### State of New Jersey
### NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:1-120-7)

**Date of Notification:** 05/22/12  
**Name of Building Owner/Operator:** Princeton University

### Agency Notified
- EPA  
- DEP  
- DCA  
- DOH

**Type Notification:** x Initial  
**Amended Notification:** Cancellation

**Name of Facility Where Abatement is Taking Place:** Nassau Hall - Basement

**Street Address:** Nassau Street  
**City:** Princeton  
**County Code:** (State Use Only)

**Name of Monitoring Firm Hired by Building Owner:** ASCM No.  
**Name of Abatement Contractor:** Associated Specialty Contracting

**Street Address:** 98 LaCrue Avenue  
**City, State, Zip Code:** Glen Mills, PA 19342

**Telephone Number:** 610-364-9622  
**Licence Number:** 1103

**Occupancy Status During Abatement:** Full Containment with Negative Pressure  
- Mini - Enclosure  
- Glovebox Procedure  
- Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement Outside mens-women's room</td>
<td>x floor tile</td>
<td>400</td>
<td>E</td>
</tr>
<tr>
<td>Basement Outside mens-women's room</td>
<td>x mastic</td>
<td>400</td>
<td>E</td>
</tr>
<tr>
<td>Basement mens-women's room</td>
<td>x pipe fittings</td>
<td>30</td>
<td>E</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:** NJDEP Waste Hauler ID No.

**Completed By (Print or Type):** Mark Goshaw  
**Name of Registered Landfill:** GROWS

**City, State:** Trenton, NJ  
**Disposal Date:** As needed  
**City, State:** Morrisville, PA

**Signature:** Mark Goshaw  
**Date:** 5-22-12

G4667
Date of Notification (1)  
**May 17, 2012**

Name of Building Owner/Operator (2)  
Richard and Arlene Eckhart

Street Address  
202 Kings Ave

City, State, Zip Code  
Haddon Twp., New Jersey 08108

Name of Contact  
Richard Eckhart

Current Use (Prior if being demolished)  
Resident

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

Street Address  
202 King Ave.

City (5)  
Haddon Twp.

County (6)  
Camden

County Code (7)  
(State USE ONLY)  

Name of Monitoring Firm Hired by Building Owner (8)  
Environmental Management Internation

ASCM No.  

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

Street Address  
14 Read Drive

City, State, Zip Code  
Sicklerville, N.J. 08081

Telephone No.  
(856)220-5369

License No.  
01158

Start Date (10)  
May 26, 2012

Scheduled Completion Date (11)  
May 30, 2012

Name of OSHA Monitor  
Graham-Tech Environmental Services LLC.

Street Address  
14 Read Drive

City, State, Zip Code  
Sicklerville, N.J. 08081

Scope of Work (Check All That Apply)  

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

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>x</td>
<td>50 LF of Duct Insulation</td>
<td>x</td>
<td></td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler  
American Disposal Systems

NUDEP Waste Hauler ID No. SW2069

Cubic Yards of Waste  

Name of Registered Landfill  
JP Mascaro-Pioneer Crossing

City, State  
P.O. Box 348, Lumberton

Disposal Date  
727n Red Lane Rd., Birdsboro

Completed by  
Willis Graham

Title  
Owner

Signature  

Date  
5/17/12

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

Date of Notification (1) 5/23/12

Name of Building Owner/Operator (2) EARTHTECH CONTRACTING

Agency Notified Type Notification
EPA ✔️
DEP
DOL
DOH
DCA

Street Address 155 Rt. 50
City, State, Zip Code GREENFIELD, N.J.
Name of Contact BRUCE BEREVIC

FACILITY INFORMATION

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

Square Feet

Current Use (Prior if being demolished) VACANT

County Code (7) (STATE USE ONLY)

License No.

Name of Abatement Contractor (9) KLEMCO INC.

Name of OSHA Monitor JOSEPH KLEMM

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

Start Date (10) 6/4/12
Scheduled Completion Date (11) 6/11/12

Scope of Work (Check all that apply)
23 sl or 23 II
2160 sf or 2260 II
Demolition

Yes No N/A

Location of Asbestos-Containing Material (ACM) TO BE ABATED
IN FACILITY (12)

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 (Specialty SF or LF)

Location of Registered Waste Hauler
KLEMCO INC.

Cubic Yards of Waste

Name of Registered Landfill

Complied By JOSEPH KLEMM

Signature

Date 5/23/12

Note: Do not use this form for asbestos licensure exempted activities.
**Date of Notification (1)**

May / 12 / 2012

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

Borough of Sayreville  Check# 4657

**Street Address**

167 Main Street

City, State, Zip Code

Sayreville, NJ 08872

**Name of Contact**

Joe Estock

**Telephone Number**


**FACILITY INFORMATION**

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

Sayreville Senior Center

**Street Address**

423 Main Street

City (5)

Sayreville

County (6)

Middlesex

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

Current Use (Prior if being demolished)

Senior Center

**Type of Facility (4)**

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

**Square Feet**

25,000

**# of Floors**

3

**Bldg. Age**

75

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

Environmental Tactics, Inc.

**ASCM No.**

[Blank]

**Name of Abatement Contractor (9)**

Shade Environmental, LLC

**Street Address**

47 S. Lippincott Ave.

City, State, Zip Code

Maple Shade, NJ 08052

**Telephone No.**

656-755-0099

**License No.**

00842

**Name of OSHA Monitor**

EMSL

**Street Address**

107 Haddon Ave

City, State, Zip Code

Westmont, New Jersey 08108

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

- [ ] ≥ 20 sq ft or ≥ 200 sq ft
- [ ] ≥ 160 sq ft or ≥ 260 sq ft
- [ ] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebox Procedure
- [ ] Non-Exempted (1) and Non-Fireable Procedure

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

- **IN Facility (13)**

- **Boiler Room**

- **Pipe Insulation**

- **Boiler Insulation**

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

  150 LF

  200 SF

**Freehold Waste Hauler**

Freehold Cartage

**City, State**

Mount Holly, NJ 08060

**Name of Registered Landfill**

Grows Landfill

**Cubic Yards of Waste**

**Name of Registered Landfill**

Grows Landfill

**Disposal Date**

**City, State**

Tullytown, PA

**Completed By (Print or Type)**

William Lynch

**Title**

Owner

**Signature**

[Signature]

**Date**

May 22, 2012

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

Date of Notification (1)
05/21/2012

Name of Building Owner/Operator (2)
Diane Gandara

Agencies Notified Type Notification

EPA Initial

DEP Amended

DOL Amendment #

DOH Emergency (including justification)

DCA Cancellation

Street Address
27 West First Street

City, State, Zip Code
Bayonne, New Jersey 07002

Name of Contact
Diane Gandara

Telephone Number

FACILITY INFORMATION

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

Street Address
27 West First Street

City (5)
Bayonne

County Code (7) (STATE USE ONLY)

County (6)
Hudson

Square Feet
8,000

# of Floors
4

Bldg. Age
80

Current Use (Prior if being demolished)
Residential

Name of Monitoring Firm Hired by Building Owner (6)
TBD

Name of Abatement Contractor (9)
Sky Contracting, LLC

ASCM No.

Street Address
1385 Valley Road, Suite K

City, State, Zip Code
Wayne, New Jersey 07470

Project Manager for Monitoring Firm

Telephone No.
(973) 928-5040

License No.
00874

Start Date (10)
06/01/2012

Scheduled Completion Date (11)
06/05/2012

Name of OSHA Monitor
Sky Contracting, LLC

Occupancy Status During Abatement (Check Only One)

Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours

Other – Describe: entire floor vacant where cleanup is taking place

Scope of Work (Check All That Apply)

× ≥ 3,000 sf or ≥ 3% if

× ≥100 sq ft or ≥ 260 if

Renovation

Demolition

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

In Facility (13)

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

Yes No N/A

Is Location

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

Amount (Specify SF or LF)

Abatement Type

Removal

Encapsulate

Enclose

Boiler insulation debris (cleanup)

3 SF

Location of Registered Waste Hauler Service Transport Group, Inc.

NUDEP Waste
Hauler ID No. 20990

Cubic Yards of Waste
1

Name of Registered Landfill
Minerva Enterprises, LLC

City, State
Waynesburg, Ohio

Disposal Date
TBD

Completed by
Predrag Sarcev

Title
Vice President

Signature

Date
05/21/2012

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

Date of Notification (1) 05/21/2012
Name of Building Owner/Operator (2) Diane Gandara

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

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

Street Address
27 West First Street
City, State, Zip Code
Bayonne, New Jersey 07002
Name of Contact
Diane Gandara

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Residential
Street Address
27 West First Street
City (5)
Bayonne
County (6)
Hudson
County Code (7) (STATE USE ONLY) ___________

Square Feet
8,000
# of Floors
4
Bldg. Age
80

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

Current Use (Prior if being demolished)
Residential

Name of Monitoring Firm Hired by Building Owner (8)
TBD
ASCM No.

Name of Abatement Contractor (9)
Sky Contracting, LLC
Street Address
1385 Valley Road, Suite K
City, State, Zip Code
Wayne, New Jersey 07470

Telephone No.
(973) 928-5040
License No.
00874

Project Manager for Monitoring Firm

Telephone No.

Name of OSHA Monitor
Sky Contracting, LLC
Street Address
1385 Valley Road, Suite K
City, State, Zip Code
Wayne, New Jersey 07470

Start Date (10)
06/01/2012
Scheduled Completion Date (11)
06/05/2012

Occuancy Status During Abatement (Check Only One)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other – Describe: entire floor vacant where cleanup is taking place

Scope of Work (Check All That Apply)
- ≥3 sf or ≥3 if
- ≥160 sf or ≥260 if
- Renovation
- Demolition

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

In Facility
(13)

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

Yes No N/A

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

Amount (Specify SF or LF)

Abatement Type

Yes: (Abatement Type)

Removal Repair Encapsulate Endorse

Name of Registered Waste Hauler
Service Transport Group, Inc.

NJDEP Waste Hauler ID No.
20990

Cubic Yards of Waste
1

Name of Registered Landfill
Minerva Enterprises, LLC

City, State
Waynesburg, Ohio

Disposal Date
TBD

Completed by
Predrag Sarcev
Title
Vice President

Signature Date
05/21/2012

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

(Conducted pursuant to NJAC 8:56-7 and 12:120-7)

**Date of Notification (1)**
5/23/12

**Name of Building Owner/Operator (2)**
Mr. Santangelo

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

**Type of Notification**
- [x] Initial Notification
- [ ] Amended Notification
- [ ] Cancellation

**Street Address**
2 Mary Ave.

**City, State, Zip Code**
Pine Brook, NJ 07058

**Name of Contact**
GC: Brian Starkey

**Telephone Number**

---

**FACILITY INFORMATION**

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

**Street Address**
2 Mary Ave.

**City (5)**
Pine Brook

**County (6)**
Morris

**County Code (7)**
07058

**Name of Monitoring Firm Hired by Building Owner**
N/A

**ASCM No.**

---

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

**Square Feet**
2000

**# of Floors**
2

**Bldg. Age**
50

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

---

**Name of Abatement Contractor (9)**
Jupiter Environmental Services, Inc.

**Street Address**
3 Lynn Court

**City, State, Zip Code**
Lincoln Park, NJ 07035

**Telephone Number**
973-709-0200

**License Number**
00852

**Name of OSHA Monitor**
J & S Environmental Laboratories, LLC

**Street Address**
2333 Route 22 West

**City, State, Zip Code**
Union, NJ 07083

---

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

- [x] Demolition
- [ ] ≥3 sf or ≥3 lf
- [x] ≥160 sf or ≥260 lf
- [ ] Renovation
- [ ] Full Containment with Negative Pressure
- [x] Mini – Enclosure
- [ ] Glovebag Procedure
- [x] Non – Friable Procedure

---

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

<table>
<thead>
<tr>
<th>Description of Asbestos – Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>550 SF</td>
</tr>
</tbody>
</table>

---

**Name of Registered Waste Hauler**
Jupiter Env. Svc.

**NJDEP Waste Hauler ID No.**
04783

**Cubic Yards Of Waste**
1

**Name of Registered Landfill**
Minerva Landfill

**Disposal Date**
6/15/12

**City, State**
Waynesburg, OH

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**Pane Repic**
General Manager

**Signature**

**Date**
5/23/12

---

ASB-41
JUN 55

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G4657
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1)    5/23/12

Name of Building Owner/Operator (2)    UMDNJ

Agencies Notified

[] EPA
[] DEP
[X] DOL
[X] DOH
[ ] DCA

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

Street Address
30 Bergen Street
City, State, Zip Code
Newark, NJ 07101

Name of Contact    Ron Fereno
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
UMDNJ - Medical Science Bldg.

Street Address
Bergen St/ South Orange Ave.

City (5)      Newark
County (6)      Essex
County Code (7)  (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner
Whitman Companies

ASCM No. 00110

Name of Abatement Contractor (9)
Jupiter Environmental Services, Inc.

Street Address
3 Lynn Court
City, State, Zip Code
Lincoln Park, NJ 07035

Telephone Number
732-390-5858

License Number
00852

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

Square Feet
20000

# of Floors
1

Bldg. Age
~ 70

Current Use
Prior if being demolished

Power plant

Occupancy Status During Abatement (Check only one)
[ ] Facility Closed/Vacated During Entire Period of Abatement
[ ] Abatement Performed Outside of Normal Facility Hours – Describe:
[ ] Other – Describe; partially vacated

Scope of Work (Check all that apply)
[ ] Demolition
[x] Renovation
[ ] Full Containment with Negative Pressure
[ ] Mini – Enclosure
[ ] Glovebag Procedure
[ ] Non – Frangible Procedure

Location of Asbestos – Containing Material (ACM)

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

Yes    No    N/A

First floor corridor    x    VAT

Amount
140 SF

Name of Registered Waste Hauler
Jupiter Environmental Services

NJDEP Waste Hauler ID No. 04782

Cubic Yards Of Waste
10

Name of Registered Landfill
Minerva Landfill

City, State
Lincoln Park, NJ

Disposal Date
6/15/12

City, State
Waynesburg, OH

Completed By (Print or Type)
Paine Repic

Title
General Manager

Signature

Date
5/23/12
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 25/02

Name of Building Owner/Operator (2) Mark Ligiks

Agencies Notified

☐ EPA ☐ DEP ☐ DOL ☐ DOH ☐ DCA

Type Notification

☐ Initial ☐ Amended ☐ Amendment # ☐ Emergency (Including justification)

Street Address
507 Drexel Ave

City, State, Zip Code
Ship Bottom NJ 08008

Name of Contact
Mark

Facility Information

Name of Facility Where Abatement is Taking Place (3)
Mark Ligiks

Street Address
2801 Long Beach Blvd

City (5)
Spray Beach NJ 08008

County (6)
Ocean

Current Use (Prior if being demolished)
Store

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

ASCM No.

Name of Abatement Contractor (9)
Pernaco Inc

Street Address
PO Box 329

City, State, Zip Code
West Berlin NJ 08091

Project Manager for Monitoring Firm

Telephone No.

License No.
00727

Start Date (10) 6/5/12

Scheduled Completion Date (11) 6/11/12

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

Scope of Work (Check All That Apply)

☐ ≥30 sf or ≥30 ft
☐ ≥150 sf or ≥260 ft
☐ Renovation
☐ Demolition
☐ ±Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

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

In Facility (13)

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

Yes No N/A

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

Amount (Specify SF or LF)

Abatement Type

Removal
Repair
Encapsulate
Enclose

Name of Registered Waste Hauler
Potts Excavating

NJDEP Waste Hauler ID No. 03744

Cubic Yards of Waste 20

Name of Registered Landfill
Tunnel Hill Landfill

City, State
Westcreek NJ

Disposal Date 6/11/12

Name of Registered Landfill
Tunnel Hill Landfill

City, State
New Lexington OH 43764

Completed by
Anthony T Perna

Title
President

Signature

Date 5/23/12

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>5/23/12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Rick Giberson</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Street Address</th>
<th>12 Creek Rd</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State, Zip Code</td>
<td>Delran NJ 08075</td>
</tr>
</tbody>
</table>

Name of Contact: Rick

**FACILITY INFORMATION**

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

Street Address: 12 Creek Rd

City (5): Delran NJ 08075

County (6): Burlington

<table>
<thead>
<tr>
<th>County Code (7)</th>
<th>Current Use (Prior if being demolished)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residence</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>ASCM No.</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pernaco Inc</td>
</tr>
</tbody>
</table>

Street Address: PO Box 329

City, State, Zip Code: West Berlin NJ 08091

Project Manager for Monitoring Firm: N/A

<table>
<thead>
<tr>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>856-753-9800</td>
<td>00727</td>
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</table>

Start Date (10): 6/5/12

<table>
<thead>
<tr>
<th>Scheduled Completion Date (11)</th>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/11/12</td>
<td>Pernaco Inc</td>
</tr>
</tbody>
</table>

Occupancy Status During Abatement (Check Only One): Facility Closed/Vacated During Entire Period of Abatement

Scope of Work (Check All That Apply):

- ≥23 sf or ≥23 If
- ≥160 sf or ≥280 If
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (1) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Exterior Siding</th>
<th>Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td>Yes</td>
<td>Exterior Siding</td>
<td>2000 SF</td>
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</table>

Name of Registered Waste Hauler: United Containers

<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>20</td>
<td>G.R.O.W.S.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/11/12</td>
<td>Morrisville PA 19067</td>
</tr>
</tbody>
</table>

Completed by: Anthony T Perna

Title: President

Signature: [Signature]

Date: 5/23/12

*Do not use this form for asbestos licensure exempted activities.*
### OCCUPATION INFORMATION
- **Name of Building Owner/Operator:** Rutgers, The State University of NJ
- **Street Address:** Environmental Health & Safety Dept.
  27 Road 1, Bldg 4086, Livingston Campus
- **City, State, Zip Code:** Piscataway, NJ 08854

### FACILITY INFORMATION
- **Name of Facility Where Abatement is Taking Place:** Nicholas Hall, Bldg# 8330
- **Street Address:** Douglass Campus
- **City:** New Brunswick
  **County:** Middlesex
- **Name of Monitoring Firm Hired by Bldg. Owner:** ASCM No.
  0098
- **Name of Contractor:** Greenwood Abatement Consultants, Inc.
- **Street Address:** 268 Main Street
- **City, State, Zip Code:** Butler, NJ 07405

### Project Manager
- **Name:** Brian Kearney
- **Telephone Number:** 609-386-8800

### Schedule of Activity
- **Scheduled Start Date:** 05/17/12
- **Scheduled Completion Date:** 06/21/12

### Scope of Work
- **Type of Facility:**
  - School (K-12)
  - Subchapter 8 (other than K-12)
  - Other (i.e. private & commercial buildings, homes, etc.)
- **Square Feet:** N/A
- **# of Floors:** 3
- **Bldg. Age:** 60+ years
- **Current Use (prior if being demolished):** Academic

### Location of Asbestos-Containing Material (ACM) in Facility
- **Location Normally Used Solely by Maint./Custodial Staff:** Yes
- **Location:** TSI - Pipe Insulation
- **Amount (Specify SF or LF):** 200 LF
- **Description of Asbestos Containing Material (ACM):** (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)
- **Abatement Type:** Full Containment with Negative Pressure

### Waste Management
- **Name of Registered Landfill:** G.R.O.W.S. North Landfill
- **Cubic Yards of Waste:** 25 CY
- **Disposal Date:** 06/21/2012
- **Hauler 1:** Greenwood Abatement Consultants, Inc.
  - Butler, NJ 07405
  - NJ DEP # 12561
- **Hauler 2:** Newark Carting, Inc.
  - Newark, NJ 07108
  - NJ DEP # 4509

### Completed by
- **Name:** Raymond C. Pedalino
  **Title:** Senior Project Manager

---

Copies To: Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney
State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-12
Client Project #

Date of Notification (1): May 10, 2012

Agencies Notified:
• EPA
• IDCA
• DOL
• DEP: No Longer REQUIRED
• DOH

Notification Type:
• Initial Notification
• Amended Notification - #1 - new start & completion dates
• Emergency (including justification)
• Cancelled

Name of Building Owner/Operator (2):
RUTGERS, THE STATE UNIVERSITY OF NJ

Street Address:
ENVIRONMENTAL HEALTH & SAFETY DEPT.
27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS

City, State, Zip Code:
PISCATAWAY, NJ 08854

Name of Contact:
MICHAEL SMITH, ENV.
HEALTH & SAFETY

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):
NICHOLAS HALL, BLDG# 8330

Street Address:
DOUGLASS CAMPUS

City (5):
NEW BRUNSWICK
County (6):
middlesex
County Code (7): [State Use Only]

Name of Monitoring Firm hired by Bldg. Owner (8):
ATC ASSOCIATES

ASCM No.:
0098

Type of Facility (4):

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

Sq. Feet: N/A
# of Floors: 3
Bldg. Age: 60+ years

Current Use (prior to being demolished):
ACADEMIC

Name of Contractor (9):
GREENWOOD ABATEMENT CONSULTANTS, INC.

Street Address:
268 MAIN STREET

City, State, Zip Code:
BURLINGTON, NJ 08016

Project Manager for Monitoring Firm:
BRIAN KEARNY

Telephone Number:
609-386-0800

Scheduled Start Date (10):
05/21/12

Scheduled Completion Date (11):
05/29/12

Occupancy Status During Abatement (Check only one):

• Facility Closed/Vacated During Entire Period of Abatement
• Abatement Performed Outside of Normal Facility Hours - Describe
• Other - Describe: 3PM (Mon 5/21) - 5AM (Tues 5/29) -
  24 Hrs. As Necessary

Scope of Work (Check all that apply):

• ≥ 3 sf or ≥ 3 if
• ≥ 160 sf or ≥ 260
• Renovation
• Demolition

Location of Asbestos-Containing Material (ACM) in Facility (13):
Is Location Normally Used Solely by Maint./Custodial Staff? (12):
YES NO NA

Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing,
WAF, or other miscell.)

Amount (Specify SF or LF):

Abatement Type:

• Full Containment with Negative Pressure
• Mini-Enclosure
• Glovebag Procedure / Wrap & Cut
• Non-Exempted (*) and Non-Frisable Procedure

RESTITUTION:

Name of Reop. Waste Hauler:
See Hauler Below #1 & 2

NJDEP Waste Hauler ID:
See Below

Cubic Yards of Waste:
25 CY

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

Disposal Date:
05/29/2012

City, State:
100 New Ford Mill Rd., Morrisville, PA 19067
215-736-1700

Completed by (Print or Type):
RAYMOND C. PEDALINO
Title: SENIOR PROJECT MANAGER

Signature:
Date:
May 10, 2012

Copies To: Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney
State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-12
Client Project #

Date of Notification (1) May 22, 2012

Agencies Notified
☒ EPA
☒ IDCA
☒ DOL
☒ DEP- No Longer REQUIRED
☒ DOH

Notification Type
☐ Initial Notification
☒ Amended Notification #2
☐ additional material, change of procedure & new completion date
☐ Emergency (including justification)
☐ Cancelled

Name of Building Owner/Operator (2)
RUTGERS, THE STATE UNIVERSITY OF NJ

Street Address
ENVIRONMENTAL HEALTH & SAFETY DEPT.
27 ROAD 1, BLDG 4086; LIVINGSTON CAMPUS

City, State, Zip Code
PISCATAWAY, NJ 08854

Name of Contact
MICHAEL SMITH, ENV.
HEALTH & SAFETY

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
NICHOLAS HALL, BLDG# 8330

Street Address
DOUGLASS CAMPUS

City (4)
NEW BRUNSWICK

County (6)
MIDDLESEX

County Code (7)

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

Sq. Feet:
N/A

# of Floors:
3

Bldg. Age:
60+ years

Current Use (print if being demolished):
ACADEMIC

Name of Contractor (8)
GREENWOOD ABATEMENT CONSULTANTS, INC.

Street Address
268 MAIN STREET

City State, ZipCode
BUTLER, NJ 07405

Telephone Number
973-492-0477

License Number
00840

Name of OSHA Monitor
ENVIROVISION, INC.

Street Address
20-21 WARGAROW ROAD

City, State, Zip Code
FAIRLAWN, NJ

Occupancy Status During Abatement (Check only one)
☒ Facility Closed/Vacated During Entire Period of Abatement
☒ Abatement Performed Outside of Normal Facility Hours -
Describe:
Schedule: 3PM - 5AM (24 HOURS AS NEEDED)

Scope of Work (Check all that apply)
☐ > 3 sf or ≥ 3 if ≥ 160 sf or ≥ 260

☐ Renovation
☐ Demolition

Location of Asbestos-Containing Material (ACM) in Facility (13)
Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA

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

Amount (Specify SF of LF)

Abatement Type
Remove, Repair, Encap. Enclose

RESTROOMS
☒

TSI - PIPE INSULATION
200 LF

REMOVAL OF 4000 SQ FT OF ASBESTOS BOUNDARY WALL

RESTROOMS
☒

FLOORING/VAPOR BARRIER 4200 SF

Name of Reg. Waste Hauler
See Hauler Below #1 & 2

NJDEP Waste Hauler ID # 12561

Cubic Yards of Waste:
25 CY

Disposal Date
06/04/2012

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

Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405
NJDEP # 12561

Hauler #2) Newark Carting Inc., Newark, NJ 04509
NJ DEP # 4509

Completed by (Print or Type)
RAYMOND C. PEDALINO
Title
SENIOR PROJECT MANAGER
Signature

Date
May 22, 2012

Copies To: Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

MO# 19807845840

Date of Notification (1) 05/23/2012

Agency Notified
☐ EPA
☐ DEP
☒ DOL
☐ DOH
☐ DCA
Type Notification
☒ Initial
☐ Amended
☐ Amendment #
☐ Emergency (including justification)
☐ Cancellation

Street Address
42 Princeton Street
City, State, Zip Code
Maplewood, NJ 07040
Name of Contact
Luzvimindo Puaizo
Telephone Number

Name of Facility Where Abatement is Taking Place (3)
Private Home
Street Address
42 Princeton Street
City
Maplewood, NJ 07040
County
Essex

ESSEX

Name of Monitoring Firm Hired by Building Owner (6)
ASCM No.

Name of Abatement Contractor (9)
Gr Tech LLC
Street Address
576 Valley Rd #283
City, State, Zip Code
Wayne, NJ 07470
Telephone No.
973-638-1777
License No.
01127
Name of OSHA Monitor
Envirovision Consultants, Inc
Street Address
20-21 Wagorum Road, Bldg. # 34A
City, State, Zip Code
Fair Lawn, NJ 07410

Occuancy Status During Abatement (Check only one)
☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other -

Scope of Work (Check all that apply)
☒ >3 sf or >3 if
☐ ≥100 sf or ≥260 if
☒ Renovation
☐ Demolition

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

Yes No N/A

Basement
Pipe insulation
75 LF

Location of Registered Waste Hauler
NJ DEP Waste Hauler
ID No.
Name of Registered Landfill
Gr Tech LLC
0033785
T.R.R.F. Inc

Disposal Date
City, State
Tullytown, PA
Completed by
N.Jevic
Owner

Date
05/23/2012

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
<th>Agencies Notified</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>2/4/20</td>
<td>Ekelis Inc.</td>
<td>□ EPA</td>
<td>Initial</td>
</tr>
<tr>
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<td></td>
<td>□ DEP</td>
<td>Amended Amendment #</td>
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<td>□ DOL</td>
<td>Emergency (including justification)</td>
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<td></td>
<td></td>
<td>□ DOH</td>
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</tr>
<tr>
<td></td>
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<td>□ DCA</td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

**Facility Information**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ekelis Inc.</td>
<td>□ School (K-12)</td>
</tr>
<tr>
<td></td>
<td>□ Subchapter 8 (Other than K-12)</td>
</tr>
<tr>
<td></td>
<td>□ Other (i.e., private &amp; commercial buildings, homes, etc.)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (5)</th>
<th>ASCM No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Affiliated Environmental Serv NJ Inc.</td>
<td></td>
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</table>

**Monitoring Firm**

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (6)</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bxeal Vexitas</td>
<td>2925 Field Crest Rd, Hackensack, NJ 07601</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doreen Gaynor</td>
<td>973.228.6196</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (7)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/4/12</td>
<td>6/10/12</td>
</tr>
</tbody>
</table>

**Occupancy Status During Abatement**

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

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

- 25 sf or 50 sf
- 50 sf or 100 sf

**Location of Asbestos-Containing Material (ACM)**

<table>
<thead>
<tr>
<th>Location</th>
<th>Normal Location</th>
<th>Description of Asbestos Containing Material (ACM)</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Fl. Aisle 60+</td>
<td>Yes</td>
<td>Yes</td>
<td>16 sq</td>
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<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJDEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Global Waste Industries</td>
<td>87-01-1701</td>
<td></td>
<td>Commerce Enterprises</td>
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<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hackensack, NJ 07601</td>
<td>6/10/12</td>
<td>Lodi, NJ 07644</td>
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**Completed by**

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Office Administrator</td>
<td></td>
</tr>
</tbody>
</table>
| **State of New Jersey - Notification of Asbestos Abatement**
| **(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)**
| **GAC Project # 060-11**
| **Client Project #**
| **Date of Notification (1)** | **May 10, 2012**
| **Name of Building Owner/Operator (2)** | **RUTGERS, THE STATE UNIVERSITY OF NJ**
| **Street Address** | **ENVIRONMENTAL HEALTH & SAFETY DEPT.
27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS**
| **City, State, Zip Code** | **PISCATAWAY, NJ 08854**
| **Name of Contact** | **MICHAEL SMITH, ENV. HEALTH & SAFETY**
| **Facility Information**
| **Name of Facility Where Abatement is Taking Place (3)** | **OLSON HALL, BLDG# 7229**
| **Street Address** | **NEWARK CAMPUS**
| **City (5)** | **NEWARK**
| **County (6)** | **ESSEX**
| **County Code (7)** | **0098**
| **Name of Monitoring Firm Hired by Bldg. Owner (6)** | **ATC ASSOCIATES**
| **ASCM No.** | **0098**
| **Name of Contractor (9)** | **GREENWOOD ABATEMENT CONSULTANTS, INC.**
| **Street Address** | **268 MAIN STREET**
| **City, State, Zip Code** | **BURLINGTON, NJ 08016**
| **Telephone Number** | **609-386-8800**
| **License Number** | **00840**
| **Project Manager for Monitoring Firm** | **BRIAN KEARNY**
| **Scheduled Start Date (10)** | **05/23/12**
| **Scheduled Completion Date (11)** | **05/24/12**
| **Occupancy Status During Abatement (Check only one)**
| **Facility Closed/Vacated During Entire Period of Abatement**
| **Abatement Performed Outside of Normal Facility Hours - Describe**
| **Other - Describe: 5PM - 5AM**
| **Scope of Work (Check all that apply)**
| **≥ 3 sf or ≥ 3 ft**
| **≥ 160 sf or ≥ 260**
| **Renovation**
| **Demolition**
| **Location of Asbestos-Containing Material (ACM) in Facility (13)**
| **Is Location Normal Use Solely by Maint./Custodial Staff? (12)**
| **YES**
| **NO**
| **NA**
| **Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VLT, or other miscellaneous)**
| **Amount (Specify SF or LF)**
| **Abatement Type**
| **Full Containment with Negative Pressure**
| **Mini-Enclosure**
| **Glovebag Procedure**
| **Non-Exempted (*) and Non-Friable Procedure**
| **Room 101**
| **TSI - Pipe Insulation**
| **Cubic Yards of Waste:** | **5 CY**
| **Name of Registered Landfill** | **G.R.O.W.S. North Landfill**
| **Disposal Date** | **05/24/2012**
| **City, State** | **100 New Ford Mill Rd. Morrisville, PA 19067**
| **Hauler #1): Greenwood Abatement Consultants, Inc. - Butler, NJ 07405**
| **Hauler #2): Newark Carting, Inc., Newark, NJ 07102**
| **NJ DEP #: 12561**
| **NJ DEP #: 4509**
| **Completed by (Print or Type)**
| **RAYMOND C. PEDALINO**
| **Title** | **SENIOR PROJECT MANAGER**
| **Signature** | **[Signature]**
| **Date** | **May 10, 2012**

Copies To: Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney
# State of New Jersey - Notification of Asbestos Abatement

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

<table>
<thead>
<tr>
<th>GAC Project #</th>
<th>060-11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client Project #</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>May 23, 2012</th>
</tr>
</thead>
</table>

| Agencies Notified | □ EPA  
□ DCA  
□ DOL  
□ DEP- No Longer REQUIRED  
□ DOH |
|-------------------|-------------|

| Notification Type | □ Initial Notification  
□ Amended Notification #1  
□ New start & completion dates  
□ Emergency (including justification)  
□ Cancelled |
|-----------------|-------------|

<table>
<thead>
<tr>
<th>Name of Building Owner/Operator (2)</th>
<th>RUTGERS, THE STATE UNIVERSITY OF NJ</th>
</tr>
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</table>

| Street Address | ENVIRONMENTAL HEALTH & SAFETY DEPT.  
27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS |
|----------------|--------------------------------------|

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>PISCATAWAY, NJ 08854</th>
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<table>
<thead>
<tr>
<th>Name of Contact</th>
<th>MICHAEL SMITH, ENV. HEALTH &amp; SAFETY</th>
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<th>FACILITY INFORMATION</th>
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<th>OLSON HALL, BLDG# 7229</th>
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<tr>
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<tr>
<th>City (5)</th>
<th>COUNTY (6)</th>
<th>COUNTY CODE (7)</th>
</tr>
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<tbody>
<tr>
<td>NEWARK</td>
<td>ESSEX</td>
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<th>ASCM No.</th>
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<tr>
<th>Name of Contractor (9)</th>
<th>GREENWOOD ABATEMENT CONSULTANTS, INC.</th>
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<tr>
<th>Street Address</th>
<th>268 MAIN STREET</th>
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</thead>
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<tr>
<th>City, State, Zip Code</th>
<th>BUTLER, NJ 07405</th>
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<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>BRIAN KEARNY</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Telephone Number</th>
<th>609-386-8800</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Scheduled Start Date (10)</th>
<th>06/04/12</th>
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</table>

<table>
<thead>
<tr>
<th>Scheduled Completion Date (11)</th>
<th>06/05/12</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Facility Closed/Vacated During Entire Period of Abatement</td>
<td></td>
</tr>
<tr>
<td>□ Abatement Performed Outside of Normal Facility Hours - Describe</td>
<td></td>
</tr>
<tr>
<td>□ Other – Describe: 5PM - 5AM</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>□ ≥ 3 sf or ≥ 3 lfi</td>
<td></td>
</tr>
<tr>
<td>□ ≥ 160 sf or ≥ 260 lfi</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Renovation</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Demolition</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) in Facility (13)</th>
<th>Is Location Normally Used Solely for Maint./Custodial Staff? (12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td></td>
</tr>
<tr>
<td>NO</td>
<td></td>
</tr>
<tr>
<td>NA</td>
<td></td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
<th></th>
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</table>

<table>
<thead>
<tr>
<th>Abatement Type</th>
<th></th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Room TSI - Pipe Insulation</th>
<th>&lt;9 LF</th>
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</table>

<table>
<thead>
<tr>
<th>Room 101</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Reg. Waste Hauler</th>
<th>See Hauler Below #1 &amp; 2</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>See Hauler Below</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of NJ DEP Waste Hauler</th>
<th>ID #</th>
</tr>
</thead>
</table>

| Hauler #1: Greenwood Abatement Consultants, Inc. – Butler, NJ 07405  
NJ DEP # 12561 |
|------------------|

| Hauler #2: Newark Carting, Inc., Newark, NJ 07109  
NJ DEP # 4509 |
|------------------|

<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
<th>5 CY</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
<th>G.R.O.W.S. North Landfill</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>06/05/2012</th>
</tr>
</thead>
</table>

| City, State | 100 New Ford Mill Rd, Morrisville, PA 19067  
215-736-1700 |
|-------------|----------------|

<table>
<thead>
<tr>
<th>Completed by (Print or Type)</th>
<th>RAYMOND C. PEDALINO</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Title</th>
<th>SENIOR PROJECT MANAGER</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
<th>May 23, 2012</th>
</tr>
</thead>
</table>

Copies To: Rutgers, REHS, Attn: Mike Smith  
and ATC, Attn: Brian Kearney
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:69 and 12:120)

**State of New Jersey**

**Date of Notification (1)**
5/23/12

**Name of Building Owner/Operator (2)**
H. Carlos Alex Jesus

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DEP</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOL</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>DOH</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DCA</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Street Address**
142 Ridge Rd

**City, State, Zip Code**
North Arlington, N.J. 07031

**Square Feet**
2,000

**Current Use (Prior to being demolished)**
Resident

**Facility Information**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Current Use (Prior to being demolished)</th>
</tr>
</thead>
<tbody>
<tr>
<td>142 Ridge Rd</td>
<td>Resident</td>
</tr>
</tbody>
</table>

**Name of Abatement Contractor (8)**
Novatech 11X

**Name of Monitoring Firm Hired by Building Owner (8)**
Novatech 11X

**Project Manager for Monitoring Firm**

**Telephone No.**
432-232-2700

**License No.**
001306

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

**Scope of Work (Check all that apply)**
- Asbestos-containing Material
- Asbestos Containing Material (ACM)
- To Be Abated
- In Facility
- Yes

**Location of Asbestos-Containing Material (ACM)**

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</th>
<th>Used Solely by Maintenance/Custodial Staff (12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>X</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>FiXATION</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Handler**
Novatech 11X

**Cubic Yards of Waste**
5

**Name of Registered Landfill**
G. Rowe

**Abatement Type**

<table>
<thead>
<tr>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reutilization</td>
</tr>
</tbody>
</table>

**Compliance Date**
5/23/12

*Do not use this form for asbestos license exempted activities.
NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

x. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED

xi. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:

Prior to removal, the work area around the building will be roped off with caution tape and warning signs. Plastic sheeting will be placed on the ground below and the asbestos will be removed by non-fiberized procedures. All waste will be placed in double 6 mil. Bag, sealed and labeled and placed in a locked container for disposal.

xii. WASTE TRANSPORTER #1 Name: Guardian Contracting, Inc.
Address: 1889 Route 9, Unit 61
City: Toms River State: New Jersey Zip: 08755
Contact Person: Nicholas Fernicola
WASTE TRANSPORTER #2 Name:
Address:
City: State: Zip:
Contact Person:

xiii. WASTE DISPOSAL SITE Name: T.R.R.F.
Location: Bordentown Road
City: Tullytown State: Pennsylvania Zip: 19007
Telephone: 215-943-9732 Permit #: 101494

xiv. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW AND ATTACH COPY OF ORDER
Name: Title:
Authority:
Date of Order (MM/DD/YY): Date Ordered to Begin (MM/DD/YY):

xv. FOR EMERGENCY RENOVATIONS
Date and Hour of Emergency (MM/DD/YY):
Description of the Sudden, Unexpected Event:
Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden

xvi. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLING, PULVERIZED, OR REDUCED TO POWDER

xvii. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required after November 20, 1991)

Nicholas Fernicola / Project Manager
(Printed Name/Title) (Signature of Owner/Operator) May 22, 2012 (Date)

xviii. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

Nicholas Fernicola / Project Manager
(Printed Name/Title) (Signature of Owner/Operator) May 22, 2012 (Date)
DEMOLITION / RENOVATION NOTIFICATION

<table>
<thead>
<tr>
<th>Operator Project #:</th>
<th>Postmark:</th>
<th>Notification:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TYPE OF NOTIFICATION (O- Original R- Revised C- Cancelled):</th>
<th>IS ASBESTOS PRESENT? (Yes/No):</th>
</tr>
</thead>
<tbody>
<tr>
<td>O</td>
<td>Y</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FACILITY INFORMATION (identify owner, removal contractor and other operator)</th>
</tr>
</thead>
<tbody>
<tr>
<td>OWNER NAME: John Thompson</td>
</tr>
<tr>
<td>Address: 9 Old Farm Road</td>
</tr>
<tr>
<td>City: Cedar Knolls State: New Jersey Zip: 07927</td>
</tr>
<tr>
<td>Contact: John Thompson Tel:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>REMOVAL CONTRACTOR: Guardian Contracting, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address: 1889 Route 9, Unit 61</td>
</tr>
<tr>
<td>City: Toms River State: New Jersey Zip: 08755</td>
</tr>
<tr>
<td>Contact: Nicholas Fericola Tel: 732-349-9932</td>
</tr>
<tr>
<td>NJ License: 00624</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OTHER OPERATOR (if different)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
</tr>
<tr>
<td>City:</td>
</tr>
<tr>
<td>State:</td>
</tr>
<tr>
<td>Zip:</td>
</tr>
<tr>
<td>Contact:</td>
</tr>
<tr>
<td>Tel:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TYPE OF OPERATION (D- Demo O- Ordered Demo R- Renovation E- Emergency Renovation):</th>
</tr>
</thead>
<tbody>
<tr>
<td>D</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FACILITY DESCRIPTION (Including building name, number and floor or room number)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Building Name: Residence</td>
</tr>
<tr>
<td>Address: 21 Orchard Place</td>
</tr>
<tr>
<td>City: Cedar Knolls State: New Jersey County: Morris</td>
</tr>
<tr>
<td>Site Location: Exterior &amp; basement</td>
</tr>
<tr>
<td>Building Size: 2000 sf # of Floors: 2 Age in Years: 60</td>
</tr>
<tr>
<td>Present Use: Residence Prior Use: Residence</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>IS MATERIAL ASSUMED TO BE ASBESTOS?</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Regulated ACM to be removed</td>
</tr>
<tr>
<td>2. Category IA ACM not removed</td>
</tr>
<tr>
<td>3. Category IB ACM not removed</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>RACM To Be Removed</th>
<th>LOCATION</th>
<th>Nonfriable Asbestos Material Not To Be Removed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asbestos pipe insulation</td>
<td>Basement</td>
<td>Cat 1</td>
</tr>
<tr>
<td>Asbestos siding</td>
<td>Exterior</td>
<td>Cat 1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SCHEDULE DATES ASBESTOS REMOVAL (MM/DD/YYYY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Start: 6/11/12 Complete: 6/13/12</td>
</tr>
</tbody>
</table>
State of New Jersey  

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

Date of Notification (1)  5/22/2012  

Name of Building Owner/Operator (2)  John Thompson

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

Street Address  21 Orchard Place

City  Cedar Knolls  County (6)  Morris

Square feet  2000 sf  # of Floors  2  Bldg. Age  60

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

Type of Facility (4)  [ ] School (k-12)  [ ] Subchapter 8 (other than k12)  [X] Other (i.e., private & commercial buildings, homes, etc.)

Name of Abatement Contractor (9)  Guardian Contracting, Inc.

Street Address  1889 Route 9, Unit 61

City, State, Zip Code  Toms River, New Jersey 08755-1271

Telephone Number  732-349-9932

License Number  00624

Name of OSHA Monitor  E.M.S.L. Analytical

Street Address  1056 Stelton Road

City, State, Zip Code  Piscataway, New Jersey 08854

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

Scope of Work (Check all that apply)  
[X] >3 sf or ≥3 Lf  [X] Demolition
[X] ≥160 sf or ≥260 Lf  [X] Renovation

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally used Solely by Maintenance/Custodial Staff (12)</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or Lf)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exterior</td>
<td>X YES NO N/A</td>
<td>Asbestos siding</td>
<td>1400 sf</td>
<td>X</td>
</tr>
<tr>
<td>Basement</td>
<td>X</td>
<td>Asbestos pipe insulation</td>
<td>20 Lf</td>
<td></td>
</tr>
</tbody>
</table>
NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

x. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED

xi. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:

Prior to removal, the work area around the building will be roped off with caution tape and warning signs. Plastic sheeting will be placed on the ground below and the asbestos will be removed by non-ferox procedures. All waste will be placed in double 6 mil. bags, sealed and labeled and placed in a locked container for disposal.

xii. WASTE TRANSPORTER #1 Name: Guardian Contracting, Inc.

Address: 1889 Route 9, Unit 61

City: Toms River State: New Jersey Zip: 08755

Contact Person: Nicholas Fernicola

WASTE TRANSPORTER #2 Name:

Address:

City: State: Zip:

Contact Person:

xiii. WASTE DISPOSAL SITE Name: T.R.R.F.

Location: Bordentown Road

City: Tullytown State: Pennsylvania Zip: 19007

Telephone: 215-943-9732 Permit #: 101494

xiv. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW AND ATTACH COPY OF ORDER

Name:

Authority:

Date of Order (MM/DD/YY):

Date Ordered to Begin (MM/DD/YY):

xv. FOR EMERGENCY RENOVATIONS

Date and Hour of Emergency (MM/DD/YY):

Description of the Sudden, Unexpected Event:

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden

xvi. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER

xvii. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BESITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required after November 20, 1991)

Nicholas Fernicola / Project Manager
(Printed Name/Title) [Signature of Owner/Operator] May 22, 2012 (Date)

xviii. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

Nicholas Fernicola / Project Manager
(Printed Name/Title) [Signature of Owner/Operator] May 22, 2012 (Date)
## DEMOLITION / RENovation NOTIFICATION

<table>
<thead>
<tr>
<th>Operator Project #</th>
<th>Postmark</th>
<th>Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. TYPE OF NOTIFICATION (O - Original  R - Revised  C - Cancelled):</td>
<td>O</td>
<td></td>
</tr>
<tr>
<td>II. IS ASBESTOS PRESENT? (Yes/No):</td>
<td>Y</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>III. FACILITY INFORMATION (identify owner, removal contractor and other operator)</th>
</tr>
</thead>
<tbody>
<tr>
<td>OWNER NAME: Garden State Modular Homes, LLC</td>
</tr>
<tr>
<td>Address: P O Box 96</td>
</tr>
<tr>
<td>City: Lavallette</td>
</tr>
<tr>
<td>Contact:</td>
</tr>
<tr>
<td>REMOVAL CONTRACTOR: Guardian Contracting, Inc.</td>
</tr>
<tr>
<td>Address: 1889 Route 9, Unit 61</td>
</tr>
<tr>
<td>City: Toms River</td>
</tr>
<tr>
<td>Contact: Nicholas Ferrincola</td>
</tr>
<tr>
<td>OTHER OPERATOR (if different)</td>
</tr>
<tr>
<td>Address:</td>
</tr>
<tr>
<td>City:</td>
</tr>
<tr>
<td>Contact:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>IV. TYPE OF OPERATION (D - Demo  O - Ordered Demo  R - Renovation  E - Emergency Renovation):</th>
</tr>
</thead>
<tbody>
<tr>
<td>D</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>V. FACILITY DESCRIPTION (Including building name, number and floor or room number)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Building Name: Residence</td>
</tr>
<tr>
<td>Address: 210 12th Avenue</td>
</tr>
<tr>
<td>City: Seaside Park</td>
</tr>
<tr>
<td>Site Location: exterior</td>
</tr>
<tr>
<td>Building Size: 1200 sf</td>
</tr>
<tr>
<td>Present Use: Residence</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Regulated ACM to be removed</td>
</tr>
<tr>
<td>2. Category I ACM not removed</td>
</tr>
<tr>
<td>3. Category II ACM not removed</td>
</tr>
<tr>
<td>RACM To Be Removed:</td>
</tr>
<tr>
<td>LOCATION</td>
</tr>
<tr>
<td>Non-friable Asbestos Material Not To Be Removed</td>
</tr>
<tr>
<td>Cat I</td>
</tr>
<tr>
<td>Pipes (Linear feet):</td>
</tr>
<tr>
<td>Surface Area (Square feet):</td>
</tr>
<tr>
<td>RACM Off Facility Component (Cubic feet):</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>VIII. SCHEDULE DATES ASBESTOS REMOVAL (MM/DD/YY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Start:</td>
</tr>
</tbody>
</table>
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)  May 22, 2012

Agencies Notified
[ ] EPA  [ ] Initial Notification
[ ] DEP  [ ] Amended Notification
[ ] DOI.  [ ] Emergency (including justification)
[ ] DOH  [ ] Cancellation

Name of Building Owner/Operator (2)  Garden State Modular Homes, LLC

Street Address  P O Box 96

City, State, Zip Code  Lavallette, NJ 08735

Name of Contact

Telephone Number

FACILITY INFORMATION

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

Street Address  210 12th Avenue

City  Seaside Park
County  Ocean

County Code (7)  (STATE USE ONLY)

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

Name of Asbestos Abatement Contractor (9)  Guardian Contracting, Inc.

Street Address  1889 Route 9, Unit 61

City, State, Zip Code  Toms River, New Jersey 08755-1271

Project Manager for Monitoring Firm

Telephone Number

Scheduled Start Date (10)  6/04/12

Scheduled Completion Date (11)  6/05/12

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

Scope of Work (Check all that apply)
[ ] >3 s.f. or >3 l.f.
[ ] ≥160 s.f. or ≥260 l.f.
[ ] Demolition
[ ] Renovation

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

Exterior  X  Asbestos siding  1000 sf  X

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 L.F.)

Abatement Type

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

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  6/06/12

City, State, Zip Code  Tullytown, Pennsylvania

Completed by (Print or Type)
Nicholas Fernicola  Title  Project Manager

Signature

Date  5/22/2012

*Do not use this form for asbestos licensure exempted activities.
NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

x. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED

xi. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:

Prior to removal, the work area around the building will be roped off with caution tape and warning signs. Plastic sheeting will be placed on the ground below and the asbestos will be removed by non-friable procedures. All waste will be placed in double 6 mil bags, sealed and labeled and placed in locked container for disposal.

xii. WASTE TRANSPORTER #1 Name: Guardian Contracting, Inc.
Address: 1889 Route 9, Unit 61
City: Toms River State: New Jersey Zip: 08755
Contact Person: Nicholas Fernicola

xiii. WASTE TRANSPORTER #2 Name:
Address:
City: State: Zip:
Contact Person:

xiv. WASTE DISPOSAL SITE Name: T.R.R.F.
Location: Bordentown Road
City: Tullytown State: Pennsylvania Zip: 19007
Telephone: 215-943-9732 Permit #: 101494

xv. IF DEMOLITION ORDERED BY GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW AND ATTACH COPY OF ORDER
Name: Title:
Authority:
Date of Order (MM/DD/YY): Date Ordered to Begin (MM/DD/YY):

xvi. FOR EMERGENCY RENOVATIONS
Date and Time of Emergency (MM/DD/YY):
Description of the Sudden, Unexpected Event:

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden

xvii. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND IN PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER

xviii. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ONSITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required after November 20, 1991)

Nicholas Fernicola / Project Manager
(Printed Name/Title) (Signature of Owner/Operator) May 22, 2012
(Date)

xviii. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

Nicholas Fernicola / Project Manager
(Printed Name/Title) (Signature of Owner/Operator) May 22, 2012
(Date)
# DEMOLITION / RENOVATION NOTIFICATION

<table>
<thead>
<tr>
<th>Operator Project #:</th>
<th>Postmark:</th>
<th>Notification:</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. TYPE OF NOTIFICATION (O - Original R - Revised C - Cancelled):</td>
<td>R</td>
<td>IS ASBESTOS PRESENT? (Yes/No): Y</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>III. FACILITY INFORMATION (identify owner, removal contractor and other operator)</th>
</tr>
</thead>
<tbody>
<tr>
<td>OWNER NAME: Tumble Partnership</td>
</tr>
<tr>
<td>Address: 11 Taylor Road</td>
</tr>
<tr>
<td>City: Edison</td>
</tr>
<tr>
<td>Contact: Armando Amorim</td>
</tr>
<tr>
<td>REMOVAL CONTRACTOR: Guardian Contracting, Inc.</td>
</tr>
<tr>
<td>Address: 1889 Route 9, Unit 61</td>
</tr>
<tr>
<td>City: Toms River</td>
</tr>
<tr>
<td>Contact: Nicholas Femicola</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OTHER OPERATOR (if different)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
</tr>
<tr>
<td>City:</td>
</tr>
<tr>
<td>Contact:</td>
</tr>
</tbody>
</table>

| IV. TYPE OF OPERATION (D - Demo O - Ordered Demo R - Renovation E - Emergency Renovation): | D |

<table>
<thead>
<tr>
<th>V. FACILITY DESCRIPTION (Including building name, number and floor or room number)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Building Name: Residence</td>
</tr>
<tr>
<td>Address: 82 Jackson Street</td>
</tr>
<tr>
<td>City: Newark</td>
</tr>
<tr>
<td>Site Location: Exterior</td>
</tr>
<tr>
<td>Building Size: 3000 sf</td>
</tr>
<tr>
<td>Present Use: Residence</td>
</tr>
</tbody>
</table>

| VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: |

<table>
<thead>
<tr>
<th>VII. IS MATERIAL ASSUMED TO BE ASBESTOS?</th>
<th>APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:</th>
</tr>
</thead>
<tbody>
<tr>
<td>RACM To Be Removed</td>
<td>LOCATION</td>
</tr>
<tr>
<td>Nonfriable Asbestos Material Not To Be Removed</td>
<td></td>
</tr>
<tr>
<td>Cat I</td>
<td>Cat II</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pipes (Linear feet):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surface Area (Square feet): 550 sf</td>
</tr>
<tr>
<td>RACM Off/On Facility Component (Cubic feet):</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>VIII. SCHEDULE DATES ASBESTOS REMOVAL (MM/DD/YY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Start: 5/22/12</td>
</tr>
</tbody>
</table>
**NOTIFICATION OF ASBESTOS ABATEMENT**

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

**State of New Jersey**

**Date of Notification (1):** 5/22/12

** Agencies Notified (2):**
- [X] EPA
- [ ] DEP
- [X] DOL
- [X] DOH
- [ ] DCA

**Type of Notification (3):**
- [ ] Initial Notification
- [X] Amended Notification
- [ ] Emergency (including justification)
- [ ] Cancellation

**Name of Building Owner/Operator (2):**

Tumble Partnership

**Street Address:** 11 Taylor Road

**City, State, Zip Code:**

Edison, NJ 08817

**Name of Contact:** Armando Amorim

**Telephone Number:**

**FACILITY INFORMATION**

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

**Residence**

**Street Address:** 82 Jackson Street

**City:** Newark

**County (6):** Essex

**Count Code (7):** N/A

**Name of Monitoring Firm Hire by Building Owner (8):**

**ASCM No.:**

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

Guardian Contracting, Inc.

**Street Address:** 1889 Route 9, Unit 61

**City, State, Zip Code:** Toms River, New Jersey 08755-1271

**License Number:** 732-349-9932

**Name of OSHA Monitor:** E.M.S.L. Analytical

**Street Address:** 1056 Stetson Road

**City, State, Zip Code:** Piscataway, New Jersey 08854

**Scope of Work (Check all that apply):**
- [X] >3 sf or >3 if
- [ ] Renovation
- [X] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [X] Non-Exempted (*) and Non-Friable Procedure

**Location of Asbestos-Containing Material (ACM) in facility (13):**

**Is Location Normally used Solely by Maintenance/Custodial Staff (12):**

**YES NO N/A**

**Exterior:** X

**Asbestos siding:** 550sf

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

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

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

**Abatement Type:**

**Removal**

**Enclosure**

**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:** 5/24/12

**City, State:**

Tullytown, Pennsylvania

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

**Title:** Project Manager

**Signature:**

5/22/12

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

Date of Notification (1): 5/23/12

Name of Building Owner/Operator (2): Tom J Keller / Residence

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

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

Street Address: 26 South 1st Street
City, State, Zip Code: Surf City NJ 08008

Name of Contact: Tom

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Tom J Keller

Street Address: 26 South 1st Street
City: Surf City NJ 08008
County: Ocean

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

Square Feet: 1000+
No. of Floors: 2
Bldg. Age: 35+

Current Use (Prior to being demolished)
- Residence

Name of Monitoring Firm Hired by Building Owner (5): N/A
Name of Abatement Contractor (6): Pernaco Inc

ASCM No.: Pernaco Inc

Street Address: PO Box 329
City, State, Zip Code: West Berlin NJ 08091

Project Manager for Monitoring Firm: Telephone No.: 856-763-9800

License No.: 00727

Start Date (10): 6/5/12
Scheduled Completion Date (11): 6/11/12

Name of OSHA Monitor: Pernaco Inc

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

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

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

In Facility

Is Location Normally Used Solely by Maintenance/Custodial Staff?

Yes | No | N/A

Exterior Siding: x

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

Amount (Specify SF or LF): 2000 SF

Abatement Type

Name of Registered Waste Hauler:

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

City, State:

Eirm NJ:
City, State:

Completed by:
Anthony T Perna
Title: President

Disposal Date: 6/11/12

Signature: [Signature]
Date: 5/23/12

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