

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

*check # 2424*

|   |  |   |   |
|---|--|---|---|
| Date of Notification (1)<br>05 / 11 / 15  |  | Name of Building Owner / Operator (2)<br>First Energy   |   |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOH<br><input checked="" type="checkbox"/> DOL<br><input type="checkbox"/>   |  | Type of Notification<br><input type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment<br><input checked="" type="checkbox"/> Emergency w/ justification<br><input type="checkbox"/> Cancellation |   |
| Street Address<br>76 South Street   |  | City, State, Zip Code<br>Akron, Ohio 44308  |   |
| Name of Contact<br>Jim Halsey   |  | Telephone Number<br>215   |   |
| FACILITY INFORMATION  |  |   |   |
| Name of Facility Where Abatement is Taking Place (3)<br><br>Street Address<br>466 - 467 SPRINGFIELD AVE   |  | Type of Facility (4)<br><br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.)                   |   |
| City (5)<br>SUMMIT  | County (6)<br>UNION  | County Code (7)   | Square Feet   |
|   |  |   | # Of Floors   |
|   |  |   | Building Age  |
|   |  | Current Use (Prior if being demolished)<br>Telephone Pole   |   |
| Name of Monitoring Firm Hired by Bldg. Owner (8)<br>Environmental Health Investigations   |  | ASCM NO<br>NORTHSTAR CONTRACTING GROUP. INC.  |   |
| Street Address<br>655 West Shore Trail  |  | Street Address<br>32 Williams Parkway   |   |
| City, State, Zip Code<br>Sparta, NJ 07871   |  | City, State, Zip Code<br>East Hanover, NJ 07036   |   |
| Project Mngr. For Monitoring Firm<br>Dino Nappi   |  | Telephone Number<br>212-682-9271  |   |
| Scheduled Start Date (10)<br>05 / 12 / 15   | Sched. Completion Date (11)<br>05 / 13 / 15  | Telephone Number<br>973-884-8682  | License Number<br>00860                               |
| Occupancy Status During Abatement (Check Only 1)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: Friday 8:00 am to 5:00 pm<br><input checked="" type="checkbox"/> Other - Describe:  |  | Name of OSHA Monitor<br>NORTHSTAR CONTRACTING GROUP. INC.   |   |
|   |  | Street Address<br>32 Williams Parkway   |   |
|   |  | City, State, Zip Code<br>East Hanover, NJ 07036   |   |
| Scope of Work (Check All That Apply)  |  |   |   |
| <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> ≥3sf or ≥3lf <input type="checkbox"/> Mini - Enclosure<br><input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |   |   |
| Location of Asbestos Containing<br><br><u>TO BE ABATED</u><br>in Facility (13)  | Is Location Normally Used Solely by Maintenance/Custodial Staff (12)<br>YES NO N/A               | Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  | Amount (Specify SF or LF)                             |
| Exterior Telephone Pole   | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A | Transite Conduit  | 24 LF   |
|   | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A |   |   |
|   | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A |   |   |
|   | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A |   |   |
| Name of Registered Waste Hauler<br>NEWARK CARTING   |  | NJDEP Waste Hauler ID No.<br>4509   | Name of Registered Landfill<br>I.E.S.I.               |
| City, State<br>NEWARK, NJ   |  | Disposal Date   | City, State<br>BETHLEHEM, PA 18105                    |
| Completed by (Print or Type)<br>Steven Stiles   |  | Title<br>Project Manager  | Signature<br><i>Steven Stiles</i><br>Date<br>05/11/15 |

CP005985

D&S Proj. #: 2015-149

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

2015 MAY 12 AM 4:23

|   |  |   |  |
|---|--|---|--|
| Date of Notification (1)<br>05/10/15  |  | Name of Building Owner/Operator (2)<br>DAVID TUVEY  |  |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA |  | Type Notification<br><input type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment #: _____<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |  |
| Street Address<br>1307 BERGENLINE AVENUE  |  | City, State, Zip Code<br>UNION CITY, NJ   |  |
| Name of Contact<br>DAVID TUVEY  |  | Telephone Number  |  |

FACILITY INFORMATION

|   |  |  |  |                                     |             |
|---|--|--|--|-------------------------------------|-------------|
| Name of facility where abatement is taking place (3)<br>DAVID TUVEY |  |  | Type of Facility (4)<br><input type="checkbox"/> School (K - 12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) |                                     |             |
| Street Address<br>1307 BERGENLINE AVENUE                            |  |  | Square Feet  |                                     |             |
| City (5)<br>UNION CITY  |  |  | County (6)<br>HUDSON   | County Code (7)<br>(State use only) | # of Floors |
| Name of Monitoring Firm Hired by Bldg. Owner (8)                    |  |  | Bldg. Age  |                                     |             |
| Street Address  |  |  | Current Use (Prior if being demolished)  |                                     |             |

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| Name of Monitoring Firm Hired by Bldg. Owner (8)  |  | ASCM No.                                |  | Name of Abatement Contractor (9)<br>D & S RESTORATION, INC. |  |
| Street Address  |  | Street Address<br>20 California Ave.    |  | City, State, Zip Code<br>Paterson, NJ 07503                 |  |
| City, State, Zip Code   |  | Telephone Number<br>973-345-8020        |  | License Number<br>01169                                     |  |
| Project Manager for Monitoring Firm   |  | Phone Number                            |  | Name of OSHA Monitor<br>D & S Restoration, Inc.             |  |
| Start Date (10)<br>05/07/15   |  | Sched. Completion Date (11)<br>05/29/15 |  | Street Address<br>20 California Avenue                      |  |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility closed/vacated during entire period of abatement.<br><input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____<br><input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS |  |   |  | City, State, Zip Code<br>Paterson, NJ 07503                 |  |

Scope of Work (check all that apply)

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

| Location of asbestos-containing material (acm) to be abated in facility (13) | Is location normally used solely by maintenance/custodial staff(12) |                                     |     | Description of asbestos-containing material (ACM) | Amount (Specify SF or LF) | R<br>e<br>m<br>o<br>v<br>e          | R<br>e<br>p<br>a<br>i<br>r | E<br>n<br>c<br>a<br>p    | E<br>n<br>c<br>l         |
|--|---|-------------------------------------|-----|---|---------------------------|-------------------------------------|----------------------------|--------------------------|--------------------------|
|  | Yes   | No                                  | N/A |   |                           |                                     |                            |                          |                          |
| BASEMENT   |   | <input checked="" type="checkbox"/> |     | PIPE INSULATION                                   | 217 l ft                  | <input checked="" type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
| BASEMENT   |   | <input checked="" type="checkbox"/> |     | chimney packing                                   | 3 sq ft                   | <input checked="" type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
|  |   |                                     |     |   |                           | <input type="checkbox"/>            | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
|  |   |                                     |     |   |                           | <input type="checkbox"/>            | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
|  |   |                                     |     |   |                           | <input type="checkbox"/>            | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |

|  |  |                           |  |                               |  |   |  |
|--|--|---------------------------|--|-------------------------------|--|---|--|
| Registered Waste Hauler<br>D & S RESTORATION, INC. |  | NJDEP Hauler ID#<br>13506 |  | Cubic Yards of Waste<br>3 yds |  | Name of Registered Landfill<br>TULLYTOWN, RESOURCE RECOVERY |  |
| City, State<br>PATERSON, NJ 07503                  |  | Disposal Date<br>05/08/15 |  | City, State<br>TULLYTOWN, PA  |  |   |  |
| Completed by (Print or Type)<br>BOGDAN JOLDZIC     |  | Title<br>PRESIDENT        |  | Signature                     |  | Date<br>05/04/15  |  |

OK 005987

D&S Proj. #: 2015-151

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

RECEIVED

2015 MAY 12 AM 4:23

|   |   |  |  |
|---|---|--|--|
| Date of Notification (1)<br>10/5/10/14/15   |   | Name of Building Owner/Operator (2)<br>george holiet   |  |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment #: _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br>305 westend avenue<br>City, State, Zip Code<br>RIDGEWOOD, NJ 07450<br>Name of Contact<br>george holiet<br>Telephone Number |  |

FACILITY INFORMATION

|   |                      |                                     |  |  |  |
|---|----------------------|-------------------------------------|--|--|--|
| Name of facility where abatement is taking place (3)<br>george holiet |                      |                                     | Type of Facility (4)<br><input type="checkbox"/> School (K - 12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) |  |  |
| Street Address<br>305 westend avenue                                  |                      |                                     | Square Feet # of Floors Bldg. Age  |  |  |
| City (5)<br>RIDGEWOOD   | County (6)<br>bergen | County Code (7)<br>(State use only) | Current Use (Prior if being demolished)  |  |  |

|   |   |          |   |                         |
|---|---|----------|---|-------------------------|
| Name of Monitoring Firm Hired by Bldg. Owner (8)  |   | ASCM No. | Name of Abatement Contractor (9)<br>D & S RESTORATION, INC.                           |                         |
| Street Address  |   |          | Street Address<br>20 California Ave.  |                         |
| City, State, Zip Code   |   |          | City, State, Zip Code<br>Paterson, NJ 07503   |                         |
| Project Manager for Monitoring Firm   | Phone Number                            |          | Telephone Number<br>973-345-8020  | License Number<br>01169 |
| Start Date (10)<br>05/15/15   | Sched. Completion Date (11)<br>05/30/15 |          | Name of OSHA Monitor<br>D & S Restoration, Inc.                                       |                         |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility closed/vacated during entire period of abatement.<br><input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____<br><input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS |   |          | Street Address<br>20 California Avenue<br>City, State, Zip Code<br>Paterson, NJ 07503 |                         |

| Scope of Work (check all that apply)<br><input checked="" type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition |  |    |     | <input type="checkbox"/> Full Containment w/negative pressure<br><input type="checkbox"/> Mini-enclosure<br><input checked="" type="checkbox"/> Glovebag procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-friable procedure |                           |                            |                            |                       |                  |
|--|--|----|-----|---|---------------------------|----------------------------|----------------------------|-----------------------|------------------|
| Location of asbestos-containing material (acm) to be abated in facility (13)   | Is location normally used solely by maintenance/custodial staff (12) |    |     | Description of asbestos-containing material (ACM)   | Amount (Specify SF or LF) | R<br>e<br>m<br>o<br>v<br>e | R<br>e<br>p<br>a<br>i<br>r | E<br>n<br>c<br>a<br>p | E<br>n<br>c<br>l |
|  | Yes  | No | N/A |   |                           |                            |                            |                       |                  |
| BASEMENT   |  | X  |     | PIPE INSULATION   | 150 L FT                  | X                          |                            |                       |                  |
|  |  |    |     |   |                           |                            |                            |                       |                  |
|  |  |    |     |   |                           |                            |                            |                       |                  |
|  |  |    |     |   |                           |                            |                            |                       |                  |
|  |  |    |     |   |                           |                            |                            |                       |                  |

|  |                           |                                |   |
|--|---------------------------|--------------------------------|---|
| Registered Waste Hauler<br>D & S RESTORATION, INC. | NJDEP Hauler ID#<br>13506 | Cubic Yards of Waste<br>2 yds. | Name of Registered Landfill<br>TULLYTOWN, RESOURCE RECOVERY |
| City, State<br>PATERSON, NJ 07503                  | Disposal Date<br>05/16/15 | City, State<br>TULLYTOWN, PA   |   |
| Completed by (Print or Type)<br>BOGDAN JOLDZIC     | Title<br>PRESIDENT        | Signature                      | Date<br>05/04/2015  |

005989

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

D&S Proj. #: 2015-155

RECEIVED

2015 MAY 12 AM 4:23

|   |  |   |  |
|---|--|---|--|
| Date of Notification (1)<br>10/15/10/16/11/15/  |  | Name of Building Owner/Operator (2)<br>MICHAEL & LUCILLE CORNACCHIA   |  |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA |  | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment #: _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |  |
| Street Address<br>1181 WOODSIDE ROAD  |  | City, State, Zip Code<br>SCOTCH PLAINS, NJ 07076  |  |
| Name of Contact<br>MICHAEL & LUCILLE CORNACCHIA-MARIA   |  | Telephone Number<br>700-2   |  |

FACILITY INFORMATION

|  |                     |                                     |  |  |  |
|--|---------------------|-------------------------------------|--|--|--|
| Name of facility where abatement is taking place (3)<br>MICHAEL & LUCILLE CORNACCHIA-MARIA |                     |                                     | Type of Facility (4)<br><input type="checkbox"/> School (K - 12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) |  |  |
| Street Address<br>1181 WOODSIDE ROAD   |                     |                                     | Square Feet # of Floors Bldg. Age  |  |  |
| City (5)<br>SCOTCH PLAINS  | County (6)<br>UNION | County Code (7)<br>(State use only) | Current Use (Prior if being demolished)  |  |  |

|   |  |   |  |  |
|---|--|---|--|--|
| Name of Monitoring Firm Hired by Bldg. Owner (8)<br>Street Address<br>City, State, Zip Code   |  | ASCM No.                                | Name of Abatement Contractor (9)<br>D & S RESTORATION, INC.<br>Street Address<br>20 California Ave.<br>City, State, Zip Code<br>Paterson, NJ 07503 |  |
| Project Manager for Monitoring Firm<br>Phone Number   |  | Telephone Number<br>973-345-8020        | License Number<br>01169  |  |
| Start Date (10)<br>05/19/15   |  | Sched. Completion Date (11)<br>05/28/15 |  |  |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility closed/vacated during entire period of abatement.<br><input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____<br><input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS |  |   |  |  |

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| Scope of Work (check all that apply)<br><input checked="" type="checkbox"/> >3 sf or >3 lf<br><input type="checkbox"/> ≥160 sf or ≥260 lf |  | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition |  | <input type="checkbox"/> Full Containment w/negative pressure<br><input checked="" type="checkbox"/> Mini-enclosure<br><input checked="" type="checkbox"/> Glovebag procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-friable procedure |  |
|---|--|---|--|---|--|

| Location of asbestos-containing material (acm) to be abated in facility (13) | Is location normally used solely by maintenance/custodial staff (12) |                                     |     | Description of asbestos-containing material (ACM) | Amount (Specify SF or LF) | R<br>e<br>m<br>o<br>v<br>e          | R<br>e<br>p<br>a<br>i<br>r | E<br>n<br>c<br>a<br>p    | E<br>n<br>c<br>l         |
|--|--|-------------------------------------|-----|---|---------------------------|-------------------------------------|----------------------------|--------------------------|--------------------------|
|  | Yes  | No                                  | N/A |   |                           |                                     |                            |                          |                          |
| BASEMENT, BOILER RM, CLOSET, C.SPACE   |  | <input checked="" type="checkbox"/> |     | PIPE INSULATION                                   | 64 L FT                   | <input checked="" type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
| BASEMENT   |  | <input checked="" type="checkbox"/> |     | VAT   | 268 SQ FT                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
| BASMENT  |  | <input checked="" type="checkbox"/> |     | SHEETROCK CEILING-JOINT COMPOUND                  | 80 SQ FT                  | <input checked="" type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
|  |  |                                     |     |   |                           | <input type="checkbox"/>            | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
|  |  |                                     |     |   |                           | <input type="checkbox"/>            | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |

|  |  |                           |                               |   |                    |
|--|--|---------------------------|-------------------------------|---|--------------------|
| Registered Waste Hauler<br>D & S RESTORATION, INC. |  | NJDEP Hauler ID#<br>13506 | Cubic Yards of Waste<br>4 YDS | Name of Registered Landfill<br>TULLYTOWN, RESOURCE RECOVERY |                    |
| City, State<br>PATERSON, NJ 07503                  |  | Disposal Date<br>05/20/15 |                               | City, State<br>TULLYTOWN, PA                                |                    |
| Completed by (Print or Type)<br>BOGDAN JOLDZIC     |  | Title<br>PRESIDENT        | Signature                     |   | Date<br>05/06/2015 |

CK 005988

D&amp;S Proj. #: 2015-154

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

RECEIVED

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| Date of Notification (1)<br>10/15/10/16/11/15/1   |  | Name of Building Owner/Operator (2)<br>NATALIE ZIMMER   |  | 2015 MAY 12 AM 4:22   |  |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA |  | Type Notification<br><input type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment #: _____<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |  | Street Address<br>127 BUCKINGHAM ROAD<br>City, State, Zip Code<br>MONTCLAIR, NJ 07042 |  |
| Name of Contact<br>NATALIE ZIMMER   |  |   |  | Telephone Number<br>973-2000  |  |

## FACILITY INFORMATION

|  |                     |                                     |  |  |  |
|--|---------------------|-------------------------------------|--|--|--|
| Name of facility where abatement is taking place (3)<br>NATALIE ZIMMER |                     |                                     | Type of Facility (4)<br><input type="checkbox"/> School (K - 12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) |  |  |
| Street Address<br>127 BUCKINGHAM ROAD                                  |                     |                                     | Square Feet # of Floors Bldg. Age  |  |  |
| City (5)<br>MONTCLAIR  | County (6)<br>ESSEX | County Code (7)<br>(State use only) | Current Use (Prior if being demolished)  |  |  |

|   |   |  |  |  |
|---|---|--|--|--|
| Name of Monitoring Firm Hired by Bldg. Owner (8)<br>Street Address<br>City, State, Zip Code   |   | ASCM No.   | Name of Abatement Contractor (9)<br>D & S RESTORATION, INC.<br>Street Address<br>20 California Ave.<br>City, State, Zip Code<br>Paterson, NJ 07503 |  |
| Project Manager for Monitoring Firm<br>Phone Number   |   | Telephone Number<br>973-345-8020   | License Number<br>01169  |  |
| Start Date (10)<br>05/07/15   | Sched. Completion Date (11)<br>05/28/15 | Name of OSHA Monitor<br>D & S Restoration, Inc.<br>Street Address<br>20 California Avenue<br>City, State, Zip Code<br>Paterson, NJ 07503 |  |  |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility closed/vacated during entire period of abatement.<br><input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____<br><input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS |   |  |  |  |

|   |  |  |   |  |  |  |  |  |
|---|--|--|---|--|--|--|--|--|
| Scope of Work (check all that apply)<br><input checked="" type="checkbox"/> >3 sf or >3 lf<br><input type="checkbox"/> ≥160 sf or ≥260 lf |  |  | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition |  |  | <input type="checkbox"/> Full Containment w/negative pressure<br><input checked="" type="checkbox"/> Mini-enclosure<br><input checked="" type="checkbox"/> Glovebag procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-friable procedure |  |  |
|---|--|--|---|--|--|--|--|--|

| Location of asbestos-containing material (acm) to be abated in facility (13) | Is location normally used solely by maintenance/custodial staff(12) |                                     |     | Description of asbestos-containing material (ACM) | Amount (Specify SF or LF) | R<br>e<br>m<br>o<br>v<br>e          | R<br>e<br>p<br>a<br>i<br>r | E<br>n<br>c<br>a<br>p    | E<br>n<br>c<br>l         |
|--|---|-------------------------------------|-----|---|---------------------------|-------------------------------------|----------------------------|--------------------------|--------------------------|
|  | Yes   | No                                  | N/A |   |                           |                                     |                            |                          |                          |
| BASEMENT   |   | <input checked="" type="checkbox"/> |     | BARE HEATING PIPES                                | 140 L FT                  | <input checked="" type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
| basement walls and floor   |   | <input checked="" type="checkbox"/> |     | clean-up  | 140 sq ft                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
|  |   |                                     |     |   |                           | <input type="checkbox"/>            | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
|  |   |                                     |     |   |                           | <input type="checkbox"/>            | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |

|  |  |                           |                               |   |                     |
|--|--|---------------------------|-------------------------------|---|---------------------|
| Registered Waste Hauler<br>D & S RESTORATION, INC. |  | NJDEP Hauler ID#<br>13506 | Cubic Yards of Waste<br>5 YDS | Name of Registered Landfill<br>TULLYTOWN, RESOURCE RECOVERY |                     |
| City, State<br>PATERSON, NJ 07503                  |  | Disposal Date<br>05/08/15 |                               | City, State<br>TULLYTOWN, PA                                |                     |
| Completed by (Print or Type)<br>BOGDAN JOLDZIC     |  | Title<br>PRESIDENT        | Signature                     |   | Date<br>05/06/ 2015 |

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

*Ch # 2810*

| Date of Notification (1)<br><b>5/8/15</b>   |   | Name of Building Owner / Operator (2)<br><b>VERIZON COMMUNICATIONS</b>  |  |   |                           |                                     |                          |                          |                          |
|---|---|---|--|---|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA  | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Emergency<br><input type="checkbox"/> Cancellation | Street Address<br><b>119 Washington Street</b>  |  |   |                           |                                     |                          |                          |                          |
|   |   | City, State & Zip Code<br><b>Toms River New Jersey</b>  |  |   |                           |                                     |                          |                          |                          |
|   |   | Name of Contact<br><b>Harold Baldwin</b>  | Telephone Number   |   |                           |                                     |                          |                          |                          |
| <b>FACILITY INFORMATION</b>   |   |   |  |   |                           |                                     |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Toms River Central Office</b>  |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |  |   |                           |                                     |                          |                          |                          |
| Street Address<br><b>19 Washington Street</b>   |   | Square Feet<br><b>37000</b>   | # of Floors<br><b>3</b>  |   |                           |                                     |                          |                          |                          |
| City (5)<br><b>Toms River</b>   | County (6)<br><b>Ocean</b>  | Bldg. Age<br><b>80</b>  |  |   |                           |                                     |                          |                          |                          |
| County Code (7)   |   | Current Use (Prior if being demolished)<br><b>COMMUNICATIONS</b>  |  |   |                           |                                     |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>TTI ENVIRONMENTAL, INC.</b>   |   | ASCM No.  | Name of Abatement Contractor (9)<br><b>BRISTOL ENVIRONMENTAL INC</b> |   |                           |                                     |                          |                          |                          |
| Street Address<br><b>1253 NORTH CHURCH STREET</b>   |   | Street Address<br><b>1123 BEAVER STREET</b>   |  |   |                           |                                     |                          |                          |                          |
| City, State & Zip Code<br><b>MOORESTOWN, NJ 08057</b>   |   | City, State & Zip Code<br><b>BRISTOL, PA 19007</b>  |  |   |                           |                                     |                          |                          |                          |
| Project Manager for Monitoring Firm<br><b>Harold Baldwin</b>  |   | Telephone Number<br><b>856-840-8800</b>   | License Number<br><b>00509</b>                                       |   |                           |                                     |                          |                          |                          |
| Scheduled Start Date (10)<br><b>5/26/15</b>   | Scheduled Completion Date (11)<br><b>5/28/15</b>  | Name of OSHA Monitor<br><b>BRISTOL ENVIRONMENTAL INC</b>  |  |   |                           |                                     |                          |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm<br>Describe: <b>5 PM - 1:30 AM</b><br><input checked="" type="checkbox"/> Facility Occupied During Abatement  |   | Street Address<br><b>1123 BEAVER STREET</b>   |  |   |                           |                                     |                          |                          |                          |
|   |   | City, State & Zip Code<br><b>BRISTOL, PA 19007</b>  |  |   |                           |                                     |                          |                          |                          |
| Scope of Work (Check all that apply)  |   |   |  |   |                           |                                     |                          |                          |                          |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> ≥160 sf ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glove Bag Procedures<br><input type="checkbox"/> Non-Exempted and Non-Friable Procedure |   |   |  |   |                           |                                     |                          |                          |                          |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)   | Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)  |   |  | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type                      |                          |                          |                          |
|   | Yes   | No  | N/A  |   |                           | Removal                             | Repair                   | Encapsulate              | Enclosure                |
| <b>Admin Ramp Area</b>  | <input checked="" type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>   | <b>Vat/Mastic</b>   | <b>240 SF</b>             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>   |   |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>   |   |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>   |   |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>   |   |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>   |   |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>   |   |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler<br><b>SERVICE TRANSPORT GROUP, INC.</b>   |   | NJDEP Waste Hauler ID No.<br><b>20990</b>   | Cubic Yards of Waste<br><b>3</b>                                     | Name of Registered Landfill<br><b>MINERVA LANDFILL</b>  |                           |                                     |                          |                          |                          |
| City, State<br><b>NEW CASTLE, DE 19720</b>  |   | Disposal Date   |  | City, State<br><b>WAYNESBURG, OH 44688</b>  |                           |                                     |                          |                          |                          |
| Completed By (Print or Type)<br><b>PATRICK T. DeCARO</b>  |   | Title<br><b>PROJ. MGR.</b>  | Signature<br><i>Patrick T. DeCaro / jhl</i>                          |   |                           |                                     | Date<br><b>5/8/15</b>    |                          |                          |

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

B & G proj. #: 2015-89

Check # 7199

|   |   |   |                        |
|---|---|---|------------------------|
| Date of Notification (1)<br>05/10/18  |   | Name of Building Owner/Operator (2)<br>Robert Collins |                        |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amendment<br><input type="checkbox"/> Cancellation | Street Address<br>17 State Street                     |                        |
|   |   | City, State, Zip Code<br>East Orange, NJ 07017        |                        |
|   |   | Name of Contact<br>Robert Collins                     | Telephone Number<br>27 |

FACILITY INFORMATION

|  |  |  |  |                                     |             |
|--|--|--|--|-------------------------------------|-------------|
| Name of facility where abatement is taking place (3)<br>Robert Collins   |  |  | Type of Facility (4)<br><input type="checkbox"/> School (K - 12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) |                                     |             |
| Street Address<br>17 State Street  |  |  | Square Feet  |                                     |             |
| City (5)<br>East Orange  |  |  | County (6)<br>Essex  | County Code (7)<br>(State use only) | # of Floors |
| Name of Monitoring Firm Hired by Bldg. Owner (8)<br>n/a  |  |  | Bldg. Age  |                                     |             |
| Street Address   |  |  | Current Use (Prior if being demolished)<br>residential   |                                     |             |
| City, State, Zip Code  |  |  | Name of Abatement Contractor (9)<br>B & G Restoration, Inc.  |                                     |             |
| Project Manager for Monitoring Firm  |  |  | Street Address<br>105 Ryerson Road   |                                     |             |
| Phone Number   |  |  | City, State, Zip Code<br>Lincoln Park, NJ 07035  |                                     |             |
| Scheduled Start Date (10)<br>05/18/2015  |  |  | Telephone Number<br>(973)696-6869  |                                     |             |
| Sched. Completion Date (11)<br>05/18/2015  |  |  | License Number<br>00378  |                                     |             |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement.<br><input type="checkbox"/> Abatement performed outside of normal facility hours- Describe:<br><input type="checkbox"/> Other-Describe: |  |  | Name of OSHA Monitor<br>B & G Restoration, Inc.  |                                     |             |
|  |  |  | Street Address<br>105 Ryerson Road   |                                     |             |
|  |  |  | City, State, Zip Code<br>Lincoln Park, NJ 07035  |                                     |             |

Scope of Work (check all that apply)

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

| Location of asbestos-containing material to be abated in facility (13) | Is location normally used solely by maintenance/custodial staff (12) |    |                                     | Description of asbestos-containing material (ACM) | Amount (Specify SF or LF) | Remove                              | Repair                   | Encap                    | Encl                     |
|--|--|----|-------------------------------------|---|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
|  | Yes  | No | N/A                                 |   |                           |                                     |                          |                          |                          |
| basement   |  |    | <input checked="" type="checkbox"/> | pipe insulation                                   | 70 lf                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  |  |    |                                     |   |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  |  |    |                                     |   |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  |  |    |                                     |   |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  |  |    |                                     |   |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|  |  |                              |                                  |   |                    |
|--|--|------------------------------|----------------------------------|---|--------------------|
| Registered Waste Hauler<br>B & G Restoration, Inc. |  | NJDEP Hauler ID#<br>19563    | Cubic Yards of Waste<br>1        | Name of Registered Landfill<br>Tullytown Resource & Recovery Center |                    |
| City, State<br>Lincoln Park, NJ                    |  | Disposal Date<br>05/15/2015  |                                  | City, State<br>Tullytown, PA  |                    |
| Completed by (Print or Type)<br>Gordana Luna       |  | Title<br>Secretary/Treasurer | Signature<br><i>Gordana Luna</i> |   | Date<br>05/08/2015 |

B &amp; G proj. #: 2015-88

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

Check # 7200

|   |   |   |                  |
|---|---|---|------------------|
| Date of Notification (1)<br>10/5/10 18/11/15  |   | Name of Building Owner/Operator (2)<br>Maple Apartments, LLC  |                  |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amendment<br><input type="checkbox"/> Cancellation | Street Address<br>199 Lee Avenue #201                         |                  |
|   |   | City, State, Zip Code<br>Brooklyn, NY 11211                   |                  |
|   |   | Name of Contact<br>Al DiGangi / Thomas J O'Beirne & Co., Inc. | Telephone Number |

2015 MAY 12 AM 4:19

ASBESTOS CONTROL &amp; LICENSING

## FACILITY INFORMATION

|  |                     |   |  |  |                         |
|--|---------------------|---|--|--|-------------------------|
| Name of facility where abatement is taking place (3)<br>Verizon Wireless Newark 31   |                     |   | Type of Facility (4)<br><input type="checkbox"/> School (K - 12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) |  |                         |
| Street Address<br>1607-1615 Maple Avenue   |                     |   | Square Feet # of Floors Bldg. Age  |  |                         |
| City (5)<br>Hillside, NJ   | County (6)<br>Union | County Code (7)<br>(State use only)       | Current Use (Prior if being demolished)<br>apartment building  |  |                         |
| Name of Monitoring Firm Hired by Bldg. Owner (8)<br>n/a  |                     | ASCM No.                                  | Name of Abatement Contractor (9)<br>B & G Restoration, Inc.  |  |                         |
| Street Address   |                     |   | Street Address<br>105 Ryerson Road   |  |                         |
| City, State, Zip Code  |                     |   | City, State, Zip Code<br>Lincoln Park, NJ 07035  |  |                         |
| Project Manager for Monitoring Firm  |                     | Phone Number                              | Telephone Number<br>(973)696-6869  |  | License Number<br>00378 |
| Scheduled Start Date (10)<br>05/18/2015  |                     | Sched. Completion Date (11)<br>05/20/2015 | Name of OSHA Monitor<br>B & G Restoration, Inc.  |  |                         |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement.<br><input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____<br><input type="checkbox"/> Other-Describe: _____ |                     |   | Street Address<br>105 Ryerson Road   |  |                         |
|  |                     |   | City, State, Zip Code<br>LincolnPark, NJ 07035   |  |                         |

## Scope of Work (check all that apply)

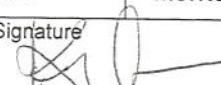
- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> Demolition     | <input checked="" type="checkbox"/> Renovation         | <input type="checkbox"/> Full Containment w/negative pressure | <input type="checkbox"/> Glovebag procedure               |
| <input type="checkbox"/> >3 sf or >3 lf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

| Location of asbestos-containing material to be abated in facility (13) | Is location normally used solely by maintenance/custodial staff(12) |    |                                     | Description of asbestos-containing material (ACM) | Amount (Specify SF or LF) | R<br>e<br>m<br>o<br>v<br>e          | R<br>e<br>p<br>a<br>i<br>r | E<br>n<br>c<br>a<br>p    | E<br>n<br>c<br>l         |
|--|---|----|-------------------------------------|---|---------------------------|-------------------------------------|----------------------------|--------------------------|--------------------------|
|  | Yes   | No | N/A                                 |   |                           |                                     |                            |                          |                          |
| roof   |   |    | <input checked="" type="checkbox"/> | roofing material & flashing                       | 175 sf                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
|  |   |    |                                     |   |                           | <input type="checkbox"/>            | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
|  |   |    |                                     |   |                           | <input type="checkbox"/>            | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
|  |   |    |                                     |   |                           | <input type="checkbox"/>            | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
|  |   |    |                                     |   |                           | <input type="checkbox"/>            | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |

|  |                              |                                  |   |
|--|------------------------------|----------------------------------|---|
| Registered Waste Hauler<br>B & G Restoration, Inc. | NJDEP Hauler ID#<br>19563    | Cubic Yards of Waste<br>3        | Name of Registered Landfill<br>Tullytown Resource & Recovery Center |
| City, State<br>Lincoln Park, NJ                    | Disposal Date<br>05/20/2015  | City, State<br>Tullytown, PA     |   |
| Completed by (Print or Type)<br>Gordana Luna       | Title<br>Secretary/Treasurer | Signature<br><i>Gordana Luna</i> | Date<br>05/08/2015  |

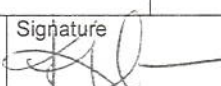
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

**RECEIVED**

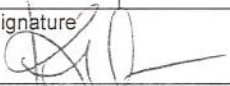
|   |   |   |  |  |  |                          |                          |                          |
|---|---|---|--|--|--|--------------------------|--------------------------|--------------------------|
| Date of Notification (1)<br><div style="text-align: center;">5 / 8 / 15</div>   |   | Name of Building Owner/Operator (2)<br><b>Marcus L. Ward Home</b>                     |  | Job # 1505-1979 Chk. #3957<br>2015 MAY 12 AM 4:18  |  |                          |                          |                          |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DHSS<br><input type="checkbox"/> DCA<br>(NJAC 5:23-8)  | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><b>4814 Outlook Drive, Suite 201</b>                                |  | <b>ASBESTOS CONTROL &amp; LICENSING</b>  |  |                          |                          |                          |
|   |   | City, State, Zip Code<br><b>Wall Township, NJ 07753</b>                               |  |  |  |                          |                          |                          |
|   |   | Name of Contact<br><b>Heather Falkoff</b>   |  | Telephone Number   |  |                          |                          |                          |
| <b>FACILITY INFORMATION</b>   |   |   |  |  |  |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Winchester Gardens</b>   |   |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) |  |  |                          |                          |                          |
| Street Address<br><b>333 Elmwood Avenue</b>   |   |   |  |  |  |                          |                          |                          |
| City (5)<br><b>Maplewood</b>  |   |   | Square Feet<br><b>473,763</b>  | # of Floors<br><b>5</b>  | Bldg. Age<br><b>89</b>                               |                          |                          |                          |
| County (6)<br><b>Essex</b>  |   | County Code (7) (STATE USE ONLY)  |  | Current Use (Prior if being demolished)<br><b>Senior Housing/Assisted Living</b>   |  |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>Criterion Laboratories</b>  |   | ASCM No.  |  | Name of Abatement Contractor (9)<br><b>Asbestos and Mold Services, Corp.</b>   |  |                          |                          |                          |
| Street Address<br><b>3370 Progress Drive, Suite J</b>   |   | Street Address<br><b>3859 Sylon Boulevard</b>   |  |  |  |                          |                          |                          |
| City, State, Zip Code<br><b>Bensalem, PA 19020</b>  |   | City, State, Zip Code<br><b>Hainesport, NJ 08036</b>                                  |  |  |  |                          |                          |                          |
| Project Manager for Monitoring Firm<br><b>Mike Panepresso</b>   |   | Telephone No.<br><b>215-244-1300</b>  |  | Telephone No.<br><b>609-702-0400</b>   | License No.<br><b>00862</b>                          |                          |                          |                          |
| Start Date (10)<br><div style="text-align: center;">5 / 8 / 15</div>  |   | Scheduled Completion Date (11)<br><div style="text-align: center;">5 / 9 / 15</div>   |  | Name of OSHA Monitor<br><b>EMSL Analytical, Inc.</b>   |  |                          |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: <u>8</u> AM - <u>5</u> PM / <u>5</u> PM - <u>8</u> AM<br><u>possible Saturday work.</u> |   |   | Street Address<br><b>200 U.S. Route 130 North</b>  |  |  |                          |                          |                          |
|   |   |   | City, State, Zip Code<br><b>Cinnaminson, NJ 08077</b>  |  |  |                          |                          |                          |
| Scope of Work (Check all that apply)  |   |   |  |  |  |                          |                          |                          |
| <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf   |   | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition |  | <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |                          |                          |                          |
| Location of Asbestos-Containing Material (ACM)<br><b>TO BE ABATED</b><br>IN Facility (13)   | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)   |   | Description of Asbestos Containing Material (ACM)<br>(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  | Amount (Specify SF or LF)<br><b>16 LF</b>  | Abatement Type                                       |                          |                          |                          |
|   | Yes   | No  |  |  | N/A  | Removal                  | Repair                   | Encapsulate              |
| <b>Mechanical Room</b>  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input checked="" type="checkbox"/>  | <b>Pipe Insulation</b>   | <input checked="" type="checkbox"/>                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>   |  | <input type="checkbox"/>                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>   |  | <input type="checkbox"/>                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>   |  | <input type="checkbox"/>                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler<br><b>Freehold Cartage, Inc.</b>  |   | NJDEP Waste Hauler ID No.<br><b>02265</b>   |  | Cubic Yards of Waste<br><b>5</b>   | Name of Registered Landfill<br><b>GROWS Landfill</b> |                          |                          |                          |
| City, State<br><b>Freehold, NJ</b>  |   | Disposal Date<br><b>5/9/15</b>  |  | City, State<br><b>Morrisville, PA 19067</b>  |  |                          |                          |                          |
| Completed By (Print or Type)<br><b>Kimberly A. Trumbetti</b>  |   | Title<br><b>Office Coordinator</b>  |  | Signature<br>  |  | Date<br><b>5-8-15</b>    |                          |                          |

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

**RECEIVED**

| Date of Notification (1)<br><b>5 / 8 / 15</b>   |  | Name of Building Owner/Operator (2)<br><b>Mr. Glen Wertheim</b>                       |  | 2015 JUN 12 AM 6:18<br>Chk. #3958   |  |                                     |                          |                          |                          |
|---|--|---|--|---|--|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Agencies Notified<br><input type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DHSS<br><input type="checkbox"/> DCA<br>(NJAC 5:23-8)   | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><b>580 Union Avenue</b>   |  |   |  |                                     |                          |                          |                          |
|   |  | City, State, Zip Code<br><b>Bridgewater Township, NJ 08807</b>                        |  |   |  |                                     |                          |                          |                          |
|   |  | Name of Contact<br><b>Glen Wertheim</b>   |  | Telephone Number  |  |                                     |                          |                          |                          |
| <b>FACILITY INFORMATION</b>   |  |   |  |   |  |                                     |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Residence/Office</b>   |  |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) |   |  |                                     |                          |                          |                          |
| Street Address<br><b>580 Union Avenue</b>   |  |   |  |   |  |                                     |                          |                          |                          |
| City (5)<br><b>Bridgewater</b>  |  |   | Square Feet<br><b>3000</b>   | # of Floors<br><b>1</b>   | Bldg. Age<br><b>1950</b>                             |                                     |                          |                          |                          |
| County (6)<br><b>Somerset</b>   |  | County Code (7)(STATE USE ONLY)   |  | Current Use (Prior if being demolished)<br><b>Vacant</b>  |  |                                     |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>AET, Inc.</b>   |  | ASCM No.  | Name of Abatement Contractor (9)<br><b>Asbestos and Mold Services, Corp.</b>   |   |  |                                     |                          |                          |                          |
| Street Address<br><b>28 North Pennell Road</b>  |  | Street Address<br><b>3859 Sylon Boulevard</b>   |  |   |  |                                     |                          |                          |                          |
| City, State, Zip Code<br><b>Media, PA</b>   |  | City, State, Zip Code<br><b>Hainesport, NJ 08036</b>                                  |  |   |  |                                     |                          |                          |                          |
| Project Manager for Monitoring Firm<br><b>David Turotsy</b>   |  | Telephone No.<br><b>610-891-0114</b>  | Telephone No.<br><b>609-702-0400</b>   | License No.<br><b>00862</b>   |  |                                     |                          |                          |                          |
| Start Date (10)<br><b>5 / 18 / 15</b>   | Scheduled Completion Date (11)<br><b>5 / 18 / 15</b>   |   | Name of OSHA Monitor<br><b>EMSL Analytical, Inc.</b>   |   |  |                                     |                          |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: _____AM-_____PM/_____PM-_____AM |  |   | Street Address<br><b>200 U.S. Route 130 North</b>  |   |  |                                     |                          |                          |                          |
|   |  |   | City, State, Zip Code<br><b>Cinnaminson, NJ 08077</b>  |   |  |                                     |                          |                          |                          |
| Scope of Work (Check all that apply)  |  |   |  |   |  |                                     |                          |                          |                          |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf<br><input type="checkbox"/> ≥160 sf or ≥260 lf   |  | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition |  | <input type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |                                     |                          |                          |                          |
| Location of Asbestos-Containing Material (ACM)<br><b>TO BE ABATED</b><br>IN Facility (13)   | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)  |   |  | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  | Amount (Specify SF or LF)                            | Abatement Type                      |                          |                          |                          |
|   | Yes  | No  | N/A  |   |  | Removal                             | Repair                   | Encapsulate              | Enclosure                |
| <b>Mechanical Room/Basement</b>   | <input type="checkbox"/>   | <input type="checkbox"/>  | <input checked="" type="checkbox"/>  | <b>Glazing on Windows</b>   | <b>4 SF</b>  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Basement</b>   | <input type="checkbox"/>   | <input type="checkbox"/>  | <input checked="" type="checkbox"/>  | <b>Flue Packing</b>   | <b>6 SF</b>  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>   |   |  | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>   |   |  | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler<br><b>Freehold Cartage, Inc.</b>  |  | NJDEP Waste Hauler ID No.<br><b>02265</b>   |  | Cubic Yards of Waste<br><b>5</b>  | Name of Registered Landfill<br><b>GROWS Landfill</b> |                                     |                          |                          |                          |
| City, State<br><b>Freehold, NJ</b>  |  | Disposal Date<br><b>5/19/15</b>   |  | City, State<br><b>Morrisville, PA 19067</b>   |  |                                     |                          |                          |                          |
| Completed By (Print or Type)<br><b>Kimberly A. Trumbetti</b>  |  | Title<br><b>Office Coordinator</b>  |  | Signature<br>   |  | Date<br><b>5-8-15</b>               |                          |                          |                          |

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

| Date of Notification (1)<br><div style="text-align: center;">5 / 8 / 15</div>   |  | Name of Building Owner/Operator (2)<br><b>Carl Onuchovsky</b> / Job #1505-1978 Chk. #3959   |                                     |  |                           |                                     |                          |                          |                          |
|---|--|---|-------------------------------------|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Agencies Notified<br><input type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DHSS<br><input type="checkbox"/> DCA<br>(NJAC 5:23-8)   | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><b>189 Church Road</b><br>City, State, Zip Code<br><b>Medford, Nj 08055</b><br>Name of Contact<br><b>Carl</b>   |                                     |  |                           |                                     |                          |                          |                          |
|   |  | Telephone Number  |                                     |  |                           |                                     |                          |                          |                          |
| <b>FACILITY INFORMATION</b>   |  |   |                                     |  |                           |                                     |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Residential</b>  |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)                            |                                     |  |                           |                                     |                          |                          |                          |
| Street Address<br><b>189 Church Road</b>  |  |   |                                     |  |                           |                                     |                          |                          |                          |
| City (5)<br><b>Medford</b>  |  | Square Feet<br><b>1750</b>  | # of Floors<br><b>2</b>             |  |                           |                                     |                          |                          |                          |
|   |  | Bldg. Age<br><b>228</b>   |                                     |  |                           |                                     |                          |                          |                          |
| County (6)<br><b>Burlington</b>   | County Code (7)(STATE USE ONLY)  | Current Use (Prior if being demolished)<br><b>Residential</b>   |                                     |  |                           |                                     |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>Tiger Enviornmental</b>   |  | Name of Abatement Contractor (9)<br><b>Asbestos and Mold Services, Corp.</b>  |                                     |  |                           |                                     |                          |                          |                          |
| Street Address<br><b>16 W Elizabeth Ave # 2</b>   |  | Street Address<br><b>3859 Sylon Boulevard</b>   |                                     |  |                           |                                     |                          |                          |                          |
| City, State, Zip Code<br><b>Linden, NJ 07036</b>  |  | City, State, Zip Code<br><b>Hainesport, NJ 08036</b>  |                                     |  |                           |                                     |                          |                          |                          |
| Project Manager for Monitoring Firm<br><b>Kelly Walton</b>  | Telephone No.<br><b>908-862-4301</b>   | Telephone No.<br><b>609-702-0400</b>  | License No.<br><b>00862</b>         |  |                           |                                     |                          |                          |                          |
| Start Date (10)<br><div style="text-align: center;">5 / 20 / 15</div>   | Scheduled Completion Date (11)<br><div style="text-align: center;">5 / 20 / 15</div>   | Name of OSHA Monitor<br><b>EMSL Analytical, Inc.</b>  |                                     |  |                           |                                     |                          |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: _____AM-_____PM/_____PM-_____AM |  | Street Address<br><b>200 U.S. Route 130 North</b><br>City, State, Zip Code<br><b>Cinnaminson, NJ 08077</b>  |                                     |  |                           |                                     |                          |                          |                          |
| Scope of Work (Check all that apply)  |  |   |                                     |  |                           |                                     |                          |                          |                          |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf<br><input type="checkbox"/> ≥160 sf or ≥260 lf   |  | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition   |                                     |  |                           |                                     |                          |                          |                          |
|   |  | <input type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                                     |  |                           |                                     |                          |                          |                          |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>IN Facility (13)   | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)  |   |                                     | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type                      |                          |                          |                          |
|   | Yes  | No  | N/A                                 |  |                           | Removal                             | Repair                   | Encapsulate              | Enclosure                |
| <b>Basement</b>   | <input type="checkbox"/>   | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <b>Duct Wrap/Paper</b>   | <b>22 SF</b>              | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>            |  |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>            |  |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>            |  |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler<br><b>Freehold Cartage, Inc.</b>  |  | NJDEP Waste Hauler ID No.<br><b>02265</b>   | Cubic Yards of Waste<br><b>5</b>    | Name of Registered Landfill<br><b>GROWS Landfill</b>   |                           |                                     |                          |                          |                          |
| City, State<br><b>Freehold, NJ</b>  |  | Disposal Date<br><b>5/20/15</b>   |                                     | City, State<br><b>Morrisville, PA 19067</b>  |                           |                                     |                          |                          |                          |
| Completed By (Print or Type)<br><b>Kimberly A. Trumbetti</b>  |  | Title<br><b>Office Coordinator</b>  |                                     | Signature<br>                            |                           | Date<br><b>5-8-15</b>               |                          |                          |                          |

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

|   |  |   |  |
|---|--|---|--|
| Date of Notification (1)<br><b>5-6-15</b> |  | Name of Building Owner/Operator (2)<br><b>Mrs. Coates</b> |  |
| Agencies Notified                         | Type Notification  | Street Address<br><b>215 Lincoln Ave.</b>                 |  |
| <input type="checkbox"/> EPA              | <input checked="" type="checkbox"/> Initial Notification | City, State, Zip Code<br><b>Union, NJ, 07083</b>          |  |
| <input type="checkbox"/> DEP              | <input type="checkbox"/> Amended Notification            | Name of Contact<br><b>Mrs. Coates</b>                     |  |
| <input checked="" type="checkbox"/> DOL   | <input type="checkbox"/> EMERGENCY                       | Telephone Number<br><b>908, 381, 0041</b>                 |  |
| <input checked="" type="checkbox"/> DOH   | <input type="checkbox"/> Cancellation                    |   |  |
| <input type="checkbox"/> DCA              |  |   |  |

## FACILITY INFORMATION

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

|   |   |   |  |  |
|---|---|---|--|--|
| Name of Monitoring Firm hired by Building Owner (8)<br><b>N/A</b>   |   | ASCM No.  | Name of Abatement Contractor (9)<br><b>AZTECH MANAGEMENT, Inc.</b> |  |
| Street Address  |   | Street Address<br><b>86 Christopher St.</b>         |  |  |
| City, State, Zip Code   |   | City, State, Zip Code<br><b>Montclair, NJ 07042</b> |  |  |
| Project Manager for Monitoring Firm   | Telephone Number<br><b>N/A</b>                                  | Telephone Number<br><b>(973) 744-8800</b>           | License Number<br><b>00371</b>                                     |  |
| Scheduled Start Date (10)<br><b>5-15-15</b><br>Month Day Year   | Sched. Completion Date (11)<br><b>5-18-15</b><br>Month Day Year | Name of OSHA Monitor<br><b>N/A</b>                  |  |  |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript»<br><input type="checkbox"/> Other - Describe: «Other Occupancy Descript» |   | Street Address                                      |  |  |
|   |   | City, State, Zip Code                               |  |  |

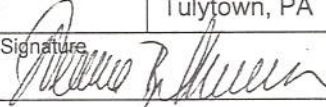
Scope of Work (Check all that apply)

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

| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility (13) | Is Location Normally Used Solely By Maintenance/Custodial Staff (12) |    |          | Description of Asbestos-Containing Material (ACM)<br>(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type                                 |                            |   |   |
|---|--|----|----------|---|---------------------------|--|----------------------------|---|---|
|   | Yes  | No | N/A      |   |                           | R<br>E<br>M<br>O<br>V<br>E<br>M<br>E<br>N<br>T | R<br>E<br>P<br>A<br>I<br>R | E<br>N<br>C<br>L<br>O<br>S<br>U<br>R<br>E | E<br>N<br>C<br>L<br>O<br>S<br>U<br>R<br>E |
| <b>Basement</b>   |  |    | <b>X</b> | <b>Boiler</b>   | <b>25 SF</b>              | <b>X</b>                                       |                            |   |   |
|   |  |    |          |   |                           |  |                            |   |   |

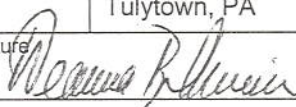
|   |                           |   |   |  |  |
|---|---------------------------|---|---|--|--|
| Name of Registered Waste Hauler<br><b>AZTECH MANAGEMENT, INC.</b> |                           | NJDEP Waste Hauler ID No.<br><b>17040</b> | Cubic Yards of Waste<br><b>1.5</b>          | Name of Registered Landfill<br><b>G.R.O.W.S.</b> |  |
| City, State<br><b>Montclair, NJ 07042</b>                         |                           | Disposal Date<br><b>5-19-15</b>           | City, State<br><b>Morrisville, PA 19067</b> |  |  |
| Completed By (Print or Type)<br><b>Constantine Vivian</b>         | Title<br><b>President</b> | Signature<br><i>CV</i>                    | Date<br><b>5-6-15</b>                       |  |  |

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

| Date of Notification (1)<br>5/04/15  |  | Name of Building Owner/Operator (2)<br>Juan Garcia  |   |  |                           |                 |        |             |           |
|--|--|---|---|--|---------------------------|-----------------|--------|-------------|-----------|
| Agencies Notified  | Type Notification  | Street Address<br>38 Division Avenue  |   |  |                           |                 |        |             |           |
| <input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA                                     | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br>Belleville, NJ 07109   |   |  |                           |                 |        |             |           |
|  |  | Name of Contact<br>Juan Garcia  | Telephone Number<br>_____                               |  |                           |                 |        |             |           |
| <b>FACILITY INFORMATION</b>  |  |   |   |  |                           |                 |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>House  |  | Type of Facility (4)  |   |  |                           |                 |        |             |           |
| Street Address<br>38 Division Avenue   |  | <input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |   |  |                           |                 |        |             |           |
| City (5)<br>Belleville   |  | Square Feet<br>N/A  | # of Floors<br>N/A                                      |  |                           |                 |        |             |           |
|  |  | Bldg. Age<br>N/A  |   |  |                           |                 |        |             |           |
| County (6)<br>Essex  | County Code (7)<br>(STATE USE ONLY) _____  | Current Use (Prior if being demolished)<br>House  |   |  |                           |                 |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>N/A   |  | ASCM No.  | Name of Abatement Contractor (9)<br>D&S Abatement, Inc. |  |                           |                 |        |             |           |
| Street Address   |  | Street Address<br>11 Rosengren Avenue   |   |  |                           |                 |        |             |           |
| City, State, Zip Code  |  | City, State, Zip Code<br>Totowa, NJ 07512   |   |  |                           |                 |        |             |           |
| Project Manager for Monitoring Firm  |  | Telephone No.   | Telephone No.<br>973-345-8685                           |  |                           |                 |        |             |           |
|  |  |   | License No.<br>#00675                                   |  |                           |                 |        |             |           |
| Start Date (10)<br>5/20/15   | Scheduled Completion Date (11)<br>5/21/15  | Name of OSHA Monitor<br>D&S Abatement, Inc.   |   |  |                           |                 |        |             |           |
| Occupancy Status During Abatement (Check Only One)   |  | Street Address<br>11 Rosengren Avenue   |   |  |                           |                 |        |             |           |
| <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other – Describe: <u>Occupied</u> |  | City, State, Zip Code<br>Totowa, NJ 07512   |   |  |                           |                 |        |             |           |
| Scope of Work (Check All That Apply)   |  |   |   |  |                           |                 |        |             |           |
| <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> Renovation<br><input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Demolition  |  |   |   |  |                           |                 |        |             |           |
| <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |   |   |  |                           |                 |        |             |           |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility (13)  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)  |   |   | Description of Asbestos Containing Material (ACM)<br>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type  |        |             |           |
|  | Yes  | No  | N/A   |  |                           | Removal         | Repair | Encapsulate | Enclosure |
| basement   |  | X   |   | pipe insulation  | 120 LF                    | X               |        |             |           |
|  |  |   |   |  |                           |                 |        |             |           |
|  |  |   |   |  |                           |                 |        |             |           |
|  |  |   |   |  |                           |                 |        |             |           |
| Name of Registered Waste Hauler<br>D&S Abatement, Inc.   |  | NJDEP Waste Hauler ID No.<br>#20996   | Cubic Yards of Waste<br>TBD                             | Name of Registered Landfill<br>Waste Management of PA  |                           |                 |        |             |           |
| City, State<br>Totowa, NJ  |  | Disposal Date<br>TBD  |   | City, State<br>Tulytown, PA  |                           |                 |        |             |           |
| Completed by<br>Deanna Brkusani  |  | Title<br>Project Manager  |   | Signature<br>                              |                           | Date<br>5/04/15 |        |             |           |

MO 6782904954

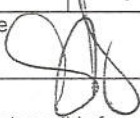
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

|  |  |   |   |  |                           |                |                 |             |           |
|--|--|---|---|--|---------------------------|----------------|-----------------|-------------|-----------|
| Date of Notification (1)<br>5/04/15  |  | Name of Building Owner/Operator (2)<br>Mallery Rosado   |   |  |                           |                |                 |             |           |
| Agencies Notified  | Type Notification  | Street Address<br>297 Highland Avenue   |   |  |                           |                |                 |             |           |
| <input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA   | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br>Kearny, NJ 07032   |   |  |                           |                |                 |             |           |
|  |  | Name of Contact<br>Mallery Rosado   | Telephone Number  |  |                           |                |                 |             |           |
| <b>FACILITY INFORMATION</b>  |  |   |   |  |                           |                |                 |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>House  |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)                               |   |  |                           |                |                 |             |           |
| Street Address<br>297 Highland Avenue  |  | Square Feet<br>N/A  | # of Floors<br>N/A                                      |  |                           |                |                 |             |           |
| City (5)<br>Kearny   |  | Bldg. Age<br>N/A  |   |  |                           |                |                 |             |           |
| County (6)<br>Hudson   | County Code (7)<br>(STATE USE ONLY) _____  | Current Use (Prior if being demolished)<br>House  |   |  |                           |                |                 |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>N/A   |  | ASCM No.  | Name of Abatement Contractor (9)<br>D&S Abatement, Inc. |  |                           |                |                 |             |           |
| Street Address   |  | Street Address<br>11 Rosengren Avenue   |   |  |                           |                |                 |             |           |
| City, State, Zip Code  |  | City, State, Zip Code<br>Totowa, NJ 07512   |   |  |                           |                |                 |             |           |
| Project Manager for Monitoring Firm  |  | Telephone No.   | Telephone No.<br>973-345-8685                           |  |                           |                |                 |             |           |
|  |  | License No.<br>#00675   |   |  |                           |                |                 |             |           |
| Start Date (10)<br>5/19/15   | Scheduled Completion Date (11)<br>5/20/15  | Name of OSHA Monitor<br>D&S Abatement, Inc.   |   |  |                           |                |                 |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other - Describe: <u>Occupied</u> |  | Street Address<br>11 Rosengren Avenue   |   |  |                           |                |                 |             |           |
|  |  | City, State, Zip Code<br>Totowa, NJ 07512   |   |  |                           |                |                 |             |           |
| Scope of Work (Check All That Apply)   |  |   |   |  |                           |                |                 |             |           |
| <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf   |  | <input type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition  |   |  |                           |                |                 |             |           |
|  |  | <input type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |   |  |                           |                |                 |             |           |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility<br>(13)   | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)  |   |   | Description of Asbestos Containing Material (ACM)<br>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |                 |             |           |
|  | Yes  | No  | N/A   |  |                           | Removal        | Repair          | Encapsulate | Enclosure |
| basement   |  | X   |   | pipe insulation  | 80 LF                     | X              |                 |             |           |
| basement   |  | X   |   | pipes  | 10 LF                     |                |                 | X           |           |
|  |  |   |   |  |                           |                |                 |             |           |
|  |  |   |   |  |                           |                |                 |             |           |
| Name of Registered Waste Hauler<br>D&S Abatement, Inc.   |  | NJDEP Waste Hauler ID No.<br>#20996   | Cubic Yards of Waste<br>TBD                             | Name of Registered Landfill<br>Waste Management of PA  |                           |                |                 |             |           |
| City, State<br>Totowa, NJ  |  |   | Disposal Date<br>TBD                                    | City, State<br>Tullytown, PA   |                           |                |                 |             |           |
| Completed by<br>Deanna Brkusanin   |  | Title<br>Project Manager  |   | Signature<br>                              |                           |                | Date<br>5/04/15 |             |           |

MO 22655611991

Print Form

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

| Date of Notification (1)<br>05/04/2015  |   | Name of Building Owner/Operator (2)<br>Faith United Church of Christ  |   |  |                           |                |                    |             |           |
|---|---|---|---|--|---------------------------|----------------|--------------------|-------------|-----------|
| Agencies Notified   | Type Notification   | Street Address<br>1340 Burnet Avenue  |   |  |                           |                |                    |             |           |
| <input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input checked="" type="checkbox"/> DCA   | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br>Union, NJ 07083-3905   |   |  |                           |                |                    |             |           |
|   |   | Name of Contact<br>Rev Dr LL DuBreuil, Pastor   | Telephone Number<br>201-433-4000                        |  |                           |                |                    |             |           |
| <b>FACILITY INFORMATION</b>   |   |   |   |  |                           |                |                    |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Faith United Church of Christ   |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input checked="" type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |   |  |                           |                |                    |             |           |
| Street Address<br>1340 Burnet Avenue  |   | Square Feet<br>n/a  | # of Floors<br>n/a                                      |  |                           |                |                    |             |           |
| City (5)<br>Union   |   | Bldg. Age<br>n/a  |   |  |                           |                |                    |             |           |
| County (6)<br>Union   | County Code (7)<br>(STATE USE ONLY) _____   | Current Use (Prior if being demolished)<br>church   |   |  |                           |                |                    |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Westchester Environmental LLC  |   | ASCM No.<br>0027  | Name of Abatement Contractor (9)<br>D&S Abatement, Inc. |  |                           |                |                    |             |           |
| Street Address<br>307 North Walnut Street   |   | Street Address<br>11 Rosengren Avenue   |   |  |                           |                |                    |             |           |
| City, State, Zip Code<br>West Chester, PA 19380   |   | City, State, Zip Code<br>Totowa, NJ 07512   |   |  |                           |                |                    |             |           |
| Project Manager for Monitoring Firm<br>Paul McCaa   |   | Telephone No.<br>610-431-7545   | License No.<br>00675                                    |  |                           |                |                    |             |           |
| Start Date (10)<br>05/15/2015   | Scheduled Completion Date (11)<br>05/18/2015  | Name of OSHA Monitor<br>D&S Abatement, Inc.   |   |  |                           |                |                    |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____  |   | Street Address<br>11 Rosengren Avenue   |   |  |                           |                |                    |             |           |
|   |   | City, State, Zip Code<br>Totowa NJ 07512  |   |  |                           |                |                    |             |           |
| Scope of Work (Check All That Apply)  |   |   |   |  |                           |                |                    |             |           |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf<br><input type="checkbox"/> ≥160 sf or ≥260 lf<br><input type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |   |   |   |  |                           |                |                    |             |           |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility<br>(13)  | Is Location Normally Used Solely by Maintenance/Custodial Staff?<br>(12)  |   |   | Description of Asbestos Containing Material (ACM)<br>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |                    |             |           |
|   | Yes   | No  | N/A   |  |                           | Removal        | Repair             | Encapsulate | Enclosure |
| boiler room   | X   |   |   | breaching  | 34 SF                     | X              |                    |             |           |
|   |   |   |   |  |                           |                |                    |             |           |
|   |   |   |   |  |                           |                |                    |             |           |
|   |   |   |   |  |                           |                |                    |             |           |
| Name of Registered Waste Hauler<br>D&S Abatement Inc  |   | NJDEP Waste Hauler ID No.<br>20996  | Cubic Yards of Waste<br>TBD                             | Name of Registered Landfill<br>Waste Management of PA  |                           |                |                    |             |           |
| City, State<br>Totowa, NJ   |   | Disposal Date<br>TBD  |   | City, State<br>Tullytown, PA   |                           |                |                    |             |           |
| Completed by<br>Susan Brkusanin   |   | Title<br>Project Manager  |   | Signature<br>                              |                           |                | Date<br>05/04/2015 |             |           |

Check # 9590

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

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

Check # 9590

|  |  |   |                                |
|--|--|---|--------------------------------|
| Date of Notification (1) <b>April 8, 2015</b><br><del>February 27, 2015</del>  |  | Name of Building Owner / Operator (2)<br><b>New Jersey Economic Development Authority</b> |                                |
| Agencies Notified  | Type Notification  | Street Address  |                                |
| <input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input checked="" type="checkbox"/> DCA | <b>ON HOLD</b><br><br><input type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br>Amendment # <u>3</u><br><input type="checkbox"/> Cancellation | <b>36 West State Street</b>   |                                |
|  |  | City, State & Zip Code<br><b>Trenton, NJ 08608</b>  |                                |
|  |  | Name of Contact<br><b>James Saraceno</b>  | Telephone Number<br><b>746</b> |

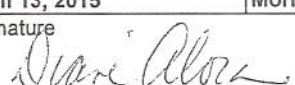
**FACILITY INFORMATION**

|   |   |   |                                    |
|---|---|---|------------------------------------|
| Name of Facility Where Abatement is Taking Place (3)<br><b>Branford Hall Career Institute</b>   |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input checked="" type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.) |                                    |
| Street Address<br><b>651 Route 1 South (Bldg. 651)</b>  |   | Square Feet<br><b>60,000</b>  | # of Floors<br><b>2 + Basement</b> |
| City (5)<br><b>North Brunswick</b>  |   | Bldg. Age<br><b>70</b>  |                                    |
| County (6)<br><b>Middlesex</b>  |   | County Code (7)<br><b>USE ONLY</b>  |                                    |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>Hillman Consulting</b>  |   | ASCM No.<br><b>23</b>   |                                    |
| Street Address<br><b>1600 Route 22 East, Ste. 107</b>   |   | Name of Abatement Contractor (9)<br><b>Synatech, Inc.</b>   |                                    |
| City, State & Zip Code<br><b>Union, NJ 07083</b>  |   | Street Address<br><b>829 Radio Road</b>   |                                    |
| Project Manager for Monitoring Firm<br><b>Tammy Lomax</b>   |   | Telephone Number<br><b>908-688-7800</b>   | License Number<br><b>00817</b>     |
| Scheduled Start Date (10)<br><b>April 9, 2015</b>   | Scheduled Completion Date (11)<br><b>April 12, 2015</b> | Name of OSHA Monitor<br><b>Synatech, Inc.</b>   |                                    |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours<br><input type="checkbox"/> Other - Describe:<br><input checked="" type="checkbox"/> Facility Occupied During Abatement |   | Street Address<br><b>829 Radio Road</b>   |                                    |
|   |   | City, State & Zip Code<br><b>Little Egg Harbor, NJ 08087</b>  |                                    |

Scope of Work (Check all that apply)

- |  |                                     |   |
|--|-------------------------------------|---|
| <input type="checkbox"/> $\geq 3$ sf or $\geq 50$ lf               | <input type="checkbox"/> Renovation | <input checked="" type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf | <input type="checkbox"/> Demolition | <input type="checkbox"/> Mini-Enclosure                                     |
|  |                                     | <input type="checkbox"/> Glovebag Procedure                                 |
|  |                                     | <input type="checkbox"/> Non-Exempted(*) and Non-Friable Procedure          |

| Location of Asbestos-Containing Material (ACM)<br><b>TO BE ABATED</b><br>IN Facility (13)                               | Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) |    |     | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |        |          |           |
|---|--|----|-----|---|---------------------------|----------------|--------|----------|-----------|
|   | Yes  | No | N/A |   |                           | Removal        | Repair | Encapsul | Enclosure |
| Basement File Storage Room and Adjacent Corridor; Basement Corridor Adjacent to Storage Room; Room Opposite Server Room |  |    | x   | Linoleum & Mastic   | 1,000 SF                  | X              |        |          |           |
| Storage Area North of File Room   |  |    | x   | Wallboard Glue  | 150 LF                    | X              |        |          |           |
| Storage Area North of File Room   |  |    | x   | VAT   | 50 SF                     | X              |        |          |           |
| Large Storage Room  |  |    | X   | Linoleum & Mastic   | 500 SF                    | X              |        |          |           |

|  |   |   |  |
|--|---|---|--|
| Name of Registered Waste Hauler<br><b>Synatech, Inc.</b> | NJDEP Waste Hauler ID No.<br><b>27429</b> | Cubic Yards of Waste<br><b>12</b>   | Name of Registered Landfill<br><b>Grows Landfill</b>     |
| City, State<br><b>Little Egg Harbor, NJ 08087</b>        |   | Disposal Date<br><b>April 13, 2015</b>  | City, State<br><b>Morrisville, PA</b>                    |
| Completed By<br><b>Diane Aloia</b>                       | Title<br><b>Executive Administrator</b>   | Signature<br> | Date<br><b>April 7, 2015</b><br><b>February 27, 2015</b> |

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

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

Check # 9590

|  |  |   |                  |
|--|--|---|------------------|
| Date of Notification (1) <b>March 20, 2015</b><br><del>February 27, 2015</del>   |  | Name of Building Owner / Operator (2)<br><b>New Jersey Economic Development Authority</b> |                  |
| Agencies Notified  | Type Notification  | Street Address  |                  |
| <input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input checked="" type="checkbox"/> DCA | <input type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br>Amendment # <u>3</u><br><input type="checkbox"/> Cancellation | <b>36 West State Street</b>   |                  |
|  |  | City, State & Zip Code<br><b>Trenton, NJ 08608</b>  |                  |
|  |  | Name of Contact<br><b>James Saraceno</b>  | Telephone Number |

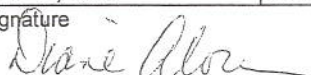
**FACILITY INFORMATION**

|   |   |   |   |
|---|---|---|---|
| Name of Facility Where Abatement is Taking Place (3)<br><b>Branford Hall Career Institute</b>   |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input checked="" type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.) |   |
| Street Address<br><b>651 Route 1 South (Bldg. 651)</b>  |   | Square Feet<br><b>60,000</b>  | # of Floors<br><b>2 + Basement</b>                        |
| City (5)<br><b>North Brunswick</b>  |   | Bldg. Age<br><b>70</b>  |   |
| County (6)<br><b>Middlesex</b>  |   | Current Use (Prior if being demolished)<br><b>Technical School</b>  |   |
| County Code (7)<br><b>USE ONLY</b>  |   |   |   |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>Hillman Consulting</b>  |   | ASCM No.<br><b>23</b>   | Name of Abatement Contractor (9)<br><b>Synatech, Inc.</b> |
| Street Address<br><b>1600 Route 22 East, Ste. 107</b>   |   | Street Address<br><b>829 Radio Road</b>   |   |
| City, State & Zip Code<br><b>Union, NJ 07083</b>  |   | City, State & Zip Code<br><b>Little Egg Harbor, NJ 08087</b>  |   |
| Project Manager for Monitoring Firm<br><b>Tammy Lomax</b>   |   | Telephone Number<br><b>908-688-7800</b>   | License Number<br><b>00817</b>                            |
| Scheduled Start Date (10)<br><b>April 9, 2015</b>   | Scheduled Completion Date (11)<br><b>April 12, 2015</b> | Name of OSHA Monitor<br><b>Synatech, Inc.</b>   |   |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours<br><input type="checkbox"/> Other - Describe:<br><input checked="" type="checkbox"/> Facility Occupied During Abatement |   | Street Address<br><b>829 Radio Road</b>   |   |
|   |   | City, State & Zip Code<br><b>Little Egg Harbor, NJ 08087</b>  |   |

Scope of Work (Check all that apply)

|  |                                     |   |
|--|-------------------------------------|---|
| <input type="checkbox"/> $\geq 3$ sf or $\geq 50$ lf               | <input type="checkbox"/> Renovation | <input checked="" type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf | <input type="checkbox"/> Demolition | <input type="checkbox"/> Mini-Enclosure                                     |
|  |                                     | <input type="checkbox"/> Glovebag Procedure                                 |
|  |                                     | <input type="checkbox"/> Non-Exempted(*) and Non-Friable Procedure          |

| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)                                     | Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) |    |     | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |        |          |           |
|---|--|----|-----|---|---------------------------|----------------|--------|----------|-----------|
|   | Yes  | No | N/A |   |                           | Removal        | Repair | Encapsul | Enclosure |
| Basement File Storage Room and Adjacent Corridor; Basement Corridor Adjacent to Storage Room; Room Opposite Server Room |  |    | x   | Linoleum & Mastic   | 1,000 SF                  | X              |        |          |           |
| Storage Area North of File Room   |  |    | x   | Wallboard Glue  | 150 LF                    | X              |        |          |           |
| Storage Area North of File Room   |  |    | x   | VAT   | 50 SF                     | X              |        |          |           |
| Large Storage Room  |  |    | X   | Linoleum & Mastic   | 500 SF                    | X              |        |          |           |

|  |   |   |                                   |   |  |
|--|---|---|-----------------------------------|---|--|
| Name of Registered Waste Hauler<br><b>Synatech, Inc.</b> |   | NJDEP Waste Hauler ID No.<br><b>27429</b>   | Cubic Yards of Waste<br><b>12</b> | Name of Registered Landfill<br><b>Grows Landfill</b>      |  |
| City, State<br><b>Little Egg Harbor, NJ 08087</b>        |   | Disposal Date<br><b>April 13, 2015</b>  |                                   | City, State<br><b>Morrisville, PA</b>                     |  |
| Completed By<br><b>Diane Aloia</b>                       | Title<br><b>Executive Administrator</b> | Signature<br> |                                   | Date<br><b>March 20, 2015</b><br><b>February 27, 2015</b> |  |

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

**State of New Jersey**  
**TIFICATION OF ASBESTOS ABATEME.**  
**(Pursuant to NJAC 8:60 and 12:120)**

Check # 9590

|  |  |   |                  |
|--|--|---|------------------|
| Date of Notification (1) <b>March 12, 2015</b><br><b>February 27, 2015</b>   |  | Name of Building Owner / Operator (2)<br><b>New Jersey Economic Development Authority</b> |                  |
| Agencies Notified  | Type Notification  | Street Address  |                  |
| <input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input checked="" type="checkbox"/> DCA | <input type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br>Amendment # <u>2</u><br><input type="checkbox"/> Cancellation | <b>36 West State Street</b><br><br>City, State & Zip Code<br><b>Trenton, NJ 08608</b>     |                  |
|  |  | Name of Contact<br><b>James Saraceno</b>  | Telephone Number |

**FACILITY INFORMATION**

|  |   |   |                                    |
|--|---|---|------------------------------------|
| Name of Facility Where Abatement is Taking Place (3)<br><b>Branford Hall Career Institute</b>  |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input checked="" type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.) |                                    |
| Street Address<br><b>651 Route 1 South (Bldg. 651)</b>   |   | Square Feet<br><b>60,000</b>  | # of Floors<br><b>2 + Basement</b> |
| City (5)<br><b>North Brunswick</b>   |   | Bldg. Age<br><b>70</b>  |                                    |
| County (6)<br><b>Middlesex</b>   |   | County Code (7)<br><b>USE ONLY</b>  |                                    |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>Hillman Consulting</b>   |   | ASCM No.<br><b>23</b>   |                                    |
| Street Address<br><b>1600 Route 22 East, Ste. 107</b>  |   | Name of Abatement Contractor (9)<br><b>Synatech, Inc.</b>   |                                    |
| City, State & Zip Code<br><b>Union, NJ 07083</b>   |   | Street Address<br><b>829 Radio Road</b>   |                                    |
| Project Manager for Monitoring Firm<br><b>Tammy Lomax</b>  |   | Telephone Number<br><b>908-688-7800</b>   | License Number<br><b>00817</b>     |
| Scheduled Start Date (10)<br><b>March 20, 2015</b>   | Scheduled Completion Date (11)<br><b>March 22, 2015</b> | Name of OSHA Monitor<br><b>Synatech, Inc.</b>   |                                    |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours<br><input type="checkbox"/> Other - Describe:<br><input type="checkbox"/> Facility Occupied During Abatement |   | Street Address<br><b>829 Radio Road</b>   |                                    |
|  |   | City, State & Zip Code<br><b>Little Egg Harbor, NJ 08087</b>  |                                    |

Scope of Work (Check all that apply)

|  |                                     |   |
|--|-------------------------------------|---|
| <input type="checkbox"/> $\geq 3$ sf or $\geq 50$ lf               | <input type="checkbox"/> Renovation | <input checked="" type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf | <input type="checkbox"/> Demolition | <input type="checkbox"/> Mini-Enclosure                                     |
|  |                                     | <input type="checkbox"/> Glovebag Procedure                                 |
|  |                                     | <input type="checkbox"/> Non-Exempted(*) and Non-Friable Procedure          |

| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)                                     | Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) |    |     | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |        |          |           |
|---|--|----|-----|---|---------------------------|----------------|--------|----------|-----------|
|   | Yes  | No | N/A |   |                           | Removal        | Repair | Encapsul | Enclosure |
| Basement File Storage Room and Adjacent Corridor; Basement Corridor Adjacent to Storage Room; Room Opposite Server Room |  |    | x   | Linoleum & Mastic   | 1,000 SF                  | X              |        |          |           |
| Storage Area North of File Room   |  |    | x   | Wallboard Glue  | 150 LF                    | X              |        |          |           |
| Storage Area North of File Room   |  |    | x   | VAT   | 50 SF                     | X              |        |          |           |
| Large Storage Room  |  |    | X   | Linoleum & Mastic   | 500 SF                    | X              |        |          |           |

|  |   |                                       |   |
|--|---|---------------------------------------|---|
| Name of Registered Waste Hauler<br><b>Synatech, Inc.</b> | NJDEP Waste Hauler ID No.<br><b>27429</b> | Cubic Yards of Waste<br><b>12</b>     | Name of Registered Landfill<br><b>Grows Landfill</b>      |
| City, State<br><b>Little Egg Harbor, NJ 08087</b>        | Disposal Date<br><b>March 24, 2015</b>    | City, State<br><b>Morrisville, PA</b> |   |
| Completed By<br><b>Diane Aloia</b>                       | Title<br><b>Executive Administrator</b>   | Signature<br><i>Diane Aloia</i>       | Date<br><b>March 12, 2015</b><br><b>February 27, 2015</b> |

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

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

Check # 9590

|  |  |   |                  |
|--|--|---|------------------|
| Date of Notification (1) <b>March 6, 2015</b><br><b>February 27, 2015</b>  |  | Name of Building Owner / Operator (2)<br><b>New Jersey Economic Development Authority</b> |                  |
| Agencies Notified  | Type Notification  | Street Address  |                  |
| <input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input checked="" type="checkbox"/> DCA | <input type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br>Amendment # <u>1</u><br><input type="checkbox"/> Cancellation | <b>36 West State Street</b><br><br>City, State & Zip Code<br><b>Trenton, NJ 08608</b>     |                  |
|  |  | Name of Contact<br><b>James Saraceno</b>  | Telephone Number |

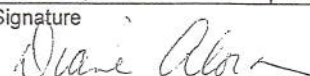
**FACILITY INFORMATION**

|  |   |   |   |
|--|---|---|---|
| Name of Facility Where Abatement is Taking Place (3)<br><b>Branford Hall Career Institute</b>  |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input checked="" type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.) |   |
| Street Address<br><b>651 Route 1 South (Bldg. 651)</b>   |   | Square Feet<br><b>60,000</b>  | # of Floors<br><b>2 + Basement</b>                        |
| City (5)<br><b>North Brunswick</b>   |   | Bldg. Age<br><b>70</b>  |   |
| County (6)<br><b>Middlesex</b>   |   | Current Use (Prior if being demolished)<br><b>Technical School</b>  |   |
| County Code (7)<br><b>USE ONLY</b>   |   |   |   |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>Hillman Consulting</b>   |   | ASCM No.<br><b>23</b>   | Name of Abatement Contractor (9)<br><b>Synatech, Inc.</b> |
| Street Address<br><b>1600 Route 22 East, Ste. 107</b>  |   | Street Address<br><b>829 Radio Road</b>   |   |
| City, State & Zip Code<br><b>Union, NJ 07083</b>   |   | City, State & Zip Code<br><b>Little Egg Harbor, NJ 08087</b>  |   |
| Project Manager for Monitoring Firm<br><b>Tammy Lomax</b>  |   | Telephone Number<br><b>908-688-7800</b>   | License Number<br><b>00817</b>                            |
| Scheduled Start Date (10)<br><b>March 13, 2015</b>   | Scheduled Completion Date (11)<br><b>March 15, 2015</b> | Name of OSHA Monitor<br><b>Synatech, Inc.</b>   |   |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours<br><input type="checkbox"/> Other - Describe:<br><input type="checkbox"/> Facility Occupied During Abatement |   | Street Address<br><b>829 Radio Road</b>   |   |
|  |   | City, State & Zip Code<br><b>Little Egg Harbor, NJ 08087</b>  |   |

Scope of Work (Check all that apply)

|  |                                     |   |
|--|-------------------------------------|---|
| <input type="checkbox"/> $\geq 3$ sf or $\geq 50$ lf               | <input type="checkbox"/> Renovation | <input checked="" type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf | <input type="checkbox"/> Demolition | <input type="checkbox"/> Mini-Enclosure                                     |
|  |                                     | <input type="checkbox"/> Glovebag Procedure                                 |
|  |                                     | <input type="checkbox"/> Non-Exempted(*) and Non-Friable Procedure          |

| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>IN Facility (13)      | Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) |    |     | Description of Asbestos-Containing Material (ACM)<br>(i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |        |           |           |
|--|--|----|-----|--|---------------------------|----------------|--------|-----------|-----------|
|  | Yes  | No | N/A |  |                           | Removal        | Repair | Encapsula | Enclosure |
| Basement File Storage Room and Adjacent Corridor and Basement Corridor Adjacent to Server Room |  |    | x   | Linoleum & Mastic  | 1,000 SF                  | X              |        |           |           |

|  |   |  |                                   |  |  |
|--|---|--|-----------------------------------|--|--|
| Name of Registered Waste Hauler<br><b>Synatech, Inc.</b> |   | NJDEP Waste Hauler ID No.<br><b>27429</b>  | Cubic Yards of Waste<br><b>10</b> | Name of Registered Landfill<br><b>Grows Landfill</b>     |  |
| City, State<br><b>Little Egg Harbor, NJ 08087</b>        |   | Disposal Date<br><b>March 24, 2015</b>   |                                   | City, State<br><b>Morrisville, PA</b>                    |  |
| Completed By<br><b>Diane Aloia</b>                       | Title<br><b>Executive Administrator</b> | Signature<br> |                                   | Date<br><b>March 6, 2015</b><br><b>February 27, 2015</b> |  |

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

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

Check # 9590

|   |  |   |  |
|---|--|---|--|
| Date of Notification (1)<br><b>February 27, 2015</b>  |  | Name of Building Owner / Operator (2)<br><b>New Jersey Economic Development Authority</b> |  |
| Agencies Notified<br><br><input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input checked="" type="checkbox"/> DCA | Type Notification<br><br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # ___<br><input type="checkbox"/> Cancellation | Street Address<br><br><b>36 West State Street</b>   |  |
|   |  | City, State & Zip Code<br><b>Trenton, NJ 08608</b>  |  |
|   |  | Name of Contact<br><b>James Saraceno</b>  |  |
|   |  | Telephone Number  |  |

**FACILITY INFORMATION**

|   |   |   |                                    |
|---|---|---|------------------------------------|
| Name of Facility Where Abatement is Taking Place (3)<br><b>Branford Hall Career Institute</b>   |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input checked="" type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.) |                                    |
| Street Address<br><b>651 Route 1 South (Bldg. 651)</b>  |   | Square Feet<br><b>60,000</b>  | # of Floors<br><b>2 + Basement</b> |
| City (5)<br><b>North Brunswick</b>  |   | Bldg. Age<br><b>70</b>  |                                    |
| County (6)<br><b>Middlesex</b>  |   | Current Use (Prior if being demolished)<br><b>Technical School</b>  |                                    |
| County Code (7)<br><b>USE ONLY</b>  |   |   |                                    |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>Hillman Consulting</b>  |   | Name of Abatement Contractor (9)<br><b>Synatech, Inc.</b>   |                                    |
| Street Address<br><b>1600 Route 22 East, Ste. 107</b>   |   | Street Address<br><b>829 Radio Road</b>   |                                    |
| City, State & Zip Code<br><b>Union, NJ 07083</b>  |   | City, State & Zip Code<br><b>Little Egg Harbor, NJ 08087</b>  |                                    |
| Project Manager for Monitoring Firm<br><b>Tammy Lomax</b>   |   | Telephone Number<br><b>908-688-7800</b>   | License Number<br><b>00817</b>     |
| Scheduled Start Date (10)<br><b>March 13, 2015</b>  | Scheduled Completion Date (11)<br><b>March 15, 2015</b> | Name of OSHA Monitor<br><b>Synatech, Inc.</b>   |                                    |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours<br><input type="checkbox"/> Other - Describe:<br><input checked="" type="checkbox"/> Facility Occupied During Abatement |   | Street Address<br><b>829 Radio Road</b>   |                                    |
|   |   | City, State & Zip Code<br><b>Little Egg Harbor, NJ 08087</b>  |                                    |

Scope of Work (Check all that apply)

|  |                                     |   |
|--|-------------------------------------|---|
| <input type="checkbox"/> $\geq 3$ sf or $\geq 50$ lf               | <input type="checkbox"/> Renovation | <input checked="" type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf | <input type="checkbox"/> Demolition | <input type="checkbox"/> Mini-Enclosure                                     |
|  |                                     | <input type="checkbox"/> Glovebag Procedure                                 |
|  |                                     | <input type="checkbox"/> Non-Exempted(*) and Non-Friable Procedure          |

| Location of Asbestos-Containing Material (ACM)<br><b>TO BE ABATED</b><br>IN Facility (13)             | Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) |   |  | Description of Asbestos-Containing Material (ACM)<br>(i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) | Amount (Specify SF or LF)<br><b>1,000 SF</b> | Abatement Type |        |               |           |  |
|---|--|---|--|--|--|----------------|--------|---------------|-----------|--|
|   | Yes  | No                                      | N/A                                    |  |  | Removal        | Repair | Encapsulation | Enclosure |  |
| <b>Basement File Storage Room and Adjacent Corridor and Basement Corridor Adjacent to Server Room</b> |  |   | <b>x</b>                               | <b>Linoleum &amp; Mastic</b>   |  | <b>X</b>       |        |               |           |  |
| Name of Registered Waste Hauler<br><b>Synatech, Inc.</b>  | NJDEP Waste Hauler ID No.<br><b>27429</b>                                |   | Cubic Yards of Waste<br><b>10</b>      | Name of Registered Landfill<br><b>Grows Landfill</b>   |  |                |        |               |           |  |
| City, State<br><b>Little Egg Harbor, NJ 08087</b>   |  |   | Disposal Date<br><b>March 24, 2015</b> | City, State<br><b>Morrisville, PA</b>  |  |                |        |               |           |  |
| Completed By<br><b>Diane Aloia</b>  |  | Title<br><b>Executive Administrator</b> | Signature<br><i>Diane Aloia</i>        |  | Date<br><b>February 27, 2015</b>             |                |        |               |           |  |

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

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

Check # 9726

|  |  |   |                  |
|--|--|---|------------------|
| Date of Notification (1) <b>May 7, 2015</b><br><b>April 17, 2015</b>   |  | Name of Building Owner / Operator (2)<br><b>Frank Sarno</b>                                 |                  |
| Agencies Notified  | Type Notification  | Street Address  |                  |
| <input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA | <input type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br>Amendment # <u>2</u><br><input type="checkbox"/> Cancellation | <b>305 North Cambridge Avenue</b><br><br>City, State & Zip Code<br><b>Ventnor, NJ 08406</b> |                  |
|  |  | Name of Contact   | Telephone Number |

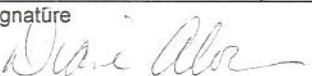
**FACILITY INFORMATION**

|  |  |   |                                |
|--|--|---|--------------------------------|
| Name of Facility Where Abatement is Taking Place (3)<br><b>Residence</b>   |  | Type of Facility (4)  |                                |
| Street Address<br><b>305 North Cambridge Avenue</b>  |  | <input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.) |                                |
| City (5)<br><b>Ventnor</b>   |  | Square Feet<br><b>1,900</b>   | # of Floors<br><b>2</b>        |
| County (6)<br><b>Atlantic</b>  |  | Bldg. Age<br><b>58 years</b>  |                                |
| County Code (7)<br><b>USE ONLY</b>   |  | Current Use (Prior if being demolished)<br><b>Residence</b>   |                                |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>N/A</b>  |  | Name of Abatement Contractor (9)<br><b>Synatech, Inc.</b>   |                                |
| Street Address   |  | Street Address<br><b>829 Radio Road</b>   |                                |
| City, State & Zip Code   |  | City, State & Zip Code<br><b>Little Egg Harbor, NJ 08087</b>  |                                |
| Project Manager for Monitoring Firm  |  | Telephone Number<br><b>609-296-6916</b>   | License Number<br><b>00817</b> |
| Scheduled Start Date (10)<br><b>May 18, 2015</b>   | Scheduled Completion Date (11)<br><b>June 18, 2015</b> | Name of OSHA Monitor<br><b>Synatech, Inc.</b>   |                                |
| Occupancy Status During Abatement (Check only one)   |  | Street Address<br><b>829 Radio Road</b>   |                                |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Hours<br><input type="checkbox"/> Other - Describe:<br><input type="checkbox"/> Facility Occupied During Abatement |  | City, State & Zip Code<br><b>Little Egg Harbor, NJ 08087</b>  |                                |

Scope of Work (Check all that apply)

|  |                                     |   |
|--|-------------------------------------|---|
| <input type="checkbox"/> $\geq 3$ sf or $\geq 50$ lf               | <input type="checkbox"/> Renovation | <input checked="" type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf | <input type="checkbox"/> Demolition | <input type="checkbox"/> Mini-Enclosure                                     |
|  |                                     | <input type="checkbox"/> Glovebag Procedure                                 |
|  |                                     | <input type="checkbox"/> Non-Exempted(*) and Non-Friable Procedure          |

| Location of Asbestos-Containing Material (ACM)<br><b>TO BE ABATED</b><br>IN Facility (13) | Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) |          |     | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |        |             |           |
|---|--|----------|-----|---|---------------------------|----------------|--------|-------------|-----------|
|   | Yes  | No       | N/A |   |                           | Removal        | Repair | Encapsulate | Enclosure |
| <b>Second Floor</b>   |  | <b>X</b> |     | <b>Drywall</b>  | <b>1,500 SF</b>           | <b>X</b>       |        |             |           |
|   |  |          |     |   |                           |                |        |             |           |

|  |   |   |                                   |  |  |
|--|---|---|-----------------------------------|--|--|
| Name of Registered Waste Hauler<br><b>Synatech, Inc.</b> |   | NJDEP Waste Hauler ID No.<br><b>27429</b>   | Cubic Yards of Waste<br><b>20</b> | Name of Registered Landfill<br><b>Grows Landfill</b> |  |
| City, State<br><b>Little Egg Harbor, NJ</b>              |   | Disposal Date<br><b>June 19, 2015</b>   |                                   | City, State<br><b>Morrisville, PA</b>                |  |
| Completed By<br><b>Diane Aloia</b>                       | Title<br><b>Executive Administrator</b> | Signature<br> |                                   | Date<br><b>May 18, 2015</b><br><b>April 17, 2015</b> |  |

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

Check # 9726

|  |  |  |                  |
|--|--|--|------------------|
| Date of Notification (1) April 27, 2015<br>April 17, 2015  |  | Name of Building Owner / Operator (2)<br>Frank Sarno |                  |
| Agencies Notified  | Type Notification  | Street Address                                       |                  |
| <input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA | <input type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br>Amendment # <u>1</u><br><input type="checkbox"/> Cancellation | 305 North Cambridge Avenue                           |                  |
|  |  | City, State & Zip Code<br>Ventnor, NJ 08406          |                  |
|  |  | Name of Contact                                      | Telephone Number |


**FACILITY INFORMATION**

|  |   |   |                         |
|--|---|---|-------------------------|
| Name of Facility Where Abatement is Taking Place (3)<br>Residence  |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.) |                         |
| Street Address<br>305 North Cambridge Avenue   |   | Square Feet<br>1,900  | # of Floors<br>2        |
| City (5)<br>Ventnor  |   | Bldg. Age<br>58 years   |                         |
| County (6)<br>Atlantic   |   | Current Use (Prior if being demolished)<br>Residence  |                         |
| County Code (7)<br>USE ONLY  |   |   |                         |
| Name of Monitoring Firm Hired by Building Owner (8)<br>N/A   |   | ASCM No.  |                         |
| Street Address   |   | Name of Abatement Contractor (9)<br>Synatech, Inc.  |                         |
| City, State & Zip Code   |   | Street Address<br>829 Radio Road  |                         |
| Project Manager for Monitoring Firm  |   | City, State & Zip Code<br>Little Egg Harbor, NJ 08087   |                         |
| Telephone Number   |   | Telephone Number<br>609-296-6916  | License Number<br>00817 |
| Scheduled Start Date (10)<br>May 12, 2015  | Scheduled Completion Date (11)<br>June 11, 2015 | Name of OSHA Monitor<br>Synatech, Inc.  |                         |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Hours<br><input type="checkbox"/> Other – Describe:<br><input type="checkbox"/> Facility Occupied During Abatement |   | Street Address<br>829 Radio Road  |                         |
|  |   | City, State & Zip Code<br>Little Egg Harbor, NJ 08087   |                         |

Scope of Work (Check all that apply)

- |  |                                     |   |
|--|-------------------------------------|---|
| <input type="checkbox"/> $\geq 3$ sf or $\geq 50$ lf               | <input type="checkbox"/> Renovation | <input checked="" type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf | <input type="checkbox"/> Demolition | <input type="checkbox"/> Mini-Enclosure                                     |
|  |                                     | <input type="checkbox"/> Glovebag Procedure                                 |
|  |                                     | <input type="checkbox"/> Non-Exempted(*) and Non-Friable Procedure          |

| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>IN Facility<br>(13) | Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) |    |     | Description of Asbestos-Containing Material (ACM)<br>(i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |        |             |           |
|--|--|----|-----|--|---------------------------|----------------|--------|-------------|-----------|
|  | Yes  | No | N/A |  |                           | Removal        | Repair | Encapsulate | Enclosure |
| Second Floor   |  | X  |     | Drywall  | 1,500 SF                  | X              |        |             |           |
|  |  |    |     |  |                           |                |        |             |           |
|  |  |    |     |  |                           |                |        |             |           |

|   |                                  |  |                            |   |  |
|---|----------------------------------|--|----------------------------|---|--|
| Name of Registered Waste Hauler<br>Synatech, Inc. |                                  | NJDEP Waste Hauler ID No.<br>27429   | Cubic Yards of Waste<br>20 | Name of Registered Landfill<br>Grows Landfill |  |
| City, State<br>Little Egg Harbor, NJ              |                                  | Disposal Date<br>June 12, 2015   |                            | City, State<br>Morrisville, PA                |  |
| Completed By<br>Diane Aloia                       | Title<br>Executive Administrator | Signature<br> |                            | Date<br>April 27, 2015<br>April 17, 2015      |  |

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

Check # 9726

|   |  |   |                  |
|---|--|---|------------------|
| Date of Notification (1)<br><b>April 17, 2015</b>   |  | Name of Building Owner / Operator (2)<br><b>Frank Sarno</b> |                  |
| Agencies Notified<br><br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA | Type Notification<br><br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Cancellation | Street Address<br><br><b>305 North Cambridge Avenue</b>     |                  |
|   |  | City, State & Zip Code<br><b>Ventnor, NJ 08406</b>          |                  |
|   |  | Name of Contact   | Telephone Number |


**FACILITY INFORMATION**

|  |   |   |                                |
|--|---|---|--------------------------------|
| Name of Facility Where Abatement is Taking Place (3)<br><b>Residence</b>   |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.) |                                |
| Street Address<br><b>305 North Cambridge Avenue</b>  |   | Square Feet<br><b>1,900</b>   | # of Floors<br><b>2</b>        |
| City (5)<br><b>Ventnor</b>   |   | Bldg. Age<br><b>58 years</b>  |                                |
| County (6)<br><b>Atlantic</b>  |   | Current Use (Prior if being demolished)<br><b>Residence</b>   |                                |
| County Code (7)<br><b>USE ONLY</b>   |   |   |                                |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>N/A</b>  |   | ASCM No.  |                                |
| Street Address   |   | Name of Abatement Contractor (9)<br><b>Synatech, Inc.</b>   |                                |
| City, State & Zip Code   |   | Street Address<br><b>829 Radio Road</b>   |                                |
| Project Manager for Monitoring Firm  |   | City, State & Zip Code<br><b>Little Egg Harbor, NJ 08087</b>  |                                |
| Telephone Number   |   | Telephone Number<br><b>609-296-6916</b>   | License Number<br><b>00817</b> |
| Scheduled Start Date (10)<br><b>May 5, 2015</b>  | Scheduled Completion Date (11)<br><b>June 4, 2015</b> | Name of OSHA Monitor<br><b>Synatech, Inc.</b>   |                                |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Hours<br><input type="checkbox"/> Other – Describe:<br><input type="checkbox"/> Facility Occupied During Abatement |   | Street Address<br><b>829 Radio Road</b>   |                                |
|  |   | City, State & Zip Code<br><b>Little Egg Harbor, NJ 08087</b>  |                                |

Scope of Work (Check all that apply)

|  |                                     |   |
|--|-------------------------------------|---|
| <input type="checkbox"/> $\geq 3$ sf or $\geq 50$ lf               | <input type="checkbox"/> Renovation | <input checked="" type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf | <input type="checkbox"/> Demolition | <input type="checkbox"/> Mini-Enclosure                                     |
|  |                                     | <input type="checkbox"/> Glovebag Procedure                                 |
|  |                                     | <input type="checkbox"/> Non-Exempted(*) and Non-Friable Procedure          |

| Location of Asbestos-Containing Material (ACM)<br><b>TO BE ABATED</b><br>IN Facility (13) | Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) |          |     | Description of Asbestos-Containing Material (ACM)<br>(i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |        |             |           |
|---|--|----------|-----|--|---------------------------|----------------|--------|-------------|-----------|
|   | Yes  | No       | N/A |  |                           | Removal        | Repair | Encapsulate | Enclosure |
| <b>Second Floor</b>   |  | <b>X</b> |     | <b>Drywall</b>   | <b>1,500 SF</b>           | <b>X</b>       |        |             |           |
|   |  |          |     |  |                           |                |        |             |           |
|   |  |          |     |  |                           |                |        |             |           |

|  |   |  |                                   |  |  |
|--|---|--|-----------------------------------|--|--|
| Name of Registered Waste Hauler<br><b>Synatech, Inc.</b> |   | NJDEP Waste Hauler ID No.<br><b>27429</b>  | Cubic Yards of Waste<br><b>20</b> | Name of Registered Landfill<br><b>Grows Landfill</b> |  |
| City, State<br><b>Little Egg Harbor, NJ</b>              |   | Disposal Date<br><b>June 5, 2015</b>   |                                   | City, State<br><b>Morrisville, PA</b>                |  |
| Completed By<br><b>Diane Aloia</b>                       | Title<br><b>Executive Administrator</b> | Signature<br> |                                   | Date<br><b>April 17, 2015</b>                        |  |

NO CK

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

RECEIVED

| Date of Notification (1)<br>5/11/15  |   | Name of Building Owner/Operator (2)<br>Princeton University, Facilities Procurement Office  |   |   |   |                 |        |             |           |
|--|---|---|---|---|---|-----------------|--------|-------------|-----------|
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA  |   | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |   | Street Address<br>EA McMillan Building  |   |                 |        |             |           |
|  |   | City, State, Zip Code<br>Princeton, NJ 08544  |   | Telephone Number<br>202-1041  |   |                 |        |             |           |
|  |   | Name of Contact<br>Bob Ortego   |   | Telephone Number<br>202-1041  |   |                 |        |             |           |
| <b>FACILITY INFORMATION</b>  |   |   |   |   |   |                 |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Residence  |   |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |   |   |                 |        |             |           |
| Street Address<br>60 McCosh Circle   |   |   | Square Feet<br>2,200  |   | # of Floors<br>1                              |                 |        |             |           |
| City (5)<br>Princeton  |   |   | Bldg. Age<br>40+  |   |   |                 |        |             |           |
| County (6)<br>Mercer   |   | County Code (7)<br>(STATE USE ONLY) _____   |   | Current Use (Prior if being demolished)<br>Residence  |   |                 |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Pennoni Associates, Inc.  |   | ASCM No. _____  |   | Name of Abatement Contractor (9)<br>ecoservices, LLC  |   |                 |        |             |           |
| Street Address<br>515 Grove Street, Suite 1B   |   | Street Address<br>407 West Lincoln Highway, Suite 500   |   |   |   |                 |        |             |           |
| City, State, Zip Code<br>Haddon Heights, NJ 08035  |   | City, State, Zip Code<br>Exton, PA 19341  |   |   |   |                 |        |             |           |
| Project Manager for Monitoring Firm<br>R. Alan Lloyd   |   | Telephone No.<br>856-547-0505   |   | License No.<br>01161  |   |                 |        |             |           |
| Start Date (10)<br>5/15/15   |   | Scheduled Completion Date (11)<br>7/2/15  |   | Name of OSHA Monitor<br>EMSL  |   |                 |        |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____   |   |   | Street Address<br>200 US Route 130 North  |   |   |                 |        |             |           |
|  |   |   | City, State, Zip Code<br>Cinnaminson, NJ 08077  |   |   |                 |        |             |           |
| Scope of Work (Check All That Apply)<br><input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf<br><input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |   |   |   |   |   |                 |        |             |           |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)   | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |   |   | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF)                     | Abatement Type  |        |             |           |
|  | Yes   | No  | N/A   |   |   | Removal         | Repair | Encapsulate | Enclosure |
| Throughout   |   |   | X   | Drywall/Joint Compound  | 6,296 SF                                      | X               |        |             |           |
| Floor Tile and Mastic  |   |   | X   | DR, Hw, BR, LR, BR2, Kn, BS, B  | 1,355   | X               |        |             |           |
| Basement Mechanical Room   |   |   | X   | Flue Patch Material   | 1 SF  | X               |        |             |           |
| Exterior   |   |   | X   | Storm Window Caulk  | 286 LF  | X               |        |             |           |
| Name of Registered Waste Hauler<br>Waste Management of New Jersey  |   | NJDEP Waste Hauler ID No. _____   |   | Cubic Yards of Waste<br>50  | Name of Registered Landfill<br>GROWS Landfill |                 |        |             |           |
| City, State<br>Trenton, NJ   |   |   |   | Disposal Date<br>TBD  | City, State<br>Morrisville, NJ                |                 |        |             |           |
| Completed by<br>Jack Bally   |   | Title<br>Sr. Project Manager  |   | Signature<br><i>Jack Bally</i>  |   | Date<br>5/11/15 |        |             |           |

NO CK

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

|  |   |  |   |  |   |
|--|---|--|---|--|---|
| Date of Notification (1)<br>5/11/15  |   | Name of Building Owner/Operator (2)<br>Princeton University, Facilities Procurement Office |   |  |   |
| Agencies Notified  | Type Notification   | Street Address<br>EA McMillan Building   |   |  |   |
| <input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA   | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br>Princeton, NJ 08544   |   | Name of Contact<br>Bob Ortego  |   |
|  |   |  |   | Telephone Number<br>_____  |   |
| <b>FACILITY INFORMATION</b>  |   |  |   |  |   |
| Name of Facility Where Abatement is Taking Place (3)<br>Residence  |   |  | Type of Facility (4)  |  |   |
| Street Address<br>81 McCosh Circle   |   |  | <input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |  |   |
| City (5)<br>Princeton  |   |  | Square Feet<br>2,200  | # of Floors<br>1   | Bldg. Age<br>40+                              |
| County (6)<br>Mercer   |   | County Code (7)<br>(STATE USE ONLY) _____  |   | Current Use (Prior if being demolished)<br>Residence   |   |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Pennoni Associates, Inc.  |   | ASCM No. _____   |   | Name of Abatement Contractor (9)<br>ecoservices, LLC   |   |
| Street Address<br>515 Grove Street, Suite 1B   |   | Street Address<br>407 West Lincoln Highway, Suite 500                                      |   |  |   |
| City, State, Zip Code<br>Haddon Heights, NJ 08035  |   | City, State, Zip Code<br>Exton, PA 19341   |   |  |   |
| Project Manager for Monitoring Firm<br>R. Alan Lloyd   |   | Telephone No.<br>856-547-0505  |   | Telephone No.<br>484-872-8884  | License No.<br>01161                          |
| Start Date (10)<br>6/1/15  |   | Scheduled Completion Date (11)<br>7/2/15   |   | Name of OSHA Monitor<br>EMSL   |   |
| Occupancy Status During Abatement (Check Only One)   |   |  |   | Street Address<br>200 US Route 130 North   |   |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____ |   |  |   | City, State, Zip Code<br>Cinnaminson, NJ 08077   |   |
| Scope of Work (Check All That Apply)   |   |  |   |  |   |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf  |   | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition      |   | <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |   |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility<br>(13)   | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)   |  |   | Description of Asbestos Containing Material (ACM)<br>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)   | Amount (Specify SF or LF)                     |
|  | Yes   | No   | N/A   |  |   |
| See Attached   |   |  |   |  |   |
|  |   |  |   |  |   |
|  |   |  |   |  |   |
|  |   |  |   |  |   |
| Name of Registered Waste Hauler<br>Waste Management of New Jersey  |   | NJDEP Waste Hauler ID No. _____  |   | Cubic Yards of Waste<br>30   | Name of Registered Landfill<br>GROWS Landfill |
| City, State<br>Trenton, NJ   |   | Disposal Date<br>TBD   |   | City, State<br>Morrisville, NJ   |   |
| Completed by<br>Jack Bally   |   | Title<br>Sr. Project Manager   |   | Signature<br><i>Jack Bally</i>   | Date<br>5/11/15                               |

| Location of<br>Asbestos Containing Material (ACM)<br>To Be Abated<br>In Facility | Is location normally<br>used solely by<br>Maintenance/<br>Custodial Staff?<br>Yes No N/A | Description of Asbestos Containing Material (ACM)<br>(i.e. thermal systems insulation, surfacing, VAT, or<br>other miscellaneous) | Amount<br>(Specify SF or LF) | Abatement Type |        |       |           |
|--|--|---|------------------------------|----------------|--------|-------|-----------|
|  |  |   |                              | Removal        | Repair | Encap | Enclosure |
| Throughout   | No   | Homosote Panels and associated black mastic   | 1,314 SF                     | X              |        |       |           |
| Kitchen  | No   | Mosaic Sheet Flooring   | 192 SF                       | X              |        |       |           |
| Attic and within wall/ceiling cavities   | No   | Corrugated Pipe Insulation  | 193 LF                       | X              |        |       |           |
| Attic  | No   | Transite Panels   | 40 SF                        | X              |        |       |           |
| Attic  | No   | Flue Patch Material   | 1 SF                         | X              |        |       |           |
| Kitchen and Bedrooms   | No   | Light Reflector Pads  | 5 Each                       | X              |        |       |           |
| Exterior   | No   | Window and Door Caulk   | 290 LF                       | X              |        |       |           |
|  |  |   |                              |                |        |       |           |
|  |  |   |                              |                |        |       |           |
|  |  |   |                              |                |        |       |           |

RECEIVED

2013 MAY 12 AM 4:09

ASBESTOS CONTROL  
& LICENSING

NO CK

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

CHECK#24823

2015 MAY 12 AM 1:03

|  |   |  |   |   |                           |
|--|---|--|---|---|---------------------------|
| Date of Notification (1)<br>5/8/15   |   |  | Name of Building Owner/Operator (2)<br><b>BRICK TOWNSHIP BOARD OF EDUCATION</b> |   |                           |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br>DCA  |   | Type Notification<br><input type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended Amendment # <u>2</u><br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |   | Street Address<br><b>101 HENDRICKSON AVENUE</b><br>City, State, Zip Code<br><b>BRICK TOWN, NJ 08724</b><br>Name of Contact<br><b>DAVID O'KEEFE (OWNER'S REP)</b>  |                           |
| Telephone Number<br>5  |   |  |   |   |                           |
| <b>FACILITY INFORMATION</b>  |   |  |   |   |                           |
| Name of Facility Where Abatement is Taking Place (3)<br><b>VETERAN'S MEMORIAL ELEMENTARY SCHOOL</b>  |   |  |   | Type of Facility (4)<br><input checked="" type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (i.e., private & commercial buildings) |                           |
| Street Address<br><b>103 HENDRICKSON AVENUE</b>  |   |  |   | Square Feet   |                           |
| City (5)<br><b>BRICK TOWN, NJ 08724</b>  |   |  |   | # of Floors Bldg. Age   |                           |
| County<br><b>OCEAN</b>   |   | County Code (7) (STATE USE ONLY)   |   | AIRPORT   |                           |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>N/A</b>  |   | ASCM No.   |   | Name of Abatement Contractor (9)<br><b>CREAM RIDGE ENVIRONMENTAL INC.</b>   |                           |
| Street Address   |   | Street Address<br><b>15 BLACK FOREST ROAD</b>  |   |   |                           |
|  |   | City, State, Zip Code<br><b>HAMILTON, NJ 08691</b>   |   |   |                           |
| Project Manager for Monitoring Firm  |   | Telephone No.  |   | Telephone No.<br><b>609-890-7110</b>  |                           |
|  |   |  |   | License No.<br><b>00676</b>   |                           |
| Start Date (10)<br>5/9/15  |   | Scheduled Completion Date (11)<br>5/19/15  |   | Name of OSHA Monitor<br><b>AMERITECH SERVICES</b>   |                           |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br>Abatement performed outside of working hours 5PM-2 AM<br>**ESSENTIAL PERSONNEL**   |   |  |   | Street Address<br><b>259 DRUM PT. ROAD, STE 7</b><br>City, State, Zip Code<br><b>BRICK, NJ 08723</b>  |                           |
| Scope of Work (Check all that apply)<br><input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf<br><input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) & Non-Friable Procedure |   |  |   |   |                           |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)   | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |  |   | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)   | Amount (Specify SF or LF) |
|  | Yes   | No   | N/A   |   |                           |
| WINDOWS  |   | X  |   | GLAZING   | X                         |
|  |   |  |   |   |                           |
|  |   |  |   |   |                           |
| Name of Registered Waste Hauler<br><b>CURRENT CONSTRUCTION</b>   |   | NJDEP Waste Hauler ID No.<br><b>35149</b>  |   | Cubic Yards of Waste<br><b>1 YDS</b>  |                           |
| City, State<br><b>ALLENTOWN, NJ</b>  |   | Disposal Date<br><b>5/11/15</b>  |   | Name of Registered Landfill<br><b>GROWS</b>   |                           |
| Completed By<br><b>DAVID D'ANDREA</b>  |   | Title<br><b>PRESIDENT</b>  |   | Signature<br><i>David D'Andrea</i><br>Date<br><b>5/8/15</b>   |                           |

ASB-41

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

NO CK

RECEIVED

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

2015 MAY 12 AM 1:04

ASBESTOS CONTROL  
& LICENSING

|   |  |  |                  |
|---|--|--|------------------|
| Date of Notification<br>0   5   1   5                       |  | Name of Building Owner/Operator<br>MACY'S CORPORATE SERVICES (FEDERATED) |                  |
| Agencies Notified<br>X USEPA<br>X DEP<br>X DCA/DOL<br>X DOH | Type of Notification<br>Initial<br>Notification<br>X Amended<br>Cancellation | Street Address<br>7 WEST SEVENTH STREET                                  |                  |
|   |  | City, State, Zip Code<br>CINCINNATI, OHIO 45202                          |                  |
|   |  | Name of Contact<br>Lou DeMauro   | Telephone Number |

## FACILITY INFORMATION

|   |                     |  |  |  |  |   |                     |
|---|---------------------|--|--|--|--|---|---------------------|
| Name of Facility Where Abatement is Taking Place<br>MACY'S - LIVINGSTON MALL  |                     |  |  | Type of Facility<br>( ) School (K-12)<br>( ) Sub-Chapter 8 (Other than K-12)<br>( X ) Other (i.e. private & Commercial buildings, homes, etc.) |  |   |                     |
| Street Address<br>SOUTH ORANGE AVE & WALNUT STREET  |                     |  |  | SF of Bldg.<br>1 MILLION +SF   |  | # Floor<br>3  | Age of Bldg.<br>50+ |
| City<br>LIVINGSTON  | County<br>MIDDLESEX | County Code<br>State use Only                              |  | Current Use (prior if being demolished)  |  |   |                     |
| Name of Monitoring Firm Hired by Building Owner<br>Pennoni Associates Inc.  |                     |  | ASCM No.                                 | Name of Abatement Contractor<br>ACM CONSULTING CORP.   |  |   |                     |
| Street Address<br>515 Grove Street Ste 1B   |                     |  | Street Address<br>2150 STANLEY TERRACE   |  |  |   |                     |
| City, State, Zip Code<br>Haddon Heights, NJ 08035   |                     |  | City, State, Zip Code<br>UNION, NJ 07083 |  |  |   |                     |
| Project Manager for Monitoring Firm<br>TO BE DETERMINED   |                     | Telephone No.<br>TO BE DETERMINED                          |  | Telephone Number<br>908-687-1008   |  | License Number<br>00575                                 |                     |
| Scheduled Start Date<br>1 13 2015   |                     | Scheduled Completion Date<br>6 30 2015                     |  | Name of OSHA Monitor<br>EMSL ANALYTICAL  |  |   |                     |
| Month Day Year  |                     | Month Day Year   |  | Street Address<br>307 WEST 38TH STREET   |  |   |                     |
| Occupancy Status During Abatement (Check Only One)<br>X Facility Closed/Vacated During Entire Period of Abatement<br>X Abatement Outside Normal Facility Hours<br>X Describe: 9:00PM TO 6:30AM<br>Other - Describe: _____ |                     |  |  | City, State, Zip Code<br>NEW YORK, NY 10118  |  |   |                     |
| Scope of Work (Check Only One)<br>Demolition<br>X >3sf or >3lf<br>X ≥ 160sf or ≥ 260lf<br>Renovation  |                     |  |  | Abatement Method<br>X Full Containment with Negative Pressure<br>Mini-Enclosure<br>Glovebag Procedure<br>Non-Friable Procedure                 |  |   |                     |
| Location of ACM Facility  |                     | Is Location Normally Used by Custodial Staff<br>Yes NO N/A |  | Description of ACM to be Removed   |  | Amount to be Removed (Specify SF/LF)                    |                     |
| 3rd Floor Sales Floor Phase 2   |                     |  |  | Spray-on Fireproofing  |  | 14000SF   |                     |
|   |                     |  |  | Pipe insulation  |  | 500LF   |                     |
|   |                     |  |  |  |  |   |                     |
|   |                     |  |  |  |  |   |                     |
|   |                     |  |  |  |  |   |                     |
|   |                     |  |  |  |  |   |                     |
| Name of Registered Waste Hauler<br>TRI-STATE TRANSFER ASSOC., INC.  |                     | NJDEP Waste ID No.<br>SW1896                               |  | Cubic Yds waste<br>TBD   |  | Name of Registered Landfill<br>MINERVA ENTERPRISES, INC |                     |
| City, State<br>BRONX, NY  |                     | Disposal Date<br>TBD                                       |  | City, State of Registered Landfill<br>WAYNESBURG, OHIO   |  |   |                     |
| Completed By (Print or Type)<br>TIMOTHY RYAN  |                     | Title<br>GENERAL MANAGER                                   |  | Signature<br><i>Timothy Ryan</i>   |  | Date<br>5/7/15  |                     |

NO CK

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

|   |   |  |  |   |                           |                 |        |             |
|---|---|--|--|---|---------------------------|-----------------|--------|-------------|
| Date of Notification (1)<br>1-16-15   |   | Name of Building Owner/Operator (2)<br>Exxon Mobil Environmental Service   |  |   |                           |                 |        |             |
| Agencies Notified   | Type Notification   | Street Address   | City, State, Zip Code  |   |                           |                 |        |             |
| <input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input type="checkbox"/> DCJ<br><input type="checkbox"/> DOH<br><input type="checkbox"/> DCA  | <input checked="" type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br><input type="checkbox"/> Amendment # 1<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | 52 BEACHAM Street  | Everett, MA 02148  |   |                           |                 |        |             |
|   |   | Name of Contact  | Telephone Number   |   |                           |                 |        |             |
|   |   | Mike Geci  |  |   |                           |                 |        |             |
| FACILITY INFORMATION  |   |  |  |   |                           |                 |        |             |
| Name of Facility Where Abatement is Taking Place (3)<br>Former Bayonne Lubricating Mfg Plant  |   | Type of Facility (4)   |  |   |                           |                 |        |             |
| Street Address<br>1 Avenue J  |   | <input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes etc.)   |  |   |                           |                 |        |             |
| City (5)<br>Bayonne   | Square Feet   | # of Floors  | Bldg. Age  |   |                           |                 |        |             |
|   |   | NA   | NA   |   |                           |                 |        |             |
| County (6)<br>Hudson  | County Code (7)<br>(STATE USE ONLY)   | Current Use (Prior if being demolished)<br>Storage tank  |  |   |                           |                 |        |             |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Asset Inspection Technologies  |   | ASCM No.   | Name of Abatement Contractor (9)<br>Tina Contracting Services, LLC |   |                           |                 |        |             |
| Street Address<br>123 N. 100 Road PO Box 3015   |   | Street Address<br>5787 Stadium Drive   |  |   |                           |                 |        |             |
| City, State, Zip Code<br>South Hampton NY 11969   |   | City, State, Zip Code<br>Kalamazoo MI 49009  |  |   |                           |                 |        |             |
| Project Manager for Monitoring Firm<br>Patricia Williams  |   | Telephone No.<br>917-450-9217  | Telephone No.<br>269-375-9595                                      |   |                           |                 |        |             |
| Start Date (10)<br>2-3-15   |   | Scheduled Completion Date (11)<br>6-12-15  | License No.<br>01208   |   |                           |                 |        |             |
| Occupancy Status During Abatement (Check Only One)  |   | Name of OSHA Monitor<br>Analytical Testing + Consulting  |  |   |                           |                 |        |             |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br>Other - Describe: |   | Street Address<br>14625 Doster Rd  |  |   |                           |                 |        |             |
|   |   | City, State, Zip Code<br>Plainwell, Michigan 49080   |  |   |                           |                 |        |             |
| Scope of Work (Check All That Apply)  |   |  |  |   |                           |                 |        |             |
| <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf<br><input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf  |   | <input type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition   |  |   |                           |                 |        |             |
|   |   | <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |   |                           |                 |        |             |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)   |  |  | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type  |        |             |
|   | Yes   | No   | N/A  |   |                           | Removal         | Repair | Encapsulate |
| Pod 5 E&W   |   |  | X  | Asphaltic Coatings on tanks   | 161,200 SF                | X               |        |             |
|   |   |  |  |   |                           |                 |        |             |
|   |   |  |  |   |                           |                 |        |             |
| Name of Registered Waste Hauler<br>Hazard Environmental Group   |   | NJDEP Waste Hauler ID No.<br>1665  | Cubic Yards of Waste<br>120  | Name of Registered Landfill<br>High Acres Landfill  |                           |                 |        |             |
| City, State<br>Suffolk NY   |   | Disposal Date  |  | City, State<br>Fairport, NY   |                           |                 |        |             |
| Completed by<br>Gregory G. Moe  |   | Title<br>Director of Abatement   |  | Signature<br>Gregory G. Moe   |                           | Date<br>1-19-15 |        |             |

NO CK

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

John Kitchway Plaza  
3rd Floor  
P.O. Box 949  
Trenton, N.J. 08645

|  |                   |  |                  |
|--|-------------------|--|------------------|
| Date of Notification (1) <u>5/4/2015</u> |                   | Name of Building Owner/Operator (2)<br><u>Bernard Kane</u> |                  |
| Agencies Notified                        | Type Notification | Street Address   |                  |
| ( ) EPA                                  | ( ) Initial       | <u>3 Hamilton Pl</u>                                       |                  |
| (X) DEP                                  | Notification      | City, State, Zip   |                  |
| ( ) DOL                                  | ( ) Amended       | <u>Brigantia, N.J. 08203</u>                               |                  |
| ( ) DOH                                  | Notification      | Name of Contact  | Telephone Number |
| ( ) DCA                                  |                   | <u>Bernard Kane</u>  | <u>1000</u>      |

**FACILITY INFORMATION**

|  |                                     |  |               |
|--|-------------------------------------|--|---------------|
| Name of Facility Where Abatement is Taking Place (3)<br><u>Residential</u> |                                     | Type of Facility (4)                             |               |
| Street Address   |                                     | ( ) School (K-12)                                |               |
| <u>3 Hamilton Pl.</u>  |                                     | ( ) Subchapter 8 (Other than K-12)               |               |
| City (5)   | County (6)                          | (X) Other (i.e., private & commercial buildings) |               |
| <u>Brigantia</u>   | <u>Atlantic</u>                     | Square Feet                                      | # of Floors   |
|  | County Code (7)<br>(STATE USE ONLY) | <u>1600</u>                                      | <u>2</u>      |
|  |                                     | Building Age                                     | <u>10 yrs</u> |
| Current Use (Prior if being demolished)                                    |                                     |  |               |

|   |   |   |   |  |
|---|---|---|---|--|
| Name of Monitoring Firm Hired by Building                     |   | ASCM No.                                    | Name of Contractor (9)<br><u>Home Owner</u> |  |
| Street Address  |   | Street Address                              |   |  |
| City, State, Zip  |   | City, State, Zip                            |   |  |
| Project Manager for Monitoring Firm                           | Telephone Number                                  | Telephone Number                            | License Number                              |  |
| Scheduled Start Date (10)                                     | Scheduled Completion Date (11)<br><u>5/4/2015</u> | Name of OSHA Monitor                        |   |  |
| Occupancy Status During Abatement (Check only one)            |   | Street Address                              |   |  |
| (X) Facility Closed/Vacated During Entire Period of Abatement |   | <u>3 Hamilton Pl</u>                        |   |  |
| ( ) Abatement Performed Outside of Normal Facility            |   | City, State, Zip                            |   |  |
| Hours - Describe _____  |   | <u>Brigantia N.J. 08203</u>                 |   |  |
| ( ) Other - Describe _____                                    |   |   |   |  |
| Scope of Work (Check all that apply)                          |   |   |   |  |
| ( ) Demolition  |   | (X) Renovation                              |   |  |
| ( ) Large Project (> 160 SF or > 260 LF ACM)                  |   | ( ) Full Containment with Negative Pressure |   |  |
| ( ) Small Project (> 25 < 160 SF or > 260 LF ACM)             |   | ( ) Mini-Enclosure                          |   |  |
| ( ) Minor Project (< 25 SF or < 10 LF ACM)                    |   | ( ) Glovebag Procedure                      |   |  |

|   |  |                                   |  |   |                           |                |        |             |           |
|---|--|-----------------------------------|--|---|---------------------------|----------------|--------|-------------|-----------|
| Location of Asbestos-Containing Material (ACM) in Facility (13)<br><u>Siding Exterior</u> | 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)<br><u>siding</u> | Amount (Specify SF or LF) | Abatement Type |        |             |           |
|   | Yes  | No                                | N/A  |   |                           | Removal        | Repair | Encapsulate | Enclosure |
|   |  | X                                 |  |   |                           | X              |        |             |           |
| Name of Registered Waste<br><u>Transformation</u>   | NJDEF Waste Hauler ID No.<br><u>18952</u>                            | Cubic Yards of Waste<br><u>3</u>  | Name of Registered Landfill<br><u>ACUA</u> |   |                           |                |        |             |           |
| City, State<br><u>Egg Harbor C. N.J.</u>  | Disposal Date<br><u>5/14/2015</u>                                    | City, State<br><u>E.H.T. N.J.</u> |  |   |                           |                |        |             |           |
| Completed by (Print or Type)<br><u>Bernard Kane</u>                                       | Title<br><u>Home Owner</u>   | Signature<br><u>Bernard Kane</u>  | Date<br><u>5/4/2015</u>                    |   |                           |                |        |             |           |

RECEIVED

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

|  |   |  |                                      |  |  |                                     |                          |                          |                          |
|--|---|--|--------------------------------------|--|--|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1)<br><div style="text-align: center;">4 / 23 / 15</div>   |   | Name of Building Owner/Operator (2)<br><b>Arbor Management, LLC</b>  |                                      |  |  |                                     |                          |                          |                          |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DHSS<br><input type="checkbox"/> DCA<br>(NJAC 5:23-8)  | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br>Amendment # <b>1-5/7/15</b><br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><b>4 Denny Rd.</b>   |                                      |  |  |                                     |                          |                          |                          |
|  |   | City, State, Zip Code<br><b>Wilmington, DE 19809</b>   |                                      |  |  |                                     |                          |                          |                          |
|  |   | Name of Contact<br><b>Guy Pollice</b>  |                                      |  |  |                                     |                          |                          |                          |
| Telephone Number<br><b>302-7301</b>  |   |  |                                      |  |  |                                     |                          |                          |                          |
| <b>FACILITY INFORMATION</b>  |   |  |                                      |  |  |                                     |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Burlington Manor Apartments</b>   |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) |                                      |  |  |                                     |                          |                          |                          |
| Street Address<br><b>255 S. Pearl St.</b>  |   |  |                                      |  |  |                                     |                          |                          |                          |
| City (5)<br><b>Burlington</b>  |   | Square Feet  | # of Floors                          |  |  |                                     |                          |                          |                          |
| County (6)<br><b>Burlington</b>  |   | Bldg. Age  |                                      |  |  |                                     |                          |                          |                          |
| County Code (7) (STATE USE ONLY)   |   | Current Use (Prior if being demolished)<br><b>Apartments</b>   |                                      |  |  |                                     |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>Brightfields, Inc</b>  |   | ASCM No.   |                                      |  |  |                                     |                          |                          |                          |
| Street Address<br><b>801 Industrial St</b>   |   | Name of Abatement Contractor (9)<br><b>BRISTOL ENVIRONMENTAL, INC.</b>   |                                      |  |  |                                     |                          |                          |                          |
| City, State, Zip Code<br><b>Wilmington, DE 19801</b>   |   | Street Address<br><b>1123 BEAVER STREET</b>  |                                      |  |  |                                     |                          |                          |                          |
| Project Manager for Monitoring Firm<br><b>Monty Krough</b>   |   | Telephone No.<br><b>302-656-9600</b>   | Telephone No.<br><b>215-788-6040</b> |  |  |                                     |                          |                          |                          |
| Start Date (10)<br><div style="text-align: center;">5 / 4 / 15</div>   |   | License No.<br><b>00509</b>  |                                      |  |  |                                     |                          |                          |                          |
| Scheduled Completion Date (11)<br><div style="text-align: center;">5 / 11 / 15</div>   |   | Name of OSHA Monitor<br><b>BRISTOL ENVIRONMENTAL, INC.</b>   |                                      |  |  |                                     |                          |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: <b>8:30AM-5:30PM</b> PM- AM   |   | Street Address<br><b>1123 BEAVER STREET</b>  |                                      |  |  |                                     |                          |                          |                          |
|  |   | City, State, Zip Code<br><b>BRISTOL, PA 19007</b>  |                                      |  |  |                                     |                          |                          |                          |
| Scope of Work (Check all that apply)   |   |  |                                      |  |  |                                     |                          |                          |                          |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |   |  |                                      |  |  |                                     |                          |                          |                          |
| Location of Asbestos-Containing Material (ACM) IN Facility (13)<br><b>TO BE ABATED</b>   | 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)<br><b>500 SF</b>             | Abatement Type                      |                          |                          |                          |
|  | Yes   | No   | N/A                                  |  |  | Removal                             | Repair                   | Encapsulate              | Enclosure                |
| Unit 127   | <input type="checkbox"/>  | <input checked="" type="checkbox"/>  | <input type="checkbox"/>             | Floor tile and mastic  |  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>             |  |  | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>             |  |  | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>             |  |  | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler<br><b>SERVICE TRANSPORT GROUP, INC.</b>  |   | NJDEP Waste Hauler ID No.<br><b>20990</b>  |                                      | Cubic Yards of Waste   | Name of Registered Landfill<br><b>MINERVA LANDFILL</b> |                                     |                          |                          |                          |
| City, State<br><b>NEW CASTLE, DE 19720</b>   |   | Disposal Date  |                                      | City, State<br><b>WAYNESBURG, OH 44688</b>   |  |                                     |                          |                          |                          |
| Completed By (Print or Type)<br><b>Brian Scafiro</b>   |   | Title<br><b>Estimator</b>  |                                      | Signature<br><i>Brian Scafiro</i>  |  |                                     | Date<br><b>5/7/15</b>    |                          |                          |

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

*CL# 2799*

| Date of Notification (1)<br><div style="text-align: center;">4 / 23 / 15</div>  |  | Name of Building Owner/Operator (2)<br><b>Arbor Management, LLC</b>   |  | 2015 MAY 12 AM 1:19  |  |                                     |                          |                          |                          |
|---|--|---|--|--|--|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Agencies Notified<br><input type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD 7715<br><input checked="" type="checkbox"/> DHSS 7722<br><input type="checkbox"/> DCA (NJAC 5:23-8)  | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><b>4 Denny Rd.</b><br>City, State, Zip Code<br><b>Wilmington, DE 19809</b><br>Name of Contact<br><b>Guy Pollice</b> |  |  |  |                                     |                          |                          |                          |
| <b>FACILITY INFORMATION</b>   |  |   |  |  |  |                                     |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Burlington Manor Apartments</b>  |  |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) |  |  |                                     |                          |                          |                          |
| Street Address<br><b>255 S. Pearl St.</b>   |  |   | Square Feet<br># of Floors<br>Bldg. Age  |  |  |                                     |                          |                          |                          |
| City (5)<br><b>Burlington</b>   |  |   | County Code (7)(STATE USE ONLY)<br>Current Use (Prior if being demolished)<br><b>Apartments</b>  |  |  |                                     |                          |                          |                          |
| County (6)<br><b>Burlington</b>   |  | Name of Monitoring Firm Hired by Building Owner (8)<br><b>Brightfields, Inc</b>   |  |  |  |                                     |                          |                          |                          |
| Street Address<br><b>801 Industrial St</b>  |  | Name of Abatement Contractor (9)<br><b>BRISTOL ENVIRONMENTAL, INC.</b>  |  |  |  |                                     |                          |                          |                          |
| City, State, Zip Code<br><b>Wilmington, DE 19801</b>  |  | Street Address<br><b>1123 BEAVER STREET</b>   |  |  |  |                                     |                          |                          |                          |
| Project Manager for Monitoring Firm<br><b>Monty Krough</b>  |  | Telephone No.<br><b>302-656-9600</b>  |  | Telephone No.<br><b>215-788-6040</b><br>License No.<br><b>00509</b>  |  |                                     |                          |                          |                          |
| Start Date (10)<br><div style="text-align: center;">5 / 4 / 15</div>  |  | Scheduled Completion Date (11)<br><div style="text-align: center;">5 / 7 / 15</div>   |  | Name of OSHA Monitor<br><b>BRISTOL ENVIRONMENTAL, INC.</b>   |  |                                     |                          |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: <b>8:30AM-5:30PM</b> / ____ PM - ____ AM |  |   | Street Address<br><b>1123 BEAVER STREET</b><br>City, State, Zip Code<br><b>BRISTOL, PA 19007</b>   |  |  |                                     |                          |                          |                          |
| Scope of Work (Check all that apply)  |  |   |  |  |  |                                     |                          |                          |                          |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf   |  | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition   |  | <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |                                     |                          |                          |                          |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)  |   |  | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)   | Amount (Specify SF or LF)                              | Abatement Type                      |                          |                          |                          |
|   | Yes  | No  | N/A  |  |  | Removal                             | Repair                   | Encapsulate              | Enclosure                |
| Unit 127  | <input type="checkbox"/>   | <input checked="" type="checkbox"/>   | <input type="checkbox"/>   | Floor tile and mastic  | 500 SF   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>   |  |  | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>   |  |  | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>   |  |  | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler<br><b>SERVICE TRANSPORT GROUP, INC.</b>   |  | NJDEP Waste Hauler ID No.<br><b>20990</b>   |  | Cubic Yards of Waste   | Name of Registered Landfill<br><b>MINERVA LANDFILL</b> |                                     |                          |                          |                          |
| City, State<br><b>NEW CASTLE, DE 19720</b>  |  |   |  | Disposal Date  | City, State<br><b>WAYNESBURG, OH 44688</b>             |                                     |                          |                          |                          |
| Completed By (Print or Type)<br><b>Brian Scaffaro</b>   |  | Title<br><b>Estimator</b>   |  | Signature<br><i>Brian Scaffaro</i>   |  | Date<br><b>4/23/15</b>              |                          |                          |                          |

Corrected  
NO CK

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

|  |  |  |  |  |                          |                          |                          |
|--|--|--|--|--|--------------------------|--------------------------|--------------------------|
| Date of Notification (1)<br><u>4</u> / <u>28</u> / <u>15</u>   |  | Name of Building Owner/Operator (2)<br><b>STATE OF NJ DEPT OF ENVIRONMENTAL PROTECTION</b>   |  |  |                          |                          |                          |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA<br>(NJAC 5:23-8)  | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><b>P.O. BOX 420</b>  |  |  |                          |                          |                          |
|  |  | City, State, Zip Code<br><b>TRENTON, NJ 08625-0420</b>   |  |  |                          |                          |                          |
|  |  | Name of Contact<br><b>AL PAYNE</b>   | Telephone Number   |  |                          |                          |                          |
| <b>FACILITY INFORMATION</b>  |  |  |  |  |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br><b>RESIDENCE</b>   |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) |  |  |                          |                          |                          |
| Street Address<br><b>2 MANVILLE CAUSEWAY</b>   |  | Square Feet  | # of Floors<br><b>2</b>  |  |                          |                          |                          |
| City (5)<br><b>FRANKLIN TOWNSHIP</b>   |  | Bldg. Age<br><b>65</b>   |  |  |                          |                          |                          |
| County (6)<br><b>SOMERSET</b>  | County Code (7) (STATE USE ONLY)   | Current Use (Prior if being demolished)<br><b>RESIDENCE</b>  |  |  |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>USA Environmental Management, Inc.</b>   |  | ASCM No.<br><b>00112</b>   | Name of Abatement Contractor (9)<br><b>RICH-MARK CONTRACTING, INC.</b> |  |                          |                          |                          |
| Street Address<br><b>344 West State Street</b>   |  | Street Address<br><b>170 U.S. HWY 9</b>  |  |  |                          |                          |                          |
| City, State, Zip Code<br><b>Trenton, NJ 08618</b>  |  | City, State, Zip Code<br><b>BAYVILLE, NJ 08721</b>   |  |  |                          |                          |                          |
| Project Manager for Monitoring Firm<br><b>William Weisgarber</b>   |  | Telephone No.<br><b>609-656-8103</b>   | Telephone No.<br><b>732-349-3771</b>                                   |  |                          |                          |                          |
| Start Date (10)<br><u>5</u> / <u>18</u> / <u>15</u>  |  | Scheduled Completion Date (11)<br><u>5</u> / <u>22</u> / <u>15</u>   | License No.<br><b>01244</b>  |  |                          |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: _____AM-_____PM/_____PM-_____AM  |  | Name of OSHA Monitor<br><b>NEIL MARZANO</b>  |  |  |                          |                          |                          |
| Scope of Work (Check all that apply)<br><input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf<br><input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  | Street Address<br><b>138 SENECA BLVD.</b>  |  |  |                          |                          |                          |
| City, State, Zip Code<br><b>BARNEGAT, NJ 08005</b>   |  |  |  |  |                          |                          |                          |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>IN Facility<br>(13)   | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)<br>Yes No N/A  | Description of Asbestos Containing Material (ACM)<br>(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  | Amount (Specify SF or LF)  | Abatement Type   |                          |                          |                          |
|  |  |  |  | Removal  | Repair                   | Encapsulate              | Enclosure                |
| Tar Mastic Under Leder Roofing   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A   | Black Tar Mastic   | 252SF  | <input checked="" type="checkbox"/>                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Room 2   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A   | VAT  | 180SF  | <input checked="" type="checkbox"/>                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Roof   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A   | Tar Roofing  | 260SF  | <input checked="" type="checkbox"/>                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Chimney  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A   | Black Tar Flashing   | 25SF   | <input checked="" type="checkbox"/>                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler<br><b>RICH-MARK CONTRACTING, INC.</b>  |  | NJDEP Waste Hauler ID No.<br><b>07764</b>  | Cubic Yards of Waste<br><b>20</b>                                      | Name of Registered Landfill<br><b>GROWS NORTH LANDFILL</b> |                          |                          |                          |
| City, State<br><b>BAYVILLE, NJ</b>   |  | Disposal Date<br><b>5/22/15</b>  | City, State<br><b>MORRISVILLE, PA</b>                                  |  |                          |                          |                          |
| Completed By (Print or Type)<br><b>NEIL MARZANO</b>  | Title<br><b>SUPERVISOR</b>   | Signature<br><i>Neil Marzano</i>   | Date<br><b>5/8/2015</b>  |  |                          |                          |                          |

PK 2287

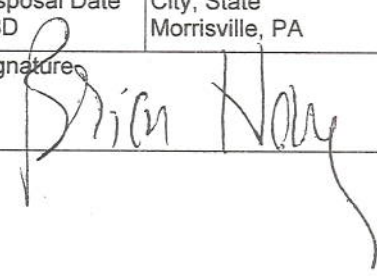
**State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to N.J.A.C. 8:60 and 12:120)**

RECEIVED

|  |  |   |  |
|--|--|---|--|
| Date of Notification (1)<br>05-08-2015   |  | Name of Building Owner / Operator (2)<br>Rider University   |  |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA |  | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Emergency<br><input type="checkbox"/> Cancellation |  |
| Street Address<br>2083 Lawrenceville Road  |  | City, State & Zip Code<br>Lawrenceville, NJ 08648   |  |
| Name of Contact<br>Mr. Steve Arkuszewski   |  | Telephone Number  |  |

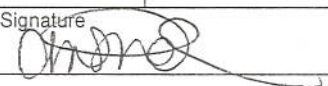
2015 MAY 12 AM 1:15  
 ASBESTOS CONTROL  
 & LICENSING

| FACILITY INFORMATION   |  |   |  |   |                           |                                     |                          |                          |                          |
|--|--|---|--|---|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Name of Facility Where Abatement is Taking Place (3)<br>University House #4 - Basement   |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)                             |  |   |                           |                                     |                          |                          |                          |
| Street Address<br>2083 Lawrenceville Road  |  | Square Feet<br>53,080   | # of Floors<br>2 plus basement                                     |   |                           |                                     |                          |                          |                          |
| City (5)<br>Lawrenceville, NJ 08648  | County (6)<br>Mercer   | Bldg. Age<br>51   |  |   |                           |                                     |                          |                          |                          |
| County Code (7)  |  | Current Use (Prior if being demolished)<br>Campus Building  |  |   |                           |                                     |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Pennoni Associates, Inc.  |  | ASCM No.<br>00102   | Name of Abatement Contractor (9)<br>Resource Management Group, LLC |   |                           |                                     |                          |                          |                          |
| Street Address<br>515 Grove Street, #1B  |  | Street Address<br>2115 Hamilton Ave, Suite 202  |  |   |                           |                                     |                          |                          |                          |
| City, State & Zip Code<br>Haddon Heights, NJ 08035   |  | City, State & Zip Code<br>Trenton, NJ 08619   |  |   |                           |                                     |                          |                          |                          |
| Project Manager for Monitoring Firm<br>Mr. Tom Adams   |  | Telephone Number<br>856-547-0505 ex: 2912   | License Number<br>01185  |   |                           |                                     |                          |                          |                          |
| Scheduled Start Date (10)<br>05-18-2015  | Scheduled Completion Date (11)<br>6-01-2015                              |   | Name of OSHA Monitor<br>J&S Environmental Laboratories, Inc.       |   |                           |                                     |                          |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input checked="" type="checkbox"/> Abatement Performed During 1st Shift<br>Describe: 8:00am to 5:00pm<br><input checked="" type="checkbox"/> Facility Occupied During Abatement |  | Street Address<br>2333 Route 22 West<br>City, State & Zip Code<br>Union, NJ 07083   |  |   |                           |                                     |                          |                          |                          |
| Scope of Work (Check all that apply)   |  |   |  |   |                           |                                     |                          |                          |                          |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf ≥260 lf   |  | <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glove Bag Procedures/Cut & Wrap<br><input type="checkbox"/> Non-Exempted and Non-Friable Procedure |  |   |                           |                                     |                          |                          |                          |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)   | Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) |   |  | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type                      |                          |                          |                          |
|  | Yes  | No  | N/A  |   |                           | Removal                             | Repair                   | Encapsulat               | Enclosure                |
| Boiler Room  | <input type="checkbox"/>   | <input checked="" type="checkbox"/>   | <input type="checkbox"/>   | Interior Boiler Insulation  | 100 SF                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Boiler Room  | <input type="checkbox"/>   | <input checked="" type="checkbox"/>   | <input type="checkbox"/>   | Associated Fittings   | 50 LF                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Boiler Room  | <input type="checkbox"/>   | <input checked="" type="checkbox"/>   | <input type="checkbox"/>   | Hot Water Tank Insulation   | 125 SF                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>   |   |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>   |   |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>   |   |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|   |  |                                      |   |   |                    |
|---|--|--------------------------------------|---|---|--------------------|
| Name of Registered Waste Hauler<br>Resource Management Group, LLC |  | NJDEP Waste Hauler ID No.<br>0035218 | Cubic Yards of Waste<br>TBD   | Name of Registered Landfill<br>Grows Landfill |                    |
| City, State<br>Trenton, NJ  |  | Disposal Date<br>TBD                 |   | City, State<br>Morrisville, PA                |                    |
| Completed By (Print or Type)<br>Mr. Brian J. Haney                |  | Title<br>President                   | Signature<br> |   | Date<br>05/08/2014 |

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

*RECEIVED*

|  |   |   |  |   |                           |                  |        |             |           |
|--|---|---|--|---|---------------------------|------------------|--------|-------------|-----------|
| Date of Notification (1)<br>May 8, 2015  |   | Name of Building Owner/Operator (2)<br>Bridgeton Public Schools   |  |   |                           |                  |        |             |           |
| Agencies Notified  | Type Notification   | Street Address<br>41 Bank Street  |  |   |                           |                  |        |             |           |
| <input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA  | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br>Bridgeton, NJ 08302  |  |   |                           |                  |        |             |           |
|  |   | Name of Contact<br>Nicole Albanese  | Telephone Number   |   |                           |                  |        |             |           |
| <b>FACILITY INFORMATION</b>  |   |   |  |   |                           |                  |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Bridgeton High School  |   | Type of Facility (4)<br><input checked="" type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)                               |  |   |                           |                  |        |             |           |
| Street Address<br>111 Northwest Avenue   |   | Square Feet<br>50,000   | # of Floors<br>2   |   |                           |                  |        |             |           |
| City (5)<br>Bridgeton  |   | Bldg. Age<br>100  |  |   |                           |                  |        |             |           |
| County (6)<br>Cumberland   | County Code (7)<br>(STATE USE ONLY) _____   | Current Use (Prior if being demolished)<br>School   |  |   |                           |                  |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Epic Environmental Services, LLC  |   | ASCM No.  | Name of Abatement Contractor (9)<br>Shade Environmental, LLC |   |                           |                  |        |             |           |
| Street Address<br>1930 Brown Road  |   | Street Address<br>623 Cutler Avenue   |  |   |                           |                  |        |             |           |
| City, State, Zip Code<br>Newfield, NJ 08344  |   | City, State, Zip Code<br>Maple Shade, NJ 08052  |  |   |                           |                  |        |             |           |
| Project Manager for Monitoring Firm<br>Jim Eberts  |   | Telephone No.<br>856-205-1077   | License No.<br>00842   |   |                           |                  |        |             |           |
| Start Date (10)<br>May 22, 2015  | Scheduled Completion Date (11)<br>May 26, 2015  | Name of OSHA Monitor<br>EMSL Analytical   |  |   |                           |                  |        |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____ |   | Street Address<br>200 Route 130 North   |  |   |                           |                  |        |             |           |
|  |   | City, State, Zip Code<br>Cinnaminson, NJ 08077  |  |   |                           |                  |        |             |           |
| Scope of Work (Check All That Apply)   |   |   |  |   |                           |                  |        |             |           |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf   |   | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition   |  |   |                           |                  |        |             |           |
|  |   | <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |   |                           |                  |        |             |           |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility (13)  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)   |   |  | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type   |        |             |           |
|  | Yes   | No  | N/A  |   |                           | Removal          | Repair | Encapsulate | Enclosure |
| Rooms C3-C5  |   | XXX   |  | Floor Tile and Mastic   | 224 SF                    | X                |        |             |           |
| Rooms C3-C5  |   | XXX   |  | Counter Tops  | 30 SF                     | X                |        |             |           |
|  |   |   |  |   |                           |                  |        |             |           |
| Name of Registered Waste Hauler<br>Freehold Cartage  |   | NJDEP Waste Hauler ID No.<br>02265  | Cubic Yards of Waste<br>5                                    | Name of Registered Landfill<br>Cumberland County Landfill   |                           |                  |        |             |           |
| City, State<br>Freehold, NJ  |   | Disposal Date<br>5/26/2015  |  | City, State<br>Newburg, PA  |                           |                  |        |             |           |
| Completed by<br>Christina Lynch  |   | Title<br>Operations Manager   |  | Signature<br>                           |                           | Date<br>5/8/2015 |        |             |           |

OK 2255

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

RECEIVED

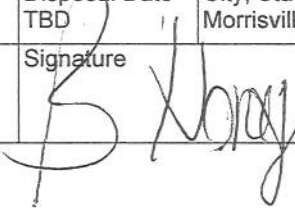
|  |  |   |  |
|--|--|---|--|
| Date of Notification (1)<br>05-08-2015   |  | Name of Building Owner / Operator (2)<br>Rider University   |  |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA |  | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Emergency<br><input type="checkbox"/> Cancellation |  |
| Street Address<br>2083 Lawrenceville Road  |  | City, State & Zip Code<br>Lawrenceville, NJ 08648   |  |
| Name of Contact<br>Mr. Steve Arkuszewski   |  | Telephone Number  |  |

2015 MAY 12 AM 1:11  
 ASBESTOS CONTROL  
 & LICENSING

| FACILITY INFORMATION   |   |   |                                |
|--|---|---|--------------------------------|
| Name of Facility Where Abatement is Taking Place (3)<br>Ridge House #2 Basement  |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |                                |
| Street Address<br>2083 Lawrenceville Road  |   | Square Feet<br>53,080   | # of Floors<br>2 plus basement |
| City (5)<br>Lawrenceville, NJ 08648  | County (6)<br>Mercer                        | Bldg. Age<br>51   |                                |
| Current Use (Prior if being demolished)<br>Campus Building   |   |   |                                |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Pennoni Associates, Inc.  |   | ASCM No.<br>00102   |                                |
| Street Address<br>515 Grove Street, #1B  |   | Name of Abatement Contractor (9)<br>Resource Management Group, LLC  |                                |
| City, State & Zip Code<br>Haddon Heights, NJ 08035   |   | Street Address<br>2115 Hamilton Ave, Suite 202  |                                |
| Project Manager for Monitoring Firm<br>Mr. Tom Adams   |   | Telephone Number<br>856-547-0505  | License Number<br>01185        |
| Scheduled Start Date (10)<br>05-18-2015  | Scheduled Completion Date (11)<br>6-01-2015 | Name of OSHA Monitor<br>J&S Environmental Laboratories, Inc.  |                                |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input checked="" type="checkbox"/> Abatement Performed During 1st Shift<br>Describe: 8:00am to 5:00pm<br><input checked="" type="checkbox"/> Facility Occupied During Abatement |   | Street Address<br>2333 Route 22 West  |                                |
|  |   | City, State & Zip Code<br>Union, NJ 07083   |                                |

| Scope of Work (Check all that apply)   |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf ≥260 lf | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glove Bag Procedures/Cut & Wrap<br><input type="checkbox"/> Non-Exempted and Non-Friable Procedure |  |

| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>in Facility (13) | Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) |                                     |                          | Description of Asbestos-Containing Material (ACM)<br>(i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type                      |                          |                          |                          |
|---|--|-------------------------------------|--------------------------|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
|   | Yes  | No                                  | N/A                      |  |                           | Removal                             | Repair                   | Encapsulat               | Enclosure                |
| Basement – Boiler Room  | <input type="checkbox"/>   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Interior Boiler Insulation   | 100 SF                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Basement – Boiler Room  | <input type="checkbox"/>   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Pipe fittings assoc w/ pipe insulation   | 40 LF                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Basement – Boiler Room  | <input type="checkbox"/>   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Boiler Breech Sealing Mud  | 1 SF                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Utility Room  | <input type="checkbox"/>   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Hot Water Tank Insulation  | 125 SF                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Utility Room  | <input type="checkbox"/>   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Pipe Fittings assoc w/ pipe insulation   | 12 LF                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <input type="checkbox"/>   | <input type="checkbox"/>            | <input type="checkbox"/> |  |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|   |                                      |   |   |
|---|--------------------------------------|---|---|
| Name of Registered Waste Hauler<br>Resource Management Group, LLC | NJDEP Waste Hauler ID No.<br>0035218 | Cubic Yards of Waste<br>TBD   | Name of Registered Landfill<br>Grows Landfill |
| City, State<br>Trenton, NJ  | Disposal Date<br>TBD                 | City, State<br>Morrisville, PA  |   |
| Completed By (Print or Type)<br>Mr. Brian J. Haney                | Title<br>President                   | Signature<br> | Date<br>05-08-2015                            |

CHECK #  
3717

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

RECEIVED  
MAY 12 2015

|  |  |   |  |
|--|--|---|--|
| Date of Notification (1)<br><u>5/8/15</u>  |  | Name of Building Owner/Operator (2)<br><u>MEN + MACHINES</u>  |  |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input type="checkbox"/> DOL<br><input type="checkbox"/> DOH<br><input type="checkbox"/> DCA  |  | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment #<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |  |
| Street Address<br><u>225 FREEMONT AVE</u>  |  | City, State, Zip Code<br><u>WOODBINE, N.J. 08270</u>  |  |
| Name of Contact<br><u>LISA FISHER</u>  |  | Telephone Number<br><u>7</u>  |  |
| FACILITY INFORMATION   |  |   |  |
| Name of Facility Where Abatement is Taking Place (3)<br><u>RESIDENCE</u>   |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter B (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)                            |  |
| Street Address<br><u>1909 DUNE DRIVE</u>   |  | Square Feet<br><u>1000</u>  |  |
| City (5)<br><u>AVATON</u>  |  | # of Floors<br><u>2</u>   |  |
| County (6)<br><u>CAPE MAY</u>  |  | Bldg Age<br><u>40+</u>  |  |
| County Code (7) (STATE USE ONLY)   |  | Current Use (Prior to being demolished)<br><u>VACANT</u>  |  |
| Name of Monitoring Firm Hired by Building Owner (8)<br><u>N/A</u>  |  | Name of Abatement Contractor (9)<br><u>KLEMMCO INC.</u>   |  |
| Street Address   |  | Street Address<br><u>369 S. SPRUCE AVE.</u>   |  |
| City, State, Zip Code  |  | City, State, Zip Code<br><u>MAPLE SHADE, N.J. 08052</u>   |  |
| Project Manager for Monitoring Firm  |  | Telephone No.<br><u>856-779-0472</u>  |  |
| License No.<br><u>00444</u>  |  | Name of OSHA Monitor<br><u>JOSEPH KLEMM</u>   |  |
| Start Date (10)<br><u>5/18/15</u>  |  | Scheduled Completion Date (11)<br><u>5/25/15</u>  |  |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: |  | Street Address<br><u>369 S. SPRUCE AVE.</u>   |  |
| Scope of Work (Check all that apply)<br><input type="checkbox"/> 23 (I or 23 II)<br><input type="checkbox"/> 2360 (I or 2360 II)<br><input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition  |  | City, State, Zip Code<br><u>MAPLE SHADE, N.J. 08052</u>   |  |
| Full Containment with Negative Pressure<br><input type="checkbox"/> Min. Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (I) and Non-Frangible Procedure   |  |   |  |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)<br><u>SIDING</u>  |  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)<br><u>4</u>   |  |
| Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)   |  | Amount (Specify SF or LF)<br><u>1500 SF</u>   |  |
| Name of Registered Waste Hauler<br><u>KLEMMCO INC.</u>   |  | Hazardous Waste Hauler ID No.<br><u>12904</u>   |  |
| City, State<br><u>MAPLE SHADE, N.J. 08052</u>  |  | Cubic Yards of Waste<br><u>5</u>  |  |
| Disposal Date  |  | Name of Registered Landfill<br><u>C.M.C.M.U.A.</u>  |  |
| City, State<br><u>WOODBINE, N.J.</u>   |  | Signature<br><u>Joseph Klemm</u>  |  |
| Completed By<br><u>JOSEPH KLEMM</u>  |  | Date<br><u>5/8/15</u>   |  |
| Title<br><u>OWNER</u>  |  |   |  |

CK 1934

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

|   |   |   |   |   |                                      |                 |        |             |           |
|---|---|---|---|---|--------------------------------------|-----------------|--------|-------------|-----------|
| Date of Notification (1)<br>5/7/15  |   | Name of Building Owner/Operator (2)<br>Mae Rugg   |   | RECEIVED  |                                      |                 |        |             |           |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input type="checkbox"/> DOH<br><input type="checkbox"/> DCA  |   | Type Notification<br><input type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment #<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |   | Street Address<br>72 Miller Street  |                                      |                 |        |             |           |
|   |   | City, State, Zip Code<br>Highlands, NJ 07732  |   | 2015 MAY 12 AM 1:02   |                                      |                 |        |             |           |
|   |   | Name of Contact<br>Eric Plackis   |   | Telephone Number<br>814 212 1108  |                                      |                 |        |             |           |
| <b>FACILITY INFORMATION</b>   |   |   |   |   |                                      |                 |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>72 Miller Street  |   |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |   |                                      |                 |        |             |           |
| City (5)<br>Highlands   |   |   | Square Feet<br>1424   | # of Floors<br>2  | Bldg. Age<br>92                      |                 |        |             |           |
| County (6)<br>Monmouth  |   | County Code (7)<br>(STATE USE ONLY)   |   | Current Use (Prior if being demolished)<br>Home   |                                      |                 |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)   |   | ASCM No.  |   | Name of Abatement Contractor (9)<br>Brick Industries Inc.   |                                      |                 |        |             |           |
| Street Address  |   | Street Address<br>P.O. Box 915  |   |   |                                      |                 |        |             |           |
| City, State, Zip Code   |   | City, State, Zip Code<br>Brick, New Jersey 08723  |   |   |                                      |                 |        |             |           |
| Project Manager for Monitoring Firm   |   | Telephone No.   |   | Telephone No.<br>(732)899-7499  | License No.<br>01196                 |                 |        |             |           |
| Start Date (10)<br>5/8/15   |   | Scheduled Completion Date (11)<br>5/13/15   |   | Name of OSHA Monitor  |                                      |                 |        |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe:   |   |   |   | Street Address  |                                      |                 |        |             |           |
|   |   |   |   | City, State, Zip Code   |                                      |                 |        |             |           |
| Scope of Work (Check All That Apply)<br><input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf<br><input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition<br><input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |   |   |   |   |                                      |                 |        |             |           |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |   |   | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF)            | Abatement Type  |        |             |           |
|   | Yes   | No  | N/A   |   |                                      | Removal         | Repair | Encapsulate | Enclosure |
|   |   |   |   | Asbestos siding   | 2500 SF                              | X               |        |             |           |
|   |   |   |   |   |                                      |                 |        |             |           |
|   |   |   |   |   |                                      |                 |        |             |           |
| Name of Registered Waste Hauler<br>Brick Industries Inc.  |   | NJDEP Waste Hauler ID No.<br>21602  |   | Cubic Yards of Waste<br>6   | Name of Registered Landfill<br>GROWS |                 |        |             |           |
| City, State<br>Brick, New Jersey  |   |   |   | Disposal Date<br>5/14/15  | City, State<br>PA                    |                 |        |             |           |
| Completed by<br>Eric Plackis  |   | Title<br>President  |   | Signature<br>EPL  |                                      | Date<br>5/17/15 |        |             |           |

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

CHECKED 8851

|  |  |   |                                     |   |                                      |                                     |                          |                          |                          |
|--|--|---|-------------------------------------|---|--------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1)<br>5 / 11 / 15  |  | Name of Building Owner/Operator (2)<br>Holtec International                           |                                     | 2015 MAY 12 AM 4:08   |                                      |                                     |                          |                          |                          |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DOH<br><input checked="" type="checkbox"/> DCA<br>(NJAC 5:23-8)   | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br>1 Holtec Drive  |                                     | ASBESTOS CONTROL & LICENSING  |                                      |                                     |                          |                          |                          |
|  |  | City, State, Zip Code<br>Marlton NJ 08053   |                                     |   |                                      |                                     |                          |                          |                          |
|  |  |   |                                     | Name of Contact<br>Matt Mockaitis   |                                      | Telephone Number                    |                          |                          |                          |
| <b>FACILITY INFORMATION</b>  |  |   |                                     |   |                                      |                                     |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br>Holtec Warehouse - Buildings T1  |  |   |                                     | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)                            |                                      |                                     |                          |                          |                          |
| Street Address<br>2500 Broadway  |  |   |                                     |   |                                      |                                     |                          |                          |                          |
| City (5)<br>Camden   |  |   |                                     | Square Feet<br>3000   | # of Floors<br>1 Floor               |                                     |                          |                          |                          |
| County (6)<br>Camden   |  |   |                                     | County Code (7)(STATE USE ONLY)   | Bldg. Age<br>50+                     |                                     |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Hatch Mott MacDonald  |  | ASCM No.<br>00140   |                                     | Name of Abatement Contractor (9)<br>Controlled Environmental Systems  |                                      |                                     |                          |                          |                          |
| Street Address<br>111 Wood Avenue South  |  | Street Address<br>1121 N. Bethlehem Pike - Suite 60                                   |                                     |   |                                      |                                     |                          |                          |                          |
| City, State, Zip Code<br>Iselin, NJ 08830  |  | City, State, Zip Code<br>Spring House, PA 19477                                       |                                     |   |                                      |                                     |                          |                          |                          |
| Project Manager for Monitoring Firm<br>Brian Holbig  |  | Telephone No.<br>856 448 3404   |                                     | Telephone No.<br>215 542 7000   | License No.<br>00847                 |                                     |                          |                          |                          |
| Start Date (10)<br>5 / 26 / 15   |  | Scheduled Completion Date (11)<br>6 / 30 / 15   |                                     | Name of OSHA Monitor<br>CES   |                                      |                                     |                          |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: 7:00AM-5:00PM/____PM-____AM |  |   |                                     | Street Address<br>1121 N. Bethlehem Pike - Suite 60   |                                      |                                     |                          |                          |                          |
|  |  |   |                                     | City, State, Zip Code<br>Spring House, PA 19477   |                                      |                                     |                          |                          |                          |
| Scope of Work (Check all that apply)   |  |   |                                     |   |                                      |                                     |                          |                          |                          |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf  |  | <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition |                                     | <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                                      |                                     |                          |                          |                          |
| Location of Asbestos-Containing Material (ACM)<br>TO BE ABATED<br>IN Facility<br>(13)  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)  |   |                                     | Description of Asbestos Containing Material (ACM)<br>(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)   | Amount (Specify SF or LF)            | Abatement Type                      |                          |                          |                          |
|  | Yes  | No  | N/A                                 |   |                                      | Removal                             | Repair                   | Encapsulate              | Enclosure                |
| Interior Ground Floor  | <input type="checkbox"/>   | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | 1 x 1 Beige, gray white tile  | 672 SF                               | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Interior Window  | <input type="checkbox"/>   | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | Window Glazing  | 400 SF                               | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Interior   | <input type="checkbox"/>   | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | Green flr tile & Mastic   | 1808 SF                              | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SEE NEXT PAGE  | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>            | SEE NEXT PAGE   |                                      | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler<br>Waste Management of New Jersey  |  | NJDEP Waste Hauler ID No.<br>17273  |                                     | Cubic Yards of Waste<br>150+  | Name of Registered Landfill<br>GROWS |                                     |                          |                          |                          |
| City, State<br>Fairless Hills, PA  |  | Disposal Date<br>Thru out   |                                     | City, State<br>Tullytown, PA  |                                      |                                     |                          |                          |                          |
| Completed By (Print or Type)<br>Patricia Visco   |  | Title<br>Office Manager   |                                     | Signature<br><i>Patricia Visco</i>  |                                      |                                     | Date<br>5-11-15          |                          |                          |

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

RECEIVED

|  |  |   |  |  |                         |                                     |                          |                          |                          |
|--|--|---|--|--|-------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1)<br><div style="text-align: center;">5 / 11 / 15</div>   |  | Name of Building Owner/Operator (2)<br><b>Holtec International</b>                    |  | <b>2015 MAY 12 AM 4:08</b>   |                         |                                     |                          |                          |                          |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DOH<br><input checked="" type="checkbox"/> DCA<br>(NJAC 5:23-8)   | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><b>1 Holtec Drive</b>   |  | <b>ASBESTOS CONTROL &amp; LICENSING</b>  |                         |                                     |                          |                          |                          |
|  |  | City, State, Zip Code<br><b>Marlton NJ 08053</b>                                      |  |  |                         |                                     |                          |                          |                          |
|  |  | Name of Contact<br><b>Matt Mockaitis</b>  |  | Telephone Number<br>   |                         |                                     |                          |                          |                          |
| <b>FACILITY INFORMATION</b>  |  |   |  |  |                         |                                     |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Holtec Warehouse - Building T1</b>  |  |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) |  |                         |                                     |                          |                          |                          |
| Street Address<br><b>2500 Broadway</b>   |  |   |  |  |                         |                                     |                          |                          |                          |
| City (5)<br><b>Camden</b>  |  |   | Square Feet<br><b>3000</b>   | # of Floors<br><b>1 Floors</b>   | Bldg. Age<br><b>50+</b> |                                     |                          |                          |                          |
| County (6)<br><b>Camden</b>  |  | County Code (7) (STATE USE ONLY)  | Current Use (Prior if being demolished)<br><b>Warehouse</b>  |  |                         |                                     |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>Hatch Mott MacDonald</b>   |  | ASCM No.<br><b>00140</b>  | Name of Abatement Contractor (9)<br><b>Controlled Environmental Systems</b>  |  |                         |                                     |                          |                          |                          |
| Street Address<br><b>111 Wood Avenue South</b>   |  | Street Address<br><b>1121 N. Bethlehem Pike - Suite 60</b>                            |  |  |                         |                                     |                          |                          |                          |
| City, State, Zip Code<br><b>Iselin, NJ 08830</b>   |  | City, State, Zip Code<br><b>Spring House, PA 19477</b>                                |  |  |                         |                                     |                          |                          |                          |
| Project Manager for Monitoring Firm<br><b>Brian Holbig</b>   |  | Telephone No.<br><b>856 448 3404</b>  | Telephone No.<br><b>215 542 7000</b>   | License No.<br><b>00847</b>  |                         |                                     |                          |                          |                          |
| Start Date (10)<br><div style="text-align: center;">5 / 26 / 15</div>  |  | Scheduled Completion Date (11)<br><div style="text-align: center;">6 / 30 / 15</div>  |  | Name of OSHA Monitor<br><b>CES</b>   |                         |                                     |                          |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: <b>7:00AM-5:00PM</b> PM- AM |  |   | Street Address<br><b>1121 N. Bethlehem Pike - Suite 60</b>   |  |                         |                                     |                          |                          |                          |
|  |  |   | City, State, Zip Code<br><b>Spring House, PA 19477</b>   |  |                         |                                     |                          |                          |                          |
| Scope of Work (Check all that apply)   |  |   |  |  |                         |                                     |                          |                          |                          |
| <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf  |  | <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition |  | <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                         |                                     |                          |                          |                          |
| Location of Asbestos-Containing Material (ACM)<br><b>TO BE ABATED IN Facility</b><br>(13)  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)  |   | Description of Asbestos Containing Material (ACM)<br>(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  | Amount (Specify SF or LF)  | Abatement Type          |                                     |                          |                          |                          |
|  | Yes  | No  |  |  | N/A                     | Removal                             | Repair                   | Encapsulate              | Enclosure                |
| Exterior   | <input type="checkbox"/>   | <input type="checkbox"/>  | <input checked="" type="checkbox"/>  | Roofing Materials  | 3000 SF                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exterior   | <input type="checkbox"/>   | <input type="checkbox"/>  | <input checked="" type="checkbox"/>  | Roof Flashing  | 340 LF                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exterior   | <input type="checkbox"/>   | <input type="checkbox"/>  | <input checked="" type="checkbox"/>  | Perimeter Caulk  | 160 LF                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>   |  |                         | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler<br><b>Waste Management of New Jersey</b>   |  | NJDEP Waste Hauler ID No.<br><b>17273</b>   | Cubic Yards of Waste<br><b>150+</b>  | Name of Registered Landfill<br><b>GROWS</b>  |                         |                                     |                          |                          |                          |
| City, State<br><b>Fairless Hills, PA</b>   |  | Disposal Date<br><b>Thru out</b>  |  | City, State<br><b>Tullytown, PA</b>  |                         |                                     |                          |                          |                          |
| Completed By (Print or Type)<br><b>Patricia Visco</b>  |  | Title<br><b>Office Manager</b>  |  | Signature<br><i>Patricia Visco</i>   |                         |                                     | Date<br><b>5-11-15</b>   |                          |                          |

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

Check # 9780

|  |   |  |                  |
|--|---|--|------------------|
| Date of Notification (1)<br><b>May 8, 2015</b>   |   | Name of Building Owner / Operator (2)<br><b>Brick Township Municipal Utilities Authority</b> |                  |
| Agencies Notified  | Type Notification   | Street Address<br><b>1551 Highway 88 West</b>  |                  |
| <input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Cancellation | City, State & Zip Code<br><b>Brick, NJ 08724-2399</b>  |                  |
|  |   | Name of Contact<br><b>Matt Glowacki – Quad Construction Company</b>                          | Telephone Number |


**FACILITY INFORMATION**

|  |   |   |                                |
|--|---|---|--------------------------------|
| Name of Facility Where Abatement is Taking Place (3)<br><b>Mantoloking Road Pump Station</b>   |   | Type of Facility (4)  |                                |
| Street Address<br><b>106 Mantoloking Road</b>  |   | <input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.) |                                |
|  |   | Square Feet<br><b>300</b>   | # of Floors<br><b>1</b>        |
| City (5)<br><b>Brick</b>   |   | Bldg. Age<br><b>60 years</b>  |                                |
| County (6)<br><b>Ocean</b>   |   | Current Use (Prior if being demolished)<br><b>Pump Station</b>  |                                |
| County Code (7)<br><b>USE ONLY _____</b>   |   |   |                                |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>N/A</b>  |   | Name of Abatement Contractor (9)<br><b>Synatech, Inc.</b>   |                                |
| Street Address   |   | Street Address<br><b>829 Radio Road</b>   |                                |
| City, State & Zip Code   |   | City, State & Zip Code<br><b>Little Egg Harbor, NJ 08087</b>  |                                |
| Project Manager for Monitoring Firm  |   | Telephone Number<br><b>609-296-6916</b>   | License Number<br><b>00817</b> |
| Scheduled Start Date (10)<br><b>May 18, 2015</b>   | Scheduled Completion Date (11)<br><b>May 22, 2015</b> | Name of OSHA Monitor<br><b>Synatech, Inc.</b>   |                                |
| Occupancy Status During Abatement (Check only one)   |   | Street Address<br><b>829 Radio Road</b>   |                                |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Hours<br><input type="checkbox"/> Other – Describe:<br><input type="checkbox"/> Facility Occupied During Abatement |   | City, State & Zip Code<br><b>Little Egg Harbor, NJ 08087</b>  |                                |

Scope of Work (Check all that apply)

|  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> ≥3 sf or ≥ 50 lf | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure   |
| <input type="checkbox"/> ≥160 sf or ≥260 lf          | <input type="checkbox"/> Demolition            | <input checked="" type="checkbox"/> Mini-Enclosure                 |
|  |  | <input checked="" type="checkbox"/> Glovebag Procedure             |
|  |  | <input type="checkbox"/> Non-Exempted(*) and Non-Friable Procedure |

| Location of Asbestos-Containing Material (ACM)<br><b>TO BE ABATED</b><br>IN Facility (13) | Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) |  |          | Description of Asbestos-Containing Material (ACM)<br>(i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |        |             |           |
|---|--|--|----------|--|---------------------------|----------------|--------|-------------|-----------|
|   |  |  |          |  |                           | Removal        | Repair | Encapsulate | Enclosure |
| <b>Pump Station</b>   |  |  | <b>X</b> | <b>Pipe Insulation</b>   | <b>8 LF</b>               | <b>X</b>       |        |             |           |
|   |  |  |          |  |                           |                |        |             |           |
|   |  |  |          |  |                           |                |        |             |           |

|  |   |  |  |
|--|---|--|--|
| Name of Registered Waste Hauler<br><b>Synatech, Inc.</b> | NJDEP Waste Hauler ID No.<br><b>27429</b> | Cubic Yards of Waste<br><b>&lt; 1</b>  | Name of Registered Landfill<br><b>Grows Landfill</b> |
| City, State<br><b>Little Egg Harbor, NJ 08087</b>        |   | Disposal Date<br><b>May 27, 2015</b>   | City, State<br><b>Morrisville, PA</b>                |
| Completed By<br><b>Diane Aloia</b>                       | Title<br><b>Executive Assistant</b>       | Signature<br> | Date<br><b>May 8, 2015</b>                           |

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

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

RECEIVED Check # 9778

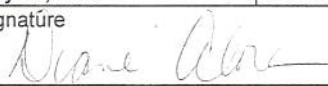
|   |  |  |                  |
|---|--|--|------------------|
| Date of Notification (1)<br><b>May 8, 2015</b>  |  | Name of Building Owner / Operator (2)<br><b>Brick Township Municipal Utilities Authority</b>               |                  |
| Agencies Notified<br><br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA | Type Notification<br><br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Cancellation | Street Address<br><br><b>1551 Highway 88 West</b><br>City, State & Zip Code<br><b>Brick, NJ 08724-2399</b> |                  |
|   |  | Name of Contact<br><b>Matt Glowacki - Quad Construction Company</b>  | Telephone Number |

**FACILITY INFORMATION**

|  |   |   |                                |
|--|---|---|--------------------------------|
| Name of Facility Where Abatement is Taking Place (3)<br><b>Laurelton Pump Station</b>  |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.) |                                |
| Street Address<br><b>789 Route 70 East</b>   |   | Square Feet<br><b>300</b>   | # of Floors<br><b>1</b>        |
| City (5)<br><b>Brick</b>   |   | Bldg. Age<br><b>60 years</b>  |                                |
| County (6)<br><b>Ocean</b>   |   | Current Use (Prior if being demolished)<br><b>Pump Station</b>  |                                |
| County Code (7)<br><b>USE ONLY</b>   |   |   |                                |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>N/A</b>  |   | ASCM No.  |                                |
| Street Address   |   | Name of Abatement Contractor (9)<br><b>Synatech, Inc.</b>   |                                |
| City, State & Zip Code   |   | Street Address<br><b>829 Radio Road</b>   |                                |
| Project Manager for Monitoring Firm  |   | City, State & Zip Code<br><b>Little Egg Harbor, NJ 08087</b>  |                                |
| Telephone Number   |   | Telephone Number<br><b>609-296-6916</b>   | License Number<br><b>00817</b> |
| Scheduled Start Date (10)<br><b>May 18, 2015</b>   | Scheduled Completion Date (11)<br><b>May 22, 2015</b> | Name of OSHA Monitor<br><b>Synatech, Inc.</b>   |                                |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Hours<br><input type="checkbox"/> Other - Describe:<br><input type="checkbox"/> Facility Occupied During Abatement |   | Street Address<br><b>829 Radio Road</b>   |                                |
|  |   | City, State & Zip Code<br><b>Little Egg Harbor, NJ 08087</b>  |                                |

|   |  |  |  |
|---|--|--|--|
| Scope of Work (Check all that apply)                            |  |  |  |
| <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 50$ lf | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure   |  |
| <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf         | <input type="checkbox"/> Demolition            | <input checked="" type="checkbox"/> Mini-Enclosure                 |  |
|   |  | <input checked="" type="checkbox"/> Glovebag Procedure             |  |
|   |  | <input type="checkbox"/> Non-Exempted(*) and Non-Friable Procedure |  |

| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13) | Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) |    |          | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |        |             |           |
|---|--|----|----------|---|---------------------------|----------------|--------|-------------|-----------|
|   | Yes  | No | N/A      |   |                           | Removal        | Repair | Encapsulate | Enclosure |
| <b>Pump Station</b>   |  |    | <b>X</b> | <b>Pipe Insulation</b>  | <b>8 LF</b>               | <b>X</b>       |        |             |           |
|   |  |    |          |   |                           |                |        |             |           |

|  |   |   |  |
|--|---|---|--|
| Name of Registered Waste Hauler<br><b>Synatech, Inc.</b> | NJDEP Waste Hauler ID No.<br><b>27429</b> | Cubic Yards of Waste<br><b>&lt; 1</b>   | Name of Registered Landfill<br><b>Grows Landfill</b> |
| City, State<br><b>Little Egg Harbor, NJ 08087</b>        | Disposal Date<br><b>May 27, 2015</b>      | City, State<br><b>Morrisville, PA</b>   |  |
| Completed By<br><b>Diane Aloia</b>                       | Title<br><b>Executive Assistant</b>       | Signature<br> | Date<br><b>May 8, 2015</b>                           |

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

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

Check # 9779

|   |  |   |  |
|---|--|---|--|
| Date of Notification (1)<br><b>May 8, 2015</b>  |  | Name of Building Owner / Operator (2)<br><b>Brick Township Municipal Utilities Authority</b>  |  |
| Agencies Notified<br><br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA | Type Notification<br><br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Cancellation | Street Address<br><b>1551 Highway 88 West</b><br><br>City, State & Zip Code<br><b>Brick, NJ 08724-2399</b><br><br>Name of Contact<br><b>Matt Glowacki - Quad Construction Company</b> |  |
|   |  | Telephone Number  |  |

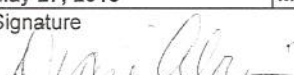
**FACILITY INFORMATION**

|  |   |   |                                |
|--|---|---|--------------------------------|
| Name of Facility Where Abatement is Taking Place (3)<br><b>Fifth Street Pump Station</b>   |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.) |                                |
| Street Address<br><b>719 Princeton Avenue</b>  |   | Square Feet<br><b>300</b>   | # of Floors<br><b>1</b>        |
| City (5)<br><b>Brick</b>   |   | Bldg. Age<br><b>60 years</b>  |                                |
| County (6)<br><b>Ocean</b>   |   | Current Use (Prior if being demolished)<br><b>Pump Station</b>  |                                |
| County Code (7)<br><b>USE ONLY</b>   |   |   |                                |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>N/A</b>  |   | ASCM No.  |                                |
| Street Address   |   | Name of Abatement Contractor (9)<br><b>Synatech, Inc.</b>   |                                |
| City, State & Zip Code   |   | Street Address<br><b>829 Radio Road</b>   |                                |
| Project Manager for Monitoring Firm  |   | City, State & Zip Code<br><b>Little Egg Harbor, NJ 08087</b>  |                                |
| Telephone Number   |   | Telephone Number<br><b>609-296-6916</b>   | License Number<br><b>00817</b> |
| Scheduled Start Date (10)<br><b>May 18, 2015</b>   | Scheduled Completion Date (11)<br><b>May 22, 2015</b> | Name of OSHA Monitor<br><b>Synatech, Inc.</b>   |                                |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Hours<br><input type="checkbox"/> Other - Describe:<br><input type="checkbox"/> Facility Occupied During Abatement |   | Street Address<br><b>829 Radio Road</b>   |                                |
|  |   | City, State & Zip Code<br><b>Little Egg Harbor, NJ 08087</b>  |                                |

Scope of Work (Check all that apply)

|   |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 50$ lf | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure   |
| <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf         | <input type="checkbox"/> Demolition            | <input checked="" type="checkbox"/> Mini-Enclosure                 |
|   |  | <input checked="" type="checkbox"/> Glovebag Procedure             |
|   |  | <input type="checkbox"/> Non-Exempted(*) and Non-Friable Procedure |

| Location of Asbestos-Containing Material (ACM)<br><b>TO BE ABATED</b><br>IN Facility (13) | Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) |    |          | Description of Asbestos-Containing Material (ACM)<br>(i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |        |             |           |
|---|--|----|----------|--|---------------------------|----------------|--------|-------------|-----------|
|   | Yes  | No | N/A      |  |                           | Removal        | Repair | Encapsulate | Enclosure |
| <b>Pump Station</b>   |  |    | <b>X</b> | <b>Pipe Insulation</b>   | <b>8 LF</b>               | <b>X</b>       |        |             |           |
|   |  |    |          |  |                           |                |        |             |           |

|  |   |   |  |
|--|---|---|--|
| Name of Registered Waste Hauler<br><b>Synatech, Inc.</b> | NJDEP Waste Hauler ID No.<br><b>27429</b> | Cubic Yards of Waste<br><b>&lt; 1</b>   | Name of Registered Landfill<br><b>Grows Landfill</b> |
| City, State<br><b>Little Egg Harbor, NJ 08087</b>        | Disposal Date<br><b>May 27, 2015</b>      | City, State<br><b>Morrisville, PA</b>   |  |
| Completed By<br><b>Diane Aloia</b>                       | Title<br><b>Executive Assistant</b>       | Signature<br> | Date<br><b>May 8, 2015</b>                           |

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

**State of New Jersey - Notification of Asbestos Abatement**  
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

*Check # 11615*

**GAC Project # 060-15**

|   |  |   |  |
|---|--|---|--|
| Date of Notification (1)<br><b>May 8, 2015</b>  |  | Name of Building Owner/Operator (2)<br><b>RUTGERS, THE STATE UNIVERSITY OF NJ</b>   |  |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DCA<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DEP- No Longer REQUIRED<br><input checked="" type="checkbox"/> DOH  | Notification Type<br><input type="checkbox"/> Initial Notification<br><input type="checkbox"/> Amended Notification #<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancelled | Street Address<br><b>ENVIRONMENTAL HEALTH &amp; SAFETY DEPT.<br/>27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS</b>  |  |
|   |  | City, State, Zip Code<br><b>PISCATAWAY, NJ 08854</b>  |  |
|   |  | Name of Contact<br><b>MICHAEL SMITH, ENV. HEALTH &amp; SAFETY</b>   | Telephone Number<br><b>908-443-3000</b>                                |
| <b>FACILITY INFORMATION</b>   |  |   |  |
| Name of Facility Where Abatement is Taking Place (3)<br><b>STANLEY BERGEN BUILDING, 65 BERGEN STREET, BLDG# 7252</b>  |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)   |  |
| Street Address<br><b>RBHS NEWARK CAMPUS</b>   |  | Sq. Feet: <b>N/A</b> # of Floors: <b>14</b> Bldg. Age: <b>60+ years</b>   |  |
| City (5)<br><b>NEWARK RBHS</b>  | County (6)<br><b>ESSEX</b>   | County Code (7)<br>(State Use Only)   | Current Use (prior if being demolished): <b>ACADEMIC</b>               |
| Name of Monitoring Firm Hired by Bldg. Owner (8)<br><b>Cardno ATC</b>   |  | ASCM No.<br><b>0098</b>   | Name of Contractor (9)<br><b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b> |
| Street Address<br><b>3 TERRI LANE</b>   |  | Street Address<br><b>268 MAIN STREET</b>  |  |
| City, State, Zip Code<br><b>BURLINGTON, NJ 08016</b>  |  | City, State, Zip Code<br><b>BUTLER, NJ 07405</b>  |  |
| Project Manager for Monitoring Firm<br><b>BRIAN KEARNY</b>  | Telephone Number<br><b>609-386-8800</b>  | Telephone Number<br><b>973-492-0477</b>   | License Number<br><b>00840</b>   |
| Scheduled Start Date (10)<br><b>05/20/15</b>  | Scheduled Completion Date (11)<br><b>05/22/15</b>  | Name of OSHA Monitor<br><b>1 ENVIROVISION, INC.</b>   |  |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br><input checked="" type="checkbox"/> Other - Describe: <b>Shift Hours: 4:00 PM - 5:00 AM Daily</b> |  | Street Address<br><b>20-21 WARGARAW ROAD</b>  |  |
|   |  | City, State, Zip Code<br><b>FAIRLAWN, NJ</b>  |  |
| Scope of Work (Check all that apply)  |  |   |  |
| <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input type="checkbox"/> $\geq 160$ sf or $\geq 260$  |  | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |
| Location of Asbestos-Containing Material (ACM) in Facility (13)<br><b>438,440,441,444,448,452</b>   | Is Location Normally Used Solely by Maint./Custodial Staff? (12)<br>YES NO NA<br><input checked="" type="checkbox"/>   | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)<br><b>Wall Mastic</b>  | Amount (Specify SF or LF)<br><b>&lt;22 SF</b>                          |
|   |  | Abatement Type<br>Remove Repair Encap Enclose<br><input checked="" type="checkbox"/>  |  |
| Name of Reg. Waste Hauler<br><b>See Hauler Below #1 &amp; 2</b>   |  | NJDEP Waste Hauler ID #<br><b>See Below</b>   | Cubic Yards of Waste: <b>15 CY</b>                                     |
| Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405, NJDEP # 28969  |  | Disposal Date<br><b>05/22/15</b>  | Name of Registered Landfill<br><b>G.R.O.W.S. North Landfill</b>        |
| Hauler #2) S TG - P.O. 2132, Bristol, Pa 19007, & 58 Pyles Lane, New Castle, De 19720 NJDEP # 20990   |  | City, State<br><b>100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700</b>  |  |
| Completed by (Print or Type)<br><b>RAYMOND C. PEDALINO</b>  | Title<br><b>SENIOR PROJECT MANAGER</b>   | Signature<br><i>Raymond C. Pedalino</i>   | Date<br><b>May 8, 2015</b>   |

Copies To: Rutgers, REHS, Attn: Mike Smith and Cardno ATC, Attn: Brian Kearney

OK 1600

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

2015 MAY 12 AM 12:57

ASBESTOS CONTROL  
& LICENSING

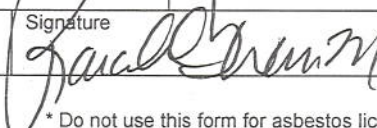
|   |  |  |                                  |
|---|--|--|----------------------------------|
| Date of Notification (1)<br>05/08/2015  |  | Name of Building Owner/Operator (2)<br>THELMA TROUTT |                                  |
| Agencies Notified   | Type Notification  | Street Address<br>24 LEWIS AVE.                      |                                  |
| <input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL | <input type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment #<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br>DEPTFORD NJ 08096           |                                  |
| <input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA                                 |  | Name of Contact<br>ERIC MARCHESANO                   | Telephone Number<br>303-430-0020 |

FACILITY INFORMATION

|  |  |   |                      |
|--|--|---|----------------------|
| Name of Facility Where Abatement is Taking Place (3)<br>RESIDENTIAL  |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |                      |
| Street Address<br>24 LEWIS AVE.  |  | Square Feet<br>1,326  | # of Floors<br>1     |
| City (5)<br>DEPTFORD   |  | Bldg. Age<br>65   |                      |
| County (6)<br>GLOUCESTER   | County Code (7)<br>(STATE USE ONLY)          | Current Use (Prior if being demolished)<br>RESIDENTIAL  |                      |
| Name of Monitoring Firm Hired by Building Owner (8)<br>CONNELL-GREENE  |  | Name of Abatement Contractor (9)<br>ASSURED ENVIRONMENTAL SERVICES  |                      |
| Street Address<br>904 KINGS ARM DRIVE  |  | Street Address<br>570 CLEMS RUN   |                      |
| City, State, Zip Code<br>DOWNTOWN, PA 19335  |  | City, State, Zip Code<br>MULLICA HILL NJ 08062  |                      |
| Project Manager for Monitoring Firm<br>RICK PELLISSIER   |  | Telephone No.<br>484-432-9363   | License No.<br>01145 |
| Start Date (10)<br>05/12/2015  | Scheduled Completion Date (11)<br>05/14/2015 | Name of OSHA Monitor<br>EMSL  |                      |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other - Describe: RESIDENTIAL-EMERGENCY JOB/WATER DAMAGE |  | Street Address<br>200 RT. 130 NORTH   |                      |
|  |  | City, State, Zip Code<br>CINNAMINSON, NJ 08077  |                      |

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

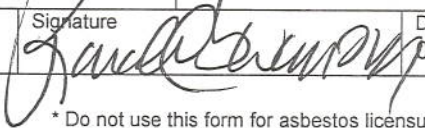
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility<br>(13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |    |     | Description of Asbestos Containing Material (ACM)<br>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |        |             |           |
|--|---|----|-----|--|---------------------------|----------------|--------|-------------|-----------|
|  | Yes   | No | N/A |  |                           | Removal        | Repair | Encapsulate | Enclosure |
| THROUGHOUT 1ST FLOOR   |   |    | X   | FLOOR TILE   | 772 SF                    | X              |        |             |           |
|  |   |    |     |  |                           |                |        |             |           |
|  |   |    |     |  |                           |                |        |             |           |
|  |   |    |     |  |                           |                |        |             |           |

|   |  |                                      |   |   |                    |
|---|--|--------------------------------------|---|---|--------------------|
| Name of Registered Waste Hauler<br>ASSURED ENVIRONMENTAL SERVICES |  | NJDEP Waste Hauler ID No.<br>0034895 | Cubic Yards of Waste<br>12  | Name of Registered Landfill<br>MINERVA LANDFILL |                    |
| City, State<br>MULLICA HILL NJ                                    |  | Disposal Date<br>05/14/2015          |   | City, State<br>WAYNESBURG, OH                   |                    |
| Completed by<br>RON SWANSON                                       |  | Title<br>GM                          | Signature<br> |   | Date<br>05/08/2015 |

CK 1601

Print Form

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

|  |   |   |   |  |   |
|--|---|---|---|--|---|
| Date of Notification (1)<br>05/08/2015   |   | Name of Building Owner/Operator (2)<br>VICTORIA NACHIMSON   |   | 2015 MAY 12 AM 12:56   |   |
| Agencies Notified  |   | Type Notification   |   | Street Address   |   |
| <input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA   |   | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |   | 304 FRANKLINVILLE ROAD   |   |
|  |   |   |   | City, State, Zip Code<br>SWEDESBORO NJ 08085   |   |
|  |   | Name of Contact<br>VICTORIA NACHIMSON   |   | Telephone Number<br>911-090-0029   |   |
| <b>FACILITY INFORMATION</b>  |   |   |   |  |   |
| Name of Facility Where Abatement is Taking Place (3)<br>RESIDENTIAL  |   |   |   | Type of Facility (4)   |   |
| Street Address<br>304 FRANKLINVILLE ROAD   |   |   |   | <input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)  |   |
| City (5)<br>SWEDESBORO   |   |   |   | Square Feet<br>1,936   | # of Floors<br>2                                |
| County (6)<br>GLOUCESTER   |   |   |   | County Code (7)<br>(STATE USE ONLY) _____  | Bldg. Age<br>100+                               |
| Name of Monitoring Firm Hired by Building Owner (8)<br>CONNELL-GREENE  |   |   | ASCM No.  | Name of Abatement Contractor (9)<br>ASSURED ENVIRONMENTAL SERVICES   |   |
| Street Address<br>904 KINGS ARM DRIVE  |   |   | Street Address<br>570 CLEMS RUN   |  |   |
| City, State, Zip Code<br>DOWNTOWN, PA 19335  |   |   | City, State, Zip Code<br>MULLICA HILL NJ 08062  |  |   |
| Project Manager for Monitoring Firm<br>RICK PELLISSIER   |   | Telephone No.<br>484-432-9363   |   | Telephone No.<br>610-304-4676  | License No.<br>01145                            |
| Start Date (10)<br>05/18/2015  |   | Scheduled Completion Date (11)<br>05/20/2015  |   | Name of OSHA Monitor<br>EMSL   |   |
| Occupancy Status During Abatement (Check Only One)   |   |   |   | Street Address<br>200 RT. 130 NORTH  |   |
| <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other - Describe: RESIDENTIAL |   |   |   | City, State, Zip Code<br>CINNAMINSON, NJ 08077   |   |
| Scope of Work (Check All That Apply)   |   |   |   |  |   |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf<br><input type="checkbox"/> ≥160 sf or ≥260 lf  |   | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition   |   | <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |   |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility<br>(13)   | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |   |   | Description of Asbestos Containing Material (ACM)<br>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)   | Amount (Specify SF or LF)                       |
|  | Yes   | No  | N/A   |  |   |
| BASEMENT   |   |   | X   | PIPE INSULATION  | 150 LF  |
|  |   |   |   |  |   |
|  |   |   |   |  |   |
|  |   |   |   |  |   |
| Name of Registered Waste Hauler<br>ASSURED ENVIRONMENTAL SERVICES  |   |   | NJDEP Waste Hauler ID No.<br>0034895  | Cubic Yards of Waste<br>10   | Name of Registered Landfill<br>MINERVA LANDFILL |
| City, State<br>MULLICA HILL NJ   |   |   | Disposal Date<br>05/14/2015   |  | City, State<br>WAYNESBURG, OH                   |
| Completed by<br>RON SWANSON  |   | Title<br>GM   | Signature<br> |  | Date<br>05/08/2015                              |

CK # 9297

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

| Date of Notification (1)<br><b>5-8-15</b>   |  | Name of Building Owner/Operator (2)<br><b>Accent Garden Market</b>  |   |   |                           |                       |        |             |           |
|---|--|---|---|---|---------------------------|-----------------------|--------|-------------|-----------|
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA   | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><b>328 Hurffville - Greenloch Rd</b>  |   |   |                           |                       |        |             |           |
|   |  | City, State, Zip Code<br><b>Seuwell NJ 08080</b>  |   |   |                           |                       |        |             |           |
|   |  | Name of Contact<br><b>Phil Franchi jr</b>   | Telephone Number<br><b>---</b>                                  |   |                           |                       |        |             |           |
| <b>FACILITY INFORMATION</b>   |  |   |   |   |                           |                       |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Single family Dwelling</b>   |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |   |   |                           |                       |        |             |           |
| Street Address<br><b>335 Kings Highway</b>  |  | Square Feet   | # of Floors   |   |                           |                       |        |             |           |
| City (5)<br><b>Clarksboro NJ 08020</b>  |  | Bldg. Age<br><b>60+</b>   |   |   |                           |                       |        |             |           |
| County (6)<br><b>Gloucester</b>   | County Code (7)<br>(STATE USE ONLY) _____  | Current Use (Prior if being demolished)<br><b>Single family Dwelling</b>  |   |   |                           |                       |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>EPC Technologies</b>  |  | ASCM No.<br><b>N/A</b>  | Name of Abatement Contractor (9)<br><b>EPC Technologies Inc</b> |   |                           |                       |        |             |           |
| Street Address<br><b>P.O. Box 337</b>   |  | Street Address<br><b>P.O. Box 337</b>   |   |   |                           |                       |        |             |           |
| City, State, Zip Code<br><b>New Egypt, NJ 08533</b>   |  | City, State, Zip Code<br><b>New Egypt NJ 08533</b>  |   |   |                           |                       |        |             |           |
| Project Manager for Monitoring Firm<br><b>Steve Schenker</b>  |  | Telephone No.<br><b>609 758-3365</b>  | License No.<br><b>00394</b>                                     |   |                           |                       |        |             |           |
| Start Date (10)<br><b>5-18-15</b>   | Scheduled Completion Date (11)<br><b>5-18-15</b>   | Name of OSHA Monitor<br><b>EPC Technologies Inc</b>   |   |   |                           |                       |        |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____  |  | Street Address<br><b>P.O. Box 337</b>   |   |   |                           |                       |        |             |           |
|   |  | City, State, Zip Code<br><b>New Egypt NJ 08533</b>  |   |   |                           |                       |        |             |           |
| Scope of Work (Check All That Apply)<br><input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf<br><input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf<br><input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |   |   |   |                           |                       |        |             |           |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)  |   |   | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type        |        |             |           |
|   | Yes  | No  | N/A   |   |                           | Removal               | Repair | Encapsulate | Enclosure |
| exterior walls  |  |   | x   | Siding Shingles   | 1400 SF                   | x                     |        |             |           |
|   |  |   |   |   |                           |                       |        |             |           |
|   |  |   |   |   |                           |                       |        |             |           |
| Name of Registered Waste Hauler<br><b>EPC Technologies</b>  |  | NJDEP Waste Hauler ID No.<br><b>17000</b>   | Cubic Yards of Waste<br><b>6</b>                                | Name of Registered Landfill<br><b>Waste Management of PA</b>  |                           |                       |        |             |           |
| City, State<br><b>New Egypt NJ</b>  |  | Disposal Date<br><b>5-19-15</b>   |   | City, State<br><b>Morrisville PA</b>  |                           |                       |        |             |           |
| Completed by<br><b>Steve Schenker</b>   |  | Title<br><b>President</b>   |   | Signature<br><b>Steve Schenker</b>  |                           | Date<br><b>5-8-15</b> |        |             |           |

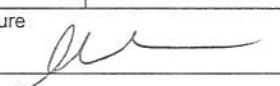
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

Check # 9298  
RECEIVED

|  |   |   |   |   |   |
|--|---|---|---|---|---|
| Date of Notification (1)<br><b>5-8-15</b>  |   | Name of Building Owner/Operator (2)<br><b>Dorothy Carr</b>  |   | MAY 12 2015   |   |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA  |   | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment #<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |   | Street Address<br><b>200 Fleet AVE</b>  |   |
|  |   | City, State, Zip Code<br><b>Edison NJ 08820</b>   |   | Name of Contact<br><b>Dorothy Carr</b>  |   |
|  |   |   |   | Telephone Number  |   |
| FACILITY INFORMATION   |   |   |   |   |   |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Single family Dwelling</b>  |   |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |   |   |
| Street Address<br><b>200 Fleet AVE</b>   |   |   | Square Feet   |   |   |
| City (5)<br><b>Edison NJ 08820</b>   |   |   | # of Floors<br><b>2</b>   |   | Bldg. Age<br><b>65+-</b>  |
| County (6)<br><b>Middlesex</b>   |   |   | County Code (7)<br>(STATE USE ONLY)   |   | Current Use (Prior if being demolished)                         |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>EPC Technologies</b>   |   |   | ASCM No.<br><b>N/A</b>  |   | Name of Abatement Contractor (9)<br><b>EPC Technologies Inc</b> |
| Street Address<br><b>P.O. Box 337</b>  |   |   | Street Address<br><b>P.O. Box 337</b>   |   |   |
| City, State, Zip Code<br><b>New Egypt, NJ 08533</b>  |   |   | City, State, Zip Code<br><b>New Egypt NJ 08533</b>  |   |   |
| Project Manager for Monitoring Firm<br><b>Steve Schenker</b>   |   |   | Telephone No.<br><b>609 758-3365</b>  |   | License No.<br><b>00394</b>                                     |
| Start Date (10)<br><b>5-19-15</b>  |   | Scheduled Completion Date (11)<br><b>5-20-15</b>  |   | Name of OSHA Monitor<br><b>EPC Technologies Inc</b>   |   |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____ |   |   | Street Address<br><b>P.O. Box 337</b>   |   |   |
|  |   |   | City, State, Zip Code<br><b>New Egypt NJ 08533</b>  |   |   |
| Scope of Work (Check All That Apply)   |   |   |   |   |   |
| <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf  |   | <input type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition  |   | <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |   |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)   | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |   |   | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)   | Amount (Specify SF or LF)                                       |
|  | Yes   | No  | N/A   |   |   |
| <b>Basement</b>  | <input checked="" type="checkbox"/>                                   |   |   | <b>Pipe Insulation</b>  | <b>150 LF</b>   |
| <b>1st Floor</b>   |   | <input checked="" type="checkbox"/>   |   | <b>Pipe Insulation</b>  | <b>70 LF</b>  |
|  |   |   |   |   |   |
|  |   |   |   |   |   |
| Name of Registered Waste Hauler<br><b>EPC Technologies</b>   |   | NJDEP Waste Hauler ID No.<br><b>17000</b>   |   | Cubic Yards of Waste<br><b>3</b>  | Name of Registered Landfill<br><b>Waste Management of PA</b>    |
| City, State<br><b>New Egypt NJ</b>   |   | Disposal Date<br><b>5-21-15</b>   |   | City, State<br><b>Morrisville PA</b>  |   |
| Completed by<br><b>Steve Schenker</b>  |   | Title<br><b>President</b>   |   | Signature<br><b>Steve Schenker</b>  |   |
|  |   |   |   | Date<br><b>5-8-15</b>   |   |

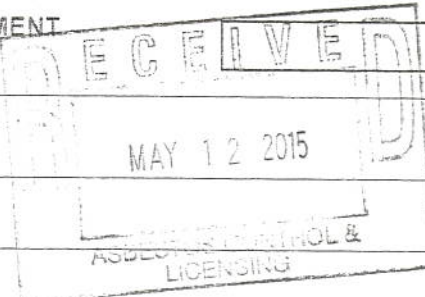
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED  
2015 MAY 12 AM 1:04  
ASBESTOS CONTROL & LICENSING

|  |   |   |   |  |                           |                |        |             |           |
|--|---|---|---|--|---------------------------|----------------|--------|-------------|-----------|
| Date of Notification (1)<br>5/7/15   |   | Name of Building Owner/Operator (2)<br>CP Management Group II, LLC  |   |  |                           |                |        |             |           |
| Agencies Notified  | Type Notification   | Street Address<br>192 US Highway 22   |   |  |                           |                |        |             |           |
| <input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL   | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____  | City, State, Zip Code<br>Green Brook, NJ 08812  |   |  |                           |                |        |             |           |
| <input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA  | <input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Name of Contact<br>Eric Cyzner  | Telephone Number  |  |                           |                |        |             |           |
| <b>FACILITY INFORMATION</b>  |   |   |   |  |                           |                |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)   |   | Type of Facility (4)  |   |  |                           |                |        |             |           |
| Street Address<br>30 Beverwyck Road  |   | <input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |   |  |                           |                |        |             |           |
| City (5)<br>Parsippany   |   | Square Feet<br>2600   | # of Floors<br>2  |  |                           |                |        |             |           |
| County (6)<br>Morris   |   | Bldg. Age<br>65   |   |  |                           |                |        |             |           |
| County Code (7)<br>(STATE USE ONLY) _____  |   | Current Use (Prior if being demolished)   |   |  |                           |                |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)  |   | ASCM No.  | Name of Abatement Contractor (9)<br>ABS Environmental Services, LLC                               |  |                           |                |        |             |           |
| Street Address   |   | Street Address<br>PO Box 483, 4 E Gate Drive  |   |  |                           |                |        |             |           |
| City, State, Zip Code  |   | City, State, Zip Code<br>Glenwood, NJ 07418   |   |  |                           |                |        |             |           |
| Project Manager for Monitoring Firm  |   | Telephone No.<br>973-583-8500   | License No.<br>703  |  |                           |                |        |             |           |
| Start Date (10)<br>5/19/15   | Scheduled Completion Date (11)<br>6/19/15   | Name of OSHA Monitor  |   |  |                           |                |        |             |           |
| Occupancy Status During Abatement (Check Only One)   |   | Street Address  |   |  |                           |                |        |             |           |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____ |   | City, State, Zip Code   |   |  |                           |                |        |             |           |
| Scope of Work (Check All That Apply)   |   |   |   |  |                           |                |        |             |           |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition  |   |   |   |  |                           |                |        |             |           |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility<br>(13)   | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)                                 |   |   | Description of Asbestos Containing Material (ACM)<br>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |        |             |           |
|  | Yes   | No  | N/A   |  |                           | Removal        | Repair | Encapsulate | Enclosure |
| mechanical room  |   |   | x   | floor tile & mastic  | 100 SF                    | x              |        |             |           |
| basement staircase   |   |   | x   | sheetrock/spackle  | 140 SF                    | x              |        |             |           |
| various locations/windows  |   |   | x   | window caulking  | 100 LF                    | x              |        |             |           |
| garage roof  |   |   | x   | chimney/roofing tar  | 20 SF                     | x              |        |             |           |
| Name of Registered Waste Hauler<br>Freehold Cartage  |   | NJDEP Waste Hauler ID No.<br>15939  | Cubic Yards of Waste  | Name of Registered Landfill<br>Cumberland Landfill   |                           |                |        |             |           |
| City, State<br>Freehold, NJ  |   |   | Disposal Date   | City, State<br>Newburg, PA   |                           |                |        |             |           |
| Completed by<br>A. Scott Higgins   |   | Title<br>President  | Signature<br> |  |                           | Date<br>5/7/15 |        |             |           |

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

Check#2182



|   |  |  |  |
|---|--|--|--|
| Date of Notification (1)<br>05 / 07 / 15  |  | Name of Building Owner/Operator (2)<br>Linda Luden                                   |  |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DHSS<br><input type="checkbox"/> DCA<br>(NJAC 5:23-8) | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br>317 Silzer Street<br>City, State, Zip Code<br>Pert Amboy, NJ 08861 |  |
|   | Name of Contact<br>Linda Luden   |  |  |
|   | Telephone Number   |  |  |
|   |  |  |  |

**FACILITY INFORMATION**

|   |                                  |   |  |
|---|----------------------------------|---|--|
| Name of Facility Where Abatement is Taking Place (3)<br>Private house |                                  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-1 2)<br><input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) |  |
| Street Address<br>317 Silzer Street                                   |                                  | Square Feet    # of Floors    Bldg. Age   |  |
| City (5)<br>Pert Amboy, NJ 08861                                      |                                  |   |  |
| County (6)<br>Middlesex   | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished)   |  |

|  |  |  |   |                      |
|--|--|--|---|----------------------|
| Name of Monitoring Firm Hired by Building Owner (8)  |  | ASCM No.   | Name of Abatement Contractor (9)<br>Gr Tech LLC |                      |
| Street Address   |  | Street Address<br>576 Valley Rd #283   |   |                      |
| City, State, Zip Code  |  | City, State, Zip Code<br>Wayne, NJ 07470   |   |                      |
| Project Manager for Monitoring Firm  |  | Telephone No.  | Telephone No.<br>973-638-1777                   | License No.<br>01127 |
| Start Date (10)<br>05 / 16 / 15  | Scheduled Completion Date (11)<br>05 / 17 / 15 | Name of OSHA Monitor<br>Envirovision Consultants, Inc  |   |                      |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM |  | Street Address<br>20-21 Wagaraw Road, Bldg. # 35 E<br>City, State, Zip Code<br>Fair Lawn, NJ 07410 |   |                      |

|  |   |   |  |
|--|---|---|--|
| Scope of Work (Check all that apply)   |   | <input type="checkbox"/> Clean up and decontamination with negative pressure<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |
| <input checked="" type="checkbox"/> >3 sf or >3 lf<br><input type="checkbox"/> > 160 sf or >260 lf | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition |   |  |

| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |                          |                                     | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SIF or LF) | Abatement Type                      |                          |                          |                          |
|---|---|--------------------------|-------------------------------------|--|----------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
|   | Yes   | No                       | N/A                                 |  |                            | Removal                             | Repair                   | Encapsulate              | Enclosure                |
| Basement  | <input type="checkbox"/>  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Pipe insulation-wrap & cut   | 210 LF                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            |  |                            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            |  |                            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            |  |                            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|  |                |                                      |                             |   |  |
|--|----------------|--------------------------------------|-----------------------------|---|--|
| Name of Registered Waste Hauler<br>Gr Tech LLC |                | NJDEP Waste Hauler ID No.<br>0033785 | Cubic Yards of Waste<br>TBD | Name of Registered Landfill<br>T.R.R.F. Inc |  |
| City, State<br>Wayne, NJ 07470                 |                | Disposal Date<br>TBD                 |                             | City, State<br>Tullytown, PA                |  |
| Completed By (Print or Type)<br>N.Jevtic       | Title<br>Owner | Signature<br><i>N. Jevtic</i>        |                             | Date<br>05/07/2015                          |  |

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

EW 5606

| Date of Notification (1)<br><b>5/7/15</b>   |   | Name of Building Owner/Operator (2)<br><b>MR. GORDON ROEHRER</b> <b>MAY 12 2015</b>   |                                    |  |                           |                |        |             |
|---|---|---|------------------------------------|--|---------------------------|----------------|--------|-------------|
| Agency Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA   | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment #<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><b>19 PINE ST</b><br>City, State, Zip Code<br><b>MONTUAUE . NJ. 07645</b><br>Name of Contact<br><b>MR. G. ROEHRER</b> Telephone Number  |                                    |  |                           |                |        |             |
| <b>FACILITY INFORMATION</b>   |   |   |                                    |  |                           |                |        |             |
| Name of Facility Where Abatement is Taking Place (3)<br><b>MR. G. ROEHRER</b>   |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |                                    |  |                           |                |        |             |
| Street Address<br><b>19 PINE ST</b>   |   | Square Feet<br><b>2200.</b>   | # of Floors<br><b>2</b>            |  |                           |                |        |             |
| City (5)<br><b>MONTUAUE</b>   |   | Bldg. Age<br><b>80 YRS</b>  |                                    |  |                           |                |        |             |
| County (6)<br><b>BERGEN</b>   | County Code (7) (STATE USE ONLY)  | Current Use (Prior if being demolished)<br><b>RESIDENCE</b>   |                                    |  |                           |                |        |             |
| Name of Monitoring Firm Hired by Building Owner (8)   | ASCM No.  | Name of Abatement Contractor (9)<br><b>Best Removal Inc</b>   |                                    |  |                           |                |        |             |
| Street Address  |   | Street Address<br><b>450 South River St</b>   |                                    |  |                           |                |        |             |
| City, State, Zip Code   |   | City, State, Zip Code<br><b>Hackensack . N.J. 07601</b>   |                                    |  |                           |                |        |             |
| Project Manager for Monitoring Firm   | Telephone No.   | Telephone No.<br><b>201-329-7444</b>  | License No.<br><b>00388</b>        |  |                           |                |        |             |
| Start Date (10)<br><b>6/3/15</b>  | Scheduled Completion Date (11)<br><b>6/4/15</b>   | Name of OSHA Monitor<br><b>Omega Environmental Inc</b>  |                                    |  |                           |                |        |             |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other - Describe: <b>7AM TO 5PM</b>  |   | Street Address<br><b>280 Huyler St</b>  |                                    |  |                           |                |        |             |
|   |   | City, State, Zip Code<br><b>Hackensack , N.J. 07601</b>   |                                    |  |                           |                |        |             |
| Scope of Work (Check all that apply)<br><input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf<br><input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |   |   |                                    |  |                           |                |        |             |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>IN Facility (13)   | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)   |   |                                    | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |        |             |
|   | Yes   | No  | N/A                                |  |                           | Removal        | Repair | Encapsulate |
| <b>BASEMENT</b>   |   |   |                                    | <b>THERMAL SYSTEM INSULATION</b>   | <b>105 LF</b>             | <b>X</b>       |        |             |
|   |   |   |                                    |  |                           |                |        |             |
|   |   |   |                                    |  |                           |                |        |             |
|   |   |   |                                    |  |                           |                |        |             |
| Name of Registered Waste Hauler<br><b>Best Removal Inc</b>  |   | NJDEP Waste Hauler ID No.<br><b>17109</b>   | Cubic Yards of Waste<br><b>2.7</b> | Name of Registered Landfill<br><b>Minerva Enterprises.LLC</b>  |                           |                |        |             |
| City, State<br><b>Hackensack , N.J. 07601</b>   |   | Disposal Date<br><b>6/4/15</b>  |                                    | City, State<br><b>Waynesburg .Oh .44688</b>  |                           |                |        |             |
| Completed by<br><b>J. Maiorano</b>  | Title<br><b>Estimator</b>   | Signature<br><i>J. Maiorano</i>   |                                    |  | Date<br><b>5/7/15</b>     |                |        |             |

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

|   |  |   |  |
|---|--|---|--|
| Date of Notification (1)<br><b>5-8-15</b> |  | Name of Building Owner/Operator (2)<br><b>Jim Lopes</b> |  |
| Agencies Notified                         | Type Notification  | Street Address<br><b>68 Douglas Road</b>                |  |
| <input type="checkbox"/> EPA              | <input checked="" type="checkbox"/> Initial Notification | City, State, Zip Code<br><b>Glen Ridge, NJ, 07028</b>   |  |
| <input type="checkbox"/> DEP              | <input type="checkbox"/> Amended Notification            | Name of Contact<br><b>Jim Lopes</b>                     |  |
| <input checked="" type="checkbox"/> DOL   | <input type="checkbox"/> EMERGENCY                       | Telephone Number<br><b>7</b>                            |  |
| <input checked="" type="checkbox"/> DOH   | <input type="checkbox"/> Cancellation                    |   |  |
| <input type="checkbox"/> DCA              |  |   |  |

## FACILITY INFORMATION

|   |                  |   |  |                                    |                                |
|---|------------------|---|--|------------------------------------|--------------------------------|
| Name of Facility Where Abatement is Taking Place (3)<br><b>Same as above</b>  |                  |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) |                                    |                                |
| Street Address  |                  |   | Square Feet    # of Floors    Bldg. Age  |                                    |                                |
| City (5)  | County (6) Essex | County Code (7)<br>(STATE USE ONLY)                                   | Current Use (Prior if being demolished)  |                                    |                                |
| Name of Monitoring Firm hired by Building Owner (8)<br><b>N/A</b>   |                  | ASCM No.  | Name of Abatement Contractor (9)<br><b>AZTECH MANAGEMENT, Inc.</b>   |                                    |                                |
| Street Address  |                  | Street Address<br><b>86 Christopher St.</b>                           |  |                                    |                                |
| City, State, Zip Code   |                  | City, State, Zip Code<br><b>Montclair, NJ 07042</b>                   |  |                                    |                                |
| Project Manager for Monitoring Firm   |                  | Telephone Number<br><b>N/A</b>  | Telephone Number<br><b>(973) 744-8800</b>  |                                    | License Number<br><b>00371</b> |
| Scheduled Start Date (10)<br><b>5-23-15</b><br>Month    Day    Year   |                  | Sched. Completion Date (11)<br><b>5-29-15</b><br>Month    Day    Year |  | Name of OSHA Monitor<br><b>N/A</b> |                                |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript»<br><input type="checkbox"/> Other - Describe: «Other Occupancy Descript» |                  |   | Street Address   |                                    |                                |
|   |                  |   | City, State, Zip Code  |                                    |                                |

## Scope of Work (Check all that apply)

☒ >3 sf or >3 lf  
☐ >160 sf or >260 lf

☒ Renovation  
☐ Demolition

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


| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely By Maintenance/Custodial Staff (12) |    |     | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type                  |                            |                                      |   |  |
|--|--|----|-----|--|---------------------------|---------------------------------|----------------------------|--------------------------------------|---|--|
|  | Yes  | No | N/A |  |                           | R<br>E<br>M<br>O<br>V<br>A<br>L | R<br>E<br>P<br>A<br>I<br>R | E<br>N<br>C<br>A<br>P<br>S<br>U<br>L | E<br>N<br>C<br>L<br>O<br>S<br>U<br>R<br>E |  |
| Attic  |  |    | X   | Vermiculite  |                           | X                               |                            |                                      |   |  |
|  |  |    |     |  |                           |                                 |                            |                                      |   |  |
|  |  |    |     |  |                           |                                 |                            |                                      |   |  |

|   |  |   |   |  |                       |
|---|--|---|---|--|-----------------------|
| Name of Registered Waste Hauler<br><b>AZTECH MANAGEMENT, INC.</b> |  | NJDEP Waste Hauler ID No.<br><b>17040</b> | Cubic Yards of Waste<br><b>1.5</b>          | Name of Registered Landfill<br><b>G.R.O.W.S.</b> |                       |
| City, State<br><b>Montclair, NJ 07042</b>                         |  | Disposal Date<br><b>6-1-15</b>            | City, State<br><b>Morrisville, PA 19067</b> |  |                       |
| Completed By (Print or Type)<br><b>Constantine Vivian</b>         |  | Title<br><b>President</b>                 | Signature<br><i>CVivian</i>                 |  | Date<br><b>5-8-15</b> |

Emergency

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

CR-4840

|   |   |  |   |  |                           |                |        |             |           |
|---|---|--|---|--|---------------------------|----------------|--------|-------------|-----------|
| Date of Notification (1)<br>5/8/15  |   | Name of Building Owner/Operator (2)<br>John Traiger Private Home   |   |  |                           |                |        |             |           |
| Agencies Notified   | Type Notification   | Street Address<br>529 East Cape May Ave  |   |  |                           |                |        |             |           |
| <input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA   | <input type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br>Ocean Gate NJ 08740   |   |  |                           |                |        |             |           |
|   |   | Name of Contact<br>John  | Telephone Number<br>_____   |  |                           |                |        |             |           |
| <b>FACILITY INFORMATION</b>   |   |  |   |  |                           |                |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>John Traiger Private Home   |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)                    |   |  |                           |                |        |             |           |
| Street Address<br>529 East Cape May Ave   |   | Square Feet<br>1000+   | # of Floors<br>1  |  |                           |                |        |             |           |
| City (5)<br>Ocean Gate NJ 08740   |   | Bldg. Age<br>35+   |   |  |                           |                |        |             |           |
| County (6)<br>Ocean   | County Code (7)<br>(STATE USE ONLY) _____   | Current Use (Prior if being demolished)<br>House   |   |  |                           |                |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>N/A  |   | ASCM No.<br>_____  | Name of Abatement Contractor (9)<br>Pernaco Inc.  |  |                           |                |        |             |           |
| Street Address<br>_____   |   | Street Address<br>PO Box 329   |   |  |                           |                |        |             |           |
| City, State, Zip Code<br>_____  |   | City, State, Zip Code<br>West Berlin NJ 08091  |   |  |                           |                |        |             |           |
| Project Manager for Monitoring Firm<br>_____  |   | Telephone No.<br>856-753-9800  | License No.<br>00727  |  |                           |                |        |             |           |
| Start Date (10)<br>5/9/15   | Scheduled Completion Date (11)<br>5/11/15   | Name of OSHA Monitor<br>Same   |   |  |                           |                |        |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other – Describe: <u>weekend work</u> |   | Street Address<br>_____  |   |  |                           |                |        |             |           |
|   |   | City, State, Zip Code<br>_____   |   |  |                           |                |        |             |           |
| Scope of Work (Check All That Apply)  |   |  |   |  |                           |                |        |             |           |
| <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf   |   | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition  |   |  |                           |                |        |             |           |
|   |   | <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |   |  |                           |                |        |             |           |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility<br>(13)  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)   |  |   | Description of Asbestos Containing Material (ACM)<br>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |        |             |           |
|   | Yes   | No   | N/A   |  |                           | Removal        | Repair | Encapsulate | Enclosure |
| bedroom 1,2 living room & Office  |   |  |   | Floor Tile   | 510 SF                    | x              |        |             |           |
|   |   |  |   |  |                           |                |        |             |           |
|   |   |  |   |  |                           |                |        |             |           |
|   |   |  |   |  |                           |                |        |             |           |
| Name of Registered Waste Hauler<br>United Containers  |   | NJDEP Waste Hauler ID No.<br>22459   | Cubic Yards of Waste<br>3   | Name of Registered Landfill<br>G.R.O.W.S.  |                           |                |        |             |           |
| City, State<br>Elm NJ   |   | Disposal Date<br>5/11/15   |   | City, State<br>Morrisville PA 19067  |                           |                |        |             |           |
| Completed by<br>Anthony T Perna   |   | Title<br>President   | Signature<br> |  |                           | Date<br>5/8/15 |        |             |           |

200

ASB-41  
MAY 11

<sup>52</sup> Do not use this form for asbestos licensing exempted activities.

Check#2184

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

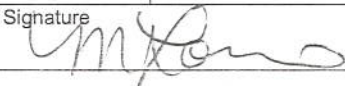
RECEIVED

2015 MAY 12 AM 1:19

ASBESTOS CONTROL  
& LICENSING

|   |  |   |   |   |                               |                                     |                          |                          |                          |
|---|--|---|---|---|-------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1)<br>05 / 08 / 15  |  | Name of Building Owner/Operator (2)<br>Nancy Meglio   |   |   |                               |                                     |                          |                          |                          |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DHSS<br><input type="checkbox"/> DCA<br>(NJAC 5:23-8)   | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br>2 West Holly Street<br>City, State, Zip Code<br>Cranford, NJ 07016  |   |   |                               |                                     |                          |                          |                          |
|   |  | Name of Contact<br>Nancy Meglio   | Telephone Number  |   |                               |                                     |                          |                          |                          |
| <b>FACILITY INFORMATION</b>   |  |   |   |   |                               |                                     |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br>Private house<br>Street Address<br>2 West Holly Street<br>City (5)<br>Cranford, NJ 07016<br>County (6)  |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-1 2)<br><input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)<br>Square Feet    # of Floors    Bldg. Age  |   |   |                               |                                     |                          |                          |                          |
| Union   |  | County Code (7) (STATE USE ONLY)  | Current Use (Prior if being demolished)   |   |                               |                                     |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Street Address<br>City, State, Zip Code  |  | ASCM No.  | Name of Abatement Contractor (9)<br>Gr Tech LLC<br>Street Address<br>576 Valley Rd #283<br>City, State, Zip Code<br>Wayne, NJ 07470 |   |                               |                                     |                          |                          |                          |
| Project Manager for Monitoring Firm   |  | Telephone No.<br>973-638-1777   | License No.<br>01127  |   |                               |                                     |                          |                          |                          |
| Start Date (10)<br>05 / 19 / 15   | Scheduled Completion Date (11)<br>05 / 20 / 15   | Name of OSHA Monitor<br>Envirovision Consultants, Inc.<br>Street Address<br>20-21 Wagaraw Road, Bldg. # 34A<br>City, State, Zip Code<br>Fair Lawn, NJ 07410   |   |   |                               |                                     |                          |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM |  |   |   |   |                               |                                     |                          |                          |                          |
| Scope of Work (Check all that apply)  |  |   |   |   |                               |                                     |                          |                          |                          |
| <input checked="" type="checkbox"/> >3 sf or >3 lf<br><input type="checkbox"/> > 160 sf or >260 lf  |  | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><input type="checkbox"/> Clean up and decontamination with negative pressure<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Tent with Negative Pressure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |   |   |                               |                                     |                          |                          |                          |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>IN Facility<br>(13)  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)  |   |   | Description of Asbestos Containing Material (ACM)<br>(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount<br>(Specify SIF or LF) | Abatement Type                      |                          |                          |                          |
|   | Yes  | No  | N/A   |   |                               | Removal                             | Repair                   | Encapsulate              | Enclosure                |
| Basement  | <input type="checkbox"/>   | <input type="checkbox"/>  | <input checked="" type="checkbox"/>   | Pipe insulation   | 90 LF                         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Crawl space   | <input type="checkbox"/>   | <input type="checkbox"/>  | <input checked="" type="checkbox"/>   | Pipe insulation   | 20 LF                         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>  |   |                               | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>  |   |                               | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler<br>Gr Tech LLC<br>City, State<br>Wayne, NJ 07470  |  | NJDEP Waste Hauler ID No.<br>0033785  | Cubic Yards of Waste<br>TBD   | Name of Registered Landfill<br>T.R.R.F. Inc<br>City, State<br>Tullytown, PA   |                               |                                     |                          |                          |                          |
| Completed By (Print or Type)<br>N.Jevtic  |  | Title<br>Owner  | Signature<br><i>N. Jevtic</i>   | Date<br>05/08/2015  |                               |                                     |                          |                          |                          |

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

| Date of Notification (1)<br>05/08/2015   |   | Name of Building Owner/Operator (2)<br>Egg Harbor Township   |   |   |                           |                |                    |             |           |
|--|---|--|---|---|---------------------------|----------------|--------------------|-------------|-----------|
| Agencies Notified  | Type Notification   | Street Address<br>3515 Bargaintown Road  |   |   |                           |                |                    |             |           |
| <input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA   | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br>Egg Harbor Township, NJ 08234   |   |   |                           |                |                    |             |           |
|  |   | Name of Contact<br>Peter Miller  | Telephone Number<br>(609) 320-4021                            |   |                           |                |                    |             |           |
| <b>FACILITY INFORMATION</b>  |   |  |   |   |                           |                |                    |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Star Motel   |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)                    |   |   |                           |                |                    |             |           |
| Street Address<br>8028 Black Horse Pike  |   | Square Feet<br>4,000 SF  | # of Floors<br>1  |   |                           |                |                    |             |           |
| City (5)<br>Egg Harbor   |   | Bldg. Age<br>60  |   |   |                           |                |                    |             |           |
| County (6)<br>Atlantic County  | County Code (7)<br>(STATE USE ONLY) _____   | Current Use (Prior if being demolished)<br>Vacant Motel for Demolition   |   |   |                           |                |                    |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>EnviroVision  |   | ASCM No. _____   | Name of Abatement Contractor (9)<br>Incinia Contracting, Inc. |   |                           |                |                    |             |           |
| Street Address<br>20-21 Wagaraw Road – Building 35E  |   | Street Address<br>1360 Clifton Avenue, Unit 365  |   |   |                           |                |                    |             |           |
| City, State, Zip Code<br>Fair Lawn, NJ 07410   |   | City, State, Zip Code<br>Clifton, NJ 07012   |   |   |                           |                |                    |             |           |
| Project Manager for Monitoring Firm<br>Fred Larson   |   | Telephone No.<br>(973) 636-9145  | Telephone No.<br>(973) 450-9500                               |   |                           |                |                    |             |           |
| Start Date (10)<br>05/26/2015  |   | Scheduled Completion Date (11)<br>06/01/2015   | License No.<br>01036  |   |                           |                |                    |             |           |
| Name of OSHA Monitor<br>Incinia Contracting, Inc.  |   |  |   |   |                           |                |                    |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other – Describe: _____ |   | Street Address<br>1360 Clifton Avenue, Unit 365  |   |   |                           |                |                    |             |           |
|  |   | City, State, Zip Code<br>Clifton, NJ 07012   |   |   |                           |                |                    |             |           |
| Scope of Work (Check All That Apply)   |   |  |   |   |                           |                |                    |             |           |
| <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf  |   | <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition  |   |   |                           |                |                    |             |           |
|  |   | <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |   |   |                           |                |                    |             |           |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility (13)  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)   |  |   | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |                    |             |           |
|  | Yes   | No   | N/A   |   |                           | Removal        | Repair             | Encapsulate | Enclosure |
| Mechanical Room  |   | X  | X   | Vinyl Floor Tiles   | 50 SF                     | X              |                    |             |           |
| Office   |   | X  | X   | Vinyl Floor Tiles   | 50 SF                     | X              |                    |             |           |
| Windows/Door Frames Throughout   |   | X  | X   | Caulking  | 1,000 SF                  | X              |                    |             |           |
|  |   |  |   |   |                           |                |                    |             |           |
| Name of Registered Waste Hauler<br>Atlantic Carting  |   | NJDEP Waste Hauler ID No.<br>NJ-641  | Cubic Yards of Waste<br>40                                    | Name of Registered Landfill<br>IESI PA Bethlehem Landfill Corp.   |                           |                |                    |             |           |
| City, State<br>Wayne, NJ   |   | Disposal Date<br>TBD   |   | City, State<br>Bethlehem, PA  |                           |                |                    |             |           |
| Completed by<br>Milena Zoric   |   | Title<br>Executive Director  |   | Signature<br>                           |                           |                | Date<br>05/08/2015 |             |           |

CK 5299

Print Form

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

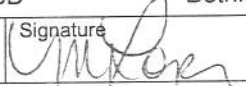
|   |  |  |                                    |
|---|--|--|------------------------------------|
| Date of Notification (1)<br>05/08/2015  |  | Name of Building Owner/Operator (2)<br>Egg Harbor Township |                                    |
| Agencies Notified<br><br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA | Type Notification<br><br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br>3515 Bargaintown Road                    |                                    |
|   |  | City, State, Zip Code<br>Egg Harbor Township, NJ 08234     |                                    |
|   |  | Name of Contact<br>Peter Miller                            | Telephone Number<br>(609) 500-1111 |

2015 MAY 12 AM 11:21  
ASBESTOS CONTROL & LICENSING

| FACILITY INFORMATION   |  |   |   |
|--|--|---|---|
| Name of Facility Where Abatement is Taking Place (3)<br>Golden Key Inn   |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |   |
| Street Address<br>8030 Black Horse Pike  |  | Square Feet<br>4,000 SF   | # of Floors<br>1  |
| City (5)<br>Egg Harbor   |  | Bldg. Age<br>60   |   |
| County (6)<br>Atlantic County  | County Code (7)<br>(STATE USE ONLY) _____    | Current Use (Prior if being demolished)<br>Vacant Motel for Demolition  |   |
| Name of Monitoring Firm Hired by Building Owner (8)<br>EnviroVision  |  | ASCM No. _____  | Name of Abatement Contractor (9)<br>Incinia Contracting, Inc. |
| Street Address<br>20-21 Wagaraw Road – Building 35E  |  | Street Address<br>1360 Clifton Avenue, Unit 365   |   |
| City, State, Zip Code<br>Fair Lawn, NJ 07410   |  | City, State, Zip Code<br>Clifton, NJ 07012  |   |
| Project Manager for Monitoring Firm<br>Fred Larson   |  | Telephone No.<br>(973) 636-9145   | Telephone No.<br>(973) 450-9500                               |
|  |  | License No.<br>01036  |   |
| Start Date (10)<br>05/26/2015  | Scheduled Completion Date (11)<br>06/01/2015 | Name of OSHA Monitor<br>Incinia Contracting, Inc.   |   |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other – Describe: _____ |  | Street Address<br>1360 Clifton Avenue, Unit 365   |   |
|  |  | City, State, Zip Code<br>Clifton, NJ 07012  |   |

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

| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |    |     | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |        |             |           |
|---|---|----|-----|---|---------------------------|----------------|--------|-------------|-----------|
|   | Yes   | No | N/A |   |                           | Removal        | Repair | Encapsulate | Enclosure |
| Room 125  |   | X  | X   | Vinyl Floor Tiles   | 120 SF                    | X              |        |             |           |
| Room 1  |   | X  | X   | Vinyl Floor Tiles   | 120 SF                    | X              |        |             |           |
| Office Living Room  |   | X  | X   | Vinyl Floor Tiles   | 120 SF                    | X              |        |             |           |
|   |   |    |     |   |                           |                |        |             |           |

|   |  |                                     |   |   |  |
|---|--|-------------------------------------|---|---|--|
| Name of Registered Waste Hauler<br>Atlantic Carting |  | NJDEP Waste Hauler ID No.<br>NJ-641 | Cubic Yards of Waste<br>40  | Name of Registered Landfill<br>IESI PA Bethlehem Landfill Corp. |  |
| City, State<br>Wayne, NJ                            |  | Disposal Date<br>TBD                |   | City, State<br>Bethlehem, PA                                    |  |
| Completed by<br>Milena Zoric                        |  | Title<br>Executive Director         | Signature<br> | Date<br>05/08/2015  |  |

Check#2185

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

|  |  |   |                                     |  |                            |                                     |                          |                          |                          |
|--|--|---|-------------------------------------|--|----------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1)<br>05 / 09 / 15   |  | Name of Building Owner/Operator (2)<br>Kevin Dippold  |                                     |  |                            |                                     |                          |                          |                          |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DHSS<br><input type="checkbox"/> DCA<br>(NJAC 5:23-8)  | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br>2 Normandie Place   |                                     |  |                            |                                     |                          |                          |                          |
|  |  | City, State, Zip Code<br>Cranford, NJ 07016   |                                     |  |                            |                                     |                          |                          |                          |
|  |  | Name of Contact<br>Kevin Dippold  |                                     |  |                            |                                     |                          |                          |                          |
|  |  | Telephone Number<br>201-261-1234  |                                     |  |                            |                                     |                          |                          |                          |
| <b>FACILITY INFORMATION</b>  |  |   |                                     |  |                            |                                     |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br>Private house  |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-1 2)<br><input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)   |                                     |  |                            |                                     |                          |                          |                          |
| Street Address<br>2 Normandie Place  |  | Square Feet   |                                     |  |                            |                                     |                          |                          |                          |
| City (5)<br>Cranford, NJ 07016   |  | # of Floors   |                                     |  |                            |                                     |                          |                          |                          |
| County (6)<br>Union  |  | Bldg. Age   |                                     |  |                            |                                     |                          |                          |                          |
| County Code (7) (STATE USE ONLY)   |  | Current Use (Prior if being demolished)   |                                     |  |                            |                                     |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Gr Tech LLC   |  | Name of Abatement Contractor (9)<br>Gr Tech LLC   |                                     |  |                            |                                     |                          |                          |                          |
| Street Address   |  | Street Address<br>576 Valley Rd #283  |                                     |  |                            |                                     |                          |                          |                          |
| City, State, Zip Code  |  | City, State, Zip Code<br>Wayne, NJ 07470  |                                     |  |                            |                                     |                          |                          |                          |
| Project Manager for Monitoring Firm  |  | Telephone No.<br>973-638-1777   | License No.<br>01127                |  |                            |                                     |                          |                          |                          |
| Start Date (10)<br>05 / 19 / 15  | Scheduled Completion Date (11)<br>05 / 20 / 15   | Name of OSHA Monitor<br>Envirovision Consultants, Inc   |                                     |  |                            |                                     |                          |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM |  | Street Address<br>20-21 Wagaraw Road, Bldg. # 34A   |                                     |  |                            |                                     |                          |                          |                          |
|  |  | City, State, Zip Code<br>Fair Lawn, NJ 07410  |                                     |  |                            |                                     |                          |                          |                          |
| Scope of Work (Check all that apply)   |  |   |                                     |  |                            |                                     |                          |                          |                          |
| <input checked="" type="checkbox"/> >3 sf or >3 lf<br><input type="checkbox"/> > 160 sf or >260 lf   |  | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><input type="checkbox"/> Clean up and decontamination with negative pressure<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Tent with Negative Pressure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                                     |  |                            |                                     |                          |                          |                          |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)   | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)  |   |                                     | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SIF or LF) | Abatement Type                      |                          |                          |                          |
|  | Yes  | No  | N/A                                 |  |                            | Removal                             | Repair                   | Encapsulate              | Enclosure                |
| Second floor to first floor  | <input type="checkbox"/>   | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | Pipe insulation -wrap & cut  | 15 LF                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>   | <input type="checkbox"/>  | <input checked="" type="checkbox"/> |  |                            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>            |  |                            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>            |  |                            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler<br>Gr Tech LLC   |  | NJDEP Waste Hauler ID No.<br>0033785  | Cubic Yards of Waste<br>TBD         | Name of Registered Landfill<br>T.R.R.F. Inc  |                            |                                     |                          |                          |                          |
| City, State<br>Wayne, NJ 07470   |  | Disposal Date<br>TBD  |                                     | City, State<br>Tullytown, PA   |                            |                                     |                          |                          |                          |
| Completed By (Print or Type)<br>N.Jevtic   |  | Title<br>Owner  | Signature<br><i>N. Jevtic</i>       | Date<br>05/09/2015   |                            |                                     |                          |                          |                          |

ASB-41  
MAY 11

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

May 8 2015 10:10am

P001/002

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

MO#22742786856

Emergency Notification

|  |  |   |  |
|--|--|---|--|
| Date of Notification (1)<br>05 / 08 / 15   |  | Name of Building Owner/Operator (2)<br>Nataasha Stephenson  |  |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DHSS<br><input type="checkbox"/> DCA (NJAC 8:23-B)   |  | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation   |  |
| Street Address<br>41 Center Grove Road   |  | City, State, Zip Code<br>Randolph, NJ 07869   |  |
| Name of Contact<br>Nataasha Stephenson   |  | Telephone Number<br>Licensing   |  |
| <b>FACILITY INFORMATION</b>  |  |   |  |
| Name of Facility Where Abatement is Taking Place (3)<br>Private house  |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)  |  |
| Street Address<br>41 Center Grove Road   |  | Squares Feet # of Floors Bldg. Age  |  |
| City (5)<br>Randolph, NJ 07869   |  | County (6)<br>Morris  |  |
| County Code (7) (STATE USE ONLY)   |  | Current Use (Prior if being demolished)   |  |
| Name of Monitoring Firm Hired by Building Owner (8)<br>ASCM No.  |  | Name of Abatement Contractor (9)<br>Gr Tech LLC   |  |
| Street Address   |  | Street Address<br>576 Valley Rd #283  |  |
| City, State, Zip Code  |  | City, State, Zip Code<br>Wayne, NJ 07470  |  |
| Project Manager for Monitoring Firm  |  | Telephone No.<br>973-638-1777   |  |
| Start Date (10)<br>05 / 09 / 15  |  | Scheduled Completion Date (11)<br>05 / 10 / 15  |  |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: AM- PM- PM- AM |  | Name of OSHA Monitor<br>Envirovision Consultants, Inc   |  |
| Scope of Work (Check all that apply)<br><input checked="" type="checkbox"/> >3 sf or >3 lf<br><input type="checkbox"/> >160 sf or >260 lf  |  | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><input type="checkbox"/> Clean up and decontamination with negative pressure<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovabag Procedure<br><input type="checkbox"/> Tent with Negative Pressure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |
| Location of Asbestos-Containing Material (ACM)<br>TO BE ABATED IN Facility (12)  |  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)<br>Yes No N/A   |  |
| Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)   |  | Amount (Specify SIF or LF)  |  |
| Abatement Type<br>Removal Repair Encapsulate Enclosure   |  |   |  |
| Basement   |  | Pipe insulation 130 LF  |  |
|  |  |   |  |
|  |  |   |  |
|  |  |   |  |
|  |  |   |  |
| Name of Registered Waste Hauler<br>Gr Tech LLC   |  | NJDEP Waste Hauler ID No.<br>0033785  |  |
| City, State<br>Wayne, NJ 07470   |  | Disposal Date<br>TED  |  |
| Completed By (Print or Type)<br>N.Jevtic   |  | Signature<br>N.Jevtic   |  |
| Title<br>Owner   |  | Date<br>05/08/2015  |  |

ASE-41

MAY 11

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

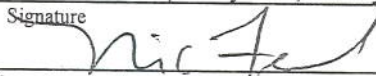
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

|  |  |  |  |
|--|--|--|--|
| Date of Notification (1)<br><b>May 8, 2015</b>                                     |  | Name of Building Owner/Operator (2)<br><b>Margaret Bennett</b>   |  |
| Agencies Notified<br>[ x ] EPA<br>[ ] DEP<br>[ x ] DOL<br><br>[ x ] DOH<br>[ ] DCA | Type of Notification<br>[ ] Initial Notification<br>[ ] Amended Notification<br>Amendment # _____<br>[ x ] Emergency (including justification)<br>[ ] Cancellation | Street Address<br><b>75 Bank Street, Apt. 5B</b><br><br>City, State, Zip Code<br><b>New York, NY 10014</b><br><br>Name of Contact<br><b>Margaret Bennett</b> |  |
|  |  | Telephone Number<br><b>267 11</b>  |  |

**FACILITY INFORMATION**

|   |                            |  |  |  |                                |
|---|----------------------------|--|--|--|--------------------------------|
| Name of Facility Where Abatement is Taking Place (3)<br><b>Residence</b>  |                            |  | Type of Facility (4)<br>[ ] School (k-12)<br>[ ] Subchapter 8 (other than k-12)<br>[ x ] Other (i.e., private & commercial buildings, homes, etc.) |  |                                |
| Street Address<br><b>802 Beach Blvd</b>   |                            |  | Square feet<br><b>1000 sf</b>  |  |                                |
| City<br><b>Forked River</b>   | County (6)<br><b>Ocean</b> | County Code (7)<br>(STATE USE ONLY)              | # of Floors<br><b>1</b>  | Bldg. Age<br><b>60</b>                             |                                |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>N/A</b>   |                            |  | Name of Abatement Contractor (9)<br><b>Guardian Contracting, Inc.</b>  |  |                                |
| Street Address  |                            |  | Street Address<br><b>1889 Route 9, Unit 61</b>   |  |                                |
| City, State, Zip Code   |                            |  | City, State, Zip Code<br><b>Toms River, New Jersey 08755-1271</b>  |  |                                |
| Project Manager for Monitoring Firm   |                            | Telephone Number                                 | Telephone Number<br><b>732-349-9932</b>  |  | License Number<br><b>00624</b> |
| Scheduled Start Date (10)<br><b>5/11/15</b>   |                            | Scheduled Completion Date (11)<br><b>5/12/15</b> |  | Name of OSHA Monitor<br><b>E.M.S.L. Analytical</b> |                                |
| Occupancy Status During Abatement (Check only one)<br>[ x ] Facility Closed/Vacated During Entire Period of Abatement<br>[ ] Abatement Performed Outside of Normal Facility Hours<br>[ ] Other - Describe _____ |                            |  | Street Address<br><b>1056 Stelton Road</b>   |  |                                |
|   |                            |  | City, State, Zip Code<br><b>Piscataway, New Jersey 08854</b>   |  |                                |
| Scope of Work (Check all that apply)  |                            |  |  |  |                                |
| [ ] >3 sf or ≥3 lf  |                            | [ ] Renovation                                   |  | [ ] Full Containment with Negative Pressure        |                                |
| [ x ] ≥160 sf or ≥260 lf  |                            | [ x ] Demolition                                 |  | [ ] Mini-Enclosure                                 |                                |
|   |                            |  |  | [ ] Glovebag Procedure                             |                                |
|   |                            |  |  | [ x ] Non-Exempted (*) and Non-Friable Procedure   |                                |

| Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13) | Is Location Normally used Solely by Maintenance/Custodial Staff (12) |    |     | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type                  |                            |   |   |
|--|--|----|-----|--|---------------------------|---------------------------------|----------------------------|---|---|
|  | YES  | NO | N/A |  |                           | R<br>E<br>M<br>O<br>V<br>A<br>L | R<br>E<br>P<br>A<br>I<br>R | E<br>N<br>C<br>A<br>P<br>S<br>U<br>L<br>E | E<br>N<br>C<br>L<br>O<br>S<br>U<br>R<br>E |
| Exterior house   |  | X  |     | Asbestos siding  | 850 sf                    | X                               |                            |   |   |
|  |  |    |     |  |                           |                                 |                            |   |   |
|  |  |    |     |  |                           |                                 |                            |   |   |
|  |  |    |     |  |                           |                                 |                            |   |   |

|  |                                 |   |   |  |  |
|--|---------------------------------|---|---|--|--|
| Name of Registered Waste Hauler<br><b>Guardian Contracting, Inc.</b> |                                 | NJDEP Waste Hauler ID No.<br><b>20223</b>   | Cubic Yards of Waste<br><b>3</b>              | Name of Registered Landfill<br><b>T.R.R.F.</b> |  |
| City, State<br><b>Toms River, New Jersey</b>                         |                                 | Disposal Date<br><b>5/13/15</b>   | City, State<br><b>Tullytown, Pennsylvania</b> |  |  |
| Completed by (Print or Type)<br><b>Nicholas Fernicola</b>            | Title<br><b>Project Manager</b> | Signature<br> |   | Date<br><b>5/8/15</b>                          |  |

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