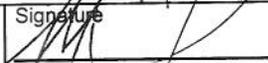


**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)**

| | | | | | | | |
|--|--|---|---|--|--------|-------------|-----------|
| Date of Notification (1) <u>5/15/13</u> | | Name of Building Owner/Operator (2) <u>Bill Doerler</u> | | | | | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address <u>241 Cold Soil Rd.</u> | | | | | |
| | | City, State, Zip Code <u>Princeton, NJ 08540</u> | | | | | |
| | | Name of Contact <u>Bill Doerler</u> | | | | | |
| | | Telephone Number _____ | | | | | |
| FACILITY INFORMATION | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) <u>Residence</u> | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) | | | | | |
| Street Address <u>241 Cold Soil Rd.</u> | | Square Feet <u>3000</u> | # of Floors <u>2</u> | | | | |
| City (5) <u>Princeton, NJ 08540</u> | | Bldg. Age <u>50</u> | | | | | |
| County (6) <u>Mercer</u> | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) <u>Residential</u> | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u> | | ASCM No. _____ | Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u> | | | | |
| Street Address <u>PO Box 341</u> | | Street Address <u>PO Box 322</u> | | | | | |
| City, State, Zip Code <u>Crosswicks, NJ 08515</u> | | City, State, Zip Code <u>Allentown, NJ 08501</u> | | | | | |
| Project Manager for Monitoring Firm <u>William Weisgarber Jr.</u> | | Telephone No. <u>(609) 298-4070</u> | Telephone No. <u>(609) 259-9688</u> | | | | |
| | | | License No. <u>00493</u> | | | | |
| Start Date (10) <u>5/28/13</u> | Scheduled Completion Date (11) <u>5/31/13</u> | Name of OSHA Monitor <u>MECS</u> | | | | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: <u>8AM - 4:30PM</u> | | Street Address <u>PO Box 341</u> | | | | | |
| | | City, State, Zip Code <u>Crosswicks, NJ 08515</u> | | | | | |
| Scope of Work (Check all that apply) | | | | | | | |
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | | | | |
| | | <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes No N/A | | | Removal | Repair | Encapsulate | Enclosure |
| <u>Basement</u> | <input checked="" type="checkbox"/> | <u>VAT/ Mastic</u> | <u>660 sf</u> | <input checked="" type="checkbox"/> | | | |
| | | | | | | | |
| | | | | | | | |
| Name of Registered Waste Hauler <u>Stevens Environmental Services Inc.</u> | | NJDEP Waste Hauler ID No. <u>18292</u> | Cubic Yards of Waste <u>3 CU</u> | Name of Registered Landfill <u>T.R.R.F., Inc.</u> | | | |
| City, State <u>Allentown, NJ</u> | | Disposal Date <u>5/31/13</u> | City, State <u>Tullytown, PA</u> | | | | |
| Completed By <u>Mahlon E. Stevens</u> | Title <u>Project Manager</u> | Signature  | Date <u>5/15/13</u> | | | | |

CK
13974

STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 AND 12:120)

2013 MAY 17 AM 2:20
ASBESTOS ABATEMENT & LICENSING

| | | | | |
|--|--|--|---|---|
| Date of Notification (1) 5/09/2013 | | Name of Building Owner/Operator (2) Borough of Union Beach | | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | | Notification Type <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | |
| Street Address 650 Poole Avenue | | City, State, Zip Code Union Beach, NJ 07735 | | |
| Name of Contact Ms. Jennifer Wenson Maier | | Tel. Number [REDACTED] | | |
| FACILITY INFORMATION | | | | |
| Name of Facility Where Abatement is Taking Place (3) Private Dwelling | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) | | |
| Street Address 508 Edmunds Street | | | | |
| City (5) Union Beach | County (6) Monmouth | County Code (7) (State Use Only) | | |
| Name of Monitoring Firm Hired by Bldg. Owner (8) Environmental Health Investigators | | ASCM No. 00104 | Name of Contractor (9) MTM Metro Corporation | |
| Street Address 655 West Shore Trail | | Street Address 135-137 McBride Ave | | |
| City, State, Zip Code Sparta, NJ 07871 | | City, State, Zip Code Paterson, NJ 07501 | | |
| Project Manager for Monitoring Firm Jean-Paul von Doehren | Telephone Number 973-729-5649 | Telephone Number 973 742 5030 | License Number 00809 | |
| Scheduled Start Date (10) 5/23/13 | Scheduled Completion Date (11) 5/29/13 | Name of OSHA Monitor MTM Metro Corporation | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other-Describe: _____ | | Street Address 135-137 McBride Av | | |
| | | City, State, Zip Code Paterson, NJ 07501 | | |
| Source 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 type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> > 160 sf or > 260 lf <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Non-Exempted(*) & Non-Friable Procedure <input type="checkbox"/> Glovebag Procedure | | | | |
| Location of Asbestos-Containing Material (ACM) in Facility (13) | Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO N/A | Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) | Amount (Specify SF or LF) | Abatement Type Rem. Rep. Encap Endose |
| Exterior | | Transite Siding Shingles | 1,600 SF | <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> |
| Name of Reg. Waste Hauler MTM Metro Corporation | | NJDEP Waste Hauler ID # 26552 | Cubic Yards of Waste 20 | Name of Reg. Landfill Tullytown |
| City, State Paterson, NJ 07501 | | Disp. Date 5/29/13 | City, State Tullytown, PA | |
| Completed by (Print or Type) Elizabeth Maslarkov | Title Business Administrator | Signature <i>Elizabeth Maslarkov</i> | Date 5/09/2013 | |

ASB-41

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

CK
13972

STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 AND 12:120)

2013 MAY 17 AM 2:00
ASBESTOS
& LICENSING

| | | | |
|---|--|--|--|
| Date of Notification (1) 5/09/2013 | | Name of Building Owner/Operator (2) Borough of Union Beach | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | | Street Address 650 Poole Avenue City, State, Zip Code Union Beach, NJ 07735 | |
| Notification Type <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | Name of Contact Ms. Jennifer Wenson Maier | |

FACILITY INFORMATION

| | | | |
|--|------------------------|-------------------------------------|--|
| Name of Facility Where Abatement is Taking Place (3) Private Dwelling | | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) |
| Street Address 125 Herbert Street | | | |
| City (5) Union Beach | County (6) Monmouth | County Code (7) (State Use Only) | |

| | | | | |
|--|--|---|---|--|
| Name of Monitoring Firm Hired by Bldg. Owner (8) Environmental Health Investigators | | ASCM No. 00104 | Name of Contractor (9) MTM Metro Corporation | |
| Street Address 655 West Shore Trail | | Street Address 135-137 McBride Ave | | |
| City, State, Zip Code Sparta, NJ 07871 | | City State, ZipCode Paterson, NJ 07501 | | |

| | | | |
|--|----------------------------------|----------------------------------|-------------------------|
| Project Manager for Monitoring Firm Jean-Paul von Doehren | Telephone Number 973-729-5649 | Telephone Number 973 742 5030 | License Number 00809 |
|--|----------------------------------|----------------------------------|-------------------------|

| | | |
|--------------------------------------|---|---|
| Scheduled Start Date (10) 5/22/13 | Scheduled Completion Date (11) 5/28/13 | Name of OSHA Monitor MTM Metro Corporation |
|--------------------------------------|---|---|

| | | | |
|--|--|---|--|
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other-Describe: _____ | | Street Address 135-137 McBride Av City, State, Zip Code Paterson, NJ 07501 | |
|--|--|---|--|

Source of Work (Check all that apply)

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

| Location of Asbestos-Containing Material (ACM) in Facility (13) | Is Location Normally Used Solely by Maint./Custodial Staff? (12) | | | Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) | Amount (Specify SF or LF) | Abatement Type | | | |
|---|--|----|-------------------------------------|---|---------------------------|-------------------------------------|------|-------------------------------------|---------|
| | YES | NO | N/A | | | Rem. | Rep. | Encap | Enclose |
| Crawl Space | | | <input checked="" type="checkbox"/> | Pipe Insulation | 60LF | <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> | |
| Rear Room | | | <input checked="" type="checkbox"/> | VAT | 60SF | <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> | |

| | | | |
|--|----------------------------------|---------------------------|------------------------------------|
| Name of Reg. Waste Hauler MTM Metro Corporation | NJDEP Waste Hauler ID # 26552 | Cubic Yards of Waste 5 | Name of Reg. Landfill Tullytown |
| City, State Paterson, NJ 07501 | | Disp. Date 5/28/13 | City, State Tullytown, PA |

| | | | |
|---|---------------------------------|---|-------------------|
| Completed by (Print or Type) Elizabeth Maslarkov | Title Business Administrator | Signature <i>Elizabeth Maslarkov</i> | Date 5/09/2013 |
|---|---------------------------------|---|-------------------|

ASB-41

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

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

| | | | |
|--|--|---|---|
| Date of Notification (1) <u>5</u> / <u>15</u> / <u>13</u> | | Name of Building Owner/Operator (2) Individualized Shirts | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | Street Address 581 Cortlandt Street |
| | | | City, State, Zip Code Perth Amboy, NJ 08861 |
| | | | Name of Contact Mr. John Pappalardo, Frankoski Const. |
| | | Telephone Number _____ | |

2013 Job #1305-1753 Chk. #3145
LIGERSON

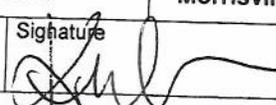
FACILITY INFORMATION

| | | | |
|---|----------------------------------|--|--|
| Name of Facility Where Abatement is Taking Place (3) Individualized Shirts | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | |
| Street Address 581 Cortlandt Street | | Square Feet 25,000 | # of Floors 1 |
| City (5) Perth Amboy | | Bldg. Age 100 + | |
| County (6) Middlesex | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Office & Factory | |
| Name of Monitoring Firm Hired by Building Owner (8) Horizon Environmental | | ASCM No. | Name of Abatement Contractor (9) Asbestos and Mold Services, Corp. |
| Street Address PO Box 316 | | Street Address 3859 Sylon Boulevard | |
| City, State, Zip Code Thorofare, NJ 08086 | | City, State, Zip Code Hainesport, NJ 08036 | |
| Project Manager for Monitoring Firm Dave Flanigan | | Telephone No. 856-848-0800 | Telephone No. 609-702-0400 |
| Start Date (10) <u>5</u> / <u>29</u> / <u>13</u> | | Scheduled Completion Date (11) <u>6</u> / <u>4</u> / <u>13</u> | License No. 00862 |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM | | Name of OSHA Monitor EMSL Analytical, Inc. | |
| | | Street Address 200 U.S. Route 130 North | |
| | | City, State, Zip Code Cinnaminson, NJ 08077 | |

Scope of Work (Check all that apply)

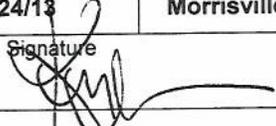
| | | | | | | | |
|---|--|--|-------------------------------------|--|---|---|---|
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf | <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Demolition | <input checked="" type="checkbox"/>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

| Location of Asbestos-Containing Material (ACM) IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|---|---|--------------------------|-------------------------------------|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Lunch Room, Bathroom, Vestibules (Seven Areas) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Floor tile & Mastic | 2,020 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 Horizon Disposal, Inc. | | NJDEP Waste Hauler ID No. 22612 | Cubic Yards of Waste 5 | Name of Registered Landfill GROWS Landfill | |
| City, State Trenton, NJ | | Disposal Date 6/4/13 | | City, State Morrisville, PA 19067 | |
| Completed By (Print or Type) Kimberly A. Trumbetti | | Title Office Coordinator | Signature  | | Date 5-15-13 |

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

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

| | | | | | | | | | | | | |
|---|--|--|---|--|----------------|-------------------------------------|--------------------------|---------------------------|--------------------------|--|--|--|
| Date of Notification (1) <u>5</u> / <u>14</u> / <u>13</u> | | Name of Building Owner/Operator (2) Mrs. Robin Pollina-Finkelstein / Job # 1305-1754 Chk. #3133 | | | | | | | | | | |
| Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 10 Dryden Terrace | | | | | | | | | | |
| | | City, State, Zip Code Short Hills, NJ 07078 | | | | | | | | | | |
| | | Name of Contact Robin Finkelstein | Telephone Number [REDACTED] | | | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Residential Property | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | | | | | | | | | | |
| Street Address 20 Bay Pointe Drive | | Square Feet 1200 | # of Floors 1 | | | | | | | | | |
| City (5) Toms River | | Bldg. Age 30 | | | | | | | | | | |
| County (6) Ocean | County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Residential | | | | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) NA | | ASCM No. | Name of Abatement Contractor (9) Asbestos and Mold Services, Corp. | | | | | | | | | |
| Street Address | | Street Address 3859 Sylon Boulevard | | | | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Hainesport, NJ 08036 | | | | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. 609-702-0400 | License No. 00862 | | | | | | | | | |
| Start Date (10) <u>5</u> / <u>24</u> / <u>13</u> | Scheduled Completion Date (11) <u>5</u> / <u>24</u> / <u>13</u> | Name of OSHA Monitor EMSL Analytical, Inc. | | | | | | | | | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM | | Street Address 200 U.S. Route 130 North | | | | | | | | | | |
| | | City, State, Zip Code Cinnaminson, NJ 08077 | | | | | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition | | | | | | | | | | |
| | | <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | | | | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | Removal | Repair | Encapsulate | Enclosure | | | | | |
| Exterior | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Transite Shingles | 1300 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 Horizon Disposal, Inc. | | NJDEP Waste Hauler ID No. 22612 | Cubic Yards of Waste 3 | Name of Registered Landfill GROWS Landfill | | | | | | | | |
| City, State Trenton, NJ | | Disposal Date 5/24/13 | City, State Morrisville, PA 19067 | | | | | | | | | |
| Completed By (Print or Type) Kimberly A. Trumbetti | | Title Office Coordinator | Signature  | | | Date 5-14-13 | | | | | | |

OK 7143

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

| | | | |
|--|---|--|---------------------------|
| Date of Notification (1) <u>5</u> / <u>1</u> / <u>13</u> | | Name of Building Owner/Operator (2) Conifer-LeChase Construction | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 72 Cascade Drive | |
| | | City, State, Zip Code Rochester, NY 14614 | |
| | | Name of Contact Henry Fey | Telephone Number _____ |

FACILITY INFORMATION

| | | | |
|--|---------------------------------|--|-------------------------|
| Name of Facility Where Abatement is Taking Place (3) Lawnside Senior Housing | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | |
| Street Address 23 Warwick Road N | | Square Feet 30000 | # of Floors 2 |
| City (5) Lawnside, NJ 08045 | | Bldg. Age 90 | |
| County (6) Camden | County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Former School | |

| | | | |
|---|--------------------------------------|---|-----------------------------|
| Name of Monitoring Firm Hired by Building Owner (8) MDG Environmental LLC | ASCM No. NA | Name of Abatement Contractor (9) Alliance Environmental Systems | |
| Street Address 1000 Maplewood drive, Suite 207 | | Street Address 550 East Union Street | |
| City, State, Zip Code Maple Shade, NJ 08052 | | City, State, Zip Code West Chester, PA 19382 | |
| Project Manager for Monitoring Firm Christopher Macri | Telephone No. 856-755-9300 | Telephone No. 610-701-9000 | License No. 00508 |

| | | |
|--|---|------------------------------------|
| Start Date (10) <u>05</u> / <u>20</u> / <u>13</u> | Scheduled Completion Date (11) <u>06</u> / <u>07</u> / <u>13</u> | Name of OSHA Monitor AET |
|--|---|------------------------------------|

| | |
|--|---|
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7AM</u> - <u>3:30PM</u> - <u>AM</u> | Street Address 28 N. Pennel Road |
| | City, State, Zip Code Media, PA 19063 |

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) <u>TO BE ABATED</u> IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|--|---|--------------------------|-------------------------------------|---|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Exterior Windows | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Caulk - 1/2"-3/4" bead | 1000 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 N.E.T.S. | NJDEP Waste Hauler ID No. 18947 | Cubic Yards of Waste 3 | Name of Registered Landfill Allied BFI Imperial |
| City, State Hazleton, PA | | Disposal Date TBD | City, State Imperial, PA |
| Completed By (Print or Type) John Heemer | Title Estimator | Signature <i>John C. Heemer</i> | Date 5/14/13 |

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

2013 MAY 17 AM 2:30
ASBESTOS ABATEMENT & LICENSING

LAI

| | | | |
|--|--|--|------------------|
| Date of Notification (1) <u>5</u> / <u>1</u> / <u>13</u> | | Name of Building Owner/Operator (2) Conifer-LeChase Construction | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 72 Cascade Drive | |
| | | City, State, Zip Code Rochester, NY 14614 | |
| | | Name of Contact Henry Fey | Telephone Number |

FACILITY INFORMATION

| | | | |
|--|---------------------------------|--|-------------------------|
| Name of Facility Where Abatement is Taking Place (3) Lawnside Senior Housing | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | |
| Street Address 23 Warwick Road N | | Square Feet 30000 | # of Floors 2 |
| City (5) Lawnside, NJ 08045 | | Bldg. Age 90 | |
| County (6) Camden | County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Former School | |

| | | | |
|---|--------------------------------------|---|-----------------------------|
| Name of Monitoring Firm Hired by Building Owner (8) MDG Environmental LLC | ASCM No. NA | Name of Abatement Contractor (9) Alliance Environmental Systems | |
| Street Address 1000 Maplewood drive, Suite 207 | | Street Address 550 East Union Street | |
| City, State, Zip Code Maple Shade, NJ 08052 | | City, State, Zip Code West Chester, PA 19382 | |
| Project Manager for Monitoring Firm Christopher Macri | Telephone No. 856-755-9300 | Telephone No. 610-701-9000 | License No. 00508 |

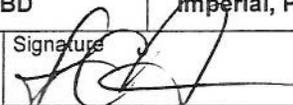
THE REP

| | | | |
|--|---|---|--|
| Start Date (10) <u>05</u> / <u>15</u> / <u>13</u> | Scheduled Completion Date (11) <u>05</u> / <u>31</u> / <u>13</u> | Name of OSHA Monitor AET | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7</u> AM- <u>3:30</u> PM- <u>3</u> AM | | Street Address 28 N. Pennel Road | |
| | | City, State, Zip Code Media, PA 19063 | |

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) 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 Windows | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Caulk - 1/2"-3/4" bead | 1000 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 N.E.T.S. | NJDEP Waste Hauler ID No. 18947 | Cubic Yards of Waste 3 | Name of Registered Landfill Allied BFI Imperial |
| City, State Hazleton, PA | | Disposal Date TBD | City, State Imperial, PA |
| Completed By (Print or Type) John Heemer | Title Estimator | Signature  | Date 5/1/13 |

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

CR # 2432

| | | | |
|---|--|--|---|
| Date of Notification (1) 4/29/13 | | Name of Building Owner / Operator Wells Fargo Bank | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended R#2-5/14/13 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation | | Street Address One South Broad Street |
| | | | City, State & Zip Code Philadelphia, PA 19107 |
| | | | Name of Contact Orville Bishcoff |

2013 MAY 17 AM 2:00
REGISTRATION & LICENSING

FACILITY INFORMATION

| | | | | | |
|---|--|---|---|--------------------------------|-------------------------|
| Name of Facility Where Abatement is Taking Place (3) Wells Fargo Bank NBOC | | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | |
| Street Address 100 Fidelity Plaza | | | Square Feet 30000 | # of Floors 2 | Bldg. Age 45+ |
| City (5) North Brunswick | County (6) Middlesex | County Code (7) | Current Use (Prior if being demolished) Bank | | |
| Name of Monitoring Firm Hired by Building Owner (8) AET | | ASCM No. | Name of Abatement Contractor (9) Bristol Environmental, Inc. | | |
| Street Address 28 North Pennell Road | | | Street Address 1123 Beaver Street | | |
| City, State & Zip Code Media, PA 19063 | | | City, State & Zip Code Bristol, PA 19007 | | |
| Project Manager for Monitoring Firm Dave Turotsy | | Telephone Number 610-891-0114 | Telephone Number (215)788-6040 | License Number 00509 | |
| Scheduled Start Date (10) 5/22/2013 | Scheduled Completion Date (11) 5/23/2013 | | Name of OSHA Monitor Bristol Environmental Inc. | | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: 6:00 PM - 2:00 AM <input type="checkbox"/> Facility Occupied During Abatement | | | Street Address 1123 Beaver Street | | |
| | | | City, State & Zip Code Bristol, PA 19007 | | |

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 ≥260 lf | <input type="checkbox"/> Demolition | <input type="checkbox"/> Mini-Enclosure |
| | | <input checked="" type="checkbox"/> Glove Bag Procedures |
| | | <input type="checkbox"/> Non-Exempted and Non-Friable Procedure |

| Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) | Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) | | | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|--|--|-------------------------------------|--------------------------|---|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclose |
| Above Ceiling | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Pipe insulation | 65 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"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <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 Service Transport Inc. | NJDEP Waste Hauler ID No. 20990 | Cubic Yards of Waste 4 | Name of Registered Landfill Minerva Landfill |
| City, State New Castle, DE | Disposal Date 5/13/2013 | City, State Waynesburg, Ohio | |
| Completed By (Print or Type) Gino Pizzigoni | Title Project Manager | Signature <i>Gino Pizzigoni / jfl</i> | Date 5/14/13 |

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

2013 MAY 17 AM 5:00
 Cl# 2431
 & LICENSED

| | | | |
|---|--|--|---|
| Date of Notification (1) 4/29/13 | | Name of Building Owner / Operator (2) Wells Fargo Bank | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended R#1-5/10/13 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation | | Street Address One South Broad Street |
| | | | City, State & Zip Code Philadelphia, PA 19107 |
| | | | Name of Contact Orville Bishcoff |

FACILITY INFORMATION

| | | | | | |
|---|--|--|---|--------------------------------|-------------------------|
| Name of Facility Where Abatement is Taking Place (3) Wells Fargo Bank NBOC | | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | |
| Street Address 100 Fidelity Plaza | | | Square Feet 30000 | # of Floors 2 | Bldg. Age 45+ |
| City (5) North Brunswick | County (6) Middlesex | County Code (7) | Current Use (Prior if being demolished) Bank | | |
| Name of Monitoring Firm Hired by Building Owner (8) AET | | ASCM No. | Name of Abatement Contractor (9) Bristol Environmental, Inc. | | |
| Street Address 28 North Pennell Road | | Street Address 1123 Beaver Street | | | |
| City, State & Zip Code Media, PA 19063 | | City, State & Zip Code Bristol, PA 19007 | | | |
| Project Manager for Monitoring Firm Dave Turotsy | | Telephone Number 610-891-0114 | Telephone Number (215)788-6040 | License Number 00509 | |
| Scheduled Start Date (10) 5/15/2013 | Scheduled Completion Date (11) 5/16/2013 | | Name of OSHA Monitor Bristol Environmental Inc. | | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm Describe: 6:00 PM - 2:00 AM <input type="checkbox"/> Facility Occupied During Abatement | | | Street Address 1123 Beaver Street | | |
| | | | City, State & Zip Code Bristol, PA 19007 | | |

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 ≥ 260 lf | <input type="checkbox"/> Demolition | <input type="checkbox"/> Mini-Enclosure |
| | | <input checked="" type="checkbox"/> Glove Bag Procedures |
| | | <input type="checkbox"/> Non-Exempted and Non-Friable Procedure |

| Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) | Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) | | | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|--|--|-------------------------------------|--------------------------|---|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclose |
| Above Ceiling | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Pipe insulation | 65 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"/> |
| | <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 Service Transport Inc. | NJDEP Waste Hauler ID No. 20990 | Cubic Yards of Waste 4 | Name of Registered Landfill Minerva Landfill |
| City, State New Castle, DE | Disposal Date 5/13/2013 | City, State Waynesburg, Ohio | |
| Completed By (Print or Type) Gino Pizzigoni | Title Project Manager | Signature <i>Gino Pizzigoni/jk</i> | Date 5/10/13 |

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

CL# 2427

| | | | |
|---|---|--|---|
| Date of Notification (1) 4/29/13 | | Name of Building Owner / Operator (2) Wells Fargo Bank | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL 6800 <input checked="" type="checkbox"/> DOH 6817 <input type="checkbox"/> DCA | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation | | Street Address One South Broad Street |
| | | | City, State & Zip Code Philadelphia, PA 19107 |
| Name of Contact Orville Bishcoff | | | Telephone Number |

FACILITY INFORMATION

| | | | | | |
|---|--|--|---|--------------------------------|-------------------------|
| Name of Facility Where Abatement is Taking Place (3) Wells Fargo Bank NBOC | | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | |
| Street Address 100 Fidelity Plaza | | | Square Feet 30000 | # of Floors 2 | Bldg. Age 45+ |
| City (5) North Brunswick | County (6) Middlesex | County Code (7) | Current Use (Prior if being demolished) Bank | | |
| Name of Monitoring Firm Hired by Building Owner (8) AET | | ASCM No. | Name of Abatement Contractor (9) Bristol Environmental, Inc. | | |
| Street Address 28 North Pennell Road | | Street Address 1123 Beaver Street | | | |
| City, State & Zip Code Media, PA 19063 | | City, State & Zip Code Bristol, PA 19007 | | | |
| Project Manager for Monitoring Firm Dave Turotsy | | Telephone Number 610-891-0114 | Telephone Number (215)788-6040 | License Number 00509 | |
| Scheduled Start Date (10) 5/11/2013 | Scheduled Completion Date (11) 5/12/2013 | | Name of OSHA Monitor Bristol Environmental Inc. | | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm Describe: Sat. 12:00 PM - Sunday 8 AM <input type="checkbox"/> Facility Occupied During Abatement | | | Street Address 1123 Beaver Street | | |
| | | | City, State & Zip Code Bristol, PA 19007 | | |

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 ≥260 lf | <input type="checkbox"/> Demolition | <input type="checkbox"/> Mini-Enclosure |
| | | <input checked="" type="checkbox"/> Glove Bag Procedures |
| | | <input type="checkbox"/> Non-Exempted and Non-Friable Procedure |

| Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) | Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) | | | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|--|--|-------------------------------------|--------------------------|---|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclose |
| Above Ceiling | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Pipe insulation | 65 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"/> |
| | <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 Service Transport Inc. | | NJDEP Waste Hauler ID No. 20990 | Cubic Yards of Waste 4 | Name of Registered Landfill Minerva Landfill | |
| City, State New Castle, DE | | Disposal Date 5/13/2013 | City, State Waynesburg, Ohio | | |
| Completed By (Print or Type) Gino Pizzigoni | | Title Project Manager | Signature <i>Gino Pizzigoni</i> | Date 4/19/13 | |

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

Q# 2433

| | | | | | | | | | |
|--|--|---|---|---|---------------------------|-----------------|--------|-------------|-----------|
| Date of Notification (1) 5/14/13 | | Name of Building Owner/Operator (2) VERIZON | | | | | | | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | Street Address 15 EAST MONTGOMERY PLACE, LOWER LEVEL 2013 MAY 17 AM 11:30 | | | | | | |
| | | | City, State, Zip Code PITTSBURGH, PA 15212 | | | | | | |
| | | | Name of Contact ALEX BAYLOR | Telephone Number _____ | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) VERIZON ELIZABETH CO | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address 1196 GRAND STREET | | Square Feet | # of Floors | | | | | | |
| City (5) ELIZABETH, NJ | | Bldg. Age | | | | | | | |
| County (6) UNION | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) COMMUNICATIONS | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) TTI ENVIRONMENTAL, INC. | | ASCM No. | Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC. | | | | | | |
| Street Address 1253 NORTH CHURCH STREET | | Street Address 1123 BEAVER STREET | | | | | | | |
| City, State, Zip Code MOORESTOWN, NJ 08057 | | City, State, Zip Code BRISTOL, PA 19007 | | | | | | | |
| Project Manager for Monitoring Firm HAROLD BALDWIN | Telephone No. 856-840-8800 | Telephone No. 215-788-6040 | License No. 00509 | | | | | | |
| Start Date (10) 5/28/13 | Scheduled Completion Date (11) 6/4/13 | Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC. | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7:00 AM - 5:00 PM | | Street Address 1123 BEAVER STREET | | | | | | | |
| | | City, State, Zip Code BRISTOL, PA 19007 | | | | | | | |
| Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| 1ST FL. DMS CONTROL ROOM | X | | | FLOOR TILE/MASTIC | 488 SF | X | | | |
| ROOF PENTHOUSE | | X | | VAT/MASTIC | 163 SF | X | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC. | | NJDEP Waste Hauler ID No. 20990 | Cubic Yards of Waste | Name of Registered Landfill MINERVA LANDFILL | | | | | |
| City, State NEW CASTLE, DE 19720 | | | Disposal Date | City, State WAYNESBURG, OH 44688 | | | | | |
| Completed by PATRICK T. DeCARO | | Title ESTIMATOR | Signature <i>Patrick T. DeCaro</i> | | | Date 5/14/13 | | | |

PD13025

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

Check # 2434

| | | | | | | | | |
|---|--|---|---|--|---|---------|--------|-------------|
| Date of Notification (1) 5/14/13 | | Name of Building Owner/Operator (2) VERIZON | | | | | | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | Street Address 15 EAST MONTGOMERY PLACE, LOWER LEVEL City, State, Zip Code PITTSBURGH, PA 15212 | | | | | |
| | | | Name of Contact ALEX BAYLOR | | Telephone Number _____ | | | |
| | FACILITY INFORMATION | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) VERIZON RIVERSIDE CO | | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | |
| Street Address 137 FAIRVIEW STREET City (5) RIVERSIDE, NJ | | | Square Feet _____ | # of Floors _____ | Bldg. Age _____ | | | |
| County (6) BURLINGTON | | County Code (7) (STATE USE ONLY) _____ | | Current Use (Prior if being demolished) COMMUNICATIONS | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) USA ENVIRONMENTAL, INC. | | ASCM No. _____ | Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC. | | | | | |
| Street Address 8436 ENTERPRISE AVENUE City, State, Zip Code PHILADELPHIA, PA 19153 | | | Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007 | | | | | |
| Project Manager for Monitoring Firm MARK JENKINS | | Telephone No. 215-365-5810 | Telephone No. 215-788-6040 | License No. 00509 | | | | |
| Start Date (10) 5/28/13 | Scheduled Completion Date (11) 6/18/13 | | Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC. | | | | | |
| Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8:00 AM - 5:00 PM | | | Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007 | | | | | |
| Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf | | | | | | | | |
| | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | | | N/A | Removal | Repair | Encapsulate |
| BASEMENT - VARIOUS AREAS | X | _____ | VAT/MASTIC | 4,310 SF | X | _____ | _____ | _____ |
| Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC. | | | NJDEP Waste Hauler ID No. 20990 | Cubic Yards of Waste _____ | Name of Registered Landfill MINERVA LANDFILL | | | |
| City, State NEW CASTLE, DE 19720 | | | Disposal Date _____ | | City, State WAYNESBURG, OH 44688 | | | |
| Completed by PATRICK T. DeCARO | | Title ESTIMATOR | Signature <i>Patrick T. DeCaro</i> | | Date 5/14/13 | | | |

PD 13034

OK 3523

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

RECEIVED
2013 MAY 17 AM 2:00

| | | | | | | | | | | |
|--|---|--|---|--|-----------------------------|-----------------|--------|-------------|-----------|--|
| Date of Notification (1) 5-15-13 | | Name of Building Owner/Operator (2) Environmental Resolutions, Inc. | | | | | | | | |
| Agency Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | Street Address 525 Fellowship Road, Suite 300 | | AEROSOL CONTROL & LICENSING | | | | | |
| | | | City, State, Zip Code Mt. Laurel, NJ 08054 | | | | | | | |
| | | | Name of Contact Joseph Hirsch | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) vacant 2-story bldg and vacant 4 bay garage | | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address 512 Lakeland Road | | | Square Feet 7,000 | # of Floors 2 | Bldg. Age +/-50 | | | | | |
| City (5) Gloucester Township | | | Current Use (Prior if being demolished) vacant | | | | | | | |
| County (6) Camden | | County Code (7) (STATE USE ONLY) | | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates | | ASCN No. | Name of Abatement Contractor (9) Pepper Environmental Services, Inc. | | | | | | | |
| Street Address 515 Grove St., Suite 1B | | Street Address 2251 Fraley Street | | | | | | | | |
| City, State, Zip Code Haddon Heights, NJ 08035 | | City, State, Zip Code Philadelphia, PA 19137 | | | | | | | | |
| Project Manager for Monitoring Firm R. Alan Lloyd | | Telephone No. 856-547-0505 | Telephone No. 215-533-5155 | License No. 01166 | | | | | | |
| Start Date (10) 6-3-13 | Scheduled Completion Date (11) 6-30-13 | | Name of OSHA Monitor Pennoni Associates | | | | | | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: | | | Street Address 515 Grove St., Suite 1B | | | | | | | |
| | | | City, State, Zip Code Haddon Heights, NJ 08035 | | | | | | | |
| Scope of Work (Check all that apply) * abatement prior to demo | | | | | | | | | | |
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf | | <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | |
| Location of Asbestos-Containing Material (ACM) 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 | |
| | | | X | | | | | X | | |
| | | | | ***see attached sheet*** | | | | | | |
| Name of Registered Waste Hauler Service Transport | | NJDEP Waste Hauler ID No. | Cubic Yards of Waste | Name of Registered Landfill A & L Salvage | | | | | | |
| City, State Morrisville, PA | | Disposal Date | | City, State Libson, OH | | | | | | |
| Completed by Jennifer Niven | | Title Dir. of Operations | | Signature | | Date 5-15-13 | | | | |

512 Lakeland Road

4 Bay Garage

| DESCRIPTION OF MATERIAL | LOCATION OF MATERIAL | Amount | Code** | Code*** |
|-------------------------|----------------------|--------|--------|---------|
| transite shingles | roof | 3400 | SF | REM |

2-story bldg.

| DESCRIPTION OF MATERIAL | LOCATION OF MATERIAL | Amount | Code** | Code*** |
|--|----------------------|--------|--------|---------|
| sheet flooring beneath stair tread | stairwell | 2300 | SF | REM |
| stair tread | stairwell | 2300 | SF | REM |
| window glazing putty | throughout | 200 | SF | REM |
| mastic a/w former 9x9 floor tile | stairwell | 650 | SF | REM |
| cementitious coating a/w light weight concrete | windows in attic | 200 | SF | REM |

2013 MAY 17 AM 21:00
INSPECTOR'S CONTROL
& LICENSING
PHEO 211123

MO#20613925091

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

| | | | |
|--|--|--|------------------|
| Date of Notification (1) 05 / 13 / 13 | | Name of Building Owner/Operator (2) Celia Gelba | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 354 Summit Avenue | |
| | | City, State, Zip Code Hackensack, NJ 07601 | |
| | | Name of Contact Victoria Healey | Telephone Number |

FACILITY INFORMATION

| | | | |
|---|----------------------------------|---|-------------|
| Name of Facility Where Abatement is Taking Place (3) Private house | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | |
| Street Address 354 Summit Avenue | | Square Feet | # of Floors |
| City (5) Hackensack, NJ 07601 | | Bldg. Age | |
| County (6) Bergen | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) | |

| | | | |
|---|--|--|-------------|
| Name of Monitoring Firm Hired by Building Owner (8) | ASCM No. | Name of Abatement Contractor (9) | |
| Street Address | | Gr Tech LLC | |
| City, State, Zip Code | | Street Address 576 Valley Rd #283 | |
| | | City, State, Zip Code Wayne, NJ 07470 | |
| Project Manager for Monitoring Firm | Telephone No. | Telephone No. | License No. |
| | | 973-638-1777 | 01127 |
| Start Date (10) 05 / 23 / 13 | Scheduled Completion Date (11) 05 / 25 / 13 | Name of OSHA Monitor | |
| | | Envirovision Consultants, Inc | |

| | |
|--|--|
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM | Street Address 20-21 Wagaraw Road, Bldg. # 35 E |
| | City, State, Zip Code Fair Lawn, NJ 07410 |

Scope of Work (Check all that apply)

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

| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SIF or LF) | Abatement Type | | | |
|--|---|--------------------------|-------------------------------------|--|----------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Basement-utility room | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Pipe insulation | 18 inches | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Basement-family room | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Pipe insulation | 1 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Basement | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | VAT Floor tiles | 600 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"/> |

| | | | |
|--|--------------------------------------|-------------------------------|---|
| Name of Registered Waste Hauler Gr Tech LLC | NJDEP Waste Hauler ID No. 0033785 | Cubic Yards of Waste TBD | Name of Registered Landfill T.R.R.F. Inc |
| City, State Wayne, NJ 07470 | | Disposal Date TBD | City, State Tullytown, PA |
| Completed By (Print or Type) N.Jevtic | Title Owner | Signature <i>N. Jevtic</i> | Date 05/13/2013 |

(Signature)
 Date: 5/14/13 Time: 10:06

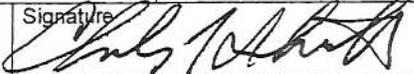
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:00 and 12:120)

CK# 0148
 2013 MAY 17 11 25 AM
 LICENSING

| | | | | | | | | | | |
|---|--|--|-----------------------------|---|---------------------------|----------------|-------------------|-------------|-----------|--|
| Date of Notification (1) 5-14-2013 | | Name of Building Owner/Operator (2) Township of Raritan MUA | | | | | | | | |
| Agencies Notified | Type Notification | Street Address 365 Old York Road | | | | | | | | |
| <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # | City, State, Zip Code Flemington, NJ 08822 | | | | | | | | |
| <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Name of Contact Mike | Telephone Number | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Operations Building | | Type of Facility (4) | | | | | | | | |
| Street Address 30 Flemington Junction Road | | <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | | |
| City (5) Raritan | | Square Foot | # of Floors 50 | | | | | | | |
| County (6) Somerset | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Offices | | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) n/a | ASCM No. n/a | Name of Abatement Contractor (9) Loznica Management Corporation | | | | | | | | |
| Street Address n/a | | Street Address 22 Troy Lane | | | | | | | | |
| City, State, Zip Code n/a | | City, State, Zip Code Lincoln Park, NJ 07035 | | | | | | | | |
| Project Manager for Monitoring Firm n/a | Telephone No. n/a | Telephone No. 9737067950 | License No. 01193 | | | | | | | |
| Start Date (10) 5-14-2013 | Scheduled Completion Date (11) 5-15-2013 | Name of OSHA Monitor Loznica Management Corporation | | | | | | | | |
| Occupancy Status During Abatement (Check Only One) | | Street Address 22 Troy Lane | | | | | | | | |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: | | City, State, Zip Code Lincoln Park, NJ 07035 | | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | | |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition | | | | | | | | |
| | | <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) 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 | |
| Windows | | | X | Window Caulking | 7 Windows | X | | | | |
| Name of Registered Waste Hauler Loznica Management Corporation | | NJDEP Waste Hauler ID No. 0033137 | Cubic Yards of Waste TBD | Name of Registered Landfill GROWS Landfill | | | | | | |
| City, State Lincoln Park, NJ 07035 | | Disposal Date TBD | | City, State Morrisville, PA 19067 | | | | | | |
| Completed by E. Cirovic | Title Secretary | | | Signature E. Cirovic | | | Date 5-14-2013 | | | |

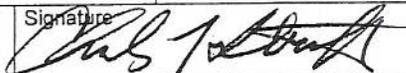
**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)**

CK #21961

| Date of Notification (1) <u>05</u> / <u>08</u> / <u>13</u> | | Name of Building Owner/Operator (2) Magnetic Metals | | | | | | | |
|--|--|---|---|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DCA (NJAC 5:16) <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 1900 Hayes Ave | | | | | | | |
| | | City, State, Zip Code Camden, NJ 08105 | | | | | | | |
| | | Name of Contact Kevin Carr | Telephone Number [REDACTED] | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Magnetic Metals | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address 1900 Hayes Ave | | Square Feet 75,000 | # of Floors 3 | | | | | | |
| City (5) Camden | | Bldg. Age 50+ | | | | | | | |
| County (6) Camden | County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Manufacturer | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Criterion Laboratories Inc | | ASCM No. | Name of Abatement Contractor (9) Diamond Huntbach Construction Corporation | | | | | | |
| Street Address 3370 Progress Drive Suite J | | Street Address 500 East Luzerne Street | | | | | | | |
| City, State, Zip Code Bensalem, Pa 19020 | | City, State, Zip Code Philadelphia, PA 19124 | | | | | | | |
| Project Manager for Monitoring Firm Eric Wysocki | | Telephone No. 215-244-1300 | Telephone No. 215-739-8166 | | | | | | |
| | | | License No. 00646 | | | | | | |
| Start Date (10) <u>05</u> / <u>15</u> / <u>13</u> | Scheduled Completion Date (11) <u>07</u> / <u>15</u> / <u>13</u> | Name of OSHA Monitor SAME AS ABOVE | | | | | | | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7</u> AM- <u>5</u> PM/ <u> </u> PM- <u> </u> AM | | Street Address | | | | | | | |
| | | City, State, Zip Code | | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| <input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf | | <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition | | | | | | | |
| | | <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) 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 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Transite Siding | 20,000 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Throughout the Interior | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Corrugated Pipe Insulation | 1,000 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Throughout the Interior | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Block Pipe Insulation | 1,500 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Building 8-2 nd Level | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Floor Tile Grey 9" X 9" | 1,380 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler Service Transport | | NJDEP Waste Hauler ID No. 20990 | Cubic Yards of Waste 120 CY | Name of Registered Landfill Minerva | | | | | |
| City, State New Castle, DE | | Disposal Date 05/30/13 | City, State Waynesburg, OH 44688 | | | | | | |
| Completed By (Print or Type) Charles F. Imbimbo | | Title Project Manager | Signature  | | | Date 05/08/13 | | | |

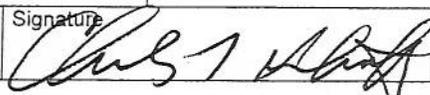
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

2013 MAY 17 AM 2:50
DEPARTMENT OF ENVIRONMENTAL
& LICENSING

| | | | | | | | | | |
|---|---|---|--|---|---------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1) 05 / 08 / 13 | | Name of Building Owner/Operator (2) Magnetic Metals | | | | | | | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DCA (NJAC 5:16) <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | Street Address 1900 Hayes Ave | | Telephone Number [REDACTED] | | | | |
| | | | City, State, Zip Code Camden, NJ 08105 | | | | | | |
| | | | Name of Contact Kevin Carr | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Magnetic Metals | | | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) | | | | | |
| Street Address 1900 Hayes Ave | | | | | | | | | |
| City (5) Camden | | Square Feet 75,000 | # of Floors 3 | Bldg. Age 50+ | | | | | |
| County (6) Camden | | County Code (7)(STATE USE ONLY) | | Current Use (Prior if being demolished) Manufacturer | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Criterion Laboratories Inc | | ASCM No. | Name of Abatement Contractor (9) Diamond Huntbach Construction Corporation | | | | | | |
| Street Address 3370 Progress Drive Suite J | | Street Address 500 East Luzerne Street | | | | | | | |
| City, State, Zip Code Bensalem, Pa 19020 | | City, State, Zip Code Philadelphia, PA 19124 | | | | | | | |
| Project Manager for Monitoring Firm Eric Wysocki | | Telephone No. 215-244-1300 | Telephone No. 215-739-8166 | License No. 00646 | | | | | |
| Start Date (10) 05 / 15 / 13 | | Scheduled Completion Date (11) 07 / 15 / 13 | | Name of OSHA Monitor SAME AS ABOVE | | | | | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-5PM PM- AM | | | Street Address | | | | | | |
| | | | City, State, Zip Code | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| <input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf | | <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition | | <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Building 2D-2 nd Level | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Tan Floor Tile/Mastic 9" X 9" | 1,000 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Building 2D-3 rd Level | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | White Floor Tile/Mastic 9" X 9" | 600 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Building 2-Mezzanine Room | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Dark Floor Tile/Mastic 9" X 9" | 600 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Throughout the Interior | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Flat Transite Panels | 1,500 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler Service Transport | | NJDEP Waste Hauler ID No. 20990 | Cubic Yards of Waste 120 CY | Name of Registered Landfill Minerva | | | | | |
| City, State New Castle, DE | | Disposal Date 06/30/13 | | City, State Waynesburg, OH 44688 | | | | | |
| Completed By (Print or Type) Charles F. Imbimbo | Title Project Manager | Signature  | | Date 05/08/13 | | | | | |

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

2013 MAY 17 AM 2:56
REGISTRATION & LICENSING

| Date of Notification (1) <u>05</u> / <u>08</u> / <u>13</u> | | Name of Building Owner/Operator (2) Magnetic Metals | | | | | | | |
|---|---|--|--|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DCA (NJAC 5:16) <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 1900 Hayes Ave | | | | | | | |
| | | City, State, Zip Code Camden, NJ 08105 | | | | | | | |
| | | Name of Contact Kevin Carr | Telephone Number _____ | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Magnetic Metals | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address 1900 Hayes Ave | | Square Feet 75,000 | # of Floors 3 | | | | | | |
| City (5) Camden | | Bldg. Age 50+ | | | | | | | |
| County (6) Camden | County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Manufacturer | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Criterion Laboratories Inc | | ASCM No. | Name of Abatement Contractor (9) Diamond Huntbach Construction Corporation | | | | | | |
| Street Address 3370 Progress Drive Suite J | | Street Address 500 East Luzerne Street | | | | | | | |
| City, State, Zip Code Bensalem, Pa 19020 | | City, State, Zip Code Philadelphia, PA 19124 | | | | | | | |
| Project Manager for Monitoring Firm Eric Wysocki | Telephone No. 215-244-1300 | Telephone No. 215-739-8166 | License No. 00646 | | | | | | |
| Start Date (10) <u>05</u> / <u>15</u> / <u>13</u> | Scheduled Completion Date (11) <u>07</u> / <u>15</u> / <u>13</u> | Name of OSHA Monitor SAME AS ABOVE | | | | | | | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7</u> AM- <u>5</u> PM/ _____PM-_____AM | | Street Address | | | | | | | |
| | | City, State, Zip Code | | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf | | <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) 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 the Interior | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Corrugated Trasite Panels | 1,000 SF | <input checked="" 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 checked="" type="checkbox"/> | <input 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"/> |
| Name of Registered Waste Hauler Service Transport | | NJDEP Waste Hauler ID No. 20990 | Cubic Yards of Waste 120 CY | Name of Registered Landfill Minerva | | | | | |
| City, State New Castle, DE | | Disposal Date 07/15/13 | City, State Waynesburg, OH 44688 | | | | | | |
| Completed By (Print or Type) Charles F. Imbimbo | Title Project Manager | Signature  | | Date 05/08/13 | | | | | |

State of New Jersey - Notification of Asbestos Abatement

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

| | | | |
|--|---|---|--|
| <u>Date of Notification (1)</u> May 10, 2013 | | <u>Name of Building Owner/Operator (2)</u> Bloomfield College | |
| <u>Agencies Notified</u> EPA <input checked="" type="checkbox"/> DCA x DOL <input checked="" type="checkbox"/> DEP X DOH | <u>Notification Type</u> <input checked="" type="checkbox"/> Initial Notification Amended Certification <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled | | <u>Street Address</u> 467 Franklin Street |
| | | | <u>City, State, Zip Code</u> Bloomfield, NJ 07003 |
| | | | <u>Name of Contact</u> Jack Mc Grane |
| | | <u>Telephone Number</u> [REDACTED] | |
| FACILITY INFORMATION | | | |
| <u>Name of Facility Where Abatement is Taking Place (3)</u> Bloomfield College- Science Building | | <u>Type of Facility (4)</u> <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (other than K-12) Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: 2,000 # of Floors: 3 Bldg. Age: 50+ years | |
| <u>Street Address</u> 171 Liberty Street | | <u>Sq. Feet: 2,000 # of Floors: 3 Bldg. Age: 50+ years</u> | |
| <u>City (5)</u> Bloomfield | <u>County (6)</u> Essex | <u>County Code (7)</u> (State Use Only) | <u>Current Use (prior if being demolished):</u> Classrooms |
| <u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u> Envirovision, inc. | | <u>ASCM No.</u> 00079 | <u>Name of Contractor (9)</u> GREENWOOD ABATEMENT CONSULTANTS, INC. |
| <u>Street Address</u> 20-21 Wagaraw Road, Bldg # 34A | | <u>Street Address</u> 268 MAIN STREET | |
| <u>City, State, Zip Code</u> Fairlawn, NJ 07410 | | <u>City, State, Zip Code</u> Butler, NJ 07405 | |
| <u>Project Manager for Monitoring Firm</u> Fred Larson | <u>Telephone Number</u> 973-636-9145 | <u>Telephone Number</u> 973-492-0477 | <u>License Number</u> 00840 |
| <u>Scheduled Start Date (10)</u> Phase 1- May 23, 2013 Phase 2- May 31, 2013 | <u>Scheduled Completion Date (11)</u> Phase 1- May 27, 2013 Phase 2- June 3, 2013 | <u>Name of OSHA Monitor</u> ENVIROVISION, INC. | |
| <u>Occupancy Status During Abatement (Check only one)</u> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Other - Describe: Non Occupied - Sub-Chapter 8 Phase 1 & 2 | | <u>Street Address</u> 20-21 WARGARAW ROAD, Bldg # 34A | |
| | | <u>City, State, Zip Code</u> FAIRLAWN, NJ 07410 | |
| <u>Source of Work (Check all that apply)</u> | | | |
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 | | <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Tent /Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |
| <u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u> Classrooms: 1,2,3 & 4 | <u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u> YES NO NA <input checked="" type="checkbox"/> YES | <u>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</u> VAT & Mastic | <u>Amount (Specify SF or LF)</u> 3,072 SF |
| | | <u>Abatement Type</u> Remove Repair Encap Enclose <input checked="" type="checkbox"/> Remove | |
| <u>Name of Reg. Waste Hauler</u> See Hauler Below # 1 & 2 | <u>NJDEP Waste Hauler ID #</u> See Below | <u>Cubic Yards of Waste:</u> 40 | <u>Name of Registered Landfill</u> Meadowfill Landfill |
| <u>Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405</u> NJ DEP # 12561 | | <u>Disposal Date</u> June 3, 2013 | <u>City, State</u> Route 2, Box 68 Bridgeport, WVA 304-842-2784 |
| <u>Hauler #2) Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551</u> | | | |
| <u>Completed by (Print or Type)</u> Marin Graure | <u>Title</u> SENIOR PROJECT MANAGER | <u>Signature</u> <i>Marin Graure</i> | <u>Date</u> May 10, 2013 |

GAC # 2013-389

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

| | | | |
|--|--|--|---|
| Date of Notification (1) May 14, 2013 | | Name of Building Owner/Operator (2) Robert Zirkel | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | Type of Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | Street Address 18 Dover Road |
| | | | City, State, Zip Code Ortley Beach, NJ 08751 |
| | | | Name of Contact Robert Zirkel |

FACILITY INFORMATION

| | | | | | |
|---|--|--|--|--|-------------------------|
| Name of Facility Where Abatement is Taking Place (3) Residence | | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) | | |
| Street Address 18 Dover Road | | | Square feet 900 sf | | |
| City Ortley Beach | | | County (6) Ocean | County Code (7) (STATE USE ONLY) | # of Floors 1 |
| | | | | | Bldg. Age 60 |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | | ASCM No. | Name of Abatement Contractor (9) Guardian Contracting, Inc. | |
| Street Address | | | Street Address 1889 Route 9, Unit 61 | | |
| City, State, Zip Code | | | City, State, Zip Code Toms River, New Jersey 08755-1271 | | |
| Project Manager for Monitoring Firm | | Telephone Number | Telephone Number 732-349-9932 | | License Number 00624 |
| Scheduled Start Date (10) 5/15/13 | | Scheduled Completion Date (11) 5/17/13 | Name of OSHA Monitor E.M.S.L. Analytical | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____ | | | Street Address 1056 Stelton Road | | |
| | | | City, State, Zip Code Piscataway, New Jersey 08854 | | |
| Scope of Work (Check all that apply) | | | | | |
| <input type="checkbox"/> >3 sf or ≥3 lf | | <input type="checkbox"/> Renovation | | <input type="checkbox"/> Full Containment with Negative Pressure | |
| <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | <input checked="" type="checkbox"/> Demolition | | <input type="checkbox"/> Mini-Enclosure | |
| | | | | <input type="checkbox"/> Glovebag Procedure | |
| | | | | <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | |

| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13) | Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A | | | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | | | | | |
|---|--|------------------------------------|---|--|---|----------------|-------------------|---|---|---|--|--|--|
| | R | R | E | | | E | N | C | L | O | | | |
| Exterior | | X | | Asbestos siding | 800 sf | X | | | | | | | |
| | | | | | | X | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Name of Registered Waste Hauler Guardian Contracting, Inc. | | NJDEP Waste Hauler ID No. 20223 | | Cubic Yards of Waste 2 | Name of Registered Landfill T.R.R.F. | | | | | | | | |
| City, State Toms River, New Jersey | | Disposal Date 5/20/13 | | City, State Tullytown, Pennsylvania | | | | | | | | | |
| Completed by (Print or Type) Nicholas Fernicola | | Title Project Manager | | Signature <i>Nicholas Fernicola</i> | | | Date 5/14/2013 | | | | | | |

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

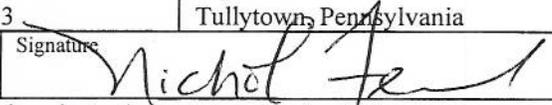
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

| | | | |
|--|---|---|---------------------------|
| Date of Notification (1) May 14, 2013 | | Name of Building Owner/Operator (2) CMV Contracting | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | Type of Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 222 Heron Road | |
| | | City, State, Zip Code Lavallette, NJ 08735 | |
| | | Name of Contact Dylan | Telephone Number _____ |

FACILITY INFORMATION

| | | | | | |
|---|--|--|---|---|--|
| Name of Facility Where Abatement is Taking Place (3) Residence | | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) | | |
| Street Address 120 West Marlin Way | | | Square feet 700 sf | | |
| City Toms River Twp. | County (6) Ocean | County Code (7) (STATE USE ONLY) | # of Floors 1 | Bldg. Age 60 | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | | ASCM No. | Name of Abatement Contractor (9) Guardian Contracting, Inc. | |
| Street Address | | | Street Address 1889 Route 9, Unit 61 | | |
| City, State, Zip Code | | | City, State, Zip Code Toms River, New Jersey 08755-1271 | | |
| Project Manager for Monitoring Firm | | Telephone Number | Telephone Number 732-349-9932 | License Number 00624 | |
| Scheduled Start Date (10) 5/15/13 | | Scheduled Completion Date (11) 5/16/13 | | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____ | | | Name of OSHA Monitor E.M.S.L. Analytical | | |
| | | | Street Address 1056 Stelton Road | | |
| | | | City, State, Zip Code Piscataway, New Jersey 08854 | | |
| Scope of Work (Check all that apply) | | | | | |
| <input type="checkbox"/> >3 sf or ≥3 lf | <input type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure | | | |
| <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | <input checked="" type="checkbox"/> Demolition | <input type="checkbox"/> Mini-Enclosure | | | |
| | | <input type="checkbox"/> Glovebag Procedure | | | |
| | | <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | |

| Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13) | Is Location Normally used Solely by Maintenance/Custodial Staff (12) | | | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|--|--|----|-----|--|---------------------------|---------------------------------|----------------------------|---|---|
| | YES | NO | N/A | | | R E M O V E L | R E P A I R | E N C A P S U L E | E N C L O S U R E |
| Exterior | | X | | Asbestos siding | 600 sf | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | | | |
|--|---|---|--|
| Name of Registered Waste Hauler Guardian Contracting, Inc. | NJDEP Waste Hauler ID No. 20223 | Cubic Yards of Waste 2 | Name of Registered Landfill T.R.R.F. |
| City, State Toms River, New Jersey | Disposal Date 1/17/13 | City, State Tullytown, Pennsylvania | |
| Completed by (Print or Type) Nicholas Femicola | Title Project Manager | Signature  | Date 5/14/2013 |

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

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

| | | | |
|--|--|---|---|
| Date of Notification (1) May 14, 2013 | | Name of Building Owner/Operator (2) Ocean Beach Property Management <i>u 21648</i> | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | Type of Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | Street Address P O Box 474 |
| | | | City, State, Zip Code Lavallette, NJ 08735 |
| | | Name of Contact Tom Costello | Telephone Number _____ |

FACILITY INFORMATION

| | | | | | |
|---|--|--|---|--|-------------------------|
| Name of Facility Where Abatement is Taking Place (3) Residence | | | Type of Facility (4) <input type="checkbox"/> School (k-12) <input type="checkbox"/> Subchapter 8 (other than k12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) | | |
| Street Address 3416 Seaview Road | | | Square feet 700 sf | | |
| City Ocean Beach III | | County (6) Ocean | County Code (7) (STATE USE ONLY) | # of Floors 1 | Bldg. Age 60 |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | | ASCM No. | Name of Abatement Contractor (9) Guardian Contracting, Inc. | |
| Street Address | | | Street Address 1889 Route 9, Unit 61 | | |
| City, State, Zip Code | | | City, State, Zip Code Toms River, New Jersey 08755-1271 | | |
| Project Manager for Monitoring Firm | | Telephone Number | | Telephone Number 732-349-9932 | License Number 00624 |
| Scheduled Start Date (10) 5/15/13 | | Scheduled Completion Date (11) 5/16/13 | | Name of OSHA Monitor E.M.S.L. Analytical | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____ | | | Street Address 1056 Stelton Road | | |
| | | | City, State, Zip Code Piscataway, New Jersey 08854 | | |
| Scope of Work (Check all that apply) | | | | | |
| <input type="checkbox"/> >3 sf or ≥3 lf | | <input type="checkbox"/> Renovation | | <input type="checkbox"/> Full Containment with Negative Pressure | |
| <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | <input checked="" type="checkbox"/> Demolition | | <input type="checkbox"/> Mini-Enclosure | |
| | | | | <input type="checkbox"/> Glovebag Procedure | |
| | | | | <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | |

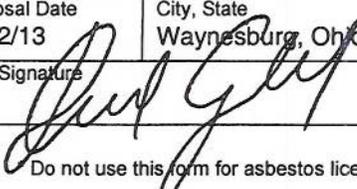
| Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13) | Is Location Normally used Solely by Maintenance/Custodial Staff (12) | | | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|--|--|----|-----|--|---------------------------|---------------------------------|----------------------------|---|---|
| | YES | NO | N/A | | | R E M O V E L | R E P A I R | E N C A P S U L E | E N C L O S U R E |
| Exterior | | X | | Asbestos siding | 600 sf | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | | | | | |
|---|--|------------------------------------|--|---|-------------------|
| Name of Registered Waste Hauler Guardian Contracting, Inc. | | NJDEP Waste Hauler ID No. 20223 | Cubic Yards of Waste 3 | Name of Registered Landfill T.R.R.F. | |
| City, State Toms River, New Jersey | | Disposal Date 5/17/13 | City, State Tullytown, Pennsylvania | | |
| Completed by (Print or Type) Nicholas Fericola | | Title Project Manager | Signature <i>Nicholas Fericola</i> | | Date 5/14/2013 |

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

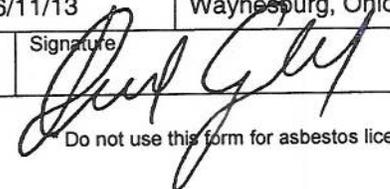
**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)**

CL# 2627

| | | | | | | | | | |
|--|---|---|--|---|---------------------------|----------------|--------|-------------|-----------|
| Date of Notification (1) 5/15/13 | | Name of Building Owner/Operator (2) Passaic Board of Education | | | | | | | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | Street Address 101 Passaic Avenue City, State, Zip Code Passaic, NJ 07055 Name of Contact Mr. Barry Stein Telephone Number _____ | | | | | | |
| | FACILITY INFORMATION | | | | | | | | |
| | Name of Facility Where Abatement is Taking Place (3) William B. Cruise School No. 11 Street Address 390 Gregory Avenue City (5) Passaic | | Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Square Feet 15,000 + # of Floors 2 Bldg. Age 50+ | | | | | | |
| County (6) Passaic | | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) School | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Ahera Consultants, Inc. Street Address P.O. Box 385 City, State, Zip Code Oceanville, NJ 08231 | | ASCM No. 0057 | Name of Abatement Contractor (9) Pyramid Contracting Corp. Street Address 163 Sargeant Avenue City, State, Zip Code Clifton, NJ 07013 | | | | | | |
| Project Manager for Monitoring Firm Mr. Eric Clarkson | | Telephone No. 609-652-1833 | Telephone No. 973-689-6281 | License No. 01099 | | | | | |
| Start Date (10) 06/03/13 | Scheduled Completion Date (11) 06/12/13 | | Name of OSHA Monitor J&S Environmental Laboratories LLC | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Occupied | | | Street Address 2333 Route 22 West City, State, Zip Code Union, NJ 07081 | | | | | | |
| Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 If <input checked="" type="checkbox"/> ≥160 sf or ≥260 If <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Boiler Room | X | | | Boiler Breech Exhaust Stack Ins. | 507 SF | X | | | |
| Boiler Room | X | | | Pipe & Fitting Insulation | 160 LF | X | | | |
| Storage Room adj. Boiler Room | X | | | Pipe & Fitting Insulation | 75 LF | X | | | |
| Name of Registered Waste Hauler Pyramid Contracting Corp. | | NJDEP Waste Hauler ID No. 17634 | Cubic Yards of Waste 5 | Name of Registered Landfill Minerva, Lanfill City, State Waynesburg, Ohio | | | | | |
| City, State Clifton, New Jersey | | Disposal Date 06/12/13 | Signature  | | | | | | |
| Completed by Dimo Golcev | | Title General Manger | Date 05/15/13 | | | | | | |

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

RECEIVED
MAY 17 AM 2:50
CL # 2626

| Date of Notification (1) 5/15/13 | | Name of Building Owner/Operator (2) Passaic Board of Education | | | | | | | |
|--|--|---|---|---|---------------------------|----------------|--------|-------------|-----------|
| Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | Street Address 101 Passaic Avenue | | Telephone Number _____ | | | | |
| | | | City, State, Zip Code Passaic, NJ 07055 | | | | | | |
| | | | Name of Contact Mr. Barry Stein | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Mario J. Drago School No. 3 | | | Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | |
| Street Address 155 Van Houten Avenue | | | Square Feet 15,000 + | # of Floors 2 | Bldg. Age 50+ | | | | |
| City (5) Passaic | | County (6) Passaic | | County Code (7) (STATE USE ONLY) _____ | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Ahera Consultants, Inc. | | ASCM No. 0057 | Name of Abatement Contractor (9) Pyramid Contracting Corp. | | | | | | |
| Street Address P.O. Box 385 | | | Street Address 163 Sargeant Avenue | | | | | | |
| City, State, Zip Code Oceanville, NJ 08231 | | | City, State, Zip Code Clifton, NJ 07013 | | | | | | |
| Project Manager for Monitoring Firm Mr. Eric Clarkson | | Telephone No. 609-652-1833 | Telephone No. 973-689-6281 | License No. 01099 | | | | | |
| Start Date (10) 06/03/13 | | Scheduled Completion Date (11) 06/11/13 | | Name of OSHA Monitor J&S Environmental Laboratories LLC | | | | | |
| Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Occupied</u> | | | Street Address 2333 Route 22 West | | | | | | |
| | | | City, State, Zip Code Union, NJ 07081 | | | | | | |
| Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | | | | | | | | |
| <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | | | | | | | | |
| <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Boiler Room | X | | | Boiler Breeching Exhaust Stack | 400 SF | X | | | |
| | | | | Insulation | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Pyramid Contracting Corp. | | NJDEP Waste Hauler ID No. 17634 | Cubic Yards of Waste 10 | Name of Registered Landfill Minerva, Lanfill | | | | | |
| City, State Clifton, New Jersey | | Disposal Date 06/11/13 | | City, State Waynesburg, Ohio | | | | | |
| Completed by Dimo Golcev | | Title General Manger | Signature  | | Date 05/15/13 | | | | |

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

CK # 2625

| | | | |
|--|--|---|---------------------------|
| Date of Notification (1) 5/15/13 | | Name of Building Owner/Operator (2) Passaic Board of Education | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 101 Passaic Avenue | |
| | | City, State, Zip Code Passaic, NJ 07055 | |
| | | Name of Contact Mr. Barry Stein | Telephone Number _____ |

| FACILITY INFORMATION | | | |
|--|---|---|------------------|
| Name of Facility Where Abatement is Taking Place (3) Casimir Pulaski School No. 8 | | Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | |
| Street Address 100 Fourth Street | | Square Feet 15,000 + | # of Floors 2 |
| City (5) Passaic | | Bldg. Age 50+ | |
| County (6) Passaic | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) School | |

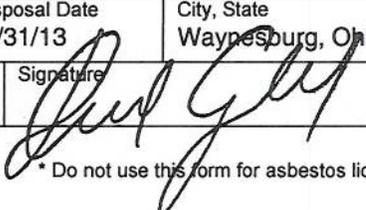
| | | | |
|--|-------------------------------|---|----------------------|
| Name of Monitoring Firm Hired by Building Owner (8) Ahera Consultants, Inc. | ASCM No. 0057 | Name of Abatement Contractor (9) Pyramid Contracting Corp. | |
| Street Address P.O. Box 385 | | Street Address 163 Sargeant Avenue | |
| City, State, Zip Code Oceanville, NJ 08231 | | City, State, Zip Code Clifton, NJ 07013 | |
| Project Manager for Monitoring Firm Mr. Eric Clarkson | Telephone No. 609-652-1833 | Telephone No. 973-689-6281 | License No. 01099 |

| | | | |
|--|--|--|--|
| Start Date (10) 05/28/13 | Scheduled Completion Date (11) 06/03/13 | Name of OSHA Monitor J&S Environmental Laboratories LLC | |
| Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Occupied</u> | | Street Address 2333 Route 22 West | |
| | | City, State, Zip Code Union, NJ 07081 | |

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 |
| <input checked="" 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-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 |
| Boiler Room | X | | | Boiler Rib Packing Insulation | 35 SF | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | | | |
|--|------------------------------------|---|---|
| Name of Registered Waste Hauler Pyramid Contracting Corp. | NJDEP Waste Hauler ID No. 17634 | Cubic Yards of Waste 10 | Name of Registered Landfill Minerva, Lanfill |
| City, State Clifton, New Jersey | | Disposal Date 05/31/13 | City, State Waynesburg, Ohio |
| Completed by Dimo Golcev | Title General Manger | Signature  | Date 05/15/13 |