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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>05/12/2003</td>
<td>Nezla &amp; Abibe Kabakci</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>DOL</td>
<td>Emergency (including justification)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>48 Howard Street</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FACILITY INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of facility where abatement is taking place (3)</td>
</tr>
<tr>
<td>Private Residence</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>County (6)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1095 Ringwood Avenue</td>
<td>Passaic</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Bldg. Owner (5)</th>
<th>ASCM No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>D &amp; S RESTORATION, INC.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 California Ave.</td>
<td>Paterson, NJ 07503</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Sched. Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>05/4/12</td>
<td>05/18/12</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility closed/vacated during entire period of abatement.</td>
</tr>
<tr>
<td>Abatement performed outside of normal facility hours.</td>
</tr>
<tr>
<td>Other - Describe: NORMAL HOURS</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>&gt;3 sf or &gt;3 if</td>
</tr>
<tr>
<td>&gt;160 sf or &gt;260 if</td>
</tr>
<tr>
<td>Demolition</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of asbestos-containing material (acm) to be abated in facility (15)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exterior</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description of asbestos-containing material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Building Debris Mixed With ACM</td>
</tr>
<tr>
<td>Transite Siding</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>150 YD</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>D &amp; S RESTORATION, INC.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paterson, NJ 07503</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>5/4/12-5/18/12</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>TULLYTOWN, RESOURCE RECOVERY</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>TULLYTOWN, PA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by (Print or Type)</th>
</tr>
</thead>
<tbody>
<tr>
<td>BOGDAN JOLDZIC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRESIDENT</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>5/4/2012</td>
</tr>
</tbody>
</table>

* 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)**
5/4/12

**Name of Building Owner/Operator (2)**
Jennifer Jones

**Street Address**
147 Ralston Avenue

**City, State, Zip Code**
South Orange, NJ 07079

**Name of Contact**
Jennifer Jones

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private</td>
<td></td>
</tr>
</tbody>
</table>

**Street Address**
147 Ralston Avenue

**City (5)**
South Orange

**County (6)**
Essex

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

**Square Feet**
4000

**# of Floors**
3

**Bldg. Age**
141

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

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

**ASCM No.**
67

**Name of Abatement Contractor (9)**
AZTECH MANAGEMENT, Inc.

**Street Address**
86 Christopher St.

**City, State, Zip Code**
Montclair, NJ 07042

**Telephone Number**
(973) 744-8800

**License Number**
00371

**Name of OSHA Monitor**
N/A

**Scheduled Start Date (10)**
5/13/12

**Month**
May

**Day**
13

**Year**
2012

**Sched. Completion Date (11)**
5/14/12

**Month**
May

**Day**
14

**Year**
2012

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

**Abatement Performed Outside of Normal Facility Hours - Describe:**

[X] Renovation

[X] Demolition

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN FACILITY (13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
</tr>
<tr>
<td>X Pipe Insulation</td>
</tr>
<tr>
<td>X Cleaning of bare pipe</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
AZTECH MANAGEMENT, INC.

**NJ DEP Waste Hauler ID No.**
17040

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

**City, State**
Montclair, NJ 07042

**Disposal Date**
5/15/12

**City, State**
Morrisville, PA 19067

**Completed By (Print or Type)**
Constantine Vivian

**Title**
President

**Signature**

**Date**
5/4/12
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1) 5/4/12

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

Name of Notification
[ ] EPA
[ ] DEP
[X] DOL
[X] DOH
[ ] DCA

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

Location of Asbestos - Containing Material (ACM)
TO BE ABATED
Yes No N/A

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

2nd and 3rd floors x VAT and mastic, table tops, transite 8600 SF

Name of Building Owner/Operator
Mercer County Community College

Address
1200 Old Trenton Road

City, State, Zip Code
West Windsor, NJ 08550

Type of Abatement Contractor
Jupiter Environmental Services, Inc.

Street Address
3 Lynn Court

City, State, Zip Code
Lincoln Park, NJ 07035

Telephone Number
973-709-0200

License Number
00852

Name of Registered Waste Hauler
Jupiter Environmental Services

Waste Hauler ID No.
NJD A9 Waste Hauler ID No. 04762

Cubic Yards Of Waste
20

Name of Registered Landfill
Minerva Landfill

City, State
Waynesburg, OH

Disposal Date
5/30/12

Completed By (Print or Type)
Pane Repic
Title General Manager
Signature
Date 5/4/12
State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:80-7 and 12:120-7)

Date of Notification (1)
5/4/12

Agencies Notified Type Notification
[X] DEP [X] Initial Notification
[X] IDOL [ ] Amended Notification
[X] IDOC [ ] EMERGENCY
[ ] IDCA [ ] Cancellation

Name of Building Owner/Operator (2)
Carolyn A. Sisto

Street Address
20 South Pierson Road

City, State, Zip Code
Maplewood, NJ 07040

Name of Contact
Doris Sisto Lustusky, EXE

FACILITY INFORMATION

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

Street Address
20 South Pierson Road

City (5)
Maplewood

County (6)
Essex

County Code (7)
N/A

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

Square Feet # of Floors Bldg. Age
2046 2 83

Current Use (Prior if being demolished)
Residence

Name of Monitoring Firm hired by Building Owner (8)
AZTECH MANAGEMENT, Inc.

ASCM No.
67

Name of Abatement Contractor (9)
AZTECH MANAGEMENT, Inc.

Street Address
86 Christopher St.

City, State, Zip Code
Montclair, NJ 07042

Telephone Number
(973) 744-8800

License Number
00371

Name of OSHA Monitor
N/A

Scheduled Start Date (10)
5/14/12

Sched. Completion Date (11)
5/15/12

Month Day Year
N/A

Occupancy Status During Abatement (Check only one)
[X] Facility Closed/Vacated During Entire Period of Abatement
[ ] Abatement Performed Outside of Normal Facility Hours - Describe: Off Hours Describes
[ ] Other - Describe: Other Occupancy Describes

Scheduled Start Date (10)
5/14/12

Sched. Completion Date (11)
5/15/12

Month Day Year
N/A

Occupancy Status During Abatement (Check only one)
[X] Facility Closed/Vacated During Entire Period of Abatement
[ ] Abatement Performed Outside of Normal Facility Hours - Describe: Off Hours Describes
[ ] Other - Describe: Other Occupancy Describes

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

Location of Asbestos-Containing Material (ACM) To Be Abated

<table>
<thead>
<tr>
<th>Basement</th>
<th>X</th>
<th>Pipe Insulation</th>
<th>75 l f</th>
<th>X</th>
</tr>
</thead>
</table>

Name of Registered Waste Hauler
AZTECH MANAGEMENT, INC.

NJDEP Waste Hauler ID No. 170040

Cubic Yards of Waste 1.0

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

City, State
Montclair, NJ 07042

Disposal Date
5/16/12

City, State
Morrisville, PA 19067

Completed By (Print or Type)
Constantine Vivian

Title
President

Signature

Date
5/4/12
Date of Notification (1)  
May 04, 2012

Name of Building Owner/Operator (2)  
Donnelly Construction

Type of Notification

- EPA
- DEP
- DOL
- DOH
- DCA

Name of Facility Where Abatement is Taking Place (3)

Toys R Us

Union, NJ

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

ASCM No.  
0021

Name of Abatement Contractor (9)  
The MACK Group, LLC.

Location of Asbestos-Containing Material (ACM)

TO BE ABATED

- Throughout Facility
- In Facility

Is Location Normally Used Solely

- By Maintenance/Custodial Staff?
- N/A

Description of Asbestos-Containing Material (ACM)

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

Amount (Specify SF or LF)

- 37,000 s/f

Abatement Type

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

Name of Registered Waste Hauler  
Newark Carting

Cubic Yards of Waste

- 370

Name of Registered Landfill  
Cumberland County Landfill

Disposal Date

- 8-15-12

Signature

- Mike Cooper

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

**State of New Jersey**

### Date of Notification (1)
05/03/2012

### Name of Building Owner/Operator (2)
The College of New Jersey

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

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

### Street Address
2000 Pennington Road

### City, State, Zip Code
Ewing, NJ 08628

### Name of Contact
David Jurkin

### Name of Facility Where Abatement is Taking Place (3)
The College of New Jersey - Cromwell Hall

### Street Address
2000 Pennington Road

### City (5)
Ewing

### County (6)
Mercer

### County Code (7)
(SATE USE ONLY) 54000

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

### Name of Monitoring Firm Hired by Building Owner (8)
USA Environmental Management, Inc.

### ASCM No.
0112

### Name of Abatement Contractor (9)
Mattiola Services, LLC

### Street Address
2082 B Lucon Road

### City, State, Zip Code
Skippack, PA 19474

### Project Manager for Monitoring Firm
William Weissgarber, Jr.

### Telephone No.
609.656.8101

### Telephone No.
610.539.5634

### License No.
01077

### Start Date (10)
06/01/12

### Completion Date (11)
07/06/12

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

### Scope of Work (Check All That Apply)
- [ ] 23 sf or 23 if
- [X] ≥160 sf or ≥260 if
- [X] Renovation
- [X] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Dewedg Bag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location of ACM</th>
<th>To Be Abated</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement, Floors 1 thru 6</td>
<td>X</td>
<td></td>
<td>Vinyl asbestos tile &amp; mastic</td>
<td>46,850 SF</td>
<td>X</td>
</tr>
<tr>
<td>Basement, floors 1 thru 6</td>
<td>X</td>
<td></td>
<td>Fittings and joint insulation</td>
<td>974 LF</td>
<td>X</td>
</tr>
<tr>
<td>Cromwell Hall - Roof</td>
<td>X</td>
<td></td>
<td>Roof drain insulation</td>
<td>12 LF</td>
<td>X</td>
</tr>
<tr>
<td>Basement</td>
<td>X</td>
<td>ACM coated sink</td>
<td></td>
<td>1EA</td>
<td>X</td>
</tr>
</tbody>
</table>

### Name of Registered Waste Hauler
USA Environmental Management

### NJDEP Waste Hauler ID No.
172173

### Cubic Yards of Waste

### Name of Registered Landfill
Waste Management

### Disposal Date
5/3/12

### City, State
Tullytown, PA

### Completed by
Caroline M. Harper

### Title
Project Manager

### Signature

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

**Data of Notification (1)**
5-4-12

**Name of Building Owner/Operator (2)**
Gerdau Ameristeel

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

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

**Square Feet**
100,000

**City (5)**
Sayersville

**County Code (7)**
Middlesex

**Telephone No.**
610-239-9920

**State Code (7)**
New Jersey

**Telephone No.**
923 Haws Avenue

**License No.**
00398

**City, State, Zip Code**
Norristown, PA 19401

**Name of Abatement Contractor (9)**
Plymouth Environmental Co., Inc.

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

**Name of CSHA Monitor**
Plymouth Environmental Co., Inc.

**Start Date (10)**
5-22-12

**Scheduled Completion Date (11)**
6-4-12

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

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

**Description of Asbestos-Containing Material (ACM)**
- thermal systems insulation,
- surfacing, VAT, or other miscellaneous
- roofing flashing

**Amount (Specify SF or LF)**
250 SF

**Abatement Type**
x

**Name of Registered Waste Hauler**
Newark Carting

**Cubic Yards of Waste**
30

**Disposal Date**
6-4-12

**Name of Registered Landfill**
IESI

**City, State**
Newark, NJ

**City, State**
Bethlehem, PA

**Completed by**
James M. Kelly

**Signature**

**Date**
5-4-12

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

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

**Date of Notification (1):** 4/26/2012

**Name of Building Owner/Operator (2):** Northvale Shopping Center Associates

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

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

**Street Address:** 1355 15th street Suite 130

**City, State, Zip Code:** Fort Lee NJ 07024

**Name of Contact:** Gregg Slater

**FACILITY INFORMATION**

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

**Private Property**

**Street Address:** 254 Livingston Street

**City (6):** Northvale New Jersey

**County (6):** Bergen

**County Code (7):** (STATE USE ONLY) __________

**Square Feet:** 6000

**# of Floors:** 2

**Bldg. Age:** +50

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

**Name of Monitoring Firm Hired by Building Owner (9):** n/a

**ASCM No.:** n/a

**Name of Abatement Contractor (9):**

**First Phase Group**

**Street Address:** 567-52nd street suite#16

**City, State, Zip Code:** West New York NJ 07093

**Telephone No.:** 201-758-7158

**License No.:** 001144

**Name of OSHA Monitor:** J&S Environmental Corp

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

- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours
- [x] Other – Describe: 9 Hours

**Start Date (10):** 5/8/2012

**Scheduled Completion Date (11):** 5/14/2012

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

- [x] ≥3 sf or ≥3 ft
- [x] ≥160 sf or ≥600 ft
- [ ] Renovation
- [x] Demolition
- [x] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [x] Glovebag Procedure
- [x] Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>In Facility (13)</th>
<th>Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Roof</td>
<td>No</td>
<td>roof material</td>
<td>6000SF</td>
<td>x</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:** DJM

**NJDEP Waste Hauler ID No:** 29681

**Cubic Yards of Waste:**

**Name of Registered Landfill:** Cumberland

**City, State:**

**Disposal Date:**

**Name of Registered Landfill:**

**City, State:** South Kearny NJ

**Completed by:** Edwin Precilla

**Title:** Project Manager

**Signature:**

**Date:** 4/26/2012

* Do not use this form for asbestos license exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:80 and 12:120)

Date of Notification (1)
4/26/2012

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

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

Name of Building Owner/Operator (2)
Kennedy Realty LLC 5418

Street Address
5418 Kennedy Blvd

City, State, Zip Code
West New York NJ 07093

Name of Contact
Aby

FACILITY INFORMATION

Type of Facility (4)
- School (K-12)
- Subchapter 6 (Other than K-12)
- Other (i.e. private & commercial buildings, homes, etc.)

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

Street Address
5418 Kennedy Blvd

City (5)
West New York NJ 07093

County Code (6)
Hudson

County Code (7)
(State USE ONLY)

Name of Abatement Contractor (9)
First Phase Group

Street Address
567-52nd street Suite#16

City, State, Zip Code
West New York NJ 07093

Telephone No.
201-758-7158

License No.
001144

Name of OSHA Monitor
J&S Environmental Corp

Street Address
2333 Route 22 West

City, State, Zip Code
Union NJ 07083

Job Completion Date (11)
5/9/2012

Start Date (10)
5/7/2012

Occupancy Status During Abatement (Check Only One)
Facility Closed/Vacated During Entire Period of Abatement
Abatement Performed Outside of Normal Facility Hours
Other – Describe: 8 Hours

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

Location of Asbestos-Containing Material (ACM)

<table>
<thead>
<tr>
<th>TO BE ABATED</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e. other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>In Facility</td>
<td>Yes</td>
<td>transite</td>
<td>250SF</td>
<td>x</td>
</tr>
<tr>
<td>Garage</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
DJM

City, State
109-113 Jacobus Ave

Disposal Date
South Kearny NJ

Completed by
Edwin Precilla

Title
Project Manager

Signature
Date
4/26/2012

NJDEP Waste Hauler ID No.
29581

Cubic Yards of Waste

Name of Registered Landfill
Cumberland

* Do not use this form for asbestos licensure exempted activities.
### State of NJ
#### Notification of Asbestos Abatement
(Pursuant to NJAC 8:60 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/11/12</td>
<td>CARMELYN TOBIN</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Amendment #</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ EPA</td>
<td>Initial</td>
<td></td>
</tr>
<tr>
<td>☑ DEP</td>
<td>Amended</td>
<td></td>
</tr>
<tr>
<td>☑ DOL</td>
<td>Emergency</td>
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<td>☑ DOH</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☑ DCA</td>
<td></td>
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</tr>
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</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>89 GORDONHURST AVENUE</td>
<td>UPPER MONTCLAIR, NJ</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of facility where abatement is taking place (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CARMELYN TOBIN</td>
</tr>
</tbody>
</table>

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<tr>
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<tbody>
<tr>
<td>89 GORDONHURST AVENUE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City (5)</th>
<th>County (6)</th>
<th>County Code (7) (State use only)</th>
</tr>
</thead>
<tbody>
<tr>
<td>UPPERMONTCLAIR</td>
<td>ESSEX</td>
<td></td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ School (K - 12)</td>
</tr>
<tr>
<td>☑ Subchapter 8 (Other than K-12)</td>
</tr>
<tr>
<td>☑ Other (Private/Commercial Bldgs/Homes, etc.)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>D &amp; S RESTORATION, INC.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 California Ave.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paterson, NJ 07503</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone Number</th>
<th>License Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>973-345-8020</td>
<td>00159</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>D &amp; S Restoration, Inc.</td>
</tr>
</tbody>
</table>

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<tbody>
<tr>
<td>Paterson, NJ 07503</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ &gt;2 sf or &gt;3 ft</td>
</tr>
<tr>
<td>☑ ≥160 sf or ≥260 ft</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Full Containment with negative pressure</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Renovation</td>
</tr>
<tr>
<td>☑ Demolition</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is location normally used solely by maintenance/custodial staff (12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>BASEMENT</td>
<td>☑ HEATING PIPE INSULATION</td>
</tr>
<tr>
<td>BASEMENT</td>
<td>☑ WATER PIPE INSULATION</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description of asbestos-containing material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>HEATING PIPE INSULATION</td>
</tr>
<tr>
<td>WATER PIPE INSULATION</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>120 L FT</td>
</tr>
<tr>
<td>20 L FT</td>
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**Registered Waste Hauler**

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>TULLYTOWN, RESOURCE RECOVERY</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paterson, NJ 07503</td>
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<table>
<thead>
<tr>
<th>Disposal Date</th>
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<tbody>
<tr>
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<table>
<thead>
<tr>
<th>Title</th>
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<tbody>
<tr>
<td>PRESIDENT</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
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</thead>
<tbody>
<tr>
<td>05/04/12</td>
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</table>

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

*ASB-41*
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)

| Date Format | I. 1/12/11 | II. 1/11/12 |

 Agencies Notified

- [ ] EPA
- [ ] DEP
- [x] DOL
- [ ] DOH
- [ ] DCA

Type Notification

- [ ] Initial
- [ ] Amended
- [ ] Amendment #: 1
- [ ] Emergency
- [ ] (including justification)
- [ ] Cancellation

Name of Building Owner/Operator (2)

ROBIN ABEL

Street Address

372 SHELBOURNE TERRACE

City, State, Zip Code

RIDGEWOOD, NJ 07450

Name of Contact

ROBIN ABEL

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

ROBIN ABEL

Street Address

372 SHELBOURNE TERRACE

City (5) | County (6) | County Code (7)

RIDGEWOOD | BERGEN | (State use only)

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

ASCN No.

Type of Facility (4)

- [ ] School (K - 12)
- [ ] Subchapter B (Other than K-12)
- [x] Other (Private/Commercial Bldgs./Homes, etc.)

Square Feet | # of Floors | Bldg. Age

Current Use (Prior if being demolished)

Name of Abatement Contractor (9)

D & S RESTORATION, INC.

Street Address

20 California Ave.

City, State, Zip Code

Paterson, NJ 07503

Telephone Number | License Number

973-345-8020 | 00159

Name of OSHA Monitor

D & S Restoration, Inc.

Street Address

20 California Avenue

City, State, Zip Code

Paterson, NJ 07503

Start Date (10) | Sched. Completion Date (11)

05/14/12 | 05/31/12

Occupancy Status During Abatement (Check only one)

- [ ] Facility closed/vacated during entire period of abatement.
- [x] Abatement performed outside of normal facility hours-
Describe:

Other-Describe: NORMAL HOURS

Scope of Work (check all that apply)

- [x] >3 sf or >24 if
- [x] Renovation
- [ ] 100 sf or >280 sf
- [ ] Demolition

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is location normally used solely by maintenance/custodial staff? (12)</th>
<th>Description of asbestos-containing material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Remove</th>
<th>Repair</th>
<th>Encap</th>
</tr>
</thead>
<tbody>
<tr>
<td>BASEMENT</td>
<td>Boiler Room</td>
<td>Yes</td>
<td>DUCT INSULATION</td>
<td>&lt;2 SQ FT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GARAGE</td>
<td></td>
<td>No</td>
<td>DUCT INSULATION</td>
<td>57 SQ FT</td>
<td></td>
<td></td>
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</tbody>
</table>

Registered Waste Hauler

D & S RESTORATION, INC.

NJDEP Hauler ID#: 13506

Cubic Yards of Waste: 1 YD

Name of Registered Landfill

TULLYTOWN, RESOURCE RECOVERY

City, State

PATERNON, NJ 07503

Disposal Date

05/15/12

Completed by (Print or Type)

BOGDAN JOLDZIC

Title

PRESIDENT

Signature

Date

04/24/12

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

Date of Notification (1) 4/25/2012

Agencies Notified

(X) EPA
(D) DEP
(X) DOL
(X) DOH
( ) DCA

Notification Type

() Initial Notification
( ) Amended Notification
Amendment No. ______________
( ) Emergency (including justification)
( ) Cancellation

Name of Building Owner/Operator (2)

Hercules

Street Address

500 Hercules Road
City, State, Zip Code
Wilmington, DE, 19808

Name of Contact

Joe Keller

Type of Facility (4)

( ) School (K-12)
( ) Subchapter 8 (other than K-12)
( ) Other (i.e. private & commercial bldgs., homes, etc.)

Sq. Feet __________ # of Floors __________

Bldg. Age __________

Current Use (prior if being demolished) __________ RESIDENCES

Name of Contractor (9)

Alliance Environmental Systems

Street Address

550 East Union Street
City State, Zip Code
West Chester, PA 19382

License Number

610-701-8000

Name of OSHA Monitor

EHS, INC

Street Address

9 MAIN STREET
City State, Zip Code
MULLICA HILL, NJ

Scheduled Start Date (10) 5/14/2012
Scheduled Completion Date (11) 7/6/2012

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

Describe

Other __________________________

Source of Work (Check all that apply)

( ) Demolition
( ) Renovation
( ) Major Project (>160 SF or >260 LF ACM)
( ) SM Project (>25<160 SF or >10<260 LF ACM)
( ) Full Containment with Negative Pressure
( ) Mini-Enclosure
( ) Glovebag Procedure

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

<table>
<thead>
<tr>
<th>Location of ACM</th>
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</thead>
<tbody>
<tr>
<td>Is Location Normally Used by Maint./Custodial Staff?</td>
</tr>
<tr>
<td>ROOF</td>
</tr>
<tr>
<td>YES</td>
</tr>
<tr>
<td>X</td>
</tr>
<tr>
<td>Roofing</td>
</tr>
<tr>
<td>57185 sf</td>
</tr>
</tbody>
</table>

Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other mislabel) __________________________

Amount (Specify SF or LF)


Abatement Type

Required

Name of Reg. Waste Hauler

NJDEP Waste Hauler ID # 17235

Cubic Yards of Waste

Approx. 100

Name of Reg. Landfill

BFI Imperial

City State

Disp. Date TBD

Hazelton, PA

Completed by (Print or Type)

DEVIN BLOM

Estimator

Mail to: NJDEP-DSHP-BRRTP Telephone 609-984-6620
401 E. State St., PO 414
Trenton, NJ 08625-0414

C: \WORD\MYDOCS\ASBESTOS
9/18/00
State of New Jersey - Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

**Date of Notification (1):** May 4, 2012

**Name of Building Owner/Operator (2):** Dover Blackwell Realty, Inc.

**Street Address:** 64 East Midland Avenue

**City, State, Zip Code:** Paramus, New Jersey 07652

**Name of Contact:** Tom Allesandrello

### FACILITY INFORMATION

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

**Commercial Building**

**Street Address:** 1-5 Blackwell Street

**City (5):** Dover

**County (6):** Morris

**County Code (7):** 00079

**Telephone Number:** 973-636-9145

**Name of Monitoring Firm Hired by Bldg. Owner (8):** EnviroVision Consultants inc.

**ASCM No.:** 973-492-0477

**Name of OSHA Monitor:** EMSL inc.

**Street Address:** 268 MAIN STREET

**City, State, Zip Code:** Butler, NJ 07405

**Scheduled Start Date (10):** May 4, 2012

**Scheduled Completion Date (11):** May 6, 2012

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

### SOURCE OF WORK (CHECK ALL THAT APPLY)

- ≥ 3 sf or ≥ 3 if
- ≥ 160 sf or ≥ 260

**Description of Asbestos Containing Material (ACM) in Facility (15):**

- Is Location Normally Used Solely by Maint./Custodial Staff? (12)
  - YES
  - NO
  - NA

**Location of Asbestos-Containing Material (ACM) in Facility (15):**

**Renovation:**

- Demolition

**Removal:**

- Repair

- Encap

**Enclosure**

### FIRST FLOOR

#### VAT & Mastic

- 1,900 SF

**Name of Reg. Waste Hauler:** Greenwood Abatement Consultants, Inc. – Butler, NJ 07405

**NJ DEP Waste Hauler ID #:** NJ DEP # 12561

**Disposal Date:** May 6, 2012

**Name of Registered Landfill:** Meadowfield Landfill

**Cubic Yards of Waste:** 20

**City, State:** Bridgeport, WVA

**Route 2, Box 68:** 304-842-2784

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

**Title:** SENIOR PROJECT MANAGER

**Signature:**

**Date:** May 4, 2012

**GAC #:** 2012-328
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1):
May 3, 2012

Name of Building Owner/Operator (2):
Mile Law

Agencies Notified

<table>
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<tr>
<th>Agency</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
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<tr>
<td>DEP</td>
<td>Amended</td>
</tr>
<tr>
<td>DOL</td>
<td>Amendment #</td>
</tr>
<tr>
<td>DOH</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>DCA</td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

Street Address:
1004 Parry Ave

City, State, Zip Code:
Palmyra, N.J. 08110

Name of Contact:
Mile Law

Facility Information

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

Street Address:
1004 Parry Ave

City (6):
Palmyra

County (8):
Camden

County Code (7):

Square Feet:
2200

# of Floors:
2

Bldg. Age:
60

Name of Monitoring Firm Hired by Building Owner (8):
Environmental Management International, Inc.

ASCM No.:

Name of Abatement Contractor (9):
Graham-Tech Environmental Services LLC

Street Address:
204 E. Germantown Pike

City, State, Zip Code:
Norrilton, P.A. 19401

Telephone No.:
(856)229-5369

License No.:
01158

Start Date (10):
5-5-2012

Scheduled Completion Date (11):
May 07, 2012

Name of OSHA Monitor:
Graham-Tech Environmental Services

Street Address:
14 Road Drive

City, State, Zip Code:
Sickerville, N.J. 08081

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

Scope of Work (Check All That Apply):
- (x) 3 sf or ≥3 sf
- (x) ≥150 sf or ≥260 sf
- (x) Renovation
- (x) Demolition
- (x) Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

In Facility (13):

Crawl Space:

Pipe Insulation:

30 LF

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

<table>
<thead>
<tr>
<th>Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
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<tbody>
<tr>
<td>Yes</td>
<td>No</td>
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</tbody>
</table>

Amount (Specify SF or LF):

30 LF

Abatement Type:

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

Name of Registered Waste Hauler:
American Disposal System

NJDEP Waste Hauler ID No.:
SW2068

Cubic Yards of Waste:

Name of Registered Landfill:
JP Mascaro-Pioneer Crossing

City, State:
P.O.Box 348, Lumberton, N.J. 08048

Disposal Date:

City, State:
727 Red Lane Road Birdsboro, P.A.

Completed by:
Willis Graham
Title:
Owner
Signature:

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

Date of Notification (1) May 3, 2012

Name of Building Owner / Operator (2)
JP Morgan Chase & Co.

Agencies Notified Type Notification

☐ EPA
☐ DEP
☒ DOL
☐ DOH
☐ DCA

Initial
Amended
Amendment #2
Cancellation

Street Address
591 Cranbury Road

City, State & Zip Code
East Brunswick, NJ 08816

Name of Contact
Damiano Albanese

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
JP Morgan Chase Bank

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

Square Feet
7,000

# of Floors
1

Bidg. Age
50

Current Use (Prior if being demolished)
Bank

Name of Monitoring Firm Hired by Building Owner (5)
Arcadis US Inc.

Name of Abatement Contractor (6)
Synatech, Inc.

Street Address
35 Columbia Road

City, State & Zip Code
Branchburg, NJ 08876

Telephone Number
908-526-1000

License Number
00317

Project Manager for Monitoring Firm
Peter Banas

Name of OSHA Monitor
Synatech, Inc.

Street Address
829 Radio Road

City, State & Zip Code
Little Egg Harbor, NJ 08087

Scheduled Start Date (10)
May 4, 2012

Scheduled Completion Date (11)
May 5, 2012

Occupancy Status During Abatement (Check only one)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Hours
☒ Other – Describe: Other Trades Working
☐ Facility Occupied During Abatement

Scope of Work (Check all that apply)
☐ ≥3 sf or ≥ 50 If
☒ ≥160 sf or ≥260 If

☐ Renovation
☐ Demolition

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

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

Yes
No
N/A

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

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

Yes
No
N/A

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

Amount (Specify SF or LF)

Abatement Type

Removal
Repair
Encapsulation
Containment

Basement and 1st floor closet

Floors

SLR

NJDEP Waste Hauler ID No.
27429

Cubic Yards of Waste
3

Name of Registered Landfill
Grows Landfill

City, State
Morrisville, PA

Little Egg Harbor, NJ 08087

Completed By
Diane Aloia

Title
Exec. Administrator

Signature

Date
May 3, 2012

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>5-5-12</th>
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<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>VFV Properties Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td>P.O. Box 508</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Martinsville, NJ 08836</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Fran K Morano</td>
</tr>
</tbody>
</table>

FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Single Family Dwelling (Vacant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>1410 Glenwood Drive</td>
</tr>
<tr>
<td>City (5)</td>
<td>Piscataway, NJ 08854</td>
</tr>
<tr>
<td>County (6)</td>
<td>Middlesex</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>EPC Technologies</td>
</tr>
<tr>
<td>ASCM No.</td>
<td>N/A</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>EPC Technologies, Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td>P.O. Box 337</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>New Egypt, NJ 08533</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Steve Schenker</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>609-758-3365</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>5-15-12</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>5-16-12</td>
</tr>
<tr>
<td>Occupancy Status During Abatement</td>
<td>Vacated</td>
</tr>
<tr>
<td>Scope of Work (Check all that apply)</td>
<td></td>
</tr>
</tbody>
</table>
- Yes  
- Demolition  
- Renovation  
- Full Containment with Negative Pressure  
- Mini-Enclosure  
- Glovebag Procedure  
- Non-Exempted (*) and Non-Friable Procedure |

| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Basement |
| Location Normally Used Solely by Maintenance/Custodial Staff? (12) | Yes |
| Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Transite Paneling 150 SF |

| Name of Registered Waste Hauler | EPC Technologies |
| NUDEP Waste Hauler ID No. | 17000 |
| Cubic Yards of Waste | <1 |
| Name of Registered Landfill | Waste Management |
| City, State | Morrisville, PA |
| Disposal Date | 5-16-12 |
| Completed by | Steve Schenker |
| Title | President |
| Signature | |  
Date | 5-5-12 |

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

Date of Notification (1)
05/04/2012

Agencies Notified
X EPA
X DEP
DOL
DOH
DCA

Type Notification
X Initial
Amended
Amendment #1
Emergency (Including
Justification)
Cancellation

Name of Building Owner/Operator (2)
Princeton University

Street Address
E.A. MacMillan Building
City, State, Zip Code
Princeton, NJ 08544

Name of Contact
Bob Ortega

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
120 Prospect Apartments

Street Address
120 Prospect Avenue

City (5)
Princeton,

County (6)
Mercer

Name of Monitoring Firm Hired by Building Owner (8)
ATC Associates, Inc.

Telephone No. 609 386 8800

Start Date (10)
05/04/2012

Scheduled Completion Date (11)
07/18/2012

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: work area isolated - working from 9 am to 6 pm

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

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos Containing Material (ACM)</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>West Basement</td>
<td>X</td>
<td>TSI &amp; Fittings</td>
<td>550 LF</td>
</tr>
<tr>
<td>Attic</td>
<td></td>
<td>TSI &amp; Cleanup</td>
<td>6 LF</td>
</tr>
<tr>
<td>Units A1-E3</td>
<td>X</td>
<td>Sheet Flooring</td>
<td>1639 SF</td>
</tr>
<tr>
<td>Units A1-E3</td>
<td></td>
<td>Wall Mastic</td>
<td>790 SF</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
Waste Management, Inc.

NJ DEP Waste Hauler ID No. 20990
Cubic Yards of Waste 40 CY

Name of Registered Landfill
Growes Landfill

Disposal Date
07/19/2012

City, State
Tullytown, PA

Completed by
Piyush Patel

Title
Program Manager

Signature
Piyush Patel

Date
05/04/12

Additional Quantities
* 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)
05/04/2012

Name of Building Owner/Operator (2)
Princeton University

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

Type Notification
Initial
Amended
Amendment #1
Emergency (including justification)
Cancellation

Street Address
E.A. MacMillan Building

City, State, Zip Code
Princeton, NJ 08544

Name of Contact
Bob Ortega

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
120 Prospect Apartments

Street Address
120 Prospect Avenue

City (5)
Princeton,

County (6)
Mercer

County Code (7) (STATE USE ONLY) 

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

Square Feet
60,000

# of Floors
3

Blg. Age
80

Name of Monitoring Firm Hired by Building Owner (8)
ATC Associates, Inc.

ASCM No.
00098

Name of Abatement Contractor (9)
Luzon, Inc.

Street Address
3 Terri Lane

City, State, Zip Code
Burlington NJ 08016

Project Manager for Monitoring Firm
Michael Keehn

Telephone No.
609 386 8800

Telephone No.
267 284 1050

License No.
01109

Name of OSHA Monitor
Joseph Maronski

Street Address
8451 Executive Avenue

City, State, Zip Code
Philadelphia, PA 19153

Occupancy Status During Abatement (Check Only One)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other - Describe: work area isolated - working from 8 am to 6 pm

Scope of Work (Check All That Apply)
- ≥3 sf or ≥3 if
- ≥100 sf or ≥200 If
- Renovation
- Demolition

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

In Facility (13)

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

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

Amount (Specify SF or LF)
90 LF

Abatement Type
Removal
Encapsulate
Endorse

Name of Registered Waste Hauler
Growes Landfill

Waste Management, Inc.
NJDEP Waste Hauler ID No.
20990

Cubic Yards of Waste
20 CY

Disposal Date
05/19/2012

City, State
Tullytown, PA

Completed by
Piyush Patel

Title
Program Manager

Signature
Piyush Patel

Date
05/04/12

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