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

Date of Notification (1) 5-8-13

Name of Building Owner/Operator (2) GREGORY

Agencies Notified EPA
DEP
DOL
DOH
DOA
Type Notification Initial
Amended
Amendment #
Emergency (Including Justification)
Cancellation

Facility Information

Name of Facility Where Abatement is Taking Place (3)
PRIVATE RES. 36 CHURCH ST.

Street Address 36 CHURCH ST.

City (5) ROTHSTEIN

County (6) MONMOUTH

Name of Abatement Contractor (9)
CREATIVE RIDGE ENVIRONMENTAL, INC.

Name of Monitoring Firm Hired by Building Owner (8)
ACM No. N/A

Name of OSHA Monitor

Street Address 15 BLACK FOREST ROAD

City, State, Zip Code HAMILTON, NJ 08691

License No. 00676

Telephone No. 609-890-7110

Start Date (10) 5-9-12

Scheduled Completion Date (11) 5-11-12

Occupancy Status During Abatement (Check only one)
Facility Closed/Vacated During Entire Period of Abatement
Abatement Performed Outside Normal Facility Hours
Other - Describe: DEMOLITION OF BLDG.

Scope of Work (Check all that apply)

- Demolition
- Remedial

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

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

Y, N, 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

Name of Registered Waste Hauler LUCAS DISPOSAL

NDEP Waste Hauler ID No. 82354

Disposal Date 5-14-12

City, State HIGHTSTOWN, NJ

Name of Registered Landfill CREEK

Disposal Date 5-14-12

City, State ROBBINSVILLE, NJ

Signature

Title

Date 5-5-12

President

* Do not use this form for asbestos licensure exempted activities.
# Notification of Asbestos Abatement

**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>05/08/2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Passaic County Building &amp; Grounds</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>Passaic County Building &amp; Grounds</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended</td>
<td></td>
</tr>
<tr>
<td>DOL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOH</td>
<td>Emergency (Including Justification)</td>
<td></td>
</tr>
<tr>
<td>DCA</td>
<td>Cancellation</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
<th>Name of Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>317 Pennsylvania Ave</td>
<td>Paterson, NJ 07503</td>
<td>Mr. Jack Nigro</td>
</tr>
</tbody>
</table>

### Facility Information

**Name of Facility Where Abatement is Taking Place (3)**
Passaic County Court House

- **Street Address**: 63-71 Hamilton St., Paterson
- **County**: Passaic
- **Square Feet**: 80,000 SF
- **# of Floors**: 4
- **Bldg. Age**: 60+

**Name of Abatement Contractor (9)**
Valiant Associates, LLC

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>145 Mill Street</td>
<td>Paterson, NJ 07501</td>
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</table>

**Name of Monitoring Firm HIred by Building Owner (8)**
Langan Engineering Services Inc

<table>
<thead>
<tr>
<th>ASCM No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>00099</td>
<td>01108</td>
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**Project Manager for Monitoring Firm**
Vijay Patel

<table>
<thead>
<tr>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>201-794-6900 x 4544</td>
<td>973-553-5374</td>
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</table>

**Start Date (10)**
05/18/2011

**Scheduled Completion Date**: 05/19/2011

**Occu...**

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
<th>Full Containment with Negative Pressure</th>
<th>Non-Exempted (*) and Non-Friable Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reneovation Demolition</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) 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 micromiscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Floor Corridor</td>
<td>X</td>
<td>Elbow Insulation</td>
<td>3 LF</td>
<td>X</td>
</tr>
<tr>
<td>1st Floor Map Room</td>
<td>X</td>
<td>Elbow Insulation</td>
<td>3 LF</td>
<td>X</td>
</tr>
<tr>
<td>Second Floor Room 202</td>
<td>X</td>
<td>Elbow Insulation</td>
<td>3 LF</td>
<td>X</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
Service Transport Group

<table>
<thead>
<tr>
<th>NJDEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Disposal Date</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>20990</td>
<td>2 CY</td>
<td>05/19/2011</td>
<td>Minerva Landfill</td>
</tr>
</tbody>
</table>

**Completed By**
Miodrag Stamenovic

**Signature**

---

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

(Pursuant to NJAC 8:65 and 12:120)

<table>
<thead>
<tr>
<th>Data of Notification (1)</th>
<th>05/09/2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building/Owner/Operator (2)</td>
<td>Prudential Adano Realty</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>Type Notification</td>
</tr>
<tr>
<td>EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended</td>
</tr>
<tr>
<td>DOL</td>
<td>Amendment #</td>
</tr>
<tr>
<td>DOH</td>
<td>Emergency (Including justication)</td>
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<tr>
<td>DCA</td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Residence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>55 West Edsall Ave.</td>
</tr>
<tr>
<td>City</td>
<td>Palisades Park</td>
</tr>
<tr>
<td>County Code (7)</td>
<td>Code</td>
</tr>
<tr>
<td>CURRENT USE ONLY</td>
<td>2</td>
</tr>
<tr>
<td>Square Feet</td>
<td>2,000</td>
</tr>
<tr>
<td># of Floors</td>
<td>2</td>
</tr>
<tr>
<td>Building Age</td>
<td>60+</td>
</tr>
<tr>
<td>Vacant Residence</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
<th>DIA General Construction, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>AOCM No. N/A</td>
</tr>
<tr>
<td>Street Address</td>
<td>1360 Clifton, Avenue, PMB Suite 218</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Clifton, NJ 07012</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>973-389-0089</td>
</tr>
<tr>
<td>License No.</td>
<td>00593</td>
</tr>
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</table>

| Start Date (10) | 5/19/2012 |
| Scheduled Completion Date (11) | 5/20/2012 |

<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>
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<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
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<tr>
<td>Other - Describe:</td>
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</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>≥160 sf or ≥300 If</td>
</tr>
<tr>
<td>Renovation</td>
</tr>
<tr>
<td>Demolition</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</th>
<th>TO BE ABATED</th>
</tr>
</thead>
<tbody>
<tr>
<td>IN Facility</td>
<td>(13)</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Basement</td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description of Asbestos Containing Material (ACM)</th>
<th>I.e., thermal systems insulation, surfacing, VAT, or other miscellaneous</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pipe/Elbow Insulation</td>
<td>70 LF</td>
</tr>
<tr>
<td>Abatement Type</td>
<td></td>
</tr>
<tr>
<td>Full Containment with Negative Pressure</td>
<td></td>
</tr>
<tr>
<td>Mini-Enclosure</td>
<td></td>
</tr>
<tr>
<td>Govebag Procedure</td>
<td></td>
</tr>
<tr>
<td>Non-Exempted (*) and Non-Friable Procedure</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>70 LF</td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>N.J. DEP Waste Hauler ID No. 20990</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service Transport Group</td>
<td></td>
</tr>
<tr>
<td>City, State</td>
<td>New Castle DE</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>5/20/2012</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>Minerva Landfill</td>
</tr>
<tr>
<td>City, State</td>
<td>Waynesburgh OH</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed By</th>
<th>Krutarth Jagad</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>President</td>
</tr>
<tr>
<td>Signature</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>05/09/2012</td>
</tr>
</tbody>
</table>

*Do not use this form for asbestos license exempted activities.*
**Date of Notification (1)**
05/18/12

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

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

**Name of Building Owner/Operator (2)**
DOMINICK LORELLI

**Street Address**
384 NO. FULLERTON AVENUE

**City, State, Zip Code**
MONTCLAIR, NJ

**Name of Contact**
DOMINICK LORELLI

**Telephone Number**

**FACILITY INFORMATION**

**Name of facility where abatement is taking place (3)**
DOMINICK LORELLI

**Street Address**
384 NO. FULLERTON AVENUE

**City (5)**
MONTCLAIR

**County (5)**
ESSEX

**County Code (7)**
(State use only)

**Type of Facility (4)**
- [ ] School (K - 12)
- [ ] Subchapter 8 (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**
973-345-8020

**License Number**
00159

**Name of OSHA Monitor**
D & S Restoration, Inc.

**Street Address**
20 California Avenue

**City, State, Zip Code**
Paterson, NJ 07503

**Project Manager for Monitoring Firm**

**Phone Number**

**Start Date (10)**
05/18/12

**Scheduled Completion Date (11)**
05/31/12

**Occupancy Status During Abatement (Check only one)**
- [ ] Facility closed/vacated during entire period of abatement.
- [ ] Abatement performed outside of normal facility hours—Describe:
  - [x] Other—Describe: NORMAL HOURS

**Scope of Work (check all that apply)**
- [x] >3 sf or >3 ft
- [ ] ≤100 sf or ≤20 ft
- [ ] Demolition
- [x] Renovation

**Location of asbestos-containing material (ACM) to be abated in facility (15)**

<table>
<thead>
<tr>
<th>Basement</th>
<th>Location normally used solely by maintenance/custodial staff</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pipe Insulation</td>
</tr>
<tr>
<td></td>
<td>Bare Heating Pipes</td>
</tr>
</tbody>
</table>

**Description of asbestos-containing material (ACM)**

- [ ] Full Containment/w/negative pressure
- [ ] Mini-enclosure
- [ ] Glovebag procedure
- [ ] Non-Exempted (*) and Non-Friable procedure

**Amount (Specify SF or LF)**

- [ ] 139 LF
- [ ] 16 LF

**Name of Registered Landfill**
TULLYTOWN, RESOURCE RECOVERY

**City, State**
TULLYTOWN, PA

**Registered Waste Hauler**
D & S RESTORATION, INC.

**NJDEP Hauler ID#**
13506

**Cubic Yards of Waste**
2 YDS

**Disposal Date**
05/19/12

**Completed by (Print or Type)**
BOGDAN JOLDZIC

**Title**
PRESIDENT

**Date**
05/08/12

---

* Do not use this form for asbestos licensure exempted activities.
**Notification of Asbestos Abatement**

(Pursuant to NJAC 8:30 and 12:20)

**REMEMBER - MAIL IN HARD COPY**

**DOL - 10 DAY**

MAY 8/2012

MAY 1 1, 2012

WATER APPROVED

**FACILITY INFORMATION**

Name of facility where abatement is taking place (3)

NANCY TUMPOSKY

Street Address

8 GRAY STREET

City, State, Zip Code

MONTCLAIR, NJ 07042

Name of Contact

NANCY TUMPOSKY

Telephone Number

**Type of Facility (4)**

- School (K - 12)
- Subchapter 8 (Other than K-12)
- Other (Private/Commercial Buildings, etc)

**Square Feet**

**# of Floors**

**Bldg. Age**

**Name of Abatement Contractor (6)**

D & S RESTORATION, INC.

Street Address

20 California Ave.

City, State, Zip Code

Paterson, NJ 07503

Telephone Number

973-345-8020

License Number

90149

**Facility closed/vacated during entire period of abatement.**

- Abatement performed outside of normal facility house

**Name of GSHA Monitor**

D & S Restoration, Inc.

Street Address

20 California Avenue

City, State, Zip Code

Paterson, NJ 07503

**Scoop of Work (check all that apply)**

- ≥ 2 ft or ≥ 3 ft
- Renovation
- ≥ 160 sf or ≥ 260 sf
- Demolition

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
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</thead>
<tbody>
<tr>
<td>BASMENT</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ATTIC</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PIPE INSULATION</td>
<td>111 LF</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VERMICULITE</td>
<td>5 SQ FT</td>
<td></td>
<td></td>
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</tbody>
</table>

**Registered Waste Handler**

D & S RESTORATION, INC.

NJDEP Hauler #

13506

Cubic Yards of Waste

2 YDS

City, State

PATerson, NJ 07503

Disposal Date

05/10/12

Completed by (Print or Type)

BOGDAN IOLYZIC

Title

PRESIDENT

Signature

Date

05/09/12

*Do not use this form for asbestos innocuous exempted activities.*
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:80 and 12:120)

Date of Notification (1):
05/15/12

Name of Building Owner/Operator (2):
NANCY TUMPOSKY

Agencies Notified:
- DOL - Emergency (Including justification)

Street Address:
8 GRAY STREET

City, State, Zip Code:
MONTCLAIR, NJ 07042

Name of Contact:
NANCY TUMPOSKY

FACILITY INFORMATION

Name of facility where abatement is taking place (3):
NANCY TUMPOSKY

Street Address:
8 GRAY STREET

City (5):
MONTCLAIR

County (6):
ESSEX

County Code (7) (State use only):

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

ASCM No.:

Type of Abatement Contractor (9):
D & S RESTORATION, INC.

Street Address:
20 California Ave.

City, State, Zip Code:
PATerson, NJ 07503

Telephone Number:
973-345-8020

License Number:
00159

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

Start Date (10):
05/09/12

Sched. Completion Date (11):
05/15/12

Scope of Work (check all that apply):
- > 3 sf or >3 lf
- >160 sf or >260 lf

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

Description of asbestos-containing material (ACM):
- PIPE INSULATION
- VERMICULITE

Amount (Specify SF or LF):
- BASEMENT: 111 LF
- ATTIC: 5 SQ LF

Registered Waste Hauler:
D & S RESTORATION, INC.

NJDEP Hauler ID:
13506

Cubic Yards of Waste:
2 YDS

Name of Registered Landfill:
TULLYTOWN, RESOURCE RECOVERY

City, State:
PATerson, NJ 07503

Disposal Date:
05/10/12

City, State:
PATerson, NJ 07503

Completed by (Print or Type):
BOGDAN JOLDZIC

Title:
PRESIDENT

Signature:

Date:
05/08/12

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

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>5/6/2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner / Operator (2)</td>
<td>DePetro Real Estate</td>
</tr>
<tr>
<td>Street Address</td>
<td>201 Union Lane</td>
</tr>
<tr>
<td>City, State &amp; Zip Code</td>
<td>Brielle, NJ 08730</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Richard DePetro</td>
</tr>
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</table>

### FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Apartments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>606 West Maple</td>
</tr>
<tr>
<td>City (5)</td>
<td>Merchantville</td>
</tr>
<tr>
<td>County (6)</td>
<td>Camden</td>
</tr>
<tr>
<td>County Code (7)</td>
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</table>

<table>
<thead>
<tr>
<th>Type of Facility (4)</th>
<th></th>
</tr>
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<tbody>
<tr>
<td>School (K-12)</td>
<td></td>
</tr>
<tr>
<td>Subchapter 8 (Other than K-12)</td>
<td></td>
</tr>
<tr>
<td>Other (i.e. private &amp; commercial buildings, homes, etc.)</td>
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<table>
<thead>
<tr>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
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</thead>
<tbody>
<tr>
<td>20000</td>
<td>2</td>
<td>80+</td>
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<thead>
<tr>
<th>Current Use (Prior if being demolished)</th>
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</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
<th>ALPHA ENVIRONMENTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>2129 Rt 33</td>
</tr>
<tr>
<td>City, State &amp; Zip Code</td>
<td>Hamilton, NJ</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone Number</th>
<th>License Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>215-295-1004</td>
<td>01091</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
<th>EMSL Analytical</th>
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<tbody>
<tr>
<td>Street Address</td>
<td>107 Haddon Avenue</td>
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<tr>
<td>City, State &amp; Zip Code</td>
<td>Westmont, NJ 08108</td>
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<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
<th></th>
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<tbody>
<tr>
<td>≥3 sf or ≥3 lf</td>
<td>☑</td>
</tr>
<tr>
<td>≥160 sf ≥260 lf</td>
<td>☑</td>
</tr>
<tr>
<td>Renovation</td>
<td>☑</td>
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<tr>
<td>Demolition</td>
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<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
</tr>
<tr>
<td>Pipe Insulation</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
<th>800lf repair estimate 100ft</th>
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<tbody>
<tr>
<td>Abatement Type</td>
<td></td>
</tr>
<tr>
<td>Full Containment with Negative Pressure</td>
<td>☑</td>
</tr>
<tr>
<td>Mini-Enclosure</td>
<td>☑</td>
</tr>
<tr>
<td>Glove Bag Procedures</td>
<td>☑</td>
</tr>
<tr>
<td>Non-Exempted and Non-Friable Procedure</td>
<td>☑</td>
</tr>
<tr>
<td>Roll-up Tarp</td>
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<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJDEP Waste Hauler ID No.</th>
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<tr>
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<td>20990</td>
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<th>Grows Landfill</th>
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<tr>
<td>Disposal Date</td>
<td>various</td>
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<tr>
<td>City, State</td>
<td>Morrisville, PA</td>
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<table>
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<tr>
<th>Completed By (Print or Type)</th>
<th>Title</th>
<th>Signature</th>
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<tbody>
<tr>
<td>Rod Richardson</td>
<td>PM</td>
<td>Rod Richardson</td>
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<table>
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<th>Date</th>
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<tr>
<td>Date of Notification (1)</td>
<td>5-9-2012</td>
</tr>
<tr>
<td>-------------------------</td>
<td>-----------</td>
</tr>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Ruben Vasques</td>
</tr>
<tr>
<td>Address</td>
<td>14 Franklin Street</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>East Orange, NJ</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

- **Name of Facility Where Abatement is Taking Place (3)**: House for Demo
- **Street Address**: 815 East 19th Street
- **City (5)**: Patterson
- **County (6)**: Passaic
- **Name of Abatement Contractor (9)**: Jador Contracting, LLC
- **Address**: 22 Troy Lane
- **City, State, Zip Code**: Lincoln Park, NJ 07035
- **Telephone No.**: 973-708-7950
- **License No.**: 01088

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

- 120 sf or 23 ft
- ≥160 sf or ≥220 ft
- Renovation
- Demolition

**Type of Facility (4)**

- School (K-12)
- Subcontractor / Other (i.e., private & commercial buildings, homes, etc.)

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

- Location Normally Used: No
- Custodial Staff: No
- Entire Structure

**Entire Structure**

- To be disposed as Asbestos Waste

**Name of Registered Waste Handler**

- Yannuzzi & Sons Demolition
- Handler ID No.: 17407
- Name of Registered Landfill: IESI
- City, State: Bethlehem PA

**Disposal Date**

- TBD

**Completed by**

- Lillie Lazarevich, Secretary

**Signature**

- 5-9-2012

*Do not use this form for asbestos license exempted activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 12:120)

Date of Notification (1)
5/9/2012

Name of Building Owner/Operator (2)
J. SUPOR

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

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

Street Address
500 SUPOR BOULEVARD, BUILDING #11
HARRISON, NJ 07029

Name of Contact
MARK A. TRIANO

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
PARKING DECK
1000 FRANK ROGERS BOULEVARD
HARRISON
HUDSON

County Code (7) (STATE USE ONLY)

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

ASCM No.

Name of Abatement Contractor (9)
TWO BROTHERS CONTRACTING
250 RUTHERFORD BLVD.
CLIFTON, NJ 07014

Name of OSHA Monitor
SAME AS (9) ABOVE

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

Square Feet

Current Use (Prior if being demolished)

# of Floors

Bldg. Age

Start Date (10)
5/19/2012

Scheduled Completion Date (11)
5/22/2012

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:

Scope of Work (Check All That Apply)
- [x] ≥3 sf or ≥3 ft
- [x] ≥160 sf or ≥250 ft
- [x] Renovation
- [ ] Demolition

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
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<tbody>
<tr>
<td>ATTIC</td>
<td>PIPE</td>
<td>15 LF</td>
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<tr>
<td>ROOF</td>
<td>TRANSITE ROOFING</td>
<td>200 SF</td>
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Name of Registered Waste Hauler
TWO BROTHERS CONTRACTING

WASTE MANAGEMENT G.R.O.W.S.

City, State
CLIFTON, NJ

Disposal Date
5/22/2012

City, State
MORRISVILLE, PA

Completed by
VIVECA RAMOS

Title
SECRETARY

Signature

Date
5/9/2012

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60-7 and 12:120-7)

<table>
<thead>
<tr>
<th>Date of Notification</th>
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<td>DOL</td>
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<tr>
<td></td>
<td>DOH</td>
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<tr>
<td></td>
<td>DCA</td>
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**Name of Building Owner / Operator (2)**  
Nick Kouroupas

**Street Address**  
150 Elmora Ave
City, State & Zip Code  
Elizabeth, NJ 07202

**Name of Contact**  
Kouroupas

**FACILITY INFORMATION**

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

**Street Address**  
150 Elmora Ave

**City (5)**  
Elizabeth
**County Code (7)**  
Union

**Name of Monitoring Firm Hired by Building Owner (8)**  
ASCM No.  
Environmental Tactics, Inc

**Street Address**  
54 Broad Street
City, State & Zip Code  
Matawan, NJ 07747

**Project Manager for Monitoring Firm**  
Tom Gelger

**Telephone Number**  
732-290-2217

**Scheduled Start Date (10)**  
5/5/12
**Scheduled Completion Date (11)**  
5/10/12

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

**Abatement Performed Outside of Normal Facility Hours**  
X Describe:  
Area Isolated During Abatement

**Scope of Work (Check all that apply)**  
Demolition
Renovation
Large Project

X Quantity is ≥ 3 SF or ≥ 3 LF ACM
Quantity is ≥ 160 SF or ≥ 260 LF ACM

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

**Basement**  
N/A

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

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

**Basement**  
N/A

**Pipe Insulation**  
12 LF

**Clean up/Decontamination Pipe**  
40 LF

**Name of Registered Waste Hauler**  
Freehold Cartage

**Freehold Hauler ID #**  
18693

**Cu. Yds. of Waste**  
3

**Name of Registered Landfill**  
TRRF

**Disposal Date**  
5/10/12

**City, State**  
Freehold, NJ
City, State & Zip Code  
Tullytown, Pa

**Completed By (Print or Type)**  
Dominick Tringali
**Title**  
Pres.

**Signature**  
Dominick Tringali

**Date**  
5/8/12
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

<table>
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<th>Date of Notification (1)</th>
<th>05/09/2012</th>
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<td>Name of Building Owner/Operator (2)</td>
<td>Oxford Custom Homes</td>
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<td>Agencies Notified</td>
<td>Type Notification</td>
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<tr>
<td>EPA</td>
<td>Initial</td>
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<tr>
<td>DEP</td>
<td>Amended</td>
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<tr>
<td>DOL</td>
<td>Amendments # 1, 2</td>
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<tr>
<td>DOH</td>
<td>Emergency</td>
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<tr>
<td>DCA</td>
<td>Cancellation</td>
</tr>
<tr>
<td>Street Address</td>
<td>625 Withall Road</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Ridgewood, NJ 07450</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Sydney McPhee</td>
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<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>Residential Property Scheduled for Demolition</td>
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<tr>
<td>Street Address</td>
<td>242 Vivien Court</td>
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<tr>
<td>City (5)</td>
<td>Paramus, NJ</td>
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<tr>
<td>County (6)</td>
<td>Bergen</td>
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<td>County Code (7) (STATE USE ONLY)</td>
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<tr>
<td>Name of Monitoring Firm Hired by Building Owner (6)</td>
<td>N/A</td>
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<tr>
<td>ASM No.</td>
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<tr>
<td>Name of Abatement Contractor (9)</td>
<td>Jadar Contracting LLC</td>
</tr>
<tr>
<td>Street Address</td>
<td>22 Troy Lane</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Lincoln Park, NJ 07035</td>
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<tr>
<td>Project Manager for Monitoring Firm</td>
<td>N/A</td>
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<tr>
<td>Telephone No.</td>
<td>973-706-7950</td>
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<tr>
<td>License No.</td>
<td>01088</td>
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<td>Start Date (10)</td>
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<td>Scheduled Completion Date (11)</td>
<td>05/23/12</td>
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<tr>
<td>Occupancy Status During Abatement (Check only one)</td>
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<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
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<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
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<tr>
<td>Other - Describe: Scheduled for Demolition</td>
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<tr>
<td>Scope of Work (Check all that apply)</td>
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</tr>
<tr>
<td>Full Containment with Negative Pressure</td>
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<tr>
<td>Mini-Enclosure</td>
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<tr>
<td>Glovebag Procedure</td>
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<tr>
<td>Non-Exempted (*) and Non-Friable Procedure</td>
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<tr>
<td>Asbestos -Containing Material (ACM) TO BE ABATED IN Facility (13)</td>
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<tr>
<td>Location of Asbestos -Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
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<tr>
<td>Amount (Specify SF or LF)</td>
<td>150 SF</td>
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<tr>
<td>Abatement Type</td>
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<td>Endorsement</td>
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<tr>
<td>Kitchen</td>
<td>VAT</td>
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<tr>
<td>Name of Registered Waste Hauler</td>
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<td>Name of Registered Landfill</td>
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<td>Disposal Date</td>
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<tr>
<td>Name of Registered Landfill</td>
<td>Morrisville, PA</td>
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<tr>
<td>Completed By</td>
<td>Lillicie Lazarevich</td>
</tr>
<tr>
<td>Title</td>
<td>Secretary</td>
</tr>
<tr>
<td>Signature</td>
<td>Lillie Lazarevich</td>
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</table>

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

### Date of Notification

5/8/12

### Agencies Notified

- [ ] EPA
- [ ] DEP
- [ ] DCA (NJAC 5:18)
- [ ] DHSS
- [ ] DCA (NJAC 5:23-8)

### Type Notification

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

### Name of Building Owner/Operator

Asbury Partners, LLC

### Street Address

1100 Ocean Avenue

### City, State, Zip Code

Asbury Park, NJ 07712

### Name of Contact

George Bardsley

### Telephone Number

### Name of Facility Where Abatement is Taking Place

404 Monroe Avenue

### City

Monmouth

### County Code

City: Asbury Park, NJ

### County

State: NJ

### Current Use

Former residence

### Name of Monitoring Firm Hired by Building Owner

n/a

### Name of Abatement Contractor

Finishing Touch Asbestos Abatement Corp.

### Street Address

17 Thompson Street

### City, State, Zip Code

West Long Branch, NJ 07764

### Project Manager for Monitoring Firm

### Telephone No.

732-222-8372

### License No.

00040

### Start Date

5/26/12

### Scheduled Completion Date

5/28/12

### Occupancy Status During Abatement

- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [x] Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM/PM/AM

### Scope of Work

- [ ] ≤ 3 sf or ≤ 33 ft
- [ ] ≤ 60 sf or ≤ 66 ft
- [ ] ≤ 60 sf or ≤ 66 ft
- [x] ≥ 160 sf or ≥ 260 ft

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

- [x] Exterior Siding

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

- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Gloves Bag Procedure
- [ ] Non-Exempted (*) and Non-Removable Procedure

### Amount (Specify SF or LF)

3200 sf

### Abatement Type

- [ ] Removal
- [ ] Repair
- [ ] Encapsulate

### Name of Registered Waste Hauler

Finishing Touch Asbestos

### City, State

Oceanport, NJ 07757-0400

### Disposal Date

5/29/12

### Name of Registered Landfill

GROWS Landfill

### City, State

Morrisville, PA

### Completed By (Print or Type)

Joseph P. Miller

### Title

President

### Signature

Date: 5/8/12

---

*Do not use this form for asbestos licensure exempted activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 5:16)

Date of Notification (1) 5 / 8 / 12

Name of Building Owner/Operator (2) Asbury Partners, LLC

Address
1100 Ocean Avenue
City, State, Zip Code
Asbury Park, NJ 07712

Name of Contact
George Bardsley

FACILITY INFORMATION
Name of Facility Where Abatement is Taking Place (3)

Street Address
1604 Webb Street
City (5)
Asbury Park, NJ
County (6)
Monmouth
County Code (7) (STATE USE ONLY)

Square Feet
2800 sf
# of Floors
2
Bldg. Age
80 + yrs

Type of Facility (4)

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

Name of Abatement Contractor (5)
Finishing Touch Asbestos Abatement Corp.

Street Address
17 Thompson Street
City, State, Zip Code
West Long Branch, NJ 07764

License No.
00040

License No.
732-222-8372

Name of OSHA Monitor
n/a

Occupy Status During Abatement (Check only one)

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

Time of Abatement: AM PM AM

Scope of Work (Check all that apply)

- [ ] 33 sf or ≥ 33 if
- [ ] 160 sf or ≥ 260 if
- [ ] Renovation
- [ ] Demolition
- [x] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Firable Procedure

Abatement Type

- [x] Removal
- [ ] Reprap
- [x] Encapsulate
- [ ] Endorse

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

Is Location Normally Used Solely by Maintenance/Custodial Staff?

- [x] Yes
- [ ] No
- [ ] N/A

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

Amount (Specify SF or LF)

- [x] 130 LF

Name of Registered Waste Hauler
Finishing Touch Asbestos

NJ/DEP Waste Hauler #
12588

Cubic Yards of Waste
GROWS Landfill
Name of Registered Landfill
North

City, State
Oceanport, NJ 07757-0400

Disposal Date
5/29/12

City, State
Morrisville, PA

Completed By (Print or Type)
Joseph P. Miller
Title
President

Signature
Date
5/8/12

* Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>5 / 8 / 12</th>
<th>Name of Building Owner/Operator (2)</th>
<th>Asbury Partners, LLC</th>
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<tbody>
<tr>
<td>Agencies Notified</td>
<td></td>
<td>Street Address</td>
<td>1100 Ocean Avenue</td>
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<tr>
<td></td>
<td></td>
<td>City, State, Zip Code</td>
<td>Asbury Park, NJ 07712</td>
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<tr>
<td>Name of Contact</td>
<td></td>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
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<tr>
<td></td>
<td></td>
<td>FACILITY INFORMATION</td>
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<td>Type of Facility (4)</td>
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<td></td>
<td>Square Feet</td>
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<tr>
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<td># of Floors</td>
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<td></td>
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<td>Eblg. Age</td>
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<td>Street Address</td>
<td>402 Sweall Avenue</td>
<td>County Code (7)(STATE USE ONLY)</td>
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<td>City (5)</td>
<td>Asbury Park, NJ</td>
<td>County Code (7)(STATE USE ONLY)</td>
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<tr>
<td>County (6)</td>
<td>Monmouth</td>
<td>County Code (7)(STATE USE ONLY)</td>
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<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>n/a</td>
<td>Name of Abatement Contractor (9)</td>
<td>Finishing Touch Asbestos Abatement Corp.</td>
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<tr>
<td>Project Manager for Monitoring Firm</td>
<td></td>
<td>Street Address</td>
<td>17 Thompson Street</td>
</tr>
<tr>
<td>Telephone No.</td>
<td></td>
<td>City, State, Zip Code</td>
<td>West Long Branch, NJ 07764</td>
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<td>Start Date (10)</td>
<td>5 / 22 / 12</td>
<td>Scheduled Completion Date (11)</td>
<td>5 / 23 / 12</td>
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<tr>
<td>Occupancy Status During Abatement (Check only one)</td>
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<td>Name of OSHA Monitor</td>
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</tr>
<tr>
<td></td>
<td></td>
<td>n/a</td>
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</tr>
<tr>
<td>Scope of Work (Check all that apply)</td>
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<td>Street Address</td>
<td></td>
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<tr>
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<td>City, State, Zip Code</td>
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<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</td>
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* Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th><strong>Date of Notification (1)</strong></th>
<th><strong>Type of Facility (4)</strong></th>
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</thead>
<tbody>
<tr>
<td>5 / 8 / 12</td>
<td>□ School (K-12)</td>
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<td></td>
<td>□ Subchapter 8 (Other than K-12)</td>
</tr>
<tr>
<td></td>
<td>□ Other (i.e., private &amp; commercial buildings, homes, etc.)</td>
</tr>
</tbody>
</table>

**Name of Building Owner/Operator (2):**
Asbury Partners, LLC

**Street Address:**
1100 Ocean Avenue
Asbury Park, NJ 07712

**Name of Contact:**
George Bardsley

**FACILITY INFORMATION**

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

**Street Address:**
17 Thompson Street
West Long Branch, NJ 07764

**Square Feet:** 1200 sf
**# of Floors:** 2.5
**Bldg. Age:** 60 + yrs

**Type of Abatement Contractor (9):**
Finishing Touch Asbestos Abatement Corp.

**Telephone No.:** 732-222-8372
**License No.:** 00040

**Name of Monitoring Firm Hired by Building Owner (8):**
n/a

**Start Date (10):**
5 / 21 / 12
**Scheduled Completion Date (11):**
5 / 22 / 12

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

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

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

- TSI
- Siding

**Name of Registered Waste Hauler:**
Finishing Touch Asbestos

**Cubic Yards of Waste:**
2058

**Disposal Date:**
5/25/12
**City, State:**
Morrisville, PA

**Name of Registered Landfill:**
GROWS Landfill

**completed By:**
Joseph P. Miller
**Title:** President

**Signature:**

*Do not use this form for asbestos licensure exempted activities.*
### Notification of Asbestos Abatement

**State of New Jersey**
**Notiﬁcation of Asbestos Abatement**

**Pursuant to NJAC 8:29 and 12:12**

**Date of Notification:** 5/8/12

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
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<tbody>
<tr>
<td>□ EPA</td>
<td>□ Initial</td>
</tr>
<tr>
<td>□ DEP</td>
<td>□ Amended</td>
</tr>
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<td>□ DOL</td>
<td>□ Emergency (including justification)</td>
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<td>□ DOH</td>
<td>□ Cancellation</td>
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</tbody>
</table>

**Name of Building Owner/Operator:**

<table>
<thead>
<tr>
<th>Name</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goldberg</td>
<td></td>
</tr>
</tbody>
</table>

**Street Address:** 33 Clinton Road

**City, State, Zip Code:** West Caldwell, NJ 07006

**Date:** MAY 11 2012

**Name of Contact:** Richard Shattwell

**Facility Information**

<table>
<thead>
<tr>
<th>Name of Facility Where Asbestos is Taking Place</th>
<th>(3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bella Vista Apartments</td>
<td></td>
</tr>
</tbody>
</table>

**Street Address:** 522 - 22nd Street

**City:** Union City

**County:** Hudson

**Name of Monitoring Firm Hired by Building Owner:** (4)

<table>
<thead>
<tr>
<th>ASCM No.</th>
<th>Name of Abatement Contractor</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A. MAC Contracting Inc</td>
</tr>
</tbody>
</table>

**Street Address:** 105 Lowland Road

**City, State, Zip Code:** Glen Rock, NJ 07452

**Telephone No.:** 201-200-5841

**License No.:** 00158

**Name of OSHA Monitor:** Omega Environmental Services Inc.

**Street Address:** 200 Huyler Street

**City, State, Zip Code:** Hackensack, NJ 07601

**Start Date:** 5/9/12

**Scheduled Completion Date:** 5/11/12

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

- Facility Closed/ Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other: Describe:

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

- □ 1,000 sq ft or less
- □ 1,001 sq ft or 2,500 sq ft

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

<table>
<thead>
<tr>
<th>Location</th>
<th>ACM Normal Location</th>
<th>ACM Normally Used Solely by Maintenance/ Custodial Staff</th>
<th>Description of ACM to Be Abated (i.e. installation, surfacing, VAV, etc.)</th>
<th>Amount</th>
<th>Abatement Type</th>
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<tbody>
<tr>
<td>Boiler Room</td>
<td>Yes</td>
<td>x</td>
<td>Goffending</td>
<td>320 sq ft</td>
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**Name of Registered Waste Hauler:**

<table>
<thead>
<tr>
<th>Name</th>
<th>NUDEP Waste Hauler ID No.</th>
<th>Cubic Yards of Material</th>
<th>Name of Registered Landfill</th>
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<tbody>
<tr>
<td></td>
<td>20865</td>
<td>2</td>
<td>ESI PA Bethlehem Landfill Corp.</td>
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**Cubic Yards of Material:** 2

**Depot Date:** 5/9/12

**City, State, Zip Code:** Bethlehem, PA 18015

**Completed by:**

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>R. McDonald</td>
<td>President</td>
<td>Ramonela McDonald</td>
</tr>
</tbody>
</table>

**Date:** 5/8/12

*Do not use this form for asbestos removal excepted 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>5/19/12</th>
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<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Zivic House M</td>
</tr>
<tr>
<td>Street Address</td>
<td>15 Meadow View Lane, Oceanview, N.J. 08230</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Oceanview, N.J., 08230</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Jerry</td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>RESIDENCE</td>
</tr>
<tr>
<td>Type of Facility (4)</td>
<td>VACANT</td>
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<tr>
<td>Name of Abatement Contractor (9)</td>
<td>Kleenco, Inc.</td>
</tr>
<tr>
<td>Address</td>
<td>369 S. Spruce Ave., Maple Shade, N.J. 08052</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>856-779-0472</td>
</tr>
<tr>
<td>License No.</td>
<td>00444</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Jose Klemm</td>
</tr>
<tr>
<td>Address</td>
<td>369 S. Spruce Ave., Maple Shade, N.J. 08052</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>5/21/12</td>
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<tr>
<td>Scheduled Completion Date (11)</td>
<td>5/28/12</td>
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<tr>
<td>Scope of Work (Check all that apply)</td>
<td>Renovation, Demolition</td>
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<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN FACILITY (13)</td>
<td>Siding</td>
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<td>Description of Asbestos Containing Material (ACM) (% of Total)</td>
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<tr>
<td>Amount (Specify SF or LF)</td>
<td>1500 #</td>
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<tr>
<td>Name of Registered Waste hauler</td>
<td>Kleenco, Inc.</td>
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<tr>
<td>NIDEP Waste Hauler D No.</td>
<td>17967</td>
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<tr>
<td>Cubic Yards of Waste</td>
<td>2.20</td>
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<td>Disposal Date</td>
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<tr>
<td>Name of Registered Landfill</td>
<td>C.M.C., M.U,A.</td>
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<td>City, State</td>
<td>Woodbine, N.J.</td>
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*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)
05/08/2012

Name of Building Owner/Operator (2)
Bendorson Development Company, LLC

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

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

Street Address
570 Delaware Avenue

City, State, Zip Code
Buffalo, NY 17202

Name of Contact
Adam Harris

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)
Residence

Street Address
2056 Delsea Drive

City (5)
Deptford

County (5)
Gloucester

County Code (7)
(State Use Only)

Square Feet
3,000

# of Floors
2

Bldg. Age
60

Name of Monitoring Firm Hired by Building Owner (6)
Health & Safety Services, Inc.

ASCM No.
00117

Name of Abatement Contractor (9)
Luzon, Inc.

Street Address
318 12th Street

City, State, Zip Code
Hammonton, NJ 08037

Project Manager for Monitoring Firm
Jim Proctor

Telephone No.
609 704 8850

Start Date (10)
05/25/2012

Scheduled Completion Date (11)
05/29/2012

City, State, Zip Code
Philadelphia, PA 19153

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:

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

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

<table>
<thead>
<tr>
<th>Yes</th>
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<tbody>
<tr>
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</table>

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

Amount (Specify SF or LF)
160 SF

Abatement Type
☒ Removal
☐ Repair
☐ Encapsulate
☐ Endorse

Name of Registered Waste Hauler
Luzon, Inc.

NJDEP Waste Hauler ID No.
32587

Cubic Yards of Waste
3 CY

Name of Registered Landfill
Minerva Landfill

City, State
8451 Executive Avenue, Philadelphia, PA 19153

Disposal Date
05/30/2012

City, State
Waynesburg, OH 44688

Completed by
Piyush Patel

Title
Program Manager

Signature

Date
05/08/12

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 5:69 and 12:120)

Date of Notification (1)
05/08/2012

Name of Building Owner/Operator (2)
Benderson Development Company, LLC

Agency Notified
- EPA
- DEP
- DOL
- DOH
- DCA

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

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

Street Address
2050 Delsea Drive

City (5)
Deptford

County (6)
Gloucester

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

ASCN No.
00117

Name of Abatement Contractor (9)
Luzon, Inc.

Street Address
8451 Executive Avenue

City, State, Zip Code
Philadelphia, PA 19153

Project Manager for Monitoring Firm
Jim Proctor

Telephone No.
609 704 8850

Start Date (10)
05/22/2012

Scheduled Completion Date (11)
05/23/2012

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

Scope of Work (Check All That Apply)
- ≥300 sf or ≥30 if
- ≥100 sf or ≥260 if
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Fireable Procedure

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

In Facility

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)
720 SF

Abatement Type

Garage

Transite Siding in bags

Name of Registered Waste Hauler
Luzon, Inc.

NUDEP Waste Hauler ID No.
32587

Cubic Yards of Waste
5 CY

Name of Registered Landfill
Minerva Landfill

City, State
8451 Executive Avenue, Philadelphia, PA 19153

Disposal Date
05/30/2012

Completed by
Piyush Patel

Title
Program Manager

Signature
Piyush Patel

Date
05/08/12

* 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)

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<td>Type Notification</td>
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<td>Street Address</td>
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<tr>
<td>City, State, Zip Code</td>
<td>Buffalo, NY 14202</td>
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<tr>
<td>Name of Contact</td>
<td>Adam Harris</td>
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<td>Telephone Number</td>
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**FACILITY INFORMATION**

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<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Residence</th>
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<tbody>
<tr>
<td>Street Address</td>
<td>2120 Delta Drive</td>
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<tr>
<td>City (5)</td>
<td>Deptford</td>
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<tr>
<td>County (6)</td>
<td>Gloucester</td>
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<tr>
<td>County Code (7)</td>
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</tr>
<tr>
<td>Square Feet</td>
<td>3,000</td>
</tr>
<tr>
<td># of Floors</td>
<td>2</td>
</tr>
<tr>
<td>Bdг. Age</td>
<td>60</td>
</tr>
<tr>
<td>Current Use (Prior if being demolished)</td>
<td>Vacant Residence scheduled for demo</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>ASCM No. 00117</td>
</tr>
<tr>
<td>Health &amp; Safety Services, Inc.</td>
<td>Name of Abatement Contractor (9)</td>
</tr>
<tr>
<td>Street Address</td>
<td>318 12th Street</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Hammonton, NJ 08037</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>609 704 8850</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>Joseph Maronski</td>
</tr>
<tr>
<td>Street Address</td>
<td>8451 Executive Avenue</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Philadelphia, PA 19153</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>267 284 1050</td>
</tr>
<tr>
<td>License No.</td>
<td>01109</td>
</tr>
</tbody>
</table>

**Start Date (10)**

| 05/25/2012 |

**Scheduled Completion Date (11)**

| 05/25/2012 |

**Occupancy Status During Abatement**

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

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

- 23 of or 23 if
- ≥150 of or ≥250 if
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

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

**Name of Registered Waste Hauler**

| Luzon, Inc. |

**Cubic Yards of Waste**

| 0.3 CY |

**Name of Registered Landfill**

| Minerva Landfill |

**Disposal Date**

| 05/30/2012 |

**City, State**

| Philadelphia, PA 19153 |

**Completed by**

| Piyush Patel |

**Title**

| Program Manager |

**Signature**

| Piyush Patel |

**Date**

| 05/08/12 |

*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): 05/08/2012
Name of Building Owner/Operator (2): Bendorson Development Company, LLC

Agencies Notified: EPA, DEP, DOL, DOH, DCA
Type Notification: Initial

Street Address: 570 Delaware Avenue
City, State, Zip Code: Buffalo, NY 14202

Name of Contact: Adam Harris
Telephone Number: _______________

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):
Residence
Street Address: 1810 - A Hurffville Road
City (5): Deptford
County (6): Gloucester
County Code (?): __________________________

Name of Monitoring Firm Hired by Building Owner (8):
Health & Safety Services, Inc.
ASCM No.: 00117

Name of Abatement Contractor (9):
Luzon, Inc.
Street Address: 318 12th Street
City, State, Zip Code: Hammonton, NJ 08037

Project Manager for Monitoring Firm: Jim Proctor
Telephone No.: 609 704 8850

Start Date (10): 05/22/2012
Scheduled Completion Date (11): 05/23/2012

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

Scope of Work (Check All That Apply):
≥3,000 sf or ≥3 if
≥160 sf or ≥260 if
Renovation
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) (i.e. thermal insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Floor Man's Bathroom</td>
<td>No</td>
<td>VAT (bottom layer)</td>
<td>40 SF</td>
<td>x</td>
</tr>
<tr>
<td>1st Floor Men's Bathroom</td>
<td>No</td>
<td>VAT (bottom layer)</td>
<td>40 SF</td>
<td>x</td>
</tr>
<tr>
<td>2nd Floor Restroom</td>
<td>X</td>
<td>VAT</td>
<td>20 SF</td>
<td>x</td>
</tr>
</tbody>
</table>

Location of Registered Waste Hauler:
Luzon, Inc.
NJDEP Waste Hauler ID No.: 32557
Cubic Yards of Waste: 1 CY

Disposal Date: 05/30/2012
City, State: Philadelphia, PA 19153

Name of Registered Landfill:
Minerva Landfill

Completed by: Plyush Patel
Title: Program Manager
Signature: _______________
Date: 05/08/12

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

Date of Notification (1)
05/08/2012

Name of Building Owner/Operator (2)
Benderson Development Company, LLC

Agencies Notified
- EPA
- DOL
- DOH
- DCA

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

Street Address
570 Delaware Avenue
City, State, Zip Code
Buffalo, NY 17202

Name of Contact
Adam Harris

Telephone Number

FACILITY INFORMATION

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

Street Address
2053 Delsea Drive

City (5)
Deptford

County (6)
Gloucester

County Code (7) (STATE USE ONLY)

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

ASCM No.
00117

Name of Abatement Contractor (9)
Luzon, Inc.

Street Address
8451 Executive Avenue

City, State, Zip Code
Philadelphia, PA 19153

Project Manager for Monitoring Firm
Jim Proctor

Telephone No.
609 704 8850

License No.
01109

Start Date (10)
05/23/2012

Scheduled Completion Date (11)
05/25/2012

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

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

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

 Degradable
Endoscope
Removal
Repair

1st Floor Bathroom
Linoleum & Mastic
25 SF

2nd Floor & 2nd Floor Foyer
12x12 VAT
199 SF

Exterior
Transite Tiling
4000 SF

Baseline
Duct Insulation Wrap
24 SF

Name of Registered Waste Hauler
Luzon, Inc.

NJDEP Waste Hauler ID No.
322557

Cubic Yards of Waste
8 CY

Disposal Date
05/30/2012

Name of Registered Landfill
Minerva Landfill

City, State
Waynesburg, OH 44688

Completed by
Piyush Patel
Title
Program Manager
Signature

Date
05/08/12

* 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)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>May 10, 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner / Operator (2)</td>
<td>Bank of America</td>
</tr>
<tr>
<td><strong>Street Address</strong></td>
<td>2400 John F. Kennedy Boulevard</td>
</tr>
<tr>
<td>City, State &amp; Zip Code</td>
<td>Jersey City, NJ 07304</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Dino Nappi</td>
</tr>
<tr>
<td><strong>Telephone Number</strong></td>
<td></td>
</tr>
</tbody>
</table>

#### FACILITY INFORMATION

| Name of Facility Where Abatement is Taking Place (3) | Bank of America |
| **Street Address** | 2400 John F. Kennedy Boulevard |
| **City (5)** | Jersey City |
| **County (6)** | Hudson |
| **Hudson** | |
| **Name of Monitoring Firm Hired by Building Owner (6)** | Environmental Testing Consultants, LLC |
| **Project Manager for Monitoring Firm** | Howard Zenobi |
| **Scheduled Start Date (10)** | May 20, 2012 |
| **Scheduled Completion Date (11)** | May 20, 2012 |
| **Occupancy Status During Abatement** | Facility Occupied During Abatement |
| **Scope of Work (Check all that apply)** | Renovation, Demolition |
| **Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)** | |
| **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** | |
| **Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)** | |
| **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** | |

#### Name of Abatement Contractor (9)
Synatech, Inc.

#### Street Address
829 Radio Road
City, State & Zip Code
Little Egg Harbor, NJ 08087

#### Telephone Number
609-296-9910
License Number
008177

#### Name of OSHA Monitor
Synatech, Inc.

#### Street Address
829 Radio Road
City, State & Zip Code
Little Egg Harbor, NJ 08087

#### Telephone Number
609-296-9910
License Number
008177

#### Name of Registered Waste Hauler
Synatech, Inc.

#### City, State
Little Egg Harbor, NJ 08087

#### Diaposal Date
May 21, 2012

#### Name of Registered Landfill
Grows Landfill
City, State
Morrisville, PA

#### Completed By
Diane Atola
Title
Executive Administrator
Signature
May 10, 2012

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

Date of Notification (1)  May 10, 2012  
Name of Building Owner / Operator (2)  Angel Torres

Agencies Notified  Type Notification  
- EPA  
- DEP  
- DOL  
- DOH  
- DCA  
- Initial  
- Amended  
- Amendment #  
- Cancellation

Street Address  410 Cincinnati Avenue  
City, State & Zip Code  Egg Harbor City, NJ 02125

Name of Contact  Angel Torres

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  Residence  
Street Address  410 Cincinnati Avenue  
City (5)  Egg Harbor City  
County (6)  Atlantic  
County Code (7)  USE ONLY

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

Name of Abatement Contractor (9)  Synatech, Inc.  
Street Address  829 Radio Road  
City, State & Zip Code  Egg Harbor City, NJ 08087

Scheduled Start Date (10)  May 25, 2012  
Scheduled Completion Date (11)  May 25, 2012

Occupy Status During Abatement (Check only one)  
- Facility Closed/Vacated During Entire Period of Abatement  
- Abatement Performed Outside of Normal Hours  
- Other – Describe:  
- Facility Occupied During Abatement

Scope of Work (Check all that apply)  
- ≥3 sf or ≥50 lf  
- ≥160 sf or ≥260 lf  
- 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

Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)  
Basement / Crawl Space  X  
Basement  X

Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)  
Pipe Insulation  200 LF

Amount (Specify SF or LF)  

Abatement Type  
Removal  Repair  Encapsulate  Endorse

Name of Registered Waste Hauler  NJDEP Waste Hauler ID No.  
Synatech, Inc.  27429

Name of Registered Landfill  Growa Landfill

City, State  Egg Harbor, NJ 08087

Completed By  Title  Signature  Date  
Diane Aloia  Executive Assistant  

*Do not use this form for asbestos licensure exempted activities.
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60-7 and 12:12D-7)

**Date of Notification (1)**
5 / 10 / 12

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

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

**Name of Building Owner/Operator (2)**
MERCK SHARP & DOHME CORP.
126 E. LINCOLN AVENUE
City, State, Zip Code
RAHWAY, NEW JERSEY 07065

**Name of Contact**
MARY BETH BAKER

**Facility Information**

**Name of Facility Where Abatement is Taking Place (3)**
MERCK SHARP & DOHME CORPORATION
126 E. LINCOLN AVENUE - BUILDING 47
 RAHWAY, UNION, NEW JERSEY 07065

**Square Feet**
50,100

**Current Use (Prior to Demolition or Rehabilitation)**
VACANT

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

**Name of Abatement Contractor (9)**
PAR ENVIRONMENTAL CORPORATION

**Street Address**
655 WEST SHORE TRAIL
SPARTA, NEW JERSEY 07871

**Telephone Number**
973-279-0749

**License Number**
#11480

**Name of OSHA Monitor**
AMERISCI LABORATORIES INC

**Expected State Date (10)**

<table>
<thead>
<tr>
<th>Month</th>
<th>Day</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>24</td>
<td>2012</td>
</tr>
</tbody>
</table>

**Sched. Completion Date (11)**

<table>
<thead>
<tr>
<th>Month</th>
<th>Day</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>24</td>
<td>2012</td>
</tr>
</tbody>
</table>

**Occupancy Status During Abatement (Check only one)**
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe:
- Other - Describe: MONDAY - FRIDAY 7AM-3:30 PM

**Scope of Work (Check all that apply)**
- Demolition
- >3SF OR LF
- >160 SF OR 260 LF
- Renovation
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Friable Procedure

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

- IN Facility (13)

**% Location normally used solely by Staff (12)**
- Yes
- No
- NA

**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
- ENCLOSURE
- ENCLOSURE

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

**Cubic Yards of Waste**
50

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

**Disposal Date**
5/24-8/24/2012

**City, State**
FREEHOLD, NEW JERSEY
MONTGOMERY, PA 17752

**Completed by (Print or Type)**
BENJAMIN SANCHEZ
DIRECTOR OF OPERATIONS

**Signature**

**Date**
5/10/12
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:50-7 and 12:120-7)

**MAY 11, 2012**

**Name of Building Owner/Operator:** MERCK SHARP & DOHME CORP

**Address:** 129 E. LINCOLN AVENUE

**Name of Contact:** MARY BETH BAKER

**Telephone Number:**

**Name of Facility Where Abatement Is Taking Place:**

**MERCER SHARP & DOHME CORPORATION**

**Street Address:** 129 EAST LINCOLN AVENUE - BUILDING 71

**City:** RAHWAY

**County:** UNION

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

**Square Feet:** 38,250

**No. of Floors:** 3

**Bldg. Age:** 72

**Type of Facility:** COMMERCIAL OFFICE

**Name of Abatement Contractor:** PAR ENVIRONMENTAL CORPORATION

**Street Address:** 313 SPook ROCK ROAD

**City:** Suffern

**State:** New York

**Zip Code:** 10901

**Name of OSHA Monitor:** Amerisci Laboratories INC.

**License No.:** #11480

**Telephone Number:** 845-369-7500

**Occupancy Status During Abatement:** Facility Closed/Vacated During Entire Period of Abatement

**Described: MONDAY - FRIDAY 7AM-3:30PM**

**Scope of Work:**

- Demolition
- Renovation
- Glovebag Procedure
- Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</th>
<th>Is Location normally used solely by Maint/Custodial Staff (12)</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>THROUGHOUT</td>
<td>X</td>
<td>PIPE INSULATION &amp; ELBOWS</td>
<td>2,320 LF</td>
<td>X</td>
</tr>
<tr>
<td>THROUGHOUT</td>
<td>X</td>
<td>LAB BENCH TOPS</td>
<td>1,600 LF</td>
<td>X</td>
</tr>
<tr>
<td>THROUGHOUT</td>
<td>X</td>
<td>FLOOR TILE &amp; MASTIC</td>
<td>21,030 LF</td>
<td>X</td>
</tr>
<tr>
<td>THROUGHOUT</td>
<td>X</td>
<td>TRANSITE PLUM HOOD LINING</td>
<td>800 SF</td>
<td>X</td>
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<tr>
<td>THROUGHOUT</td>
<td>X</td>
<td>CEILING TILE MASTIC DABS</td>
<td>4,045 SF</td>
<td>X</td>
</tr>
<tr>
<td>THROUGHOUT</td>
<td>X</td>
<td>MASTIC ON CORK DUCT INSULATION</td>
<td>150 SF</td>
<td>X</td>
</tr>
<tr>
<td>THROUGHOUT</td>
<td>X</td>
<td>TARPAPER ON DUCTWORK &amp; EXTERIOR LINING</td>
<td>1,900 SF</td>
<td>X</td>
</tr>
<tr>
<td>THROUGHOUT</td>
<td>X</td>
<td>ROOF FLASHING</td>
<td>2,100 SF</td>
<td>X</td>
</tr>
<tr>
<td>THROUGHOUT</td>
<td>X</td>
<td>EXTERIOR SIDING TRANSITE</td>
<td>900 SF</td>
<td>X</td>
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<tr>
<td>THROUGHOUT</td>
<td>X</td>
<td>WINDOW GLAZING</td>
<td>600 SF</td>
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<tr>
<td>THROUGHOUT</td>
<td>X</td>
<td>WATERPROOFING</td>
<td>1,100 SF</td>
<td>X</td>
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<tr>
<td>THROUGHOUT</td>
<td>X</td>
<td>CAULK</td>
<td>50 SF</td>
<td>X</td>
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</tbody>
</table>

**Name of Registered Waste Hauler:**

**Name of Registered Landfill:**

**City:** RAHWAY

**State:** NEW JERSEY

**Hauler ID No.:** 15999

**Cubic Yards of Waste:** 60

**Name of Registered Landfill:** Lycoming County Resource Management Services

**Address:** 447 Alexander Drive Route 15

**City:** Montoursy

**State:** PA

**Disposal Date:** 5/10/12

**Completed by:** BENJAMIN SANCHEZ

**Title:** DIRECTOR OF OPERATIONS

**Signature:**

**Date:** 5/10/12