | <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Min. Enclosure <input type="checkbox"/> Cleaning Procedure <input checked="" type="checkbox"/> Non-Exempted (1) and Non-Fiber Procedure | |

| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN FACILITY (12) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (13) | Description of Asbestos-Containing Material (ACM) (i.e. thermal system insulation, surfacing, VAI or other miscellaneous) | Amount (Specified S.F. or L.F.) |
|--|---|--|---------------------------------|
| TRANSITE | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A | SIDING | 3000 sq ft X |
| | | | |
| | | | |

| | | | |
|--|--|-------------------------------------|---|
| Name of Registered Waste Hauler Klemm Inc. | NUDIP Waste Hauler No. 17904 | Cubic Yards of Waste 3 | Name of Registered Landfill CIMCMLA |
| City, State MAPLE SHADE N.J. | Onposal Date | City, State WOODBINE N.J. | |
| Completed By JOSEPH KLEMM | Title V/P | Signature Joseph Klemm | Date 3/19/15 |

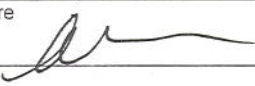
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Check 13721

| | | | | | | | | | |
|--|--|--|---|---|---------------------------|----------------|-----------------|-------------|-----------|
| Date of Notification (1) 3/17/15 | | Name of Building Owner/Operator (2) Walter | | | | | | | |
| Agencies Notified <input checked="" 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 <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address | | | | | | | |
| | | City, State, Zip Code | | | | | | | |
| | | Name of Contact Walter | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) house | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address 982 Grove Street | | Square Feet 2200 | # of Floors 2 | | | | | | |
| City (5) Irvington | | Bldg. Age 58 | | | | | | | |
| County (6) Essex | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | ASCM No. | Name of Abatement Contractor (9) ABS Environmental Services, LLC | | | | | | |
| Street Address | | Street Address PO Box 483 | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Glenwood, NJ 07418 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. 973-764-2276 | License No. 703 | | | | | | |
| Start Date (10) 3/26/15 | Scheduled Completion Date (11) 4/14/15 | Name of OSHA Monitor | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____ | | Street Address | | | | | | | |
| | | City, State, Zip Code | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <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 | 145 | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Freehold Cartage | | NJDEP Waste Hauler ID No. 15939 | Cubic Yards of Waste 10 | Name of Registered Landfill TBD | | | | | |
| City, State Freehold, NJ | | Disposal Date TBD | | City, State | | | | | |
| Completed by A. Scott Higgins | | Title President | | Signature  | | | Date 3/17/15 | | |

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

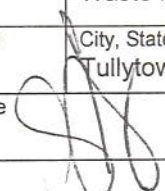
Check 13720

| | | | | | | | | | |
|--|---|--|---|--|---------------------------|----------------|-----------------|-------------|-----------|
| Date of Notification (1) 3/17/15 | | Name of Building Owner/Operator (2) David Steinberger | | | | | | | |
| Agencies Notified | Type Notification | Street Address 3873 Campo Court | | | | | | | |
| <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Boulder CO 80301 | | | | | | | |
| <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | | Name of Contact David Steinberger | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) house | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address 136 Hope Street | | Square Feet 2300 | # of Floors 2 | | | | | | |
| City (5) Ridgewood | | Bldg. Age 65 | | | | | | | |
| County (6) Bergen | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | ASCM No. | Name of Abatement Contractor (9) ABS Environmental Services, LLC | | | | | | |
| Street Address | | Street Address PO Box 483 | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Glenwood, NJ 07418 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. 973-764-2276 | License No. 703 | | | | | | |
| Start Date (10) 3/30/15 | Scheduled Completion Date (11) 4/20/15 | Name of OSHA Monitor | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____ | | Street Address | | | | | | | |
| | | City, State, Zip Code | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | | | | | | |
| | | <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <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 | 60 LF | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Freehold Cartage | | NJDEP Waste Hauler ID No. 15939 | Cubic Yards of Waste 10 | Name of Registered Landfill TBD | | | | | |
| City, State Freehold, NJ | | Disposal Date TBD | | City, State | | | | | |
| Completed by A. Scott Higgins | | Title President | | Signature  | | | Date 3/17/15 | | |

CK 2505413

Print Form

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

| | | | | | | | | | |
|--|---|--|---|--|---------------------------|----------------|--------------------|-------------|-----------|
| Date of Notification (1) 03/17/2015 | | Name of Building Owner/Operator (2) Stevens Institute of Technology | | | | | | | |
| Agencies Notified | Type Notification | Street Address Castle Point on Hudson | | | | | | | |
| <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Hoboken, NJ 07030 | | | | | | | |
| | | Name of Contact David Fernandez, Director EHS | Telephone Number (201) 327-1000 | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Williams Library Data Center | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address Castle Point on Hudson | | Square Feet 45,000 | # of Floors 3 | | | | | | |
| City (5) Hoboken | | Bldg. Age 40 yrs | | | | | | | |
| County (6) Hudson | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) library data center | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Briggs Associates | | ASCM No. 0004 | Name of Abatement Contractor (9) D&S Abatement, Inc. | | | | | | |
| Street Address 3 Crosswicks Street | | Street Address 11 Rosengren Avenue | | | | | | | |
| City, State, Zip Code Bordentown, NJ 08505 | | City, State, Zip Code Totowa, NJ 07512 | | | | | | | |
| Project Manager for Monitoring Firm Michael Hoodak | | Telephone No. 609-298-5520 | Telephone No. 973-345-8685 | | | | | | |
| Start Date (10) 03/27/2015 | | Scheduled Completion Date (11) 03/29/2015 | License No. 00675 | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>occupied</u> | | Name of OSHA Monitor D&S Abatement, Inc. | | | | | | | |
| | | Street Address 11 Rosengren Avenue | | | | | | | |
| | | City, State, Zip Code Totowa, NJ 07512 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <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) <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 |
| library data center / basement | | X | | ceiling tiles | 400 SF | X | | | |
| library data center / basement | | X | | fireproofing | 120 SF | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler D&S Abatement, Inc. | | NJDEP Waste Hauler ID No. 20996 | Cubic Yards of Waste TBD | Name of Registered Landfill Waste Management of PA | | | | | |
| City, State Totowa, NJ | | Disposal Date TBD | | City, State Tullytown, PA | | | | | |
| Completed by Susan Brkusanin | | Title Project Manager | | Signature  | | | Date 03/17/2015 | | |


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

CL 5543

| | | | | | | | | |
|---|--|---|--|---|------------------------|---------|----------|-------------|
| Date of Notification (1) 3/19/15 | | Name of Building Owner/Operator (2) BETSY CROSBY | | | | | | |
| Agency 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 <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 105 BELLEVUE AVE | | | | | | |
| | | City, State, Zip Code SUMMIT, NJ, 07901 | | | | | | |
| | | Name of Contact MS. BETSY CROSBY | Telephone Number 7 | | | | | |
| FACILITY INFORMATION | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) BETSY CROSBY | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | |
| Street Address 105 BELLEVUE AVE | | Square Feet 3200 | # of Floors 2 | | | | | |
| City (5) SUMMIT | | Bldg. Age 1917 | | | | | | |
| County (6) UNION | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) RESIDENCE | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | ASCM No. | Name of Abatement Contractor (9) Best Removal Inc | | | | | |
| Street Address | | Street Address 450 South River St | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Hackensack, N.J. 07601 | | | | | | |
| Project Manager for Monitoring Firm | Telephone No. | Telephone No. 201-329-7444 | License No. 00388 | | | | | |
| Start Date (10) 3/30/15 | Scheduled Completion Date (11) 3/31/15 | Name of OSHA Monitor Omega Environmental Inc | | | | | | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7AM TO 5PM | | Street Address 280 Huyler St | | | | | | |
| | | City, State, Zip Code Hackensack, N.J. 07601 | | | | | | |
| Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <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) 85 LF | Abatement Type | | | |
| | Yes | No | | | N/A | Removal | Repair | Encapsulate |
| BASEMENT CRAWL SPACE | | | P | THERMAL SYSTEM INSULATION | | | X | |
| | | | | | | | | |
| | | | | | | | | |
| Name of Registered Waste Hauler Best Removal Inc | | NJDEP Waste Hauler ID No. 17109 | Cubic Yards of Waste 11/29 | Name of Registered Landfill Minerva Enterprises.LLC | | | | |
| City, State Hackensack, N.J. 07601 | | | Disposal Date 3/31/15 | City, State Waynesburg, Oh. 44688 | | | | |
| Completed by J. Maiorano | Title Estimator | Signature <i>[Signature]</i> | | | Date 3/19/15 | | | |

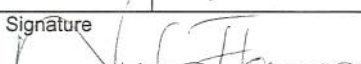
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

CHECK # 21827

| Date of Notification (1) 03-18-15 | | Name of Building Owner/Operator (2) Kingston Education Holdings | | | | | | | |
|--|---|---|--|---|---------------------------|------------------|--------|-------------|-----------|
| Agencies Notified | Type Notification | Street Address 60 Park Place | | | | | | | |
| <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Newark, NJ 07102 | | | | | | | |
| | | Name of Contact Amy Blake | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Vacant Building | | Type of Facility (4) | | | | | | | |
| Street Address 129-165 Littleton Avenue | | <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| City (5) Newark | Square Feet 12,000 | # of Floors 1.5 | Bldg. Age 60+ | | | | | | |
| County (6) Essex | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) Commercial | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | ASCM No. | Name of Abatement Contractor (9) Pinnacle Environmental Corp. | | | | | | |
| Street Address | | Street Address 200 Broad Street | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Carlstadt, NJ 07072 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. 201-939-6565 | License No. 00756 | | | | | | |
| Start Date (10) 03-30-15 | Scheduled Completion Date (11) 04-30-15 | Name of OSHA Monitor Even-Air Inc. | | | | | | | |
| Occupancy Status During Abatement (Check Only One) | | Street Address 10-59 Jackson Avenue | | | | | | | |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____ | | City, State, Zip Code Long Island City, NY 11101 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition | <input type="checkbox"/> Full Containment with Negative Pressure <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) <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 |
| Roof | | | x | Roof Flashing | 2,862SF | x | | | |
| Roof Parapet | | | x | Parapet Flashing | 878SF | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Freehold Cartage | | NJDEP Waste Hauler ID No. 18693 | Cubic Yards of Waste 40 | Name of Registered Landfill TRRF | | | | | |
| City, State Freehold, NJ | | Disposal Date TBD | | City, State Tullytown, PA | | | | | |
| Completed by Niamh Fleming | | Title Office Manager | | Signature  | | Date 03-18-15 | | | |

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

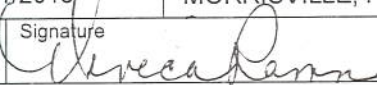
CHECK # 21828

| Date of Notification (1) 03-18-15 | | Name of Building Owner/Operator (2) Ashland School | | | | | | | |
|---|--|---|--|--|-------------------------------------|----------------|--------|-------------|-----------|
| 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 <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | Street Address 60 Park Place City, State, Zip Code Newark, NJ 07102 Name of Contact Amy Blake | | | | | | |
| | | | Telephone Number | | | | | | |
| | FACILITY INFORMATION | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Vacant Storefront Street Address 410-416 South Orange Avenue City (5) Newark | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Square Feet 3,000 # of Floors 1.5 Bldg. Age 60+ | | | | | | | |
| County (6) Essex | County Code (7) (STATE USE ONLY) _____ | | Current Use (Prior if being demolished) Commercial | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Street Address City, State, Zip Code | | ASCM No. | Name of Abatement Contractor (9) Pinnacle Environmental Corp. Street Address 200 Broad Street City, State, Zip Code Carlstadt, NJ 07072 | | | | | | |
| Project Manager for Monitoring Firm Telephone No. | | Telephone No. 201-939-6565 | License No. 00756 | | | | | | |
| Start Date (10) 03-30-15 | Scheduled Completion Date (11) 04-30-15 | | Name of OSHA Monitor Even-Air Inc. | | | | | | |
| 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 <input type="checkbox"/> Other - Describe: _____ | | Street Address 10-59 Jackson Avenue City, State, Zip Code Long Island City, NY 11101 | | | | | | | |
| Scope of Work (Check All That Apply) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf </div> <div> <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition </div> <div> <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure </div> </div> | | | | | | | | | |
| 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 |
| Roof Parapet | | | x | Parapet Tar | 1,200SF | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Freehold Cartage | | NJDEP Waste Hauler ID No. 18693 | | Cubic Yards of Waste 20 | Name of Registered Landfill TRRF | | | | |
| City, State Freehold, NJ | | | | Disposal Date TBD | City, State Tullytown, PA | | | | |
| Completed by Niamh Fleming | | Title Office Manager | | Signature  | Date 03-18-15 | | | | |


CK 20003

Print Form

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

| | | | | | | | | | |
|---|--|---|--|---|---------------------------|----------------|--------|-------------------|-----------|
| Date of Notification (1) 3/18/2015 | | Name of Building Owner/Operator (2) SOUNDVIEW PAPER COMPANY | | | | | | | |
| Agencies Notified | Type Notification | Street Address ONE MARKET STREET | | | | | | | |
| <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code ELMWOOD PARK, NJ 07407 | | | | | | | |
| | | Name of Contact ED KNAPICK | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) SOUNDVIEW PAPER COMPANY | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address ONE MARKET STREET | | Square Feet | # of Floors | | | | | | |
| City (5) ELMWOOD PARK | | Bldg. Age | | | | | | | |
| County (6) BERGEN | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | ASCM No. | Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING | | | | | | |
| Street Address | | Street Address 250 RUTHERFORD BLVD. | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code CLIFTON, NJ 07014 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. | Telephone No. 973-956-8700 | | | | | | |
| | | License No. 00494 | | | | | | | |
| Start Date (10) 3/28/2015 | Scheduled Completion Date (11) 4/1/2015 | Name of OSHA Monitor SAME AS (9) ABOVE | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: OCCUPIED | | Street Address | | | | | | | |
| | | City, State, Zip Code | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | | | | | | |
| | | <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <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 |
| MECHANIC SHOP | | X | | PIPE | 8 LF | X | | | |
| | | | | PIPE INSULATION | 6 LF | | X | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler TWO BROTHERS CONTRACTING | | NJDEP Waste Hauler ID No. 18743 | Cubic Yards of Waste 1 | Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S. | | | | | |
| City, State CLIFTON, NJ | | Disposal Date 4/1/2015 | | City, State MORRISVILLE, PA | | | | | |
| Completed by VIVECA RAMOS | | Title PROJECT COORDINATOR | | Signature  | | | | Date 3/18/2015 | |

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

| Date of Notification (1) 3/17/15 | | Name of Building Owner/Operator (2) Michael Munro | | | | | | | |
|---|---|---|---|---|---------------------------|-------------------------------------|--------|-------------|-----------|
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA | Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 62 Long Point Drive City, State, Zip Code Brick, NJ 08723 Name of Contact Eric Plackis Telephone Number | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) 62 Long Point Drive | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| City (5) Brick | Square Feet 1248 | # of Floors 1 | Bldg. Age 50 | | | | | | |
| County (6) Ocean | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Home | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | Name of Abatement Contractor (9) Brick Industries Inc. | | | | | | | |
| Street Address | | Street Address P.O. Box 915 | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Brick, New Jersey 08723 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. (732)899-7499 | License No. 01196 | | | | | | |
| Start Date (10) 3/18/15 | Scheduled Completion Date (11) 3/20/15 | Name of OSHA Monitor | | | | | | | |
| 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 <input type="checkbox"/> Other - Describe: | | Street Address City, State, Zip Code | | | | | | | |
| Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥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"/> 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 |
| | | | | 8 Floor tile/mastic | 286 SF | <input checked="" type="checkbox"/> | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Brick Industries Inc. | | NJDEP Waste Hauler ID No. 21602 | Cubic Yards of Waste 4 | Name of Registered Landfill GROWS | | | | | |
| City, State Brick, New Jersey | | | Disposal Date 3/23/15 | City, State PA | | | | | |
| Completed by Eric Plackis | | Title President | Signature  | Date 3/17/15 | | | | | |

CK 3625

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

| | | | |
|--|---|---|--|
| Date of Notification (1) March 17, 2015 | | Name of Building Owner/Operator (2) 84 Lockwood LLC | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 2-44 Cornelia Street City, State, Zip Code Newark, NJ 07105 Name of Contact Jack Carroll Telephone Number 2 | |
| FACILITY INFORMATION | | | |
| Name of Facility Where Abatement is Taking Place (3) Commercial Warehouse | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | |
| Street Address 84-132 Lockwood Street | | Square Feet 250,000 | |
| City (5) Newark, NJ 07105 | | # of Floors 1-3 | |
| County (6) Essex | | Bldg. Age 1940 | |
| County Code (7) Essex | | Current Use (Prior if being demolished) Packaging & Storage | |
| Name of Monitoring Firm Hired by Building Owner (8) Bioterra Environmental Solutions | | Name of Abatement Contractor (9) Joseph Environmental LLC | |
| Street Address PO Box 1224 | | Street Address 80 Varsity Road | |
| City, State, Zip Code Union, NJ 07083 | | City, State, Zip Code Newark, NJ 07106 | |
| Project Manager for Monitoring Firm Rick Eustaquio | | Telephone No. 973 494 3762 | |
| Start Date (10) 3/26/15 | | Scheduled Completion Date (11) 7/26/15 | |
| Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Only Bldg#16 occupied during other bldg work | | Name of OSHA Monitor Bioterra Environmental Solutions | |
| Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure (Plaster) <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | Street Address PO Box 1224 City, State, Zip Code Union, NJ 07083 | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) | | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A | |
| Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | | Amount (Specify SF or LF) | |
| Abatement Type | | Removal Repair Encapsulation Enclosure | |
| Bldg#16,24,6A,6B,6C,6,15A,5,2,3,4,4A | | X | |
| Roofing & Flashing | | 139,000SF/10,000 LF | |
| Bldg# 4A | | X | |
| Plaster | | 2000 SF | |
| Bldg# 5,6,6C,15,16,22,24 | | X | |
| Pipe Insulation & Elbows | | 600 LF /30 Units | |
| Bldg#4,6,6B,6C,15,15A,22,24,office ad. | | X | |
| Transite/Roll Siding, VAT, W. Caulk | | 12,000/1700/4100SF | |
| Name of Registered Waste Hauler TBD & Joseph Environmental LLC | | NJDEP Waste Hauler ID No. 22206 | |
| City, State Newark, NJ 07106 | | Disposal Date During project | |
| Name of Registered Landfill Conestoga Landfill | | City, State Morgantown, PA | |
| Completed by Gregory Schadt | | Title Supervisor | |
| Signature <i>Gregory Schadt</i> | | Date 3/17/15 | |

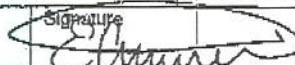
NJ Dept of Health & Senior Services

(signature)

Date: 3/17/15 Time: 12:00

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

CK# 1115

| | | | | | | | | | |
|--|--|--|-----------------------------|--|---------------------------|------------------------|--------|-------------|-----------|
| Date of Notification (1) March 17 2015 | | Name of Building Owner/Operator (2) KM Construction | | | | | | | |
| Agencies Notified | Type Notification | Street Address 137 Normandy Place | | | | | | | |
| <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (Including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Irvington NJ | | | | | | | |
| | | Name of Contact Jose Puno | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) House for Demo | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address 443 New York Ave. | | Square Feet 2000 | # of Floors 2 | | | | | | |
| City (5) Elizabeth | | Bldg. Age 50+ | | | | | | | |
| County (6) Union | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) House | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) n/a | ASCM No. n/a | Name of Abatement Contractor (9) Loznica Management Corp | | | | | | | |
| Street Address n/a | Street Address 22 Troy Lane | | | | | | | | |
| City, State, Zip Code n/a | City, State, Zip Code Lincoln Park NJ 07035 | | | | | | | | |
| Project Manager for Monitoring Firm n/a | Telephone No. n/a | Telephone No. 9737067950 | License No. 01193 | | | | | | |
| Start Date (10) 3-20-2015 | Scheduled Completion Date (11) 3-23-2015 | Name of OSHA Monitor Loznica Management Corp | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 9 am - 4 pm | | Street Address 22 Troy Lane | | | | | | | |
| | | City, State, Zip Code Lincoln Park NJ 07035 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 250 lf | | <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition | | | | | | | |
| | | <input type="checkbox"/> LINE DUMPSTERS & WET MATERIAL <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" 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 |
| Exterior | | | x | Transite | 1500 SF | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Loznica Management Corp | | NJDEP Waste Hauler ID No. | Cubic Yards of Waste TBD | Name of Registered Landfill GROWS Landfill | | | | | |
| City, State Riverdale, NJ | | Disposal Date TBD | | City, State Morrisville PA 19067 | | | | | |
| Completed by E. Cirovic | | Title Secretary | | Signature  | | Date March 17, 2015 | | | |